Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N081007	A. BUILDING: _____ B. WING _____	02/07/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STONEYBROOK ASSISTED LIVING	2029 LITTLE KITTEN AVE MANHATTAN, KS 66503

(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 with complaints conducted at the above named assisted living facility in Manhattan, Kansas on 2/6/17, 2/7/17 and 2/8/17.	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 26-4-104(d)(3) The census equaled 22 residents, the sample included 4 residents. Based on interview 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	S3280		

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

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S3280	Continued From page 1 management plan with employees and residents. Findings included: On 2/7/17 at 11:30am received facility in-service on disaster preparedness conducted on 3/17/16 for facility residents and on 6/20/16 for facility staff for 7 of the 8 required disaster preparedness topics, training did not include training on explosions. Interview on 2/7/17 at 11:30am with facility administrator #A confirmed in-service/disaster training for residents and staff was conducted only one time for residents and one time for staff, during 2016, not quarterly as required by regulation. 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		