Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N091002	A. BUILDING: _____ B. WING _____	01/27/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHEAT RIDGE ACRES	707 WHEATRIDGE CIRCLE GOODLAND, KS 67735

(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 assisted living facility conducted on 01/20/21, 01/21/21, 01/25/21, 01/26/21 and 01/27/21.	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 30 residents. Based on review of records and interview, for all employees and residents, the operator failed to ensure disaster and emergency preparedness when the operator failed to ensure quarterly reviews of the facility's emergency management plan with employees and residents.	S3280		

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

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S3280	Continued From page 1 Findings included: Quarterly review of the disaster plan with residents revealed the record lacked documentation of the emergency preparedness review for the third and fourth quarter of 2020 and all of 2019. Quarterly review of the disaster plan with employees revealed the record lacked documentation of the emergency preparedness review for the fourth quarter of 2020. Interview with operator on 01/20/21 at 12:30 PM confirmed no other quarterly reviews of the emergency management plan have been completed with employees and residents. For all residents and employees, the operator failed to ensure disaster and emergency preparedness when the administrator failed to ensure quarterly reviews of the facility's emergency management plan with employees and residents.	S3280		