

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N088003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/09/2024
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NAME OF PROVIDER OR SUPPLIER BROOKDALE LIBERAL SPRINGS	STREET ADDRESS, CITY, STATE, ZIP CODE 1500 N TERRACE LIBERAL, KS 67901
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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with a complaint 184695 and 185207 at the above named Assisted conducted on 05/08/24 and 05/09/24.	S 000		
S 230 SS=D	26-39-102 (b) (c) Admission Advanced Directives Resident Rights b) At the time of admission, adult care home staff shall inform the resident or the resident ' s legal representative, in writing, of the state statutes related to advance medical directives. (1) If a resident has an advance medical directive currently in effect, the facility shall keep a copy on file in the resident ' s clinical record. (2) The administrator or operator, or the designee, shall ensure the development and implementation of policies and procedures related to advance medical directives. (c) The administrator or operator, or the designee, shall provide a copy of resident rights, the adult care home's policies and procedures for advance medical directives, and the adult care home's grievance policy to each resident or the resident's legal representative before the prospective resident signs any admission agreement. This REQUIREMENT is not met as evidenced by: 0230 26-39-102(b) The facility reported a census of 31 residents. The sample included three residents. Based on interview, and record review the operator failed to ensure the resident or the resident's legal	S 230		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S 230	<p>Continued From page 1</p> <p>representative was informed, in writing, of the state statutes related to advance medical directives for resident (R)102.</p> <p>Findings included:</p> <p>- R102 admitted to the facility on 11/13/22.</p> <p>Review of R102's medical records revealed lacked documentation that information on advance medical directives was provided upon admission to the facility.</p> <p>On 05/09/24 at 10:18 AM Administrative Nurse A stated she was not able to locate an advance directive in R102's medical records indicating whether he was a full code or a do not resuscitate status.</p> <p>The operator failed to ensure information concerning advance medical directives was provided to R102 upon admission to the facility.</p>	S 230		
S3055 SS=F	<p>26-41-101 (I) Survey Report</p> <p>(I) Survey report and plan of correction. Each administrator or operator shall ensure that a copy of the most recent survey report and plan of correction is available in a public area to residents and any other individuals wishing to examine survey results.</p> <p>This REQUIREMENT is not met as evidenced by: 3055 KAR 26-41-101 (I)</p> <p>The facility reported a census of 31 residents.</p>	S3055		

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S3055	Continued From page 2 Based on observation the operator failed to ensure a copy of the most recent survey report was available in a public area for residents and any other individuals for examination. Findings included: - On 05/08/24 at 11:19 AM an observation revealed a "State Survey Results" notebook located at the front reception desk that did not have the latest survey results. The last survey result contained in this notebook was dated 11/10/21. The operator failed to keep the most recent survey results in an area available in a public area for anyone to review.	S3055		
S3082 SS=E	26-41-201 (d) Functional Capacity Screen Accurate d) Designated facility staff shall ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form. This REQUIREMENT is not met as evidenced by: 3082 26-41-201(d) The facility reported a census of 31 residents. The sample included three residents. Based on interview, and record review the operator failed to ensure the "Functional Capacity Screen" (FCS) accurately reflected resident (R)102 and R103 for recent problems and risks.	S3082		

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S3082	<p>Continued From page 3</p> <p>Findings included:</p> <ul style="list-style-type: none"> - R102's medical record revealed he moved into the facility on 11/13/22. The 06/16/23 FCS did not have a completed section for recent problems and risks. On 05/09/24 at 10:18 AM Administrative Nurse A acknowledged the 06/16/23 FCS did not have a completed section for recent problems and risks section. The operator failed to ensure R102's FCS was completed accurately. - R103's medical record revealed she moved into the facility on 01/18/24. The 01/18/24 admissions FCS did not have a completed section for recent problems and risks. On 05/09/24 at 10:45 AM Administrative Nurse A acknowledged the 01/18/24 FCS did not have a completed section for recent problems and risks section. The operator failed to ensure R103's FCS was completed accurately. 	S3082		
S3165 SS=F	<p>26-41-204 (d) Health Care Services</p> <p>(d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan.</p>	S3165		

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S3165	<p>Continued From page 4</p> <p>This REQUIREMENT is not met as evidenced by: 3165 26-41-204(d)</p> <p>The facility reported a census of 31 residents with three residents included in the sample. Based on interview and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) identified the licensed nurse responsible for the implementation and supervision of the "Health Care Service Plan" (HCSP) plan for resident (R)101, R102 and R103.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - R101's medical record revealed she moved into the facility on 07/22/21. <p>R101's most recent NSA was completed on 01/09/24. The nurse identified as the nurse responsible for the implementation and supervision of the HCSP was no longer employed at the facility and the NSA was not revised to identify the new nurse who was responsible for the implementation and supervision of the HCSP.</p> <p>On 05/09/24 at 10:18 AM Administrative Nurse A stated she was not aware resident NSAs needed to be revised to identify her as being the nurse responsible for the supervision of the care plan.</p> <p>The operator failed to ensure R101's NSA was updated to identify the current licensed nurse responsible for the implementation and supervision of the HCSP.</p>	S3165		

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S3165	<p>Continued From page 5</p> <p>- R102's medical record revealed he moved into the facility on 11/13/22.</p> <p>R102's most recent NSA was completed on 11/28/23. The nurse identified as the nurse responsible for the implementation and supervision of the HCSP was no longer employed at the facility and the NSA was not revised to identify the new nurse who was responsible for the implementation and supervision of the HCSP.</p> <p>On 05/09/24 at 10:18 AM Administrative Nurse A stated she was not aware resident NSAs needed to be revised to identify her as being the nurse responsible for the supervision of the care plan.</p> <p>The operator failed to ensure R102's NSA was updated to identify the current licensed nurse responsible for the implementation and supervision of the HCSP.</p> <p>- R103's medical record revealed she moved into the facility on 01/18/24.</p> <p>R103's most recent NSA was completed on 01/18/24. The nurse identified as the nurse responsible for the implementation and supervision of the HCSP was no longer employed at the facility and the NSA was not revised to identify the new nurse who was responsible for the implementation and supervision of the HCSP.</p> <p>On 05/09/24 at 10:18 AM Administrative Nurse A stated she was not aware resident NSAs needed to be revised to identify her as being the nurse responsible for the supervision of the care plan.</p> <p>The operator failed to ensure R103's NSA was updated to identify the current licensed nurse</p>	S3165		

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S3165	Continued From page 6 responsible for the implementation and supervision of the HCSP.	S3165		
S3211 SS=E	<p>26-41-205 (g) (3) OVER THE COUNTER DRUGS</p> <p>(3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container.</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (g)(3)</p> <p>The facility reported a census of 31 residents. Based on observation and record review the operator failed to ensure a licensed pharmacist or licensed nurse placed the full name of the resident on the original package of "over-the-counter"(OTC) medications.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Observation on 05/08/24 at 11:19 AM revealed medication cart one had the following OTC medications which were not labeled with a resident's full name: 	S3211		

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S3211	<p>Continued From page 7</p> <p>Resident (R)104: One bottle of Refresh Eye Lubricant</p> <p>R105 One bottle of Claritin</p> <p>The medication room had the following OTC medications not labeled with the full name of the resident:</p> <p>R106: One bottle of Tylenol 8hr Arthritis Pain Two bottle of Nature Made C 1000 mg. Three bottles of Mind Over Matter Brain Formula Two bottles of Baker's Best Apple Cider Vinegar Plus One bottle of Advil Liqui-Gels One Can of NeilMed Nasa Mist Saline Spray One bottle of Nature's Bounty Melatonin 1 mg. One bottle of Prevagen Extra Strength One bottle of Gaviscon Extra Strength Antacid One bottle of Nature Made B12 One bottle of Delsym 12-hour cough relief</p> <p>There were numerous other OTC medications that were not labeled with the full name of the resident.</p> <p>The 03/2023 "Medications and Treatments-Labeling Policy" documented, "All medications and treatments (including over-the-counter (OTC) ...medications ...should be labeled with the necessary information to provide safe medication management administration/assistance ...The resident's name only may be written."</p> <p>The operator failed to ensure all OTC medications were labeled with the resident's full name.</p>	S3211		

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S3213 SS=E	<p>26-41-205 (g) (2) Medication Labeling</p> <p>(g) (2) Each prescription medication container shall have a label that was provided by a dispensing pharmacist or affixed to the container by a dispensing pharmacist in accordance with K.A.R. 68-7-14.</p> <p>This REQUIREMENT is not met as evidenced by: 3213 KAR 26-41-205 (g)(2)</p> <p>The facility reported a census of 31 residents. Based on observation and record review the operator failed to ensure each prescription medication container had a label provided by a dispensing pharmacist affixed to the container.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Observation on 05/08/24 at 11:51 AM revealed the facility's medication cart number one contained the following prescription medications which were not labeled with a resident's full name: <p>Resident (R)103: One spray bottle of Ipratropium Bromide Nasal Solution</p> <p>R104: One bottle of Latanoprost</p> <p>R108: Two tubes of Triamcinolone Acetonide Cream 0.1 percent</p>	S3213		

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S3213	<p>Continued From page 9</p> <p>R109: One bottle of Dorzolamide Hydrochloride and Timolol Maleate Ophthalmic Solutions</p> <p>R110: Two tubes of Triamcinolone Acetonide Cream 0.1 percent</p> <p>R111: One tube of Hydrocortisone Cream one percent</p> <p>The facility's medication cart number two contained the following prescription medications which were not labeled with a resident's full name:</p> <p>R107: One bottle of Dorzolamide HCL and Timolol Maleate Eye drops</p> <p>The 10/2018 "Medication and Treatment- Storage Policy " documented, "Medications and treatments should be stored in ...accordance with ...State regulations ..."</p> <p>The operator failed to ensure each prescription medication container had a label provided by a dispensing pharmacist affixed to the container.</p>	S3213		
S3280 SS=F	<p>26-41-104 (d) Disaster and Emergency Preparedness</p> <p>(d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the facility ' s emergency management plan;</p>	S3280		

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S3280	<p>Continued From page 10</p> <p>(2) education of each resident upon admission to the facility regarding emergency procedures;</p> <p>(3) quarterly review of the facility ' s emergency management plan with employees and residents; and</p> <p>(4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location.</p> <p>This REQUIREMENT is not met as evidenced by: 3280 KAR 26-41-104(d)(3)</p> <p>The facility reported a census of 31 residents. Based on record review and interview for all residents and all facility employees, the operator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly review of the facility's emergency management plan with employees.</p> <p>Findings included:</p> <p>- On 05/08/24 documentation of quarterly staff review of the "Emergency Management Plan" was requested. No documentation was provided that showed all eight of the required items (Fires, flood, severe weather, tornado, explosion, natural gas leak, lack of electrical or water service, and missing residents) was reviewed with staff on a quarterly basis.</p> <p>The operator failed to ensure the completion of</p>	S3280		

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S3280	Continued From page 11	S3280		
S3298 SS=F	<p>26-41-206 (d) Food Preparation</p> <p>(d) Food preparation. Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature.</p> <p>(1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations.</p> <p>(2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used.</p> <p>(3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations.</p> <p>This REQUIREMENT is not met as evidenced by: 3298 KAR 26-41-206 (d)</p> <p>The facility had a census of 31 residents. All 31 residents ate food prepared in the same kitchen. The operator failed to ensure food items were served at the proper temperature.</p> <p>Findings included:</p>	S3298		

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S3298	<p>Continued From page 12</p> <p>- On 05/08/24 review of the "The 'Food in Service' HACCP Temperature Log" on the following dates revealed a lack of documentation of food temperatures: 04/14/24, breakfast and lunch on 04/15/24, 04/16/24, breakfast and lunch on 04/17/24, breakfast and lunch on 04/18/24, breakfast and lunch on 04/19/24, breakfast and lunch on 04/20/24, breakfast on 04/21/24, 04/22/24, 04/23/24, 04/24/24, 04/25/24, breakfast and lunch 04/26/24, breakfast and lunch on 04/27/24, breakfast and lunch on 04/28/24, 04/29/24, breakfast and lunch on 04/30/24, 05/01/24, 05/02/24, 05/03/24, breakfast on 05/04/24, 05/05/24, breakfast and lunch on 05/06/24 and 05/07/24.</p> <p>On 05/09/24 at 11:00 AM Administrative Staff B stated there have been some newly hired dietary staff and they have all been instructed to complete food temperature logs.</p> <p>According to the Kansas Department of Agriculture "Focus on Food Safety" revised August 2017, hot foods must be maintained at an internal temperature of 135 Fahrenheit (F) or higher and cold foods must be maintained at an internal temperature of 41 F or below.</p> <p>The operator failed to ensure food items were served at the proper temperature.</p>	S3298		
S3299 SS=F	<p>26-41-206 (e) (1) Facility Food Storage</p> <p>(e) Food storage. Facility staff shall store all food under safe and sanitary conditions.</p> <p>(1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving.</p>	S3299		

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S3299	<p>Continued From page 13</p> <p>This REQUIREMENT is not met as evidenced by: 3299 KAR 26-41-206 (e) The facility had a census of 31 residents. All 31 residents ate food prepared in the same kitchen. According to observation, record review and interview, the operator failed to ensure food items were stored under safe and sanitary conditions by the failure to ensure foods stored in the refrigerator were kept at 41 degrees Fahrenheit (F) or lower according to Food Safety Guidelines and failed to label and date foods stored in the refrigerator.</p> <p>Findings included:</p> <p>- Observation on 05/08/24 at approximately 04:00 PM of the kitchen revealed the following: Refrigerator #1 contained the following food items that were not dated or labeled: a stainless-steel bowel covered with shrink wrap, a food storage bag with what appeared to be two slabs of ham, a plate of food covered with shrink wrap not dated and a metal pan containing foil covered baked potatoes. Refrigerator #2 contained a shrink-wrapped bowl of coleslaw not dated or labeled.</p> <p>The 05/2010 "Storage of Perishable Food" policy documented, "All ...items must be covered, labeled, and dated ...while refrigerated."</p> <p>The operator failed to ensure food items were stored under safe and sanitary conditions when</p>	S3299		

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NAME OF PROVIDER OR SUPPLIER BROOKDALE LIBERAL SPRINGS	STREET ADDRESS, CITY, STATE, ZIP CODE 1500 N TERRACE LIBERAL, KS 67901
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S3299	<p>Continued From page 14</p> <p>food items were not dated and labeled.</p> <p>- Review of the May 2024 "Temperature Log-Equipment" logs revealed documentation of temperatures were not completed on the following days: Kitchen/Freezer- 05/01/24, 05/05/24, and 05/08/24. Kitchen/Fridge- 05/01/24, 05/05/24, and 05/08/24. Kitchen /Fridge #2- 05/01/24, 05/05/24, and 05/08/24. Kitchen Freezer #2- 05/01/24, 05/05/24, and 05/08/24.</p> <p>On 05/09/24 at 11:00 AM Administrative Staff B stated there have been some newly hired dietary staff and they have all been instructed to complete refrigerator/freezer temperature logs.</p> <p>According to the Kansas Department of Agriculture "Focus on Food Safety" revised August 2017 the "Temperature DANGER ZONE is from 41 F to 135 F, the range in which rapid growth occurs."</p> <p>The operator failed to ensure food items were stored under safe and sanitary conditions when refrigerator/freezer temperatures were not documented.</p>	S3299		
S3305 SS=F	<p>26-41-207 (a) (b) Infection Control</p> <p>(a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the provision of a safe, sanitary, and comfortable environment for residents.</p> <p>(b) Each administrator or operator shall ensure the development of policies and implementation of procedures to prevent the spread of infections.</p>	S3305		

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S3305	<p>Continued From page 15</p> <p>These policies and procedures shall include the following requirements:</p> <ul style="list-style-type: none"> (1) Using universal precautions to prevent the spread of blood-borne pathogens; (2) techniques to ensure that hand hygiene meets professional health care standards; (3) techniques to ensure that the laundering and handling of soiled and clean linens meet professional health care standards; (4) providing sanitary conditions for food service; (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 (7) transferring a resident with an infectious disease to an appropriate health care facility if the administrator or operator is unable to provide the isolation precautions necessary to protect the health of other residents. <p>This REQUIREMENT is not met as evidenced by: 3305 KAR 26-41-207(b)(4)</p> <p>The facility had a census of 31 residents. All 31 residents ate food prepared in the same kitchen. According to record review and interview, the operator failed to ensure sanitary conditions for food service by not ensuring hot water temperatures were documented each shift.</p>	S3305		
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S3305	<p>Continued From page 16</p> <p>Findings included:</p> <p>- Review of the April 2024 "Temperature Log- High Temp Dish Machine" revealed missing hot water temperatures logged on:</p> <p>04/02/24- dinner. 04/03/24 04/05/24 04/08/24- breakfast, lunch 04/09/24- breakfast 04/10/24- breakfast, lunch 04/11/24- breakfast, lunch 04/12/24- lunch 04/13/24 04/14/24 04/15/24- breakfast, lunch 04/16/24 04/17/24- breakfast, lunch 04/18/24- breakfast, lunch 04/19/24- breakfast, lunch 04/20/24- breakfast, lunch 04/21/24- breakfast 04/22/24 - 04/26/24 04/27/24- breakfast, lunch 04/28/24- breakfast, lunch 04/29/24- breakfast, lunch 04/30/24- breakfast, lunch</p> <p>There was no "Temperature Log- High Temp Dish Machine" available for May 2024.</p> <p>On 05/09/24 at 11:00 AM Administrative Staff B stated there have been some newly hired dietary staff and they have all been instructed to complete dishwasher temperature logs.</p> <p>The operator failed to ensure sanitary conditions in the kitchen by failing to ensure documentation</p>	S3305		

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S3305	Continued From page 17 of hot water temperature were logged each shift.	S3305		
S3310 SS=F	<p>26-41-207 (b) (5-6) (c) Infection Control Policies</p> <p>(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;</p> <p>(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</p> <p>(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</p> <p>This REQUIREMENT is not met as evidenced by: 3310 KAR 26-41-207(c)</p> <p>The facility reported a census of 31 residents. The sample included three residents. Based on interview and record review for three residents and five new employee records, the operator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. This failure effected all residents who lived in the assisted living facility.</p> <p>Findings included:</p>	S3310		

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S3310	<p>Continued From page 18</p> <p>- Resident (R)103 moved into the facility on 01/18/24.</p> <p>Review of R103's medical record lacked evidence she had the second step of the two-step TB skin test (TST) completed. On 05/09/24 at 10:45 AM Administrative Nurse A stated the second step of the two-step TST was not completed after R103 was admitted to the facility.</p> <p>The 06/2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "If the first TST is read as not positive, a second TST shall be administered within 1- 3 weeks."</p> <p>The operator failed to ensure compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.</p> <p>- Review of five newly hired employee files revealed the following:</p> <p>"Certified Nurse Aide" (CNA) C was hired on 10/24/23. Documentation of a TST completed on 04/03/23 was more than six months prior to being hired. The first step of a two-step TST was administered three days late on 10/23/23 and no second step was documented as being completed.</p> <p>CNA D was hired on 11/01/23. Documentation of a TST completed on 01/31/23 was more than six months prior to being hired. The first step of the two-step TST was administered on 10/18/23 but the second step was not completed.</p>	S3310		

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S3310	<p>Continued From page 19</p> <p>CNA E was hired on 01/01/24. Documentation of a TST completed on 03/06/23 was more than six months prior to being hired. The first step of the two-step TST was administered on 12/27/23 but the second step was not completed.</p> <p>Licensed Nurse (LN) A was hired on 03/18/24. There was no documentation that a TB Symptom Screening Questionnaire or a two-step TST was completed.</p> <p>Dietary Staff F was hired on 03/27/24. The first step of the two-step TST was administered on 03/22/24 and read as not positive on 03/29/24. No second step was documented as completed.</p> <p>The 06/2023 "Tuberculosis Exposure Control Plan- Associate" policy documented, "Kansas requirements are a current two-step TB tine test upon hire following the U.S. Centers for Disease Control guidelines (or a one-step interferon test or CXR) and a TB symptom screening questionnaire upon hire."</p> <p>The operator 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.</p>	S3310		