Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046059	A. BUILDING: _____ B. WING _____	R 05/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDAR LAKE VILLAGE	15325 S LONE ELM RD OLATHE, KS 66061

(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 citation represents the findings of a revisit for correction order 19-54 at the above named assisted living facility conducted on 4-30-19 and 5-1-19.	{S 000}		
{S3171} SS=E	26-41-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(i) The facility reported a census of 56 residents (34 assisted living residents and 22 memory care residents). The sample included 3 residents. Based on record review and interview for all assisted living residents using the call light system, the administrator failed to ensure all health care services, including answering call lights, were provided by qualified staff in accordance with acceptable standards of practice. Findings included: - Review of Call Light response report for "all alerts over 5 minutes" from 4-15-19 to 4-30-19 revealed 453 call light activations with the following response times: 6 to 10 minutes: 187 11 to 15 minutes: 87 16 to 20 minutes: 57 21 to 30 minutes: 48	{S3171}		

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

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{S3171}	Continued From page 1 over 30 minutes: 30 "This alert was never responded to. Announced 9 times": 44. The longest response time was 44 minutes. - Interview on 4-30-19 with administrator stated the memory care did not utilize a call light system. Stated at times if the staff member does not correctly clear the resident's pendant, it may show that the alert was never responded to. Confirmed the results of the call light response report. Stated current staff had been in-serviced on call light response and provided the documentation of the meeting agenda for 4-18-19 which stated call lights should be answered within 5-8- minutes. Further stated all newly hired staff are educated on expectations of call light response time. The administrator failed to ensure that all health care services for residents in need of assistance was provided by qualified staff in accordance with acceptable standards of practice.	{S3171}		