Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N052006	A. BUILDING: _____ B. WING _____	12/27/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HOMESTEAD OF LEAVENWORTH	5150 HUGHES RD LEAVENWORTH, KS 66048

(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 are the result of a licensure resurvey conducted at the above named assisted living facility in Leavenworth, KS on 12/26/17 and 12/27/17	S 000		
S3280 SS=E	26-41-104 (d) Disaster and Emergency Preparedness (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 facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' 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 26-4-104(d)(3) The census equaled 31 residents, the sample included 3 residents. Based on interviews and review of records, for all residents, the operator failed to ensure disaster and emergency preparedness when the operator failed to ensure quarterly review of the facility's emergency	S3280		

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

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S3280	Continued From page 1 management plan with employees and residents. Findings included: - On 12/26/17 reviewed facility's disaster plan with operator #A and maintenance supervisor #B. Reviews of the emergency disaster plan were completed with staff on 6/23/16 and 6/30/17. Evacuations were completed on 7/21/16 and 5/3/17. Reviews of the disaster plan with residents were not completed. Interview on 12/26/17 at 2:30pm with operator #A stated he/she cant find any reviews for staff before June and put out a memo [dated 6/27/17] stating the reviews needed to be completed quarterly. He/she confirmed quarterly reviews with the residents had not been completed. For all residents, the operator failed to ensure disaster and emergency preparedness when the operator failed to ensure quarterly review of the facility's emergency management plan with employees and residents.	S3280		