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 _____	05/13/2025

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 facility conducted on 05/13/25.	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) (2) The census equaled 11 residents. The sample included 3 residents and record review of 5 newly hired employees. Based on interview and personnel record review for 1 of 5 staff sampled, Administrator A failed to obtain obtain evidence of supporting documentation for criminal background checks of facility staff, pursuant to K.S.A. 39-970 and amendments thereto. Findings included: - On 05/13/25, personnel record review for staff revealed the following: Review of Dietary Staff D's employee record revealed they hired onto the facility on 12/28/23. Record revealed a criminal background check was not completed. Interview on 05/13/25 at 12:19 PM with Administrative Staff E confirmed Dietary Staff D's record lacked completion of a criminal background check. Facility's "Assisted Living- Employee Background Checks" policy dated 10/2024 recorded, "When an employee is offered a position at [facility name], it's a conditional offer upon successful background checks." For all residents, Administrator A failed to obtain evidence of supporting documentation for criminal background checks of facility staff, pursuant to K.S.A. 39-970 and amendments thereto.	S3248		

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S3310	Continued From page 2	S3310		
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) The census totaled 11 residents. The sample included 3 residents and review of 5 newly hired employee. Based on record review and interview for 2 of 5 sampled staff (Certified Medication Aide (CMA) C and Dietary Staff (D), the facility failed to ensure compliance with the State Agency's tuberculosis (TB) guidelines. Findings included: - Review of CMA C's record revealed they hired onto the facility on 07/23/24. CMA C's first step of TB testing was administered on 06/03/24. CMA C's record lacked completion of the second step	S3310		

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S3310	Continued From page 3 of TB testing. - Review of Dietary Staff D's record revealed they hired onto the facility on 12/28/23. Dietary Staff D's first step of TB testing was administered on 09/13/23, but record failed a documented read date of the TB test. Dietary Staff D's record lacked completion of the second step of TB testing. Interview on 05/13/25 at 11:59 AM with Administrative Staff E confirmed unable to locate documentation of the second step of TB testing completed upon hire for CMA C. Interview on 05/13/25 at 12:19 PM with Administrative Staff E confirmed Dietary Staff D's first step of TB testing lacked a date read and further confirmed record lacked a second step of TB testing. Facility's "Tuberculin Testing" policy dated 08/11/22 recorded, "[facility name] shall administer a two-step tuberculin skin test to each new resident and new employee within 7 days of residency or employment ..." 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		