STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N057005	A. BUILDING: _____ B. WING _____	R 02/26/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEABODY OPERATOR LLC	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 finding of the Health Licensure Non-Complaince Revisit.	{S 000}		
{S3335} SS=F	28-39-254 BUILDING EXTERIOR (f) General building exterior. (1) Each exterior pathway or access to the facility's common use areas and entrance or exit ways shall be: (A) made of hard smooth material; (B) barrier free; and (C) maintained in good repair. (2) There shall be a means of monitoring each exterior entry and exit for security purposes. (3) Outdoor recreation areas shall be provided and available to residents. This REQUIREMENT is not met as evidenced by: The facility had a census of 3 residents. Based on observation, interview, the facility failed to ensure a monitoring system of the exterior entrances and exits for security purposes. Findings included: - On 2/26/15 at 8:35 AM, observation of the facility entrance/exits revealed no cameras or other monitoring devices, and lacked a door alarm system. On 2/26/15 at 8:40 AM, Nurse A stated he/she was unaware of the need to document any door	{S3335}		

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

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{S3335}	Continued From page 1 checks and had not observed any document for that. On 2/26/15 at 10:03 AM, Administrative Staff B stated the staff had not implemented any exit monitoring or weekly audit, as outlined in the plan of correction. Administrative Staff B stated what was in place at the time of the survey had not changed and stated the facility had received a bid for door alarms, but had not acted upon the bids, which required payment prior to the work. The facility failed to monitor the outside exits of the facility to ensure security for the 3 residents who reside in the facility.	{S3335}		
{S9999}	KAR Final Observations The facility had a census of 3 residents. Based on observation, record review and interview the facility failed to provide qualified nursing staff in attendance at all times for the residents who reside in the assisted living facility. Findings included: - On 2/26/15 at 8:30 AM, observation upon entering the facility revealed Nurse A on duty, administering medication to the residents. Observation during the 4 hours onsite revealed Nurse A stayed on duty in the assisted living facility. Nurse A stated no nursing staff is on duty in the assisted living facility from 9:00 PM to 6:00 AM. He/she stated the nurse from upstairs checks on the residents during the night and the facility is working on getting someone to staff at assisted living facility during the night. Review of the facility's staffing schedule revealed	{S9999}		

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{S9999}	Continued From page 2 no staff scheduled during the hours 9:00 PM to 6:00 AM. On 2/26/15 at 10:03 AM, Administrative Staff B verified the facility had not been able to hire enough staff to ensure staff on duty in the assisted living facility. The facility failed to provide around the clock staffing for the 3 residents who resided in the assisted living facility.	{S9999}		