Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED
	N066001		04/14/2016

NAME OF PROVIDER OR SUPPLIER
APOSTOLIC CHRISTIAN HOME

STREET ADDRESS, CITY, STATE, ZIP CODE
511 PARAMOUNT STREET
SABETHA, KS 66534

(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 Health Licensure Resurvey. An amended 2567 was sent to the facility 4/14/16.	S 000		
S3320 SS=E	28-39-254 CONSTRUCTION (a) The assisted living facility or residential health care facility shall be designed, constructed, equipped and maintained to protect the health and safety of residents, personnel and the public. (b) All new construction, renovation, remodeling and changes in building use in existing buildings shall comply with building and fire codes, ordinances and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. (c) New construction, modifications and equipment shall conform to the following codes and standards: (1) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992; and (2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981. This REQUIREMENT is not met as evidenced by: The facility identified a census of 22 residents and the sample size was 3 residents. Based on observation, record review, and interview, the facility failed to ensure the environment was free of accident hazards for 8 independently mobile and cognitively impaired residents.	S3320		

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

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S3320	Continued From page 1 Findings included: - During an observation on 4/12/16 at 9:34 AM, the kitchenette was open to the living area or the hall way and was accessible to all residents at any time. During an observation on 4/12/16 at 9:40 AM, one bottle of Spurrier 943 Heavy Duty Grill and Oven Cleaner, one bottle of Clorox Clean Up, and one bottle of Meyer Attack were found in an unlocked cabinet under the sink in the kitchenette. During an observation on 4/12/16 at 9:55 AM, there were 6 unopened and 2 opened Comet Sink Cleaner, 0.4 Kg(kilogram) box of Dip-it Coffee and Tea Stain Remover, 9 bottles of Clorox, 7 bottles of Heavy Duty Glove Free Degreaser, and 1 can of Puritan Stainless Steel Polisher stored on a shelf in the dishwashing area. The dishwashing area was connected to the kitchenette, and its door opened into the hallway. Review of the labels for above mentioned cleaners noted to " keep out of the reach of children " . During an interview on 4/12/16 at 11:45 AM, direct care staff O confirmed the facility stored these cleaners in the unlocked cabinet under the sink and on the shelf. He/she was aware these chemical products should be stored in a locked area. During an interview on 4/12/16 at 2:10 PM, administrative staff D stated chemical products should be stored in a locked area. During an interview on 4/13/16 at 11:20 AM,	S3320		

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S3320	Continued From page 2 administrative staff D stated the kitchenette was open to the residents. The facility failed to provide a policy about chemical product storage, as requested. The facility failed to properly secure chemical products for cognitively impaired and independently mobile residents.	S3320		