Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087054	A. BUILDING: _____ B. WING _____	04/02/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE EAST WICHITA	9191 E 21ST STREET NORTH 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 a resurvey with complaints (#134509 and #134870) at the above named assisted living facility conducted on 4/1,2/2019.	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: KAR 26-41-104(d)(3) The facility reported a census of 36. The sample included 3 residents. Based on interview for all residents and all facility employees, the executive director failed to ensure disaster and emergency preparedness by ensuring performance of quarterly review 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: - Review of the staff inservice notebook on 4-1-19 at 2:00 PM revealed on 1-10-19 the executive director conducted an all staff inservice which included review of the emergency management plan. Review of the record back to January of 2018 lacked information regarding review of the emergency management plan with all staff for the year of 2018. Review of the resident council minutes did not include review of the emergency management plan with the residents. During an interview on 4-1-19 at 2:45 PM administrative staff A reported the emergency management plan is reviewed quarterly through games, word search and other activities. The month of April had an egg hunt but did not include any potential disaster review. Staff A reported the emergency preparedness is when they go over the plan book and the manual. The emergency procedures done in January and April is going over weather related concerns. For all residents and employees, the executive director failed to ensure emergency preparedness by ensuring quarterly review of the emergency management plan with all staff and residents.	S3280		