Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N083001	A. BUILDING: _____ B. WING _____	01/05/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOCUST GROVE VILLAGE	701 W 6TH STREET LA CROSSE, KS 67548

(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 the licensure resurvey for the above named assisted living facility conducted on 12/30/2020, 12/31/2020, 01/04/2021 and 01/05/2021.	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 12 residents. The sample included 3 residents and review of 5 employee records. Based on record review and interview for 1 (#123) of 3 sampled residents and 5 (#D, #E, #F, #G, #H) of 5 sampled staff, the administrator failed to ensure compliance with the department's tuberculosis (TB) guidelines. Findings included:	S3310		

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

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S3310	Continued From page 1 - Review of resident #123's record revealed he admitted to the facility on 10/23/2020 and the record lacked evidence of completion of a TB questionnaire upon admission. - Review of 5 newly hired employee files revealed the following: Certified staff #D hired onto the facility on 12/07/2020. Staff #D's record lacked evidence of 2nd step of TB testing. Record lacked evidence of completion of a TB questionnaire upon hire. Certified staff #E hired onto the facility on 01/13/19. Staff #E's record lacked evidence of 2nd step of TB testing. Record lacked evidence of completion of a TB questionnaire upon hire and annually. Certified staff #F hired onto the facility on 02/11/19. Staff #F's record lacked evidence of 2nd step of TB testing upon hire. Record lacked evidence of completion of a TB questionnaire upon hire and annually. Certified staff #G hired onto the facility on 11/12/2020. Staff #G's record lacked evidence of TB testing upon hire. Non-certified staff #H hired onto the facility on 05/06/2020. Staff #H's record lacked evidence of 2nd step of TB testing upon hire. On 12/31/2020 at 11:28 AM, administrator confirmed sampled employees did not receive their 2nd step of TB testing. On 01/04/21 at 4:06 PM, licensed nurse #B confirmed she has not done a TB symptom	S3310		

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S3310	Continued From page 2 screen on resident #123. On 01/04/21 at 6:46 PM, administrator confirmed she did not have symptom screens on the sampled employees #D, #E, and #F upon hire or annually. Facility tuberculosis testing policy recorded, "Locust Grove Village shall administer a two-step tuberculin skin test to each new resident and new employee within 7 days of residency or employment unless any one of the following conditions is met: a.) The new resident or employee provides documented evidence of a previous positive skin test result or positive BAMT. b.) The new resident or employee provides evidence of a chest X-ray done within the last six months and physician documentation confirming the individual does not have active TB and the new person is asymptomatic. c.) Skin testing is not appropriate for a new resident due to changes in the resident's skin- an examination by a physician, PA, ARNP, including a chest x-ray must be completed within seven days of admission. d.) the new resident or employee provides satisfactory documentation of receiving the 2-step skin tests within six months prior to residency/ employment that read not positive." The policy further recorded, "Each resident and employee shall have an annual TB symptom screen that includes completion of the symptom review questionnaire." The administrator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S3310		