Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N089008	A. BUILDING: _____ B. WING _____	C 12/23/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRYSIDE HEALTH CENTER	440 SE WOODLAND AVENUE TOPEKA, KS 66607

(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 resurvey with a complaint investigation #138261 at the above named residential health care facility conducted on 12/19,23/2019.	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: K.A.R 26-41-104(d)(3) The facility reported a census of 3 residents. Based on interview the administrator failed to ensure disaster and emergency preparedness by ensuring the performance of quarterly reviews of the facility's emergency management plan with 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: - During survey conducted on 12-19-19 surveyor requested evidence of quarterly review of the emergency management plan with residents. On 12-23-19 at 10:00 AM maintenance staff A provided resident council minutes as evidence of quarterly reviews of the emergency management plan. Review of the council minutes revealed the facility staff discussed 1 potential disaster every other month and did not review the facilities emergency management plan quarterly. During an interview on 12-23-19 at 10:45 AM maintenance staff A confirmed review of 1 potential area of disaster each meeting. The administrator failed to ensure quarterly reviews of the facilities emergency management plan were conducted with residents and staff.	S3280		