STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N082001	A. BUILDING: _____ B. WING _____	06/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROOKS CO SENIOR SERVICES INC DBA REDBUD VIL	1000 S WASHINGTON STREET PLAINVILLE, KS 67663

(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 represent the findings of a resurvey at the above named facility conducted on 06/01/23,	S 000		
S3299 SS=E	26-41-206 (e) (1) Facility Food Storage (e) Food storage. Facility staff shall store all food under safe and sanitary conditions. (1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. This REQUIREMENT is not met as evidenced by: KAR 26-41-206 (e) The census equaled 10 residents. The sample included 3 residents. Based on record review, interview and observation for all residents receiving meal services, Operator/Certified Medication Aide (CMA) A failed to ensure the facility staff stored all food under safe and sanitary conditions. Findings included: - Observation during the initial tour with Operator/CMA A on 06/01/23 at 09:53 AM revealed a kitchen containing food and beverages in the facility. Observation of the refrigerator/ freezer revealed the following food items, which were not dated: two squeeze bottles containing tartar sauce, one	S3299		

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

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S3299	Continued From page 1 bottle of Catalina salad dressing and one bottle of mayonnaise. The refrigerator/ freezer contained one package of butter, which was not sealed. Interview on 06/01/23 with Operator/ CMA A confirmed the above listed foods were not sealed or dated. For all residents receiving meal services, Operator/ CMA A failed to ensure the facility staff stored all food under safe and sanitary conditions.	S3299		
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: K.A.R 26-41-207 (c)	S3310		

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S3310	Continued From page 2 The census totaled 10 residents. The sample included 3 residents and review of 5 newly hired employees. Based on record review and interview for 1 of 3 sampled residents (R)2 and 4 of 5 sampled staff (Licensed Nurse (LN) B, Certified Medication Aide (CMA) C, CMA D and Certified Nurse Aide (CNA) E, the facility failed to ensure compliance with the State Agency's tuberculosis (TB) guidelines. Findings included: - R2's "Health Record" revealed she admitted to the facility on 12/17/21 and the record lacked evidence of completion of TB testing and a TB questionnaire upon admission. - Review of LN B's employee record revealed they hired onto the facility on 03/07/22. LN B's record lacked evidence of TB testing upon hire. LN B's first step TB test was completed on 05/05/22, approximately 2 months after being hired by the facility. Review of CMA C's employee record revealed they hired onto the facility on 11/29/21. CMA C's record lacked evidence of completion of TB testing upon hire. CMA C's first step TB test was completed on 04/15/22, approximately 4.5 months after being hired by the facility. Review of CMA D employee record revealed they hired onto the facility on 05/20/22. CMA D's record lacked evidence of completion of TB testing upon hire. CMA D's first step TB test was completed on 06/14/22, approximately 1 month after being hired by the facility.	S3310		

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S3310	Continued From page 3 Review of CNA E employee record revealed they hired onto the facility on 01/12/22. CNA E's record lacked evidence of completion of TB testing upon hire. CNA E's first step TB test was completed on 06/20/22, approximately 5 months after being hired by the facility. Interview on 06/01/23 at 02:08 PM with Operator/CMA A confirmed TB testing not completed upon hire for LN B, CMA C, CMA D and CNA E. Electronic interview on 06/02/23 with LN B confirmed 2-step TB testing not completed upon admission for R2. 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		