STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046042	A. BUILDING: _____ B. WING _____	11/05/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD AT MISSION SPRINGS I	5300 W 61ST PLACE MISSION, KS 66205

(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 are the result of a Licensure Resurvey at the above named Assisted Living and Residential Health Care Facility in Mission, Kansas 10/29/18, 10/30/18, 10/31/18, 11/01/18, and 11/05/18.	S 000		
S3155 SS=D	26-41-204 (a) Health Care Services . (a) The administrator or operator in each assisted living facility or residential health care facility shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-41-204 (a) The census equalled 32 Residents and three Adult Day Care (Day Stay) Residents. The sample included three Residents, and two focused reviews completed. For one of three sampled (#187), the Operator failed to ensure the licensed nurse provided or coordinated the provision of necessary health care services that met the needs of each Resident and were in accordance with the functional capacity screen (FCS) and the negotiated service agreement (NSA). Findings included:	S3155		

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

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S3155	Continued From page 1 - Review of record revealed #187 admitted 8/10/17 with diagnoses of dementia, pain, gastroesophageal reflux disease, major depressive disorder, hypertension, anxiety disorder, psychosis, overactive bladder, dysphagia, and cognitive communication deficit. Current functional capacity screen dated 8/22/18 assessed #187 unable to perform bathing, dressing, toileting, transfers, mobility, management of medications and treatments; assistance with eating, with bladder incontinence, short term memory, memory recall, and decision making impairments; usually understands and usually understood for communication; with falls/unsteadiness, impaired vision, and used a wheelchair. Current NSA/HSP (health service plan) of 8/22/18 documented facility staff to provide assistance with food preparation and prompting at meal time, clothing selection and dressing assistance, toileting assistance, bathing assistance, transters, mobility via wheelchair, night time safety checks, coordination of outside services, behavior interventions, and all medication and treatment management. The NSA/HSP lacked specific interventions to address falls/unsteadiness. Review of progress notes revealed: 10/28/18 - 2200 - unwitnessed fall in apartment... abrasion below left eye... continue to monitor... family and physician notified The NSA/HSP lacked intervention review or modification to address this fall. 6/05/18 - 0530 - found on floor near couch... red area on elbows and knee... continue to monitor... family and physician notified	S3155		

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S3155	Continued From page 2 3/30/18 - 0655 - on floor beside bed... assessment completed... open wounds cleaned and covered... family and physician notified... to emergency room, returned with stitches to hand... continue to monitor 01/26/18 - 1610 - unwitnessed non-injury fall in living room... family and nurse notified... will continue to monitor 01/09/18 - 1145 - found sitting on floor by love seat... complained of hand/finger pain... assisted to wheelchair... observing where staff can frequently check on... physician and family notified... xray of hand negative On 10/30/18 at 12:30pm and on 10/31/18 at 10:42 #187 observed in customized wheelchair with selectable seat positioning (from upright to reclining). #187 required assistance with transfers and all activities of daily living due to left side weakness. #187 awake and responsive with one word answers (yes, no) but not conversive. On 10/31/18 at 10:42am licensed nurse #D and certified staff #P reported #187 not able to transfer self... if cooperative one staff able to transfer, but if resistive or not having a good day two persons would transfer... spends most of time in living room... does observe and participate in activity of the unit. On 10/31/18 at 12:10pm Operator #F and Facility Nurse #G confirmed the NSA/HSP lacked specific interventions added after the documented falls... stated we do complete incident reports and investigations but those are not part of the medical (legal) record... we consider the portions of the NSA/HSP that deal with staff assistance for safety and night checks,	S3155		

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S3155	Continued From page 3 etc to be the portion that deals with fall prevention. The Operator failed to ensure the licensed nurse provided or coordinated fall prevention interventions, and services to address the repeated falls by #187.	S3155		
S3201 SS=E	26-41-205 (d) (3) Facility Administration of Medication (3) A licensed nurse or medication aide shall perform the following: (A) Administer only the medication that the licensed nurse or medication aide has personally prepared; (B) identify the resident before medication is administered; (C) remain with the resident until the medication is ingested or applied; and (D) document the administration of each resident ' s medication in the resident ' s medication administration record immediately before or following completion of the task. If the medication administration record identifies only time intervals or events for the administration of medication, the licensed nurse or medication aide shall document the actual clock time the medication is administered. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(d)(3) The census equalled 32 Residents and three Adult Day Care (Day Stay) Residents. The sample included three Residents, and two	S3201		

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S3201	Continued From page 4	S3201		

focused reviews completed. The Resident roster identified three Residents who self administered medications. Based on interviews and reviews of records, for two of three sampled (#189 and #187), the Operator failed to ensure an actual clock time documented for medications on the MAR (medication administration record) with only time intervals or events for administration.

Findings included:

- Review of record revealed #189 admitted 9/06/18 with diagnoses of Lewy body dementia, Parkinson's, and history of pressure ulcers.

Current functional capacity screen dated 10/01/18 assessed #189 unable to perform medication and treatment management.
Current negotiated service agreement/health service plan dated 10/01/18 documented facility staff to provide all medication and treatment management.

October 2018 medication administration records (MAR) documented facility staff administered: Deep sea nasal spray 0.65% solution. The designated administration time on the MAR at "8:00AM to 10:00AM" and "6:00PM to 8:00PM". This schedule represented "events" instead of a specific administration time with an allowed window before and after in accordance with professional standards of practice.
Further review revealed the initials of staff who administered the AM and PM doses, but the MAR lacked a clock time of administration for these "event" medications.

- Review of record revealed #187 admitted 8/10/17 with diagnoses of dementia, pain,

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S3201	Continued From page 5	S3201		

gastroesophageal reflux disease, major depressive disorder, hypertension, anxiety disorder, psychosis, overactive bladder, dysphagia, and cognitive communication deficit.

Current functional capacity screen dated 8/22/18 assessed #187 unable to perform management of medications and treatments.
Current negotiated service agreement/health service plan of 8/22/18 documented facility staff to provide all medication and treatment management.

October 2018 medication administration records (MAR) documented facility staff administered:
Aspirin (cardiac prophylactic) 81 mg (milligrams) - "8:00AM to 9:00AM"
Atorvastatin (cholesterol) 20mg - "8:00PM to 9:00PM"
Cyanocobalam (vitamin B12 supplement) 1000mcg (micrograms) - "8:00AM to 10:00AM"
Lisinopril (blood pressure) 10mg - "8:00AM to 9:00AM"
Loratidine (allergies) 10mg - "8:00AM to 9:00AM"
Omeprazole (gastric reflux) 20mg - "8:00AM to 9:00AM"
Senna (laxative) tablet 8.6mg - "8:00AM to 9:00AM"

This schedule represented "events" instead of a specific administration time with an allowed window before and after in accordance with professional standards of practice.
Further review revealed the initials of staff who administered the AM and PM doses, but the MAR lacked a clock time of administration for these "event" medications.

On 10/31/18 at 12:10pm Operator #F and Facility Nurse #G confirmed the clock time of

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S3201	Continued From page 6 administration not reflected on the printed MAR... stated the person passing meds can look on the electronic page and see the time the last PRN (as needed) dose administered but not the time of administration for routine medications with this event scheduling... stated a supervising nurse with access to the system would be able to look at the actual administration times logged by the computer... in order for anyone else to review the times, the nurse would have to print out a separate report for each medication with a specified date range. For #189 and #187 the Operator failed to ensure an actual clock time documented for medications on the MAR.	S3201		
S3211 SS=E	26-41-205 (g) (3) OVER THE COUNTER DRUGS (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(g)(3)	S3211		

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S3211	Continued From page 7 The census equalled 32 Residents and three Adult Day Care (Day Stay) Residents. The sample included three Residents, and two focused reviews completed. The Resident roster identified three Residents who self administered medications. Based on interview and reviews of records, for one of three sampled (#189), and two of two non-sampled (#182 and #184) with over the counter medications , the Operator failed to ensure a licensed nurse or licensed pharmacist placed the full name of the Resident on each accepted original, unbroken manufacturer's package of over-the-counter (OTC) medication for Resident administration. Findings included: - By observation on 10/30/18 at 9.30am, in review of the Assisted Living medication room and medication cart with Facility Nurse #G, the following noted to lack the first and last name of each Resident: #182 - bottles of Tums (calcium antacid), Centrum Silver multivitamins, and two bottles Aspirin 81mg (milligrams) #184 - bottles of Tussin (cough syrup), vitamin D3 (supplement), Tylenol (analgesic) 500mg, Aspirin 81mg, Stool softener capsules, Aleve (naproxen for pain) 220mg, Tylenol 325mg, Calcium (supplement) gummies, Mucinex DM (expectorant), Macular shield Areds 2 (eye supplement), tube of hydrocortisone (anti itch) cream 2.5% #189 - Tube of Calazime Cream (skin barrier) with no name	S3211		

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S3211	Continued From page 8 On 10/30/18 at 9:30am Facility Nurse #G confirmed these items lacked the first and last name of a Resident... thought we just had to have the room number on them... was not aware of requirement to have first and last name... The Operator failed to ensure the licensed nurse or licensed pharmacist placed the first and last names of Residents on each accepted, original, unbroken manufacturer's package of OTC medication for Resident administration.	S3211		
S3248 SS=F	26-41-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following documentation: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult care home; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to have worked as a certified nurse aide.	S3248		

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S3248	Continued From page 9 This REQUIREMENT is not met as evidenced by: KAR 26-41-102(d) The census equalled 32 Residents and three Adult Day Care (Day Stay) Residents. The sample included three Residents, and two focused reviews completed. The facility identified 46 employees hired since the last Resurvey with five of these reviewed. Based on interviews and reviews of records, for five of five new hired employees reviewed (#A, #B, #C, #D, and #E), the Operator failed to ensure employee records contained supporting documentation for criminal background checks pursuant to K.S.A. 39-970 and amendments thereto. Findings included: - Review of employee records on 10/30/18 at 2:00pm with Operator #F revealed the following: #A - Certified Medication Aide (CMA) - hired 3/26/18 - no supporting documentation for criminal background check #B - Certified Nurse Aide (CNA) hired 6/28/18 - no supporting documentation for criminal background check #C - CNA hired 7/10/18 - no supporting documentation for criminal background check #D - Licensed Practical Nurse (LPN) hired 8/03/18 - no supporting documentation for criminal background check	S3248		

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S3248	Continued From page 10 #E - CNA hired 8/09/18 - no supporting documentation for criminal background check On 10/30/18 at 2:00pm, Operator #F confirmed no criminal background documentation available... stated I have corresponded with the Department, several emails back and forth... we are filling out the application forms for everyone now... The Operator failed to ensure employee records contained supporting documentation for criminal background checks on #A, #B, #C, #D, and #E.	S3248		
S3250 SS=D	26-41-105 (a) Resident Records a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the maintenance of a record for each resident in accordance with accepted professional standards and practices. (1) Designated staff shall maintain the record of each discharged resident who is 18 years of age or older for at least five years after the discharge of the resident. (2) Designated staff shall maintain the record of each discharged resident who is less than 18 years of age for at least five years after the resident reaches 18 years of age or at least five years after the date of discharge, whichever time period is longer. This REQUIREMENT is not met as evidenced by: KAR 26-41-105(a)	S3250		

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S3250	Continued From page 11 The census equalled 32 Residents and three Adult Day Care (Day Stay) Residents. The sample included three Residents, and two focused reviews completed. For one of three sampled (#187), the Operator failed to ensure the maintenance of a record for each Resident in accordance with accepted professional standards and practices. Findings included: - Review of record revealed #187 admitted 8/10/17 with diagnoses of dementia, pain, gastroesophageal reflux disease, major depressive disorder, hypertension, anxiety disorder, psychosis, overactive bladder, dysphagia, and cognitive communication deficit. Current functional capacity screen dated 8/22/18 assessed #187 unable to perform bathing, dressing, toileting, transfers, mobility, management of medications and treatments; assistance with eating, with bladder incontinence, short term memory, memory recall, and decision making impairments; usually understands and usually understood for communication; with falls/unsteadiness, impaired vision, and used a wheelchair. Current NSA/HSP (health service plan) of 8/22/18 documented facility staff to provide assistance with food preparation and prompting at meal time, clothing selection and dressing assistance, toileting assistance, bathing assistance, transfers, mobility via wheelchair, night time safety checks, coordination of outside services, behavior interventions, and all medication and treatment management. The NSA/HSP lacked specific interventions to address falls/unsteadiness.	S3250		

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S3250	Continued From page 12 Review of progress notes revealed: 10/28/18 - 2200 - unwitnessed fall in apartment... abrasion below left eye... continue to monitor... family and physician notified 6/05/18 - 0530 - found on floor near couch... red area on elbows and knee... continue to monitor... family and physician notified 3/30/18 - 0655 - on floor beside bed... assessment completed... open wounds cleaned and covered... family and physician notified... to emergency room, returned with stitches to hand... continue to monitor In each instance, the medical record lacked an assessment of the injury (10/28/18 "abrasion" to #187's eye area), to include location, size, color, drainage/open/closed description in accordance with standards of practice, and failed to indicate if further or more extensive assessment required due to facial/head location (such as neuro checks needed or not needed). The medical record lacked documentation of investigative steps taken in these situations to determine the time Resident last observed or assisted prior to discovery of these falls, condition and mood of Resident prior to falls, circumstances contributing to the falls, and potential causal factors in accordance with professional standards of practice. The medical record lacked documentation of new interventions put in place to deter or prevent additional unwitnessed falls. On 10/30/18 at 12:30pm and on 10/31/18 at 10:42 #187 observed in customized wheelchair with selectable seat positioning (from upright to reclining). #187 required assistance with transfers	S3250		

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S3250	Continued From page 13 and all activities of daily living due to left side weakness. #187 awake and responsive with one word answers (yes, no) but not conversational at this time. On 10/31/18 at 10:42am licensed nurse #D and certified staff #P reported #187 can ambulate occasionally with assistance of staff, but generally uses wheelchair... not able to transfer self... if cooperative one staff able to transfer, but if resistive or not having a good day two persons would transfer... with history of falls spends most of time in living room... does observe and participate in activity of the unit... likes to color... On 10/31/18 at 12:10pm Operator #F and Facility Nurse #G confirmed the medical record did not include the assessments and investigative process used by facility staff to determine causal factors and to plan new interventions to prevent additional falls... stated we do complete incident reports and investigations but those are not part of the medical (legal) record... The Operator failed to ensure the maintenance of a record for #187 in accordance with accepted professional standards and practices.	S3250		
S3290 SS=D	26-41-206 (a) (b) Dietary Services (a) Provision of dietary services. The administrator or operator of each assisted living facility or residential health care facility shall ensure the provision or coordination of dietary services to residents as identified in each resident ' s negotiated service agreement. If the administrator or operator of the facility establishes a contract with another entity to provide or coordinate the provision of dietary	S3290		

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(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
S3290	Continued From page 14 services to the residents, the administrator or operator shall ensure that entity ' s compliance with these regulations. (b) Staff. The supervisory responsibility for dietetic services shall be assigned to one employee. (1) A dietetic services supervisor or licensed dietician shall provide scheduled on-site supervision in each facility with 11 or more residents. (2) If a resident ' s negotiated service agreement includes the provision of a therapeutic diet, mechanically altered diet, or thickened consistency of liquids, a medical care provider ' s order shall be on file in the resident ' s clinical record, and the diet or liquids, or both, shall be prepared according to instructions from a medical care provider or licensed dietitian. This REQUIREMENT is not met as evidenced by: KAR 26-41-206(b)(2) The census equalled 32 Residents and three Adult Day Care (Day Stay) Residents. The sample included three Residents, and two focused reviews completed. All Residents received meal service. Based on interviews and reviews of records, for one non-sampled Resident with a pureed diet ordered (#170), the Operator failed to ensure the provision or coordination of dietary services to the Resident, and, failed to ensure physician ordered therapeutic diets prepared according to instructions from a medical care provider or licensed dietician. Findings included:	S3290		

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	N046042	A. BUILDING: _____ B. WING _____	11/05/2018

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S3290	Continued From page 15 - Review of record revealed #170 admitted to facility 01/20/16 with diagnoses of Alzheimer's dementia and hypocholesterolemia. The medical record included an 8/02/18 physician order for a pureed diet. The current 6/25/18 FCS (functional capacity screen) assessed #170 unable to perform bathing, dressing, toileting, transfers, mobility, medication and treatment management; in need of physical assistance with eating; with short term memory, long term memory, decision making and memory recall impairments, and used a wheelchair. The current 6/25/18 NSA/HSP (negotiated service agreement/health service plan) documented #170 to receive assistance with preparing and cutting up food... prompting at meal time... the NSA lacked the ordered pureed diet. On 10/30/18 at 10:15am Dietary Manager #J identified one Resident (#170) in facility with a pureed diet... stated we have had others in the past... we have a lot of kitchen experience with doing the pureed diet. Dietary Manager #J provided the current kitchen manual prepared by a dietician. Review of the manual with Dietary Manager #J and Operator #F revealed the manual lacked preparation directions for a pureed diet. At 10:55am, Operator #F provided newer menus printed from online source... these menus developed by a different company than the Dietary Manual in the kitchen... these menus contained notations at the bottom to serve puree items without lumps, bumps, seeds, etc. These	S3290		

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S3290	Continued From page 16 new menu sheets also failed to include preparation directions for the therapeutic versions of the menus. On 10/30/18 at 11:30am observation of meal preparation steps of pureed items included: Mixed vegetables placed in blender with juice from the vegetables used to puree. Prepared beef tips placed in blender with gravy from the baking pan used to puree the meat. Noodles placed in the blender along with a dinner roll, and milk used to puree the mixture. These items observed to be a spoonable, applesauce consistency that dripped from the spoon when full spoon suspended over the bowl of puree. By interview on 10/30/18 at 12:30pm, Operator #F stated I found a newer, more current dietary manual on line... I have printed it off now... made a copy and placed the pages in a notebook for the kitchen... this manual does include preparation directions for pureed diets and was prepared by a registered dietician. Review of the puree diet preparation instructions included: "Foods are pureed to smooth consistency unless already in a comparatively smooth form such as mashed potatoes... whenever possible, liquids of high nutritional value (milk, juice, cheese sauce, and tomato sauce) should be used in the puree process... The ideal puree consistency should resemble whipped topping or mashed potatoes..." The Operator failed to ensure the provision or coordination of dietary services to #170, and, failed to ensure physician ordered therapeutic (pureed) diet prepared according to instructions from a medical care provider or licensed dietician.	S3290		

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S3298 SS=E	26-41-206 (d) Food Preparation (d) Food preparation. Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations. (2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used. (3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations. This REQUIREMENT is not met as evidenced by: KAR 26-41-206(d) The census equalled 32 Residents and three Adult Day Care (Day Stay) Residents. The sample included three Residents, and two focused reviews completed. All Residents received meal services. Based on observation of the noon meal service in the second floor memory care unit of facility (16 Residents plus three Day Stay Residents at intervals), interviews and reviews of records, for all Residents, the Operator failed to ensure foods served at the proper temperature, with hot foods at 160 degrees Fahrenheit (F) and cold foods at 45 degrees F.	S3298		

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S3298	Continued From page 18 Findings included: - On 10/30/18 at 11:40am Dietary Manager #J prepared food items in the first floor kitchen and transferred the food to the second floor dining room for meal service. The meat, vegetable, and noodle pans were spooned from the first floor steam table visibly hot with steam rising. These pans were placed in the second floor steam table observed to be off upon arrival of the food. On 10/30/18 at 12:10pm when asked about a thermometer or food temperature logs, licensed practical nurse #I stated no, we do not temp them again up here... they check the temperature of the food downstairs... Licensed practical nurse #I, activities staff #L, and certified staff #K unable to find any thermometers in second floor kitchen/dining area. Dietary Manager #J provided a thermometer from the first floor kitchen. The following temperatures obtained from the items served to all Residents of the unit: Pork loin with pears - 124 degrees F. (Fahrenheit) Noodles - 140 degrees F. Beef Tips - 120 degrees F. Mixed vegetables - 141 degrees F. Spinach - 128 degrees F. Cabbage, mayonnaise, marshmallow salad - 72 degrees F. Pureed noodles and dinner roll - 92 degrees F. Pureed mixed vegetables - 98 degrees F. Pureed beef tips and gravy - 102 degrees F. Certified staff #K heated the bowls of pureed food items in the microwave. Temperatures obtained at time of serving after	S3298		

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S3298	Continued From page 19 re-heating: Pureed noodles and dinner roll - 112 degrees F. Pureed mixed vegetables - 110 degrees F. Pureed beef tips and gravy - 118 degrees F. The Operator failed to ensure foods served at the proper temperatures, with hot foods at 160 degrees F. and cold foods at 45 degrees F.	S3298		
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 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: KAR 26-41-207(b)(5-6)(c) The census equalled 32 Residents and three Adult Day Care (Day Stay) Residents. The sample included three Residents, and two focused reviews completed. The facility identified 46 employees hired since the last Resurvey with five of these reviewed. Based on interviews and	S3310		

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reviews of records for one of two focused reviews (#176), and for three of five employees reviewed (#A, #B, and #C), the Operator failed to ensure the facility's compliance with the Departments' tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.

Findings included:

- Review of employee records on 10/30/18 at 2:00pm with Operator #F revealed the following:

#A - CMA (certified medication aide) hired 3/26/18 - required TB symptom screen not completed within seven days of hire as required, screen completed 4/19/18; record contained a chest X-ray completed 11/16/17.

#B - CNA (certified nurse aide) hired 6/28/18 - two step skin testing not completed as required

#C - CNA hired 7/10/18 - required TB symptom screen not completed as required; first step skin test completed, second step skin test not completed as required

- Review of Resident records on 10/30/18 and 10/31/18 revealed the following:

#176 - admitted 01/31/18 - two step skin testing not completed as required.

On 10/30/18 at 2:00pm and at 4:00pm Operator provided and confirmed the contents of the employee records.

The Operator failed to ensure the facility's compliance with the Department's TB guidelines for adult care homes for Resident #176, and for employees #A, #B, and #C.

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