

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>N087048</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/26/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CHAUCER ESTATES LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>10550 E 21ST ST N WICHITA, KS 67206</b>
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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 citation represents the finding of a resurvey with investigation of complaints #80317, #81202, #84945, and #86081 on 10/21/15, 10/22/15, and 10/26/15.	S 000		
S3280 SS=F	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 26-41-104(d)(3)  The facility reported a census of 72 residents. The sample included 6 residents and 1 closed record review. Based on record review and interview for all residents and all employees, the administrator failed to ensure disaster and emergency preparedness by ensuring the performance of a quarterly review of the facility's emergency management plan with employees	S3280		

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

TITLE

(X6) DATE

Kansas Department on Aging

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S3280	<p>Continued From page 1</p> <p>and residents.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- At 2:50 p.m. on 10/21/15, the administrator provided documentation of a review of the facility's emergency management plan with residents on 3/12/15. The administrator stated this was the only review with residents since a review conducted after the last resurvey 7/31/15.</li> <li>At 3:35 p.m. on 10/21/15, the administrator provided documentation of employee meetings with discussion of the emergency management plan. Administrator stated parts of the plan were discussed during these meetings. Review of the documentation revealed the following: <ul style="list-style-type: none"> <li>2/27/15 portion of emergency plan discussed.</li> <li>3/13/15 discussed response to tornado warning.</li> <li>5/8/15 fire safety checks.</li> <li>6/4/15 and 6/5/15 "emergency awareness."</li> <li>7/3/15 emergency disaster review.</li> </ul> </li> <li>During an interview at 11:50 a.m. on 10/26/15, the administrator stated he/she had no other documentation of employee review of the entire plan prior to 2/27/15 and that the entire plan was not reviewed at least quarterly with employees.</li> <li>The administrator failed to ensure disaster and emergency preparedness by ensuring the performance of a quarterly review of the facility's emergency management plan with employees and residents.</li> </ul>	S3280		