

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N087076	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/07/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER AVITA HEALTH AND REHAB AT REEDS COVE	STREET ADDRESS, CITY, STATE, ZIP CODE 2114 N 127TH COURT EAST WICHITA, KS 67228
---	---

(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 and complaint investigations # KS00094937, KS00092819, and KS00106316.	S 000		
S1164 SS=F	26-40-303 (h)(1)(a)(i)(ii)(iii)(iv) P E - Nursing facility support system (h) Nursing facility support systems. Each nursing facility shall have support systems to promote staff responsiveness to each resident ' s needs and safety. (1) Call system. Each nursing facility shall have a functional call system that ensures that nursing personnel working in the resident unit and other staff designated to respond to resident calls are notified immediately when a resident has activated the call system. (A) Each nursing facility shall have a call button or pull cord located next to each bed that, if activated, will initiate all of the following: (i) Produce an audible signal at the nurses ' workroom or area or activate the portable electronic device worn by each required staff member with an audible tone or vibration; (ii) register a visual signal on an enunciator panel or monitor screen at the nurses ' workroom or area, indicating the resident room number; (iii) produce a visual signal at the resident room corridor door or activate the portable electronic device worn by each required staff member, identifying the specific resident or room from which the call has been placed; and	S1164		

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

TITLE

(X6) DATE

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N087076	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/07/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER AVITA HEALTH AND REHAB AT REEDS COVE	STREET ADDRESS, CITY, STATE, ZIP CODE 2114 N 127TH COURT EAST WICHITA, KS 67228
---	---

(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
S1164	<p>Continued From page 1</p> <p>(iv) produce visual and audible signals in clean and soiled workrooms and in the medication preparation rooms or activate the portable electronic device worn by each required staff member with an audible tone or vibration.</p> <p>This REQUIREMENT is not met as evidenced by: The facility census totaled 72 residents. Based on observation, interview, and record review the facility failed to ensure staff wore portable electronic devices (pagers) which produced and audible tone or vibration upon activation of the call light as part of their functioning call system in 3 of 4 houses.</p> <p>Findings Included:</p> <ul style="list-style-type: none"> - Observation on 10/24/16 at 8:15 AM revealed direct care staff EE answered a call light in the Riffel/Saghbene bath house. Observation at that time revealed staff EE did not have a pager. At that time staff EE stated he/she did not have a pager and did not know if the nurse had passed them out yet. Lately, staff EE stated there had been issues with not having batteries for the pagers. <p>Observation on 10/24/16 at 8:21 AM in the Berlin house revealed direct care staff G with did not have a pager on his/her person. Staff G reported the pagers were in the basket and he/she stated they did not work. He/she did not know if a work order to have the pagers fixed was already entered.</p> <p>Interview with direct care staff FF on 10/25/16 at 9:23 AM reported he/she did not have a pager and reported there was only one pager and the</p>	S1164		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N087076	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/07/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER AVITA HEALTH AND REHAB AT REEDS COVE	STREET ADDRESS, CITY, STATE, ZIP CODE 2114 N 127TH COURT EAST WICHITA, KS 67228
---	---

(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
S1164	<p>Continued From page 2</p> <p>other direct care staff had it.</p> <p>Interview with licensed nursing staff F on 10/24/16 at 8:28 AM revealed not all the houses used the pagers. He/she reported staff listened for the audible alarm from the monitor located by the nurse's station and then looked at the screen to find out where to go.</p> <p>Interview with maintenance staff GG on 10/27/16 at 3:03 PM revealed he/she checked the system weekly and the system worked as long as staff carried the pagers and used them.</p> <p>Interview with administrative nursing staff B on 10/27/16 at 3:29 PM revealed he/she had not been enforcing the carrying of the pagers like he/she should have. Expectations were for staff to carry their pagers.</p> <p>Review of the undated call lights policy and procedure revealed as the resident pushed his/her call light, it immediately alarmed to designated pagers and the enunciator box.</p> <p>The facility failed to ensure the staff of Berlin, Riffle, and Saghbene houses wore and used the pagers as part of the facility's electronic call light system.</p>	S1164		