STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087210	A. BUILDING: _____ B. WING _____	R-C 12/11/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERALD SENIORS, LLC	1226 S BYRON ROAD WICHITA, KS 67209

(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
{R9999}	FINAL COMMENTS SS=F K.S.A. 39-938 Adult care homes shall comply with all the lawfully established requirements and rules and regulations of the secretary of aging and the state fire marshal and any other agency of government so far as pertinent and applicable to adult care homes, their buildings, operators, staffs, facilities, maintenance, operation, conduct and the care and treatment of residents. This requirement is not met as evidenced by: The facility reported a census of 4 residents. The sample included 3 residents. Based on interview, observation, and record review for 3 (#20, #22, and #23) and 1 (#21) non-sampled resident, operator/licensed nurse B failed to ensure the federal HIPAA (Health Insurance Portability and Accountability Act) Privacy Rule that required appropriate administrative and physical safeguards be in place to protect the privacy of Resident records containing protected health information when Resident records were kept in an attached garage and accessible to non-employed people that were allowed free access to the garage. Findings included: - Surveyor entered facility at 5:18 a.m. on 12/11/18 when operator/licensed nurse B opened the front door. Surveyor looked in the dining/kitchen area from the living room and observed a person start to come into the room from the attached garage. Person C stated he/she had cleaned the floor and took the trash out for operator/licensed nurse B. Person C stated (operator/licensed nurse C) called him/her	{R9999}		

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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EMERALD SENIORS, LLC	1226 S BYRON ROAD WICHITA, KS 67209

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{R9999}	Continued From page 1 to come to the facility and person C arrived at the facility around 2:00 a.m. 12/11/18. Operator/licensed nurse B did not list person C as an employee of the facility when surveyor asked for a list of current employees. At 5:50 a.m. on 12/11/18, when surveyor asked where resident records were stored, operator/licensed nurse B stated records were stored in a locked cabinet in the garage. Surveyor went with operator/licensed nurse B to the garage and surveyor opened the cabinet which was not locked. Surveyor observed person C in the garage with access to resident records. The cabinet held a record for each of the 4 residents living in the facility. Operator/licensed nurse B showed a key on a key ring that would lock the cabinet and stated the key was kept with the medication cart key. Operator/licensed nurse B confirmed resident records were not stored in a locked cabinet and accessible to person C. Record review for residents #20, #22, and #23 revealed each record contained protected health information. For all Residents, operator/licensed nurse B failed to ensure appropriate administrative and physical safeguards were in place to protect the privacy of resident records containing protected health information, in accordance with federal HIPAA Privacy Rule when Resident records were placed in the garage and person C allowed to be in the garage without supervision.	{R9999}		
{S 000}	INITIAL COMMENTS The following citation represents the findings of a	{S 000}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{S 000}	Continued From page 2 revisit for correction order 18-170 of the above home plus facility on 12/11/18.	{S 000}		