Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087033	A. BUILDING: _____ B. WING _____	06/30/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEDGWICK PLAZA	2455 N WOODLAWN ST WICHITA, KS 67220

(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 citation represents the finding of a resurvey of the above assisted living facility on 6/29/16 and 6/30/16.	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 25 residents. The sample included 3 residents. Based on record review and interview for all employees and residents, the operator failed to ensure disaster and emergency preparedness by ensuring a quarterly review of the facility's emergency management plan with employees and residents. Findings included:	S3280		

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

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S3280	Continued From page 1 - Review of the facility's emergency management plan on 6/29/16 revealed documentation of a review of the plan with employees on 7/28/15 and with residents on 11/5/14. The notebook containing the plan lacked documentation of any other plan reviews with employees and residents. At 11:00 a.m. on 6/29/16, maintenance employee A provided a notebook containing the emergency management plan. The notebook lacked documentation of plan reviews with employees and residents. During an interview with operator and licensed nurse B at 11:45 a.m. on 6/29/16, operator stated he/she could not find documentation of a quarterly review of the emergency management plan with employees. Operator stated the plan could have been reviewed in the monthly resident council meetings. Licensed nurse B stated he/she started to work here one year ago and had not reviewed the emergency management plan. Review of the monthly resident council meeting minutes from 2/10/15 through 6/14/16 revealed the lack of discussion of emergency management plan. The operator failed to ensure disaster and emergency preparedness by ensuring a quarterly review of the facility's emergency management plan with employees and residents.	S3280		