Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N043004	A. BUILDING: _____ B. WING _____	07/18/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE PARK AT HOLTON	410 JUNIPER DRIVE HOLTON, KS 66436

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS The following citations represent the findings of the licensure resurvey for the above named assisted living facility conducted on 07/18/22.	S 000		
S3280 SS=E	26-41-104 (d) Disaster and Emergency Preparedness (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-41-104 (d) (3) The census equaled 38 residents. The sample included 3 residents, 1 focused record review resident and review of 5 employee records. Based on record review and interview, Operator A failed to ensure disaster and emergency preparedness by ensuring the performance of quarterly review of the facility's entire "Emergency Management Plan" with staff.	S3280		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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S3280	Continued From page 1 Findings included: - Review of the facility "Emergency Management Plan" revealed the plan contained procedures to manage potential emergencies and disasters including fire, flood, severe weather, tornado, explosion, natural gas leak, lack of electrical, or water service, and missing residents. The facility failed to provide documentation regarding emergency management plan reviews with staff. Interview on 07/18/22 at 1:30 PM with Operator A confirmed no reviews were documented with staff. Facility's "Disaster and Emergency Preparedness- Kansas" policy dated 07/31/15 recorded, "4. The Executive Director will ensure disaster and emergency preparedness by ensuring the performance of the following: c) quarterly review of the facility's emergency management plan with associates." For all residents, Operator A failed to ensure disaster and emergency preparedness by the failure to ensure the performance of quarterly reviews of the facility's entire emergency plan with staff.	S3280		
S3310 SS=E	26-41-207 (b) (5-6) (c) Infection Control Policies (b) (5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer	S3310		

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S3310	Continued From page 2 infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; and (c) Each administrator or operator shall ensure the facility ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 This REQUIREMENT is not met as evidenced by: K.A.R 26-41-207 (c) The census totaled 38 residents. The sample included 3 residents, 1 focused record review resident and review of 5 newly hired employees. Based on record review and interview for 5 staff (Licensed Nurse (LN) B, Certified Medication Aide (CMA) C, Certified Nurse Aide (CNA) D, CNA E and Non-Certified staff F, the facility failed to ensure compliance with the State Agency's tuberculosis (TB) guidelines. Findings included: - Review of LN B's employee record revealed they hired onto the facility on 02/14/22. LN B's record lacked evidence of completion of TB testing upon hire. Record further lacked evidence of completion of a TB questionnaire upon hire. Review of CMA C's employee record revealed they hired onto the facility on 12/06/21. CMA C's record lacked evidence of completion of TB testing upon hire. Record further lacked evidence of completion of a TB questionnaire upon hire.	S3310		

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S3310	Continued From page 3 Review of CNA D's employee record revealed they hired onto the facility on 12/20/21. CNA D's record lacked evidence of completion of TB testing upon hire. Record further lacked evidence of completion of a TB questionnaire upon hire. Review of CNA E's employee record revealed they hired onto the facility on 10/22/21. CNA E's record lacked evidence of completion of TB testing upon hire. Record further lacked evidence of completion of a TB questionnaire upon hire. Review of Non-Certified staff F's employee record revealed they hired onto the facility on 12/20/21. Non-Certified staff F's record lacked evidence of completion of TB testing upon hire. Record further lacked evidence of completion of a TB questionnaire upon hire. Interview on 07/18/22 at 02:18 PM with Operator A confirmed no record of TB testing or TB questionnaires complete upon hire for LN B, CMA C, CNA D, CNA E and Non-Certified staff F. The facility's "Tuberculosis Screening-Residents" policy dated 08/25/21 recorded, "Each new resident or associate shall receive a two-step tuberculin skin test and complete the TB Questionnaire within 7 days of residency or employment." The facility failed to ensure compliance with the State Agency's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S3310		