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 _____	C 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STONEYBROOK ASSISTED LIVING	2029 LITTLE KITTEN AVENUE 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 citation represents the findings of an abbreviated survey for complaints (#174999, #172857, #172657, #172143, #172017, #171752, #171305, #171071) at the above named assisted living facility conducted on 10/27/22.	S 000		
S3265 SS=J	26-41-104 (a) Disaster and Emergency Preparedness (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the provision of a sufficient number of staff members to take residents who would require assistance in an emergency or disaster to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-41-104 (a) The facility reported a census of 24 residents. The sample included 1 focused review resident and 1 closed record review resident. Based on observation, interview, and record review for one focused review Resident (R) 100 who required two person assist to transfer, Administrator A failed to ensure the provision of a sufficient number of staff members on night shift to take all residents who would require assistance in an emergency or disaster to a secure location. This failure placed residents in this facility in immediate jeopardy for harm, injury or death. Findings included:	S3265		

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

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S3265	Continued From page 1 - The "Resident Roster" obtained on 10/27/22 from Licensed Nurse (LN) B recorded a census of 24 residents. One resident listed on the roster was identified as having impaired cognition. One resident (R100) required two staff for transfer assistance. On 10/27/22 at 03:08 PM, Administrator A confirmed one staff was on duty in facility from 10:00 PM to 06:00 AM ...that staff is a CMA (Certified Medication Aide) or a CNA (Certified Nurse Aide). On 10/27/22 at 03:18 PM, LN B confirmed R100 required two-person assistance for transfers. - Record review for R100 revealed she admitted on 06/04/22 with diagnoses of Type II Diabetes Mellitus, hypothyroidism, hyperlipidemia, glaucoma, hypertension, gout, and anxiety disorder. R100's "Functional Capacity Screen (FCS)/ Negotiated Service Agreement (NSA)" dated 10/06/22 recorded the resident required physical assistance with bathing, dressing, toileting, transfer, walk/mobility, eating and management of medications and was unable to perform management of treatments. R100 was occasionally incontinent, had difficulty with memory/recall, had impaired decision making and was socially inappropriate/ disruptive behavior. The resident's "Negotiated Service Agreement"/ Service Plan dated 10/06/22 recorded two staff assisted R100 with transfers, staff assisted with	S3265		

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S3265	Continued From page 2	S3265		

bathing, bed mobility, peri care and changing incontinent products. R100 used a walker and wheelchair for mobility and utilized a bedside commode .

On 10/27/22 at 03:30 PM, R100 observed sitting in wheelchair in common area of the facility. Observed CMA C and CNA D transfer R100 from wheelchair to a facility chair. CMA C and CNA D confirmed R100 is two-person transfer at all times and one person is unable to move R100 alone .

Facility disaster training policy requested. On 10/31/22 at 03:04 PM during an electronic interview, Administrator A stated facility follows state protocols for disaster training. Full evacuation conducted by facility on 10/27/21 at 10:50 AM to 10:57 AM. Three staff members participated in the drill. The number of residents participating in drill was not listed.

On 10/27/22 at 03:38 PM, surveyor informed Administrator A and LN B of immediate jeopardy for failure to ensure sufficient staff in the facility at all times for safe evacuation of residents requiring assistance of two staff.

Administrator A failed to ensure the provision of sufficient staff to take all residents to safety in the event of an emergency/evacuation on the night shift. The current roster included 24 residents, which included one resident who required two staff to assist with transfers. The current staff schedule included one staff member on duty overnight from 10:00 PM to 06:00 AM daily.

This failure placed residents in this facility in

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S3265	Continued From page 3 immediate jeopardy for harm, injury or death. Jeopardy was removed on 10/27/22 at 04:49 PM when the following signed abatement plan was received from Administrator A: "On 10/27/22 [CMA E and CNA D] will be on shift at [facility name] from 10:00 PM until 06:00 AM. Going forward, I will schedule the 10:00 PM to 06:00 AM shift in said building every night with two workers as long as there is a two person assist residing here. There will be a minimum of two staff members in the facility at all times." On 10/28/22, Administrator A provided a staffing schedule from 10/28/22 to 11/05/22 to include two staff members on duty overnight from 10:00 PM to 06:00 AM.	S3265		