Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N079003	A. BUILDING: _____ B. WING _____	02/04/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY PLACE SENIOR LIVING OF BELLEVILLE	530 23RD ST BELLEVILLE, KS 66935

(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 is the result of a Licensure Resurvey at the above named Assisted Living Facility in Belleville, Kansas on 02/04/15.	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: KAR 26-41-102(d)	S3248		

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

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S3248	Continued From page 1 The census equalled 17 the sample included three Residents. The facility identified 11 Residents with facility managed medications. The Facility identified six employees hired since the last resurvey with five of these reviewed. Based on reviews of records and interviews, for one of four Certified Medication Aides (CMAs) reviewed (#B), the Operator failed to ensure the employee record contained evidence of current certification. Findings included: - Review of personnel records with the Operator on 02/04/15 at 11:00am, revealed the CMA certification for employee CMA #B expired as of 10/04/14. In further review and online check, Operator determined no current certification available. By interview on 02/014/15 at 11:00am, Operator stated this CMA was hired 6/06/14, and has worked for our facility since that time... he/she is in nursing school (for licensed practical nursing) now, and has continued to work for us... I was not aware that he/she had allowed the CMA certification to expire on 10/04/14... usually works night shift which has no scheduled medications, just PRN's (as needed)... but has helped out with several evening shifts in the last few months which would included medication administration. By review of staffing schedules for November and December 2014, and January 2015, determined CMA #B worked at least 35 shifts, a combination of 12 evening (2pm-10pm) shifts and 23 night (10pm-6am) shifts. The scheduling pattern for facility included one person on each evening shift and one person on each night shift. #B passed medications to Residents between 10/04/14 and 02/04/15 in the absence of a current CMA	S3248		

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S3248	Continued From page 2 certification. The Operator failed to ensure the employee record of #B contained evidence of current CMA certification.	S3248		