Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046104	A. BUILDING: _____ B. WING _____	01/13/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENTON HOUSE OF OLATHE	15700 W. 151ST STREET OLATHE, KS 66062

(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 an initial survey conducted on 1/12/21 and 1/13/21 at the above named assisted living facility in Olathe, KS.	S 000		
S3248 SS=E	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. This REQUIREMENT is not met as evidenced by: KAR 26-41-102 (d) (2)	S3248		

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

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S3248	Continued From page 1 The census equaled 41 the sample included 3 residents and 5 employees. Based on interviews and review of facility records, for 2 of 4 certified staff (#D and #E) the administrator failed to ensure the employee record contained supporting documentation for criminal background checks of facility staff pursuant to K.S.A. 39-970 and amendments thereto, upon hire. Findings included: - Review of personnel records on 01/12/2021 for 4 certified staff and 1 licensed staff revealed the following: Certified staff #D (hire date 03/03/2020). No record that no Kansas Bureau of Investigations (KBI) request was made. Documentation lacked record of supporting documentation for criminal background check. Certified staff #E (hire date 10/22/2020). Record contained a background check through Nationwide Criminal 360. No record that KBI request was made. Documentation lacked record of supporting documentation for criminal background check. Certified staff records lacked supporting documentation for criminal background checks of facility staff pursuant to K.S.A. 39-970 and amendments thereto, upon hire. Interview on 01/13/2021 at 9:10 AM with facility administrator #A confirmed staff records lacked documentation of required criminal background checks. The administrator failed to ensure the employee record contained supporting documentation for	S3248		

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S3248	Continued From page 2 criminal background checks of facility staff pursuant to K.S.A. 39-970 and amendments thereto, upon hire.	S3248		
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 equaled 41 the sample included 3 Residents and 5 employees. Based on interviews and review of facility records, for 2 of 5 employees reviewed (#D and #E), the administrator 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:	S3310		

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S3310	Continued From page 3 - Review of employee records on 01/12/2021 revealed the following: #D - CNA (certified nurse aide) hired 03/03/2020 - TB screen completed 03/03/2020. Required 2 step TB test not completed. #E - CNA - hired 10/22/2020 - TB symptom screen not completed as required. TB test was not completed as required. On 01/13/2021 at 9:10 AM administrator #A confirmed the TB symptom screens and TB testing were not completed as required. The Administrator failed to ensure the facility's compliance with the Department's TB guidelines for adult care homes for employees.	S3310		