STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087083	A. BUILDING: _____ B. WING _____	06/01/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUNDER'S CREST LLC	6887 E ROCKHILL STREET WICHITA, KS 67206

(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 residential healthcare facility conducted on 5/26/21, 5/27/21 and 6/1/21.	S 000		
S3280 SS=E	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 20 residents. Based on record review and interview, the operator failed to ensure disaster and emergency preparedness by ensuring the performance of quarterly review of the facility's entire emergency plan with residents.	S3280		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S3280	Continued From page 1 Findings included: - Review of the facility emergency management plan revealed the plan contained procedures to manage potential emergencies and disasters including Fire, Flood, Severe Weather, Tornado, Explosion, Natural Gas Leak, Lack of electrical or water service and Missing Residents. - Review on 5/26/21 of the facility's quarterly reviews of the emergency management plan revealed no reviews completed with residents. Interview on 5/27/21 at 8:06 AM with certified staff #B confirmed they do not complete quarterly reviews of the entire emergency management plan with residents. Interview on 5/27/21 at 8:08 AM with licensed nurse #C confirmed she had never observed the emergency management plan reviewed with residents. Interview on 5/27/21 at 8:11 AM with operator confirmed they do not complete quarterly reviews of the entire emergency management plan with residents. For all residents, the operator failed to ensure disaster and emergency preparedness by ensuring the performance of quarterly review of the facility's entire emergency plan with residents.	S3280		