STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N069009	A. BUILDING: _____ B. WING _____	10/11/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE PARK AT PAOLA LLC	601 N EAST ST PAOLA, KS 66071

(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 represent the findings of a resurvey for the above named assisted living facility conducted on 10/10/22 - 10/11/22.	S 000		
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. This REQUIREMENT is not met as evidenced by:	S3248		

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

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S3248	Continued From page 1 KAR 26-41-102(d)(1) The facility reported a census of 38 residents. Based on interview and record review the administrator failed to ensure evidence of certification for four out of four sampled certified staff was completed upon hire. Findings included: - Record review for four employees revealed the following: Certified Nurse Aide (CMA) C's employee record revealed a hire date of 07/19/22. The employee record lacked a date the registry was contacted to check certification status. CMA D's employee record revealed a hire date of 06/14/22. The employee record lacked a date the registry was contacted to check certification status. Certified Nurse Aide (CNA) E's employee record revealed a hire date of 07/21/21. The employee record lacked a date the registry was contacted to check certification status. CNA's employee record revealed a hire date of 05/22/22. The employee record lacked lacked a date the registry was contacted to check certification status. On 10/11/22 at approximately 11:53 AM Administrative Staff A confirmed CMA's C and D and CMA's E and F's employee records lacked registry check dates. On 10/11/22 at approximately 11:55 AM Administrative Nurse B confirmed CMA's C and	S3248	* Effective 10/11/22, Surveyor educated Administrator on proper settings for printer to ensure that Registry checks are dated for all new hires. In the future, all Registry Checks are completed with date printed on the registry check.	

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S3248	Continued From page 2 D and CMA's E and F's employee records lacked registry check dates. The administrator failed to provide evidence of certification for four out of four certified staff was completed upon hire.	S3248		
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 38 residents. Based on interview and record review the administrator failed to ensure the facility remained in compliance with one out of three residents and one out of five staff sampled with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in KAR	S3310	* Executive Director to ensure Licensed Nurse completes 2 step TB skin testing for all new associates and new move in's, 1st step to be completed within 7 days of hire/move in and 2nd step to be completed within 1-3 weeks of 1st step negative result. Executive Director and Wellness Director have reviewed and been educated on regulations related to infection control policies and or including TB skin testing of associates and residents. Grace Management policy and procedure for Tuberculosis Screening has been updated to clearly identify timeframe of 2 Step TB Skin testing. See attached updated policy.	

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S3310	Continued From page 3 26-39-105. Findings included: - Record review for Resident (R) 101 revealed an admission date of 04/05/22 with the following diagnoses: dementia, Parkinson's disease, and diabetes. He had a TB screening questionnaire and first step of the TB skin test administered on 04/05/22. The second step was administered on 04/07/22 (two days after the first step). - Record review for one employee revealed the following: Certified Nurse Aide (CNA) F's employee record revealed a hire date of 05/22/22. She had a TB screening questionnaire and first step of the TB skin test administered on 05/27/22. The second step was administered on 05/31/22 (four days after the first step). The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented "If the first TST (tuberculosis skin test) is read as not positive, a second TST shall be administered within 1 to 3 weeks." On 10/10/22 at 04:50 PM Administrative Staff A stated she expected the TB tests to be administered according to the guidelines and confirmed it was not done. 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		