STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087183	A. BUILDING: _____ B. WING _____	09/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHENEY GOLDEN AGE HOME PLUS	802 NORTH MAIN STREET CHENEY, KS 67025

(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 represents the findings of a Re-Licensure Survey for the above named Home Plus facility conducted on 09/02/25 and 09/03/25.	S 000		
S5215 SS=F	26-42-104 (d) Disaster and Emergency Preparedness Education (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 home ' s emergency management plan; (2) education of each resident upon admission to the home regarding emergency procedures; (3) quarterly review of the home ' 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 26-42-104 (d)(3) The facility reported a census of eight residents. Based on record review and interview the operator failed to ensure disaster and emergency preparedness by the failure to ensure designated staff conducted quarterly reviews of the home's emergency management plan with all residents.	S5215		

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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S5215	Continued From page 1 Findings included: - Review of information notebook provided by Administrative CMA/Operator A on 09/03/25 revealed multiple pages titled "Resisdent Council". It included the date, space for all resident names, menu, activities, other concerns, and a section with three quarterly topics. These topics included disasters, resident rights, and numbers to call. Each "Resident Council" form had one of the three quarterly topic circled. The record lacked documentation of reviewing "disasters" from March of 2024 through August of 2024. It also lacked documentation of review of "disasters" from January 2025 through June 2025. On 09/03/25 at 01:40 PM Administrative CMA/Operator A and Administrative Nurse B reviewed the notebook and confirmed staff did not review the disaster plan quarterly. The operator failed to ensure disaster and emergency preparedness by the failure to conduct quarterly reviews of the emergency management plan with all residents and staff.	S5215		