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 _____	02/14/2024

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 represents the findings of a resurvey with attached facility reported incident #182709 at the above named assisted living conducted on 02/13/24 and 02/14/23.	S 000		
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 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 59 residents with three residents included in the sample. Based on interview and record review the administrator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in KAR 26-39-105 for three residents.	S3310		

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

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S3310	Continued From page 1 Findings included: - Record review for Resident (R) 3 revealed an admission date of 09/01/23 with a diagnosis of ambulatory dysfunction. The 10/11/23 (40 days after admission) step one of the two-step TB skin test for R3 was negative. Her record lacked evidence of documentation of the second step. The 10/12/23 (41 days after admission) TB symptom screen questionnaire was negative. On 02/14/24 at 11:42 AM Administrative Nurse B confirmed R3's record lacked evidence of documentation first step of the two-step TB skin test was administered within seven days of admission, a second TB skin test was administered, and a TB symptom screen questionnaire was completed within seven days of admission. - Review of Certified Nurse Aide (CNA) D's employee record revealed a hire date of 06/27/23 and lacked evidence of TB testing. Review of CNA E's employee record revealed a hire date of 09/05/23 and lacked evidence of TB testing. The facility's 11/01/17 "Screening for Tuberculosis" policy documented testing would be performed on each new staff and each new resident between on month prior to admission and up to one week following admission. The second test would be performed one to three weeks after the first test.	S3310		

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S3310	Continued From page 2 The June 2013 department's "Tuberculosis (TB) Guidelines for Adult Care Homes" documented each new employee and each new resident shall receive a two-step TB skin test and symptom screen questionnaire within seven days of employment or admission. The administrator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105.	S3310		