

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N087067	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/07/2023
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NAME OF PROVIDER OR SUPPLIER AVITA SENIOR LIVING AT ROLLING HILLS	STREET ADDRESS, CITY, STATE, ZIP CODE 629 S MAIZE COURT WICHITA, KS 67209
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S 000	INITIAL COMMENTS The following citations represents the findings of a Re-Licensure survey with complaint investigations 177868, 177487, 175966, and 170044 for the above named Assisted Living Facility conducted on 06/07/23 and 06/08/23.	S 000		
S3085 SS=E	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-41-202 (a)(1)(2)(3) The facility reported a census of 65 residents (R). The sample included three residents and two focused record reviews. Based on record review and interview for three (R5, R6, R7) of	S3085		

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

TITLE

(X6) DATE

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S3085	<p>Continued From page 1</p> <p>three sampled residents the executive director failed to ensure designated staff completed the "Negotiated Service Agreement" based on the resident's "Functional Capacity Screen" and service needs, which included a description of the service provided, identification of "who" provided the service, and if provided by an outside resource who was responsible for payment of the service.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of R5's Electronic Medical Record (EMR) revealed she moved into the facility on 03/21/21 with diagnosis of dementia. <p>R5's "Functional Capacity Screen" (FCS) dated 03/08/23 identified the resident had a current problem or risk for falls.</p> <p>R5's "Negotiated Service Agreement" (NSA) dated 03/09/23 lacked a description of services the facility provided and who provided the services related to the resident's problem with falls. It also lacked a description of services for an outside resource for podiatry services, who provided the service and who was responsible for the service.</p> <p>R5's EMR included scanned in notes from a local podiatrist for podiatry services.</p> <p>On 06/08/23 at 03:09 PM Administrative Licensed Nurse C reviewed the resident's NSA and acknowledged it did not include podiatry services or services related to risk for falls.</p> <p>The executive director failed to ensure</p>	S3085		

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S3085	<p>Continued From page 2</p> <p>designated staff included a description of services related to falls and podiatry, who would provide the service and who was responsible for payment of podiatry services in R5's NSA as identified in the FCS.</p> <p>- Review of R6's Electronic Medical Record (EMR) revealed he moved into the facility on 05/13/22 with diagnoses of diabetes mellitus, and congestive heart failure.</p> <p>Review of R6's "Functional Capacity Screen dated 05/13/23 identified he needed physical assistance with dressing and had a risk for falls.</p> <p>Review of R6's "Negotiated Service Agreement" (NSA) dated 05/13 lacked a description of services and who provided services related to R6's risk for falls.</p> <p>On 06/08/23 at 03:23 PM Administrative Licensed Nurse C acknowledged R6's NSA did not include services related to risk for falls.</p> <p>The executive director failed to ensure designated staff included a description of services and who would provide services for R6 related to his risk for falls.</p> <p>- Review of R7's Electronic Medical Record revealed she moved into the facility on 12/11/12 with diagnoses of macular degeneration and congestive heart failure.</p> <p>R7's "Functional Capacity Screen" (FCS) dated 12/11/22 identified she had a problem with falls, impaired vision, and hearing.</p>	S3085		

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S3085	Continued From page 3 R7's "Negotiated Service Agreement" (NSA) dated 12/20/22 lacked a description of services for falls, vision, and hearing as identified on R7's FCS. On 06/08/23 at 03:32 PM Administrative Licensed Nurse C acknowledged R7's NSA did not include services related to her risk for falls, impaired vision, and impaired hearing. The executive director failed to ensure a licensed nurse developed the NSA for R7 to include a description of services related to falls, vision and hearing as identified in her FCS.	S3085		
S3092 SS=D	26-41-202 (d) Negotiated Service Agreement Revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements:(1) At least once every 365 days; (2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly, if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, facility staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by: KAR 26-41-202 (d)(2)	S3092		

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S3092	<p>Continued From page 4</p> <p>The facility reported a census of 65 residents (R). The sample included three residents and three focused record reviews. Based on observation, interview, and record review the administrator failed to ensure staff reviewed and revised the "Negotiated Service Agreement", if necessary, for one (R7) of three sampled residents who experienced a significant change in status related to the start of Home Health services for wound care.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of R7's "Electronic Medical Record" revealed she moved into the facility on 12/11/12 with diagnoses of congestive heart failure. <p>R7's most current "Functional Capacity Screen" (FCS) dated 12/11/22 revealed the resident supervision with toileting and was unable to manage her own medical treatments.</p> <p>R7's Electronic Medical Record lacked evidence to show staff reviewed and revised R7's "Negotiated Service Agreement" (NSA) when she started Home Health Services for wound care management.</p> <p>R7's Electronic Medical Record include a physician's order dated 05/17/23 for Home Health nurse to evaluate and treat wound to coccyx.</p> <p>R7's progress notes identified that on 05/18/23 the Home Health nurse saw the resident today for wound care.</p>	S3092		

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S3092	Continued From page 5 On 06/08/23 at 03:42 PM Administrative Licensed Nurse C reported an amended NSA should have been completed when the resident started Home Health services for wound care. The executive director failed to ensure designated staff reviewed and revised R7's Negotiated Service Agreement when she started Home Health services for wound care.	S3092		
S3165 SS=F	26-41-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: KAR 26-41-204 (d) The facility reported a census of 65 resident (R)s. The sample included three residents and two focused record reviews. Based on interview for all residents and record review, the executive director failed to ensure all residents including three (R5, R6, R7) of three sampled residents "Negotiated Service Agreements" included the name of the licensed nurse responsible for the implementation and supervision of the "Health Care Service Plan". Findings included: - Review of R5's Electronic Medical Record	S3165		

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S3165	<p>Continued From page 6</p> <p>(EMR) revealed she moved into the facility on 03/21/21 with diagnosis of dementia.</p> <p>R5's "Functional Capacity Screen" (FCS) dated 03/08/23 identified the resident required physical assistance with activities of daily living and had a current problem or risk for falls. She was also unable to manage her medications and had impaired cognition.</p> <p>R5's "Negotiated Service Agreement" (NSA) dated 03/09/23 lacked the name of the licensed nurse responsible for the implementation and supervision of the resident's "Health Care Service Plan" (HCSP).</p> <p>On 06/08/23 at 03:00 PM Administrative Licensed Nurse (LN) C acknowledged all residents had the same format for listing the nurses. LN C reported she did not realize it needed to only include one nurse and needed to be specific as to what they were responsible for.</p> <p>The executive director failed to ensure designated staff developed R5's NSA to include the name of the LN responsible for the implementation and supervision of her HCSP.</p> <p>- Review of R6's Electronic Medical Record (EMR) revealed he moved into the facility on 05/13/22 with diagnoses of diabetes mellitus, and congestive heart failure.</p> <p>Review of R6's "Functional Capacity Screen" dated 05/13/23 identified he needed physical assistance with dressing and had a risk for falls.</p> <p>Review of R6's "Negotiated Service Agreement"</p>	S3165		

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S3165	<p>Continued From page 7</p> <p>(NSA) dated 05/13/23 lacked the name of the licensed nurse responsible for the implementation and supervision of his "Health Care Service Plan" (HCSP).</p> <p>On 06/08/23 at 03:00 PM Administrative Licensed Nurse (LN) C acknowledged all residents had the same format for listing the nurses. LN C reported she did not realize it needed to only include one nurse and needed to be specific as to what they were responsible for.</p> <p>The executive director failed to ensure designated staff developed R6's NSA to include the name of the LN responsible for the implementation and supervision of his HCSP.</p> <p>- Review of R7's Electronic Medical Record revealed she moved into the facility on 12/11/12 with diagnoses of macular degeneration and congestive heart failure.</p> <p>R7's "Functional Capacity Screen" (FCS) dated 12/11/22 identified she needed physical assistance with bathing, was unable to manage her medications and medical treatments, had risk for falls, and had impaired hearing and vision.</p> <p>R7's "Negotiated Service Agreement" (NSA) dated 12/20/22 lacked the name of the licensed nurse responsible for the implementation and supervision of R7's "Health Care Service Plan" (HCSP).</p> <p>On 06/08/23 at 03:00 PM Administrative Licensed Nurse (LN) C acknowledged all residents had the same format for listing the nurses. LN C reported she did not realize it</p>	S3165		

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S3165	Continued From page 8 needed to only include one nurse and needed to be specific as to what they were responsible for. The executive director failed to ensure designated staff developed R7's NSA to include the name of the LN responsible for the implementation and supervision of her HCSP.	S3165		
S3211 SS=E	26-41-205 (g) (3) OVER THE COUNTER DRUGS (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (g)(3) The facility reported a census of 65 residents. Based on observation and interview, the operator failed to ensure all over-the-counter medications were labeled with the resident's full name. This includes the need for the resident's full name to be on the original manufacturer's medication package and the medication container/insert.	S3211		

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S3211	<p>Continued From page 9</p> <p>Findings included:</p> <ul style="list-style-type: none"> - During initial tour of the facility on 06/07/23 at 01:47 PM Certified Medication Aide (CMA) D opened the Memory Care medication cart for inspection which revealed the following over-the-counter medications without the resident's full name on the bottle: a bottle of Calcium, Bayer low dose Aspirin, Multivitamin, and 2 tubes of Hydrocortisone cream one in the box and one out of a box. On 06/07/23 at 02:10 PM CMA E opened the medication cart for the second floor which revealed the following over-the-counter medications without the resident's full name: bottle of Calcium, Lutein supplement, 3 bottles of Low dose Aspirin, Melatonin, Vitamin two bottles of B-12, Multivitamin, and another bottle of Calcium. On 06/07/23 at 02:15 PM Administrative Licensed Nurse B opened the first-floor medication cart within included the following over-the-counter medications without a full name on the bottle: bottle of Melatonin, Calcium, Vitamin C, men's Multivitamin, Calm Gummies, Flavonoid, Low dose Aspirin, Fish Oil, and another bottle Calcium. On 06/07/23 at 02:16 PM Administrative Licensed Nurse B reported she did not realize the over-the-counter medications needed to have the resident's full name on them. <p>Review of the undated "Medication Storage Policy and Procedures" document did not include</p>	S3211		

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S3211	Continued From page 10 guidance that all over-the-counter medications will include the full name of the resident on the bottle. The operator failed to ensure all over the counter medications included the full name of the resident they belonged to and included the name on the original manufacturer's medication package and the medication container.	S3211		
S3214 SS=D	26-41-205 (g) (4) Sample & Indigent Medication Program Meds (g) (4) Licensed nurses and medication aides may administer sample medications and medications from indigent medication programs if the administrator or operator ensures the development of policies and implementation of procedures for receiving and identifying sample medications and medications from indigent medication programs that include all of the following conditions: (A) The medication is not a controlled medication. (B) A medical care provider ' s written order accompanies the medication, stating the resident ' s name; the medication name, strength, dosage, route, and frequency of administration; and any cautionary instructions regarding administration. (C) A licensed nurse or medication aide receives the medication in its original, unbroken manufacturer ' s package. (D) A licensed nurse documents receipt of the medication by entering the resident ' s name and the medication name, strength, and quantity into a log. (E) A licensed nurse places identification information on the medication or package	S3214		

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S3214	<p>Continued From page 11</p> <p>containing the medication that includes the medical care provider ' s name; the resident ' s name; the medication name, strength, dosage, route, and frequency of administration; and any cautionary instructions as documented on the medical care provider ' s order. Facility staff consisting of either two licensed nurses or a licensed nurse and a medication aide shall verify that the information on the medication matches the information on the medical care provider ' s order.</p> <p>(F) A licensed nurse informs the resident or the resident ' s legal representative that the medication did not go through the usual process of labeling and initial review by a licensed pharmacist pursuant to K.S.A. 65-1642 and amendments thereto, which requires the identification of both adverse drug interactions or reactions and potential allergies. The resident ' s clinical record shall contain documentation that the resident or the resident ' s legal representative has received the information and accepted the risk of potential adverse consequences.</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-41-205(g)(4)(D)(E)(F)</p> <p>The facility reported a census of 65 residents (R). The sample included three residents and two focused record reviews. Based on observation, interview and record review the executive director failed to ensure one (R4) of one resident that received sample medications included the following: 1. License Nurse document receipt of medication with appropriate</p>	S3214		
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S3214	<p>Continued From page 12</p> <p>information into a log; 2. Licensed Nurse failed to included required information on each box/container and indicate verification of such information.; 3. A licensed nurse failed to inform the resident or resident's legal representative the medications were not received through a pharmacy and were not reviewed by a pharmacist.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of R4's medical record revealed he moved into the facility on 06/15/12 with diagnoses of major depressive disorder, spinal stenosis, and urinary incontinence. <p>R4's "Functional Capacity Screen" dated 06/13/22 revealed the resident was independent in the management of her medications.</p> <p>Observation on 06/07/23 at 02:15 PM the first floor medication cart included a box of Myrbetriq (overactive bladder) sample medications that included R4's first initial and last name written on the box. The box lacked identification information on the package that included the medical provider's name, resident's full name, medication name, strength, dosage, route, and frequency of administration. Surveyor then checked the medication room and there were 12 additional boxes in the medication room that had no identification information on the boxes.</p> <p>On 06/07/23 at 02:30 PM Administrative Licensed Nurse C reported the resident used to do her own medication and the facility just recently started administering her medications for her.</p>	S3214		

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S3214	Continued From page 13 Review of the undated ""Sample Medications and Treatments" Policy revealed The physician must provide a hand-written instructions that include the name and strength of the drug, directions for use, date of issue, and quantity provided. The instructions will accompany physician instructions and placed in zip-lock bag with the resident's full name, physician's name and expiration date. The Executive director failed to ensure the appropriate information regarding the administration of sample medications for R4 was written and explained to the resident or his/her legal representative, failed to include appropriate information on the medication box, and failed to have the appropriate information regarding the acceptance of the medication in the facility.	S3214		
S3258 SS=F	26-41-105 (e) Electronic Medical Record (e) If electronic medical records are used, each administrator or operator shall ensure the development of policies addressing the following requirements: (1) Protection of electronic medical records, including entries by only authorized users; (2) safeguarding of electronic medical records against unauthorized alteration, loss, destruction, and use; (3) prevention of the unauthorized use of electronic signatures; (4) confidentiality of electronic medical records; and (5) preservation of electronic medical records. (f) Each resident record shall contain at least the following:	S3258		

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NAME OF PROVIDER OR SUPPLIER AVITA SENIOR LIVING AT ROLLING HILLS	STREET ADDRESS, CITY, STATE, ZIP CODE 629 S MAIZE COURT WICHITA, KS 67209
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S3258	<p>Continued From page 14</p> <p>(1) The resident's name; (2) the dates of admission and discharge; (3) the admission agreement and any amendments; (4) the functional capacity screenings; (5) the health care service plan, if applicable; (6) the negotiated service agreement and any revisions; (7) the name, address, and telephone number of the physician and the dentist to be notified in an emergency; (8) the name, address, and telephone number of the legal representative or the individual of the resident's choice to be notified in the event of a significant change in condition; (9) the name, address, and telephone number of the case manager, if applicable; (10) records of medications, biologicals, and treatments administered and each medical care provider ' s order if the facility is managing the resident's medications and medical treatments; and (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action.</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-41-105(e)(1)(2)(3)(4)(5)</p> <p>The facility reported a census of 65 residents. The sample included three residents and two focused record reviews. Based on interview and record review the executive director failed to ensure the development of a policy regarding the use of electronic medical records that included the following: (1) Protection of electronic medical</p>	S3258		
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S3258	<p>Continued From page 15</p> <p>records, (2) safeguard against unauthorized alteration, loss, and destruction, (3) prevention of unauthorized use of electronic signatures, (4) maintaining confidentiality of electronic medical records, and (5) preservation of electronic medical records.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - During initial tour on 06/07/23 at surveyor walked past a medication cart that had a computer with a resident's information up and visible to anyone who walked past it. The information included the residents full name, date of birth, with the potential go look at additional information if desired. Administrative Licensed Nurse B was conducting tour with surveyor and reported the system was not supposed to be up and visible. <p>On 06/08/23 at 08:35 AM Administrative Staff A reported they did not have a policy for Electronic Medical Records but would have Administrative Staff F develop one.</p> <p>The executive director failed to develop a policy for the use of electronic medical records that covered all areas regarding protection of electronic medical records.</p>	S3258		
S3261 SS=E	<p>26-41-105 (f) (11) Resident Record Documentation of Incidents</p> <p>(f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action</p>	S3261		

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S3261	<p>Continued From page 16</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-41-105(f)(11)</p> <p>The facility reported a census of 65 residents (R). The sample included 3 residents and two focused record reviews. Based on interview and record review the administrator failed to ensure one (R7) of three sampled residents and one (R4) of two focused resident reviews failed to include documentation of wound for R7 and documentation of R7 and the decision to no longer self administer her medications.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of R4's electronic medical record identified the resident moved into the facility on 06/15/12 with diagnoses of major depressive disorder and edema. <p>R4's "Functional Capacity Screen" dated 06/13/22 identified she was independent with administration of her medications.</p> <p>R4's Electronic Medical Record included an Amended Negotiated Service Agreement dated 06/07/23 that identified the facility staff will manage and administer the resident's medications as ordered.</p> <p>Review of the resident's progress notes lacked documentation regarding the outcome of the resident having not filled her medication container correctly and therefore the facility staff</p>	S3261		

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S3261	<p>Continued From page 17</p> <p>started administering the resident her medication.</p> <p>On 06/08/23 at 02:54 PM Administrative Licensed Nurse reported the changes in services and the conversation with the resident and her legal representative should have been included in the progress notes.</p> <p>The executive director failed to ensure the licensed nurse assessed and documented on R4's decline in ability to self administer medications and to have the facility qualified staff administer her medications.</p> <p>- Review of R7's electronic medical record revealed the resident moved into the facility on 12/11/12 with diagnoses of congestive heart failure and macular degeneration.</p> <p>R7's "Functional Capacity Screen" dated 12/11/22 revealed the resident was unable to manage her own medical treatments.</p> <p>R7's "Negotiated Service Agreement" dated 12/20/22 revealed nursing staff will manage treatments and uncomplicated dressing changes.</p> <p>R7's "Health Care Service Plan" revealed Home Health will provide wound care treatment per physician's orders.</p> <p>Review of R7's progress notes included the following: 10/02/22 the resident was discharged from Home Health due to the wound to her coccyx had healed and to be monitored by nursing staff. 03/01/23 apply wound paste to coccyx changed</p>	S3261		

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S3261	<p>Continued From page 18</p> <p>to as needed.</p> <p>05/18/23 resident seen by Home Health nurse for coccyx wound. New orders: clean wound to coccyx with wound cleanser, dry and apply alginate to wound bed and cover with optifoam (foam dressing). (To be performed by Home Health nurse and wound care mobile clinic to follow)</p> <p>The resident record lacked documentation of when the wound reopened, a description of the wound including size and appearance of the wound.</p> <p>On 06/08/23 at 03:37 PM Administrative Licensed Nurse C reported the standard for wound documentation would include the facility nurse documenting the wound size, character, appearance, what was done and any changes.</p> <p>The executive director failed to ensure a facility licensed nurse assessed the residents wound and documented her findings in the resident electronic record.</p>	S3261		
S3280 SS=F	<p>26-41-104 (d) Disaster and Emergency Preparedness</p> <p>(d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following:</p> <p>(1) Orientation of new employees at the time of employment to the facility ' s emergency management plan;</p> <p>(2) education of each resident upon admission to the facility regarding emergency procedures;</p> <p>(3) quarterly review of the facility ' s emergency</p>	S3280		

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S3280	<p>Continued From page 19</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-41-104(d)(3)(4)</p> <p>The facility reported a census of 65 residents. Based on record review and interview for all residents and all facility employees, the administrator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly reviews of the facility's emergency management plan with all employees and all residents.</p> <p>Findings included:</p> <p>- On 06/07/23 at 03:00 PM Administrative Staff A provided a notebook for review of the Emergency Management Plan. The notebook included reviews for OSHA but did not include reviews of the facility's Emergency Management Plan. Administrative Staff A provided a skills fair information conducted on 05/12/23 and 05/15/23 which included review of the Emergency Management Plan but did not have additional information for reviews of the plan prior to 05/12/23.</p> <p>Review of the undated "Emergency Management</p>	S3280		

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S3280	<p>Continued From page 20</p> <p>Policy and Procedures" revealed employees receive training on disaster and emergency preparedness at orientation, reviewed quarterly and annually thereafter.</p> <p>The Operator failed to ensure all employees received quarterly reviews of the facility's Emergency Management Plan.</p> <p>- On 06/07/23 at 03:03 PM Administrative Staff A provided resident council reviews that included information regarding review of the facility's Emergency Management Plan. However, the record lacked information of reviewing the plan with residents who did not go to the resident council meeting. Administrative Staff A reported she did not have additional information on reviewing the plan with all residents.</p> <p>Review of the undated "Emergency Management Policy and Procedures" revealed the plan will be reviewed with residents upon move into the facility and then quarterly thereafter.</p> <p>The Operator failed to ensure the facility's emergency management plan was reviewed with all resident's quarterly.</p>	S3280		