

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046078	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/30/2021
NAME OF PROVIDER OR SUPPLIER GARDEN VILLAS OF LENEXA		STREET ADDRESS, CITY, STATE, ZIP CODE 9705 MONROVIA LENEXA, KS 66215		
(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 survey for re-licensure with attached complaints #51555, #35815 and #35613 conducted on 06/29/2021 and 06/30/2021 at the above-named assisted living facility in Lenexa, KS.	S 000		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness (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; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' s emergency management plan with employees and residents; and (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. This REQUIREMENT is not met as evidenced by: KAR 26-41-104(d)(3) The facility reported a census of 45 residents. The sample included 3 residents. Based on record review and interview for all employees and residents, the administrator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly review of the	S3280		

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

TITLE

(X6) DATE

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S3280	Continued From page 1 facility's emergency management plan with employees and residents. Findings included: - Review of facility's Emergency preparedness operations plan under section titled Training and Exercises ... We have developed a training and testing program based on the risk assessments to provide annual training on all emergency preparedness policies and procedures which include Table-top as well as full-scale community-based exercises. Interview on 06-29-2021 at 12:50 pm with Administrative Staff A confirmed the facility lacked documentation of quarterly review of all components of the emergency management plan with all residents and staff. Documentation reviewed on 06-30-2021 revealed the following: Emergency Preparedness and Disaster Plan Quarterly Review - Resident Acknowledgement Agreement- included reviewed: Incident Command Team and Command Post, Explanation of the Communities Systems (fire/sprinklers etc.), Fire, Evacuation, Flood, Severe Weather/Tornado, Water Outage, Power Outage, Procedures for Sheltering in Place and Evacuation and the difference, Earthquake/Explosion. Document contained the signatures of 23 residents and was dated as completed on 06-29-2021 at 5:15PM. Interview with residents #129 and #131 on 06-30-2021 confirmed residents did receive information on emergency preparedness upon move in. Resident #131 confirmed attendance of review of procedures on 06-29-2021.	S3280			

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S3280	Continued From page 2 For all residents, the administrator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly review of the facility's entire emergency management plan with staff and residents.	S3280			