Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	VALHLTHCLOSE	A. BUILDING: _____ B. WING _____	01/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY HEALTH CARE CENTER	400 12TH STREET PO BOX 189 VALLEY FALLS, KS 66088

(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 are the result of a licensure resurvey conducted at the above named attached residential care unit in Valley Falls on 1/22/18, 1/23/18 and 1/24/18.	S 000		
S3248 SS=E	26-41-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following documentation: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult care home; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to have worked as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR 26-41-102 (d)	S3248		

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

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S3248	Continued From page 1 The census equaled 11 the sample included 3 residents. Based on reviews of facility records, for 4 of 5 certified staff (#J, #K,#L and #M) the administrator failed to ensure the employee record contained supporting documentation for criminal background checks through health occupations and credentialing upon hire. Findings included: Review of personnel records for certified staff #J (hire date 4/13/17, first date of work 5/8/17), recorded criminal background check through health occupations and credentialing completed on 5/11/17. Review of personnel records for certified staff #K (hire date 5/15/17, first date of work 5/15/17), recorded criminal background check through health occupations and credentialing completed on 5/17/17. Review of personnel records for certified staff #L (hire date 9/5/17, first date of work 9/5/17), recorded criminal background check through health occupations and credentialing completed on 9/15/17. Review of personnel records for certified staff #M (hire date 9/25/17, first date of work 9/26/17), recorded criminal background check through health occupations and credentialing completed on 9/28/17. For 4 staff the administrator failed to ensure the employee record contained supporting documentation for criminal background checks through health occupations and credentialing at	S3248		

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S3248	Continued From page 2 time of hire.	S3248		
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 26-4-104(d)(3) The census equaled 11 residents, the sample included 3 residents. Based on interviews and review of records, for all residents, the operator failed to ensure disaster and emergency preparedness when the operator failed to ensure quarterly review of the facility's emergency management plan with employees and residents.	S3280		

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S3280	Continued From page 3 Findings included: - On 1/23/18 reviewed facility's disaster plan. Facility conducted a full evacuation on 5/22/17 and 3/2/17. Review of the facility disaster plan was conducted with staff on 3/14/17. Record lacked documentation of review of the facility's disaster plan with residents. Interview on 1/23/18 at 12:04pm with facility administrator confirmed disaster plan had not been reviewed with the facility's residents, he/she confirmed only one review was conducted with staff. For all residents, the operator failed to ensure disaster and emergency preparedness when the operator failed to ensure quarterly review of the facility's emergency management plan with employees and residents.	S3280		