

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N073001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/06/2014
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NAME OF PROVIDER OR SUPPLIER DIVERSICARE OF LARNED	STREET ADDRESS, CITY, STATE, ZIP CODE 1114 W 11TH ST LARNED, KS 67550
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(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 represent the findings of a Health Resurvey and Complaint Investigations #KS00073045, KS00071237,KS00070266, KS00069672, KS00069675, KS00069448, and KS00069418.	S 000		
S1166 SS=E	26-40-303 (b)(i)(ii)(iii)(iv)(c) P E - Nursing facility support system (B) Each nursing facility shall have an emergency call button or pull cord located next to each resident-use toilet, shower, and bathtub that, if activated, will initiate all of the following: (i) Produce a repeating audible signal at the nurses ' workroom or area or activate the portable electronic device worn by each required staff member with an audible tone or vibration; (ii) register a visual signal on an enunciator panel or monitor screen at the nurses ' workroom or area, indicating the location or room number of the toilet, shower, or bathtub; (iii) produce a rapidly flashing light adjacent to the corridor door at the site of the emergency or activate an electronic portable device worn by each required staff member, identifying the specific resident or room from which the call has been placed; and (iv) produce a rapidly flashing light and a repeating audible signal in the nurses ' workroom or area, clean workroom, soiled workroom, and medication preparation rooms or activate the portable electronic device worn by each required staff member with an audible tone or vibration. (C) The administrator shall implement a policy to ensure that all calls activated from an	S1166		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S1166	<p>Continued From page 1</p> <p>emergency location receive a high-priority response from staff.</p> <p>This REQUIREMENT is not met as evidenced by: The facility reported a census of 44 residents with 3 hallways.</p> <p>Based on observation and interview the facility failed to have an emergency call system that produced a rapidly flashing light and repeating audible signal from the room on which the call had been placed on the '500' hall of the facility.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - During observations on 2/25/14 between 12:05 p.m. and 12:23 p.m., 8 out of 8 tested call light bulbs on the 500 hallway failed to have a differentiating sound or bulb designating a regular versus an emergent call light. <p>During an interview on 2/25/14 at 12:41 p.m., maintenance staff F reported that he/she checked the call lights for functioning every month by testing each and every resident bedroom and bathroom light. He/she reported that the last check occurred in the previous week. He/she denied awareness that call lights needed a differential noise or light.</p> <p>The facility failed to have an emergency call system that produced a differentiating sound or bulb to show an emergent call light on hall "500".</p>	S1166		