STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N085005	A. BUILDING: _____ B. WING _____	07/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SALINA PRESBYTERIAN MANOR	2601 E CRAWFORD STREET SALINA, KS 67401

(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 resurvey at the above named assisted living facility conducted on 7-15,16-2019.	S 000		
S3246 SS=F	26-41-102 (b) Staff Qualification Awake - Responsive (b) Direct care staff or licensed nursing staff shall be awake and responsive at all times. This REQUIREMENT is not met as evidenced by: KAR 26-41-102(b) The facility reported a census of 32 residents. The sample included 3 residents. Based on observation and interviews for all assisted living residents, the administrator failed to ensure direct care staff or licensed nursing staff were in attendance at all times. Findings included: - During an interview on 7-15-19 at 11:15 AM licensed nursing staff A reported the staffing for night shift included 1 CMA that worked on the memory care unit of assisted living and does not leave that area to answer other assisted living call lights. Staff A reported the long term care staff answer any call lights that go off in the other section of assisted living. Observation during initial tour of the facility on 7-15-19 at 11:15 AM revealed from the nurses station in long term care where staff sat in a common area they would have to walk aproximately 33 feet from nurses station to a set of closed fire doors which requires a keycode to	S3246		

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

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S3246	Continued From page 1 be entered to open the doors. Staff would then go down a long hall way, approximately 115 feet and turn slightly right and go approximately 40 feet to the main entrance of the assisted living area. (go strait to the memory care/assisted living and turn right to assisted living). Staff would have to go another 30 feet to their right to get to where the assisted living rooms started. During an interview on 7-15-19 at 12:52 PM licensed nursing staff B reported each resident has a pendent call light and it rings to the staff on the LTC side. The staff on the LTC side is 1 CNA for each hall and a float and 2 nurses. during an interview on 7-15-19 at 12:55 PM licensed nursing staff A confirmed if a resident fell in assisted living and could not use their call pendent, staff would not be able to hear the resident call out for help. The administrator failed to ensure direct care staff or licensed nursing staff were in attendance at all times.	S3246		
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;	S3280		

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S3280	Continued From page 2 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 32 residents. The sample included 3 residents. Based on interview for all residents and all assisted living employees, the administrator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly review of the facility's emergency management plan with employees and residents. Findings included: - On 7-15-19 administrative staff C provided inservice information and reported if an employee was not in the facility during the inservice 1 on 1 verbal instructions were conducted. Staff C also stated the resident review would all be in the resident council minutes. Observation of the relias training records revealed the staff had a computer training annually and not quarterly over their emergency management plan. Staff C also had record dated 11-19 and 20-2019 for review of the emergency management preparedness flip chart. Staff C was unable to provide any additional evidence of reviewing the emergiency	S3280		

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S3280	Continued From page 3 management plan. -Review of the resident council minutes from 1/22/1 to current revealed on 5-29-18 Tornado was reviewed and on 5-13-19 tornado and fires were reviewed with residents. The record lacked evidence of any additional reviews of the emergency management plan. For all residents and employees, the administrator failed to ensure emergency preparedness by ensuring quarterly review of the emergency management plan with all staff and residents.	S3280		