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 _____	02/06/2024

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 a resurvey with a complaint #173358 at the above named Assisted Living conducted on 02/06/24.	S 000		
S3213 SS=F	26-41-205 (g) (2) Medication Labeling (g) (2) Each prescription medication container shall have a label that was provided by a dispensing pharmacist or affixed to the container by a dispensing pharmacist in accordance with K.A.R. 68-7-14. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (g)(2) The facility reported a census of 36 residents. Based on observation and interview the operator failed to ensure each prescription medication container had a label provided by a dispensing pharmacist affixed to the container. Findings included: - Observation on 02/06/24 at 11:12 AM revealed the facility's medication cart contained the following prescription medications and prescribed over-the-counter (OTC) medications stored in the original packaging which were not labeled with a resident's full name. Resident (R)105 One spray bottle of Fluticasone Propionate 50 micrograms	S3213		

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

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S3213	Continued From page 1 R106: One eyedrop bottle of Refresh Tears One eyedrop bottle of Good Neighbor Artificial Tears Further inspection of the medication cart revealed that all prescription medications and prescribed OTC medication containers stored in the original packaging were not labeled with the resident's full name. On 02/06/24 at 11:15 AM Licensed Nurse B stated she was not aware that prescription medications stored in the original packaging needed to be labeled with the full name of the resident. The 05/20/19 "Medication Services" policy documented, "If the original manufacturer's package of ...medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed nurse shall place the resident's full name on ...the container." The operator failed to ensure each prescription medication container had a label provided by a dispensing pharmacist affixed to the container.	S3213		
S3280 SS=F	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	S3280		

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S3280	Continued From page 2 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 facility reported a census of 36 residents. Based on record review and interview for all residents and all facility employees, the operator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly review of the facility's emergency management plan with employees and residents. Findings included: - On 02/06/24 review of documentation of quarterly reviews of the Emergency Management Plan (EMP) as provided by Administrative Staff A revealed the following: There was no documentation provided to show quarterly reviews of the EMP with staff had been completed.	S3280		

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S3280	Continued From page 3 Documentation of quarterly reviews of the EMP with residents were missing for the fourth quarter of 2022 and the first quarter of 2024. Reviews of the EMP prior to September 2023 did not cover all eight required topics for review. On 02/06/24 at 10:03 AM Administrative Staff A stated the 2022 quarterly reviews were misplaced and could not be located. On 02/06/24 at 12:13 PM Administrative Staff A stated that up until 09/23/23 reviews of the EMP were only over one topic. Administrative Staff A stated he had staff read over the eight required items on a quarterly basis but did not have documentation to show that staff had completed these reviews. The operator failed to ensure the completion of quarterly reviews covering all the required items of the emergency management plan with employees and residents.	S3280		
S3310 SS=F	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 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	S3310		

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S3310	Continued From page 4 tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 This REQUIREMENT is not met as evidenced by: KAR 26-41-207(c) The facility reported a census of 36 residents. Based on record review and interview the operator failed to ensure the facility was in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings include: - Review of five newly hired staff records revealed the following: Dietary Staff C hired on 11/21/22 did not have a TB Symptom Screening Questionnaire completed upon hire. The two-step TB skin test (TST) was administered two months late on 01/25/23. Certified Nurse Aide (CNA) hired on 03/13/23 did not have a TB Symptom Screening Questionnaire completed upon hire. Support Staff E hired on 04/02/23 did not have a TB Symptom Screening Questionnaire completed upon hire. The two-step TST was administered 16 days late on 04/25/23. CNA G hired on 11/22/23 did not have a TB	S3310		

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S3310	Continued From page 5 Symptom Screening Questionnaire completed upon hire. The 10/17/22 "Tuberculosis Screening" policy documented, "Each new ...associate shall have an initial Annual Tuberculosis Symptom Review Questionnaire form completed within 7 days of ...employment ...Each new ...associated shall receive a two-step TST within 7 days of ...employment." The operator failed to ensure the compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S3310		