STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175457	A. BUILDING _____ B. WING _____	08/27/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEABODY HEALTH AND REHAB	407 N LOCUST ST PEABODY, KS 66866

(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 complaint investigation #90617 and partial extended survey.	S 000		
S 976 SS=E	26-40-302 (b)(c) P E - Door monotoring system (B) The electrical monitoring system on each door shall remain activated until manually reset by nursing facility staff. (C) The electrical monitoring system on a door may be disabled during daylight hours if nursing facility staff has continuous visual control of the door. This Requirement is not met as evidenced by: The facility had a census of 50 residents. The sample included 3 residents. Based on observation and interview, the facility failed to ensure the electrical monitoring system on the 2 of 2 exit doors to the outside patio of the Special Care Unit remained activated until manually reset by nursing facility staff. Findings included: - On 8/19/15 at 9:30 AM, observation revealed Medication Aide L opened the door to the patio by the dining room in the (SCU) Special Care Unit, the alarmed sounded and stopped when the door was shut without entering a code. On 8/19/15 at 1:30 PM, observation revealed the door to the patio by the dining room in the SCU, the alarmed sounded and stopped when the door was shut without entering a code. On 8/19/15 at 9:30 AM, Medication Aide L stated the doors in the SCU going out to the patio sound	S 976		

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEABODY HEALTH AND REHAB	407 N LOCUST ST PEABODY, KS 66866

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S 976	Continued From Page 1 when the doors open and shut off when the doors are closed, not requiring a code. Medication Aide L stated the alarm can be heard in all areas of the SCU. On 8/19/15 at 4:55 PM, Resident #3 stated the doors to the patio have key pads on the doors but don't need them to open the doors, you just push on it and go out. Resident # 3 further stated, to shut the alarm off, you just shut the door. On 8/19/15 at 10:30 PM, Licensed Nurse H stated the doors to the patio in the SCU do not require a code to go in and out, when the door opens the alarm sounds and when the door shuts, the alarm stops. Upon request, the facility did not provide a policy for the door alarm system. The facility failed to ensure the electrical monitoring system on the exit doors to the outside patio of the Special Care Unit remained activated until manually reset by nursing facility staff.	S 976		