Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B089080	A. BUILDING: _____ B. WING _____	11/21/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE BOGART HOUSE LLC-II	3535 SW 6TH ST TOPEKA, KS 66606

(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 re-survey conducted at the above named home plus facility in Topeka, Kansas on 11/20/17 and 11/21/17.	S 000		
S5215 SS=E	26-42-104 (d) Disaster and Emergency Preparedness Education (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 home ' s emergency management plan; (2) education of each resident upon admission to the home regarding emergency procedures; (3) quarterly review of the home ' 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 26-42-104(d)(3) The census equaled 6 the sample included 3 residents. For all residents, the operator failed to ensure quarterly review of the facility's emergency management plan with employees and residents as evidenced by interviews and review of records.	S5215		

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

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S5215	Continued From page 1 Findings included: - On 11/20/17 at 3:45pm during interview with facility operator, viewed facility disaster plan. Operator stated "We did fire drills about the 13th of every month and evacuations." Fire drills/ evacuation drills with residents were recorded as completed monthly with residents in 2017. Review of facility disaster plan with staff was recorded as completed monthly in 2017. On 11/21/17 at 11:25am requested quarterly disaster reviews with staff and residents. Review of facility disaster plan with staff was recorded as completed monthly in 2017. Interview on 11/21/17 at 11:25am with certified staff #B requested disaster reviews with residents, He/she stated "[operator] has talked to them about it but we didn't have them sign it." He/she could not produce documentation of quarterly disaster reviews with residents. For all residents, the operator failed to ensure quarterly review of the facility's emergency management plan with employees and residents as evidenced by interviews and review of records.	S5215		