Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087057	A. BUILDING: _____ B. WING _____	C 06/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIA CHRISTI VILLAGE RIDGE	3636 NORTH RIDGE RD BLDG 400 WICHITA, KS 67205

(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 the licensure resurvey for the above named assisted living facility conducted on 6/23/21, 6/24/21, 6/28/21, 6/29/21 and 6/30/21.	S 000		
S3270 SS=E	26-41-104 (b) Written Emergency Plan (b) Each administrator or operator shall ensure the development of a detailed written emergency management plan to manage potential emergencies and disasters, including the following: (1) Fire; (2) flood; (3) severe weather; (4) tornado; (5) explosion; (6) natural gas leak; (7) lack of electrical or water service; (8) missing residents; and (9) any other potential emergency situations. This REQUIREMENT is not met as evidenced by: KAR 26-41-104 (b) (2) (8) The census equaled 55 residents. Based on interview and review of records, for all residents and staff, the administrator failed to ensure the development of a detailed written emergency management plan to manage potential emergencies and disasters, including flood and missing resident. Findings included:	S3270		

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

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S3270	Continued From page 1 - On 6/23/21 at 1:56 PM, a review of the emergency management plan. Records revealed the following: Disaster Plan reviews with residents completed on 3/31/2020, 6/18/2020, 9/4/2020, 12/9/2020 and 3/9/21. Disaster Plan reviews included fire, severe weather, tornado, explosion, natural gas leak and lack of electrical or water services but lacked documentation of review of flood and missing resident each time. Disaster Plan with staff completed on 2/21/2020, 4/1/2020, 9/9/2020, 12/8/2020, 3/31/21 and 6/15/21. Disaster plan reviews included fire, severe weather, tornado, explosion, natural gas leak, lack of electrical or water services and missing resident but lacked documentation of review of flood each time. Interview on 6/23/21 at 3:29 PM with licensed nurse #B confirmed flood and missing resident was not reviewed with residents every quarter. Licensed nurse #B further confirmed flood was not reviewed with staff every quarter. Facility provided individual policies on flood and missing resident. For all residents and staff, the administrator failed to ensure the development of a detailed written emergency management plan to manage potential emergencies and disasters, including flood and missing resident.	S3270		