STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N059002	A. BUILDING: _____ B. WING _____	03/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE VILLAGE	86 TWENTY-SECOND AVENUE MOUNDRIDGE, KS 67107

(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 citation represents the findings of a resurvey with a complaint (#168823) at the above named facility conducted on 03/15/23.	S 000		
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 (c) The census totaled 15 residents. The sample included 3 residents and review of 5 newly hired employees. Based on record review and interview for 4 staff (Certified Medication Aide (CMA) C, Dietary Staff D, Dietary Staff E and Dietary Staff F, the facility failed to ensure compliance with the State Agency's tuberculosis (TB) guidelines.	S3310		

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

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S3310	Continued From page 1 Findings included: - Review of CMA C's employee record revealed they hired onto the facility on 02/17/23. CMA C's record lacked evidence of completion a TB questionnaire upon hire. Review of Dietary Staff D's employee record revealed they hired onto the facility on 11/23/22. Dietary Staff D's record lacked evidence of completion of a TB questionnaire upon hire. Review of Dietary Staff E's employee record revealed they hired onto the facility on 01/06/23. Dietary Staff E's record lacked evidence of completion of a TB questionnaire upon hire. Review of Dietary Staff F's employee record revealed they hired onto the facility on 08/09/22. Dietary Staff F's record lacked evidence of completion of a TB questionnaire upon hire. Interview on 03/15/23 at 02:41 PM with Licensed Nurse (LN) B confirmed unable to locate a TB questionnaire completed upon hire for CMA C, Dietary Staff D, Dietary Staff E and Dietary Staff F. 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, which had the potential to affect all residents.	S3310		