STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087038	A. BUILDING: _____ B. WING _____	07/24/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING HOUSE OF DERBY	1709 E WALNUT GROVE DERBY, KS 67037

(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 findings of licensure resurvey at the above named facility on 7-23-14 and 7-24-14.	S 000		
S3420 SS=F	28-39-256 MECHANICAL REQUIREMENTS (c) Mechanical requirements. (1) Heating, air conditioning, and ventilating systems. (A) The system shall be designed to maintain a year-round indoor temperature range of 70oF or 21oC to 85oF or 26oC. (B) Each apartment or individual living unit shall allow the resident to control the temperature. (2) Plumbing and piping systems. (A) Backflow prevention devices or vacuum breakers shall be installed on fixtures to which hoses or tubing can be attached. (B) Water distribution systems shall be arranged to provide hot water at outlets at all times. The temperature of hot water shall range between 98oF and 120oF at bathing facilities, sinks, and lavatories in resident use areas. (3) Electrical requirements. (A) All spaces occupied by persons or machinery and equipment within the buildings, approaches to buildings, and parking lots shall have adequate lighting. (B) Minimum lighting intensity levels shall be	S3420		

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
	N087038	A. BUILDING: _____ B. WING _____	07/24/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING HOUSE OF DERBY	1709 E WALNUT GROVE DERBY, KS 67037

(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
S3420	Continued From page 1 as required in Table 1. (C) Each corridor and stairway shall remain lighted at all times. (D) Each light in resident use areas shall be equipped with shades, globes, grids, or glass panels. This REQUIREMENT is not met as evidenced by: KAR 26-41-256(c)(2)(B) The facility census equaled 23 residents with 3 residents sampled. Based on record review, observation and interview for all residents living in the facility, the operator failed to ensure hot water temperatures did not exceed 120 degrees Fahrenheit (F) at bathing facilities, sinks, and lavatories in resident use areas. The hot water temperatures ranged from 107.2 degrees F to 135.3 degrees F. Findings included: - During tour of facility on 7-23-14 at 9:30 a.m. noted hot water temperature in dining room area at hand washing sink registered 133.3 degrees F. Thermometer calibrated with Maintenance Staff. On 7-23-14 at 9:35 a.m., Maintenance Staff checked hot water temperature at sink in dining room area. The temperature read 135.3 degrees F. Interview at approximately 9:36 a.m. with Maintenance Staff stated the hot water tank is set on "hot".	S3420		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087038	A. BUILDING: _____ B. WING _____	07/24/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING HOUSE OF DERBY	1709 E WALNUT GROVE DERBY, KS 67037

(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
S3420	Continued From page 2 On 7-23-14 at 9:50 a.m., Maintenance Staff checked hot water temperature in whirlpool room/public restroom. The temperature read 127.2 degrees F. Interview on 7-23-14 at 10:05 with Maintenance Staff stated, "(He/She) turned hot water tank temperature down." On 7-23-14 at 12:10 p.m. checked hot water temperature in dining area with Maintenance Staff. The temperature was 109.1 degrees F. On 7-23-14 at 12:15 p.m. checked hot water in whirlpool room/public restroom with Maintenance Staff. The temperature was 112.4 degrees F. Policy and procedure provided by Registered Nurse on 7-23-14 at 1:50 p.m. stated, "Set and check regularly hot water tank temperature setting to 110.0 degrees to 115.0 degrees making sure to meet required regulations." For all Residents, the operator failed to ensure hot water temperatures did not exceed 120 degrees Fahrenheit (F) at bathing facilities, sinks, and lavatories in resident use areas. The hot water temperatures ranged from 107.2 degrees F to 135.3 degrees F.	S3420		