STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087037	A. BUILDING: _____ B. WING _____	04/23/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE TALLGRASS	8600 E 21ST NORTH WICHITA, KS 67206

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey of the above named assisted living facility on 4/19/18 and 4/23/18.	S 000		
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 29 residents. The sample included 3 residents. Based on observation and interview the facility failed to ensure a licensed nurse or licensed pharmacist placed the full name of the resident on each over-the-counter (OTC) medication package or container located in the only medication cart Findings included: - The resident roster identified 27 residents received facility management of medications.	S3211		

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

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S3211	Continued From page 1 On 4/19/18 at 9:30 AM licensed nurse B unlocked the only medication cart and observation of the bottom left side drawer of the only medication revealed a bottle of over the counter (OTC) generic Mylanta (a medication to reduce stomach acid) labeled with a room number only. In the second drawer on the right side of the cart were 2 boxes (24 count) OTC Allegra (a medication for allergies) labeled with a room number only. There were several large plastic sealable bags with OTC medications and papers in them (licensed nurse B said the papers were copies of the resident's orders for the medications). In one bag was a bottle of bone builder (180 tabs) with about 20 tabs left in the bottle and no name, Est-C (60 tabs) about 3/4 full and no name on the bottle, SaGo-C 500 milligrams (mg) 90 tablet bottle with only 1 tab left in the bottle and no name. In another bag was an Hyaluronic acid 50 mg (120 tabs) open and partially used with no name. Calcium + D chews (100 chews) open and partially used with no name. In another bag was a bottle of Restore Eye promise (60 tabs) with 12 tablets and no name. Interview on 4/19/18 at 9:40 AM with licensed nurse B confirmed the OTC medication required labeling with the resident's first and last name. The facility failed to ensure a licensed nurse or licensed pharmacist placed the full name of the resident on each over-the-counter medication package or container.	S3211		
S3248 SS=E	26-41-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff	S3248		

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S3248	Continued From page 2 records shall contain the following documentation: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult care home; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to have worked as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR 26-41-102 (d)(1)(3) The facility reported a census of 29 residents. Based on interview and record review the facility failed to have evidence they verified the license for 1 nurse hired since last resurvey (licensed nurse D). The facility also failed to check with the nurse aide registry for 2 of 3 nurse aides hired since last resurvey (nurse aide E and F). Findings included:	S3248		

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S3248	Continued From page 3 - Personnel record review on 4/19/18 revealed the facility failed to have evidence of verifying the license for licensed nurse D hired on 10/20/17. Nurse aide E began employment on 1/9/18 the personnel file lacked evidence of a nurse aide registry verification and the facility provided a copy with a date stamp of 4/19/18. Nurse aide F began employment on 1/24/18 and the personnel file lacked evidence of a nurse aide registry verification and the facility provided a copy with a date stamp of 4/19/18. Interview on 4/19/18 at 3:25 PM with administrator C confirmed the personnel files lacked evidence regarding verification of the license for licensed nurse D or the registry for nurse aide E and F prior to employment. The facility failed to have evidence they verified the license for 1 nurse hired since last resurvey (licensed nurse D) and registry verification for 2 of 3 nurse aides hired since last resurvey (nurse aide E and F).	S3248		
S3280 SS=E	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 4 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)(4) The facility reported a census of 29 residents. The sample included 3 residents. Based on interview and record review for all employees and for those residents not attending monthly resident council meetings, the administrator failed to ensure employees and residents had disaster and emergency preparedness by a failure to provide a quarterly review of the facility's emergency management plan. Findings included: - On 4/19/18 a request was made to review the last 2 annual fire evacuations of the residents to a secure location. The facility had no record of an evacuation for 2016. The 2017 total evacuation on 7/20/17 failed to reflect which residents participated, that the evacuation occurred with the least amount of staff on duty at any time and the location where staff evacuated the residents. Interview on 4/19/18 at 1:50 PM with administrator C confirmed the facility did not have evidence of the 2016 evacuation of residents. He/she reported not knowing the evacuation should be done with the least amount of staff and a record of the location of the evacuation.	S3280		

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S3280	Continued From page 5 Interview on 4/19/18 at 1:00 PM with life enrichment staff G revealed he/she reviewed the facility's emergency preparedness with the residents in resident council every quarter. Review of the monthly resident council meeting minutes revealed a review of the emergency management plan every three-month period. Review of the names of residents attending the meeting revealed 13 residents attended in July 2017, 13 residents attended in October 2017, 14 residents attended in January 2018 and 13 residents attended in April 2018. During an interview at 1:50 PM on 4/19/18, administrator C confirmed only the residents who attended those council meetings received emergency disaster training and no review conducted with those residents not attending the resident council meetings. On 4/19/18 a request was made to review the documentation of employee quarterly emergency disaster training. The facility provided 1 document dated 8/18/16. Interview on 4/19/18 at 1:10 PM with maintenance staff A revealed he/she could not locate any evidence of training since November of 2017. He/she did not provide documentation of any employee training other than the 8/18/16 document. Interview on 4/19/18 at 2:35 PM with administrator C confirmed he/she could not locate documentation regarding the quarterly review of the emergency disaster plan with employees. The administrator failed to ensure disaster and	S3280		

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S3280	Continued From page 6 emergency preparedness of residents and employees by a failure to provide a quarterly review of the facility's emergency management plan.	S3280		