

Kansas Department on Aging

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                              |                                                                                                                                                                                            | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>N066008</b>               | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>11/21/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>COUNTRY PLACE SENIOR LIVING OF SENECA</b> |                                                                                                                                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1700 COMMUNITY DRIVE<br/>SENECA, KS 66538</b> |                                                                                                                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                                         | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                               | ID<br>PREFIX<br>TAG                                                                       | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| S 000                                                                            | <p>INITIAL COMMENTS</p> <p>A survey for re-licensure conducted on 11/21/18 at the above named assisted living facility in Seneca, KS resulted in a finding of no deficiency citations.</p> | S 000                                                                                     |                                                                                                                          |                                                        |

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

TITLE

(X6) DATE