

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N047002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/11/2014
NAME OF PROVIDER OR SUPPLIER KEARNY COUNTY HOSPITAL ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 607 COURT PLACE LAKIN, KS 67860		
(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		S 000		
	The following citations represent the findings of a Licensure Resurvey.				
S2030 SS=C	26-43-101(g) Availability of Policies and Procedures (g) Availability of policies and procedures. Each administrator or operator shall ensure that policies and procedures related to resident services are available to staff at all times and are available to each resident, legal representatives of residents, case managers, and families during normal business hours. A notice of availability shall be posted in a place readily accessible to residents and the public. This Requirement is not met as evidenced by: The facility had a census of 30 residents on 2 hallways. Based on observation and interview, the facility failed to post of availability of the facility's policies and procedures in a place readily accessible to residents and the public. Findings included: - During an observation on 6/10/14 at 3:00 p.m. of the 2 hallways of the assisted living facility, revealed a lack of a notice to the residents and the public of the availability of the facility's policies and procedures. During an interview on 6/10/14 at 3:00 p.m. administrative staff A confirmed the facility failed to post a notice of the availability of policies and procedures to residents and the public.		S2030		

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

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S2030	Continued From Page 1 The facility failed to post a notice of the availability of policies and procedures to residents and the public.	S2030			
S3155 SS=D	26-41-204 (a) Health Care Services . (a) The administrator or operator in each assisted living facility or residential health care facility shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. This Requirement is not met as evidenced by: The facility had a census of 30 residents with 3 sampled for review. Based on observation, interview, and record review, the facility failed to ensure coordination of provision of necessary health services (assistance needed by staff for application of a back brace) in order to meet the needs of 1 of 3 sampled residents. (#1) Findings included: - Resident #1's 5/23/14 physician order sheet included an order for a Ninja (type of back brace) brace when out of bed greater than 5 minutes. The resident's 5/29/14 functional capacity screen indicated the resident required standby assistance with a walker to and from meals and activities. Resident #1's 6/2/14 negotiated service agreement stated the resident required daily assistance from staff with morning cares.	S3155			

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S3155	Continued From Page 2 Resident #1's December 2013 health service plan directed staff to provide stand by assistance of one for all ambulation and transfers, using his/her walker. Review of the plan lacked evidence that the licensed nurse that coordinated care for resident #1 revised the plan after the resident's physician ordered a back brace to be worn when he/she ambulated. During an observation on 6/10/14 at 3:30 p.m., resident #1 sat in an easy chair in his/her apartment with a walker close by and a back brace in place. According to resident #1, he/she had to have help to place and position the back brace and was unable to do this on his/her own. During an interview on 6/10/14 at 3:40 p.m., licensed nurse E verified that resident #1 required assistance daily with the application of the brace and confirmed the health service plan lacked evidence of revision after the physician ordered the brace. The facility failed to update resident #1's health service plan after his/her physician ordered a back brace that required staff assistance for application.	S3155			
S3420 SS=E	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	S3420			

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S3420	Continued From Page 3 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 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: The facility had a census of 30 residents in the Assisted Living Facility with 18 residents on the 300 hall and 12 on the 400 hall. Based on observation, interview, and record review, the facility failed to ensure the facility's water distribution systems maintained hot water between 98 and 120 degrees F (Fahrenheit) in	S3420			

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S3420	Continued From Page 4 areas used by residents that resided on the 300 hallway. Findings included: - During an initial tour of the facility on 6/3/14 at 9:30 a.m., the water temperature of the commons dining room sink on the 300 hallway of the assisted living facility registered 137.2 degrees F. The water temperature in sink in the public restroom across from the dining room that is available for resident use registered at 136.1 degrees F. At 10:08 a.m. on 6/3/14, maintenance staff D checked the water temperatures with a facility thermometer and reported a temperature of 135 degrees F at the dining room sink and 130.2 degrees F in the public restroom on the 300 hallway. Staff D reported maintenance staff checked the water temperature weekly was unaware of any high water temperatures in the past. On 6/3/14 at 4:34 p.m., the restroom sink water temperature registered at 134.7 degrees F and the sink in the 300 hall dining room registered 134.5 degrees F. Staff D stated he/she did not make any adjustments to the hot water heater and was unaware of the safe limits for water temperatures. Staff D then reported the water temperatures to his/her supervisor, maintenance staff C. At 5:10 p.m., maintenance staff C reported he/she made adjustments in the hot water heater and also drained the hot water to help lower the water temperatures. An observation on 6/4/14 at 10:02 a.m. revealed water temperatures at the restroom sink of 124.6 degrees, at that time maintenance staff C worked under the dining room sink. At 2:14 p.m., staff C	S3420			

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S3420	Continued From Page 5 reported he/she called a plumber to work on the water heater system. On 6/5/14, the water temperatures in the public restroom on the 300 hallway registered at 107.4 degrees and the dining room sink registered at 107.9 degrees. Review of daily hot water heater logs from May 6, 2014 to June 3, 2014 revealed daily temperatures of the hot water heaters on the 300 hallway ranging from 123 degrees F. to 136 degrees F. During an interview on 6/10/14 at 3:00 p.m., maintenance staff C was unaware of the water temperature requirements for assisted living facilities. The facility failed to ensure the facility's water distribution system maintained hot water below 120 degrees F in areas used by residents on the 300 hallway.	S3420			

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