Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N080004	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY LIVING OF LYONS	502 S MILES STREET LYONS, KS 67554

(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 resurvey for the above named facility conducted on 6/25/18 and 6/26/18.	S 000		
S3280 SS=E	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 13 residents. Based on interview and record review the administrator failed to ensure employees and residents had disaster and emergency preparedness by a failure to provide a quarterly review of the facility's emergency management plan.	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 facility's emergency management training of employees for 2018 revealed the facility conducted a monthly in-service of staff. These monthly in-services failed to include the 9 required elements for an emergency management plan (fire, flood, severe weather, tonado, explosion, natural gas leak, lack of electrical or water service, missing resident and any other potential emergency situations). The training included the following: 1/24/18 marked as fire, flood, severe weather but did not specifiy how many staff attended this training or if those staff who didn't attend received the training. The administrator confirmed he/she had no documentation of which staff received the required quarterly emergency management review for 2018. The facility lacked any evidence of emergency management training of employees since 9/1/16 (last resurvey) and all of 2017. Interview on 6/25/18 at 10:45 AM with activities staff A revealed he/she reviewed the emergency management plan during the resident council meeting based on the schedule he/she provided. The schedule planned for January - fire, flood and severe weather; Febuary - tornado, gas leak/explosion, utility outage; March - missing resident, bomb threat, evacuation. This schedule repeated so that the 9 elements were planned to be covered every quarter. Review of the council minutes for 2018 revealed 4-11 residents attended. Review of the 2017 resident council minutes revealed no set schedule for the emergency managment training. Some of the sheets	S3280		

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S3280	Continued From page 2 indicated reviewing some of the subjects. The 1st, 2nd and 3rd quarter did not specify that all elements were covered during that quarter. Resident who attended were 3-6 residents with no notation of non-attending resident review of the emergency management plan. Review of the 2016 resident council minutes revealed a schedule to present the 9 elements every quarter however, there documentation provided only had evidence of 6 elements. The resident council was attended by 5-7 residents with no notation of the non-attending residents review of the emergency management plan. Interview on 6/25/18 at 10:55 AM with administrator B confirmed the above documentation reviewed did not reflect evidence of quarterly emergency preparedness of residents and employees. The administrator failed to ensure employees and residents had disaster and emergency preparedness by a failure to provide a quarterly review of the facility's emergency management plan.	S3280		