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 _____	01/10/2024

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 Re-Licensure survey with complaint investigations 178232 and 179642 for the above named Assisted Living facility conducted on 01/09/24 and 01/10/24.	S 000		
S3082 SS=D	26-41-201 (d) Functional Capacity Screen Accurate d) Designated facility staff shall ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form. This REQUIREMENT is not met as evidenced by: K.A.R 26-41-201 (d) The facility reported a census of thirty residents(R). The sample included three residents. Based on interview and record review, the executive director failed to ensure designated staff completed one (R5) of three sampled residents "Functional Capacity Screen" accurately to reflect their functional ability and need for health care services. Findings included: - Review of R5's medical record revealed he moved into the facility on 04/02/23 with diagnoses of type II diabetes and Alzheimer's disease. R5's "Functional Capacity Screen" FCS dated 10/31/23 revealed the resident required physical	S3082		

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

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S3082	Continued From page 1	S3082		

assistance with bathing, dressing, toileting, and transfers, meaning he was able to participate in these tasks but needed physical assistance of qualified staff. It also indicated the resident was independent with eating, which includes his ability to cut his own food and open individual beverage containers.

Observation on 01/10/24 at 08:58 AM R5 sat at the breakfast table. He had finished his cereal and dietary staff D gave him a divided plate with cut up French toast, scrambled eggs, and bacon. Dietary staff D handed him his fork stating it might be easier to eat with a fork than a spoon. R3 sat at the table trying to eat the rest of his breakfast from 08:58 AM to 10:07 AM when Certified Medication Aide (CMA) F asked if he was finished, and he said he was. During this hour, six times certified staff helped the resident either rearrange how he held his fork or put food on the fork for him to the attempt to put it in his mouth. R3 could complete part of the task of eating his meal but required physical assistance of staff to cut his food, help him hold his fork, and put food on his fork for him to feed himself.

Observation on 01/10/24 at 10:10 AM Administrative Licensed Nurse E and CMA C pushed the resident to his room via wheelchair. CMA C proceeded to change the resident's shirt and R3 did not lift his arms or put arms in shirt sleeves to participate in the task of dressing. Administrative Licensed Nurse E and CMA C then moved the wheelchair closer to the bed and completed a two-person transfer using a gait belt with one person on each side. The resident had his knees bent during the transfer and did not bear weight. Staff had to totally lift the resident

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S3082	Continued From page 2 up to get him into the bed. CMA C proceeded to change R3's incontinent product and remove his pants so he could rest more comfortably. R3 did not lift his legs or help roll onto his side to provide care. He did not participate in the task of dressing and undressing. On 01/10/24 at 08:53 AM CMA C reported R5 has needed total assistance with two staff for probably about 6 months or so. CMA C stated staff had to do everything for him as far as activities of daily living. CMA C reported staff cut up all of his food and will put it on his fork and set it on the plate so that he can then pick up the fork to feed himself. On 01/10/24 at 11:36 AM CMA F reported his ability to feed himself varies day to day. Sometimes he just needs coaching and other day we have to help him eat. CMA F reported he does not sit on the toilet and staff just check and change him as needed and he doesn't help with dressing or other activities of daily living. CMA F said he requires total assistance of staff. On 01/10/24 at 12:45 PM Administrative Licensed Nurse E reviewed the residents FCS and acknowledged how much assistance the resident needed. She acknowledged based on the FCS Manual guidance his FCS was not coded correctly. The executive director failed to ensure designated staff completed R5's FCS accurately related to bathing, dressing, toileting, transfer, and eating.	S3082		

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S3085	Continued From page 3	S3085		
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) The facility reported a census of thirty residents(R) with three residents included in the sample. Based on interview and record review the executive director failed to ensure designated staff completed three (R3, R4, R5) residents "Negotiated Service Agreement" to include a description of services the resident received based upon their "Functional Capacity Screen .	S3085		

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S3085	Continued From page 4 Findings included: - Review of R3's medical record revealed she moved into the facility on 05/30/23 with a diagnosis of restless leg syndrome and hemiplegia. R3's "Functional Capacity Screen" dated 07/19/23 identified the resident needed physical assistance with management of her medical treatments. On 01/10/24 at 03:08 PM, Administrative Licensed Nurse E stated the "Negotiated Service Agreement" and the Health Care Service Plan" (NSA/HCSP) are one document. R3's NSA/HCSP failed to address who and what services the resident would receive related to medical treatments. It also failed to include the resident had an electronic monitoring device in her room per family's request. Review of R3's Electronic Medical Provider orders included eye lubricant, eye drops, Voltaren gel, and Saline Nasal spray to be administered by qualified nursing staff. On 12/20/23 at 03:07 PM Administrative Licensed Nurse E acknowledged the NSA/HCSP did not include who and services related to medical treatments or that she had an electronic monitoring device in her room. Review of the Resident Service Plan/Functional Capacity Policy revised on 11/2022 revealed that as part of the service plan development, all services and care required by the resident will be	S3085		

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S3085	Continued From page 5	S3085		

outlined. Specific steps required for the resident will be included in the "Service Plan" (the NSA/HCSP has a form title of "Personal Service Plan" with "Negotiated Service Agreement" stamped on the first page).

The executive director failed to ensure designated staff completed R3's NSA/HCSP to include a description of services the resident would receive and who would provide those services.

- Review of R4's medical record revealed she moved into the facility on 10/16/23 with diagnosis of cerebral infarction.

R4's "Functional Capacity screen dated 11/07/23 identified she was independent with all cares and needs except she needed physical assistance with medical treatments.

On 01/10/24 at 03:08 PM, Administrative Licensed Nurse E stated the "Negotiated Service Agreement" and the Health Care Service Plan" (NSA/HCSP) are one document.

R4's NSA?HCSP failed to address what services she would receive and who provided those services.

R4's "Medication Administration Record" (MAR) for December 2023 and January 2024 staff started administering a skin treatment to her left lower leg related to a skin tear.

On 12/20/23 at 01:47 PM Administrative Licensed Nurse E acknowledged the NSA/HCSP did not include who and what services were

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S3085	Continued From page 6	S3085		

given related to medical treatments.

Review of the Resident Service Plan/Functional Capacity Policy revised on 11/2022 revealed that as part of the service plan development, all services and care required by the resident will be outlined. Specific steps required for the resident will be included in the "Service Plan" (the NSA/HCSP has a form title of "Personal Service Plan" with "Negotiated Service Agreement" stamped on the first page).

The executive director failed to ensure designated staff completed R4's NSA/HCSP to include a description of services the resident would receive and who would provide those services related to medical treatments.

Review of R5's medical record revealed he moved into the facility on 04/02/23 with diagnoses of type II diabetes and Alzheimer's disease.

R5's "Functional Capacity Screen" identified he needed physical assistance with dressing and management of medical treatments.

On 01/10/24 at 03:08 PM, Administrative Licensed Nurse E stated the "Negotiated Service Agreement" and the Health Care Service Plan" (NSA/HCSP) are one document.

R5's NSA?HCSP failed to address who and what services the resident would receive related to dressing and medical treatments.

R5's medical record included Voltaren gel treatments for pain and Zinc treatment for skin

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S3085	Continued From page 7 irritation. On 01/10/24 at 12:45 PM Administrative Licensed Nurse E reviewed the residents record and acknowledged his NSA?HCSP did not have anything checked on dressing other than he was a "2" and it did not address who or what services would be provided related to medical treatments. Review of the Resident Service Plan/Functional Capacity Policy revised on 11/2022 revealed that as part of the service plan development, all services and care required by the resident will be outlined. Specific steps required for the resident will be included in the "Service Plan" (the NSA/HCSP has a form title of "Personal Service Plan" with "Negotiated Service Agreement" stamped on the first page). The executive director failed to ensure designated staff completed R5's NSA/HCSP to include a description of services the resident would receive and who would provide those services related to medical treatments.	S3085		
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	S3211		

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S3211	Continued From page 8 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 thirty residents. Based on observation and interview, the executive director 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/tube. Findings included: - On 01/09/24 at 02:04 PM Certified Medication Aide (CMA) C unlocked the medication cart for investigation. Observation revealed the following bottles of over-the-counter medications that were opened, had a room number written on them, but did not include a resident's full name: a bottle of beno, two bottles of Aspirin 81 mg, 4 bottles of vitamin D3, bottle of vitamin B12, and a bottle of coQ10. On 01/09/24 at 02:11 PM CMA C reported over the counter medications are supposed to have the resident's full name written on it. On 01/09/24 at 05:25 PM Administrative Staff B acknowledged over-the-counter medications needed to have the resident's full name on them.	S3211		

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S3211	Continued From page 9 Review of the "Medication and Treatment Storage Policy" revised on 10/2018 revealed state regulations are to be followed. The executive director failed to ensure all over-the-counter medications included the full name of the resident they belonged to and included their name on the original manufacturer's medication package and the medication container.	S3211		
S9999	Final Observations Kansas Statute 39-981. Authorized electronic monitoring; reasonable accommodations; notice; consent; use as evidence; prohibitions. (i) Each adult care home shall post a conspicuous notice at the entrance to the adult care home and each resident's room stating that the rooms of some residents may be monitored electronically by or on behalf of the room's resident or residents. This Requirement is not met as evidenced by: Scope and Severity of F. The facility reported a census of thirty residents (R). Based on observation, record review, and interview, the executive director failed to ensure designated staff posted the required notification at the entrance to the assisted living and at the entrance of each resident's room stating that the rooms of some residents may be monitored electronically.	S9999		

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Findings included:

- On 01/09/24 at2:01 PM while completing initial tour of the facility, room 106 had a big sign by the door that read "This room is being monitored by an electronic device". There were no other resident rooms that had a notice at the entrance of the door and there is no notice at the main entrance of the building that rooms of some residents may be monitored electronically by or on behalf of the room's resident or residents. Surveyor checked the main entrance, and it also did not have a notice posted regarding electronic monitoring.

Review of R3's medical record included a signed "Request for Authorized Electronic Monitoring" dated 11/20/23.

Interview on 01/09/24 at 02:38 PM Administrative Staff A reported only one resident (R3) had an electronic monitoring device in her room per family request.

On 01/09/24 at 02:55 PM Surveyor walked back down the hall and signs had been posted at all resident rooms that read "this room may be monitored by an electronic monitoring device". The sign on R3's door still had the same sign on it identifying that she did have electronic monitoring in her room.

On 01/09/24 at 3:00 PM Executive Director A and Administrative Staff B acknowledged they had just put up the signs on all resident rooms and at the front entrance and would also be putting a different one on R3's door.

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S9999	Continued From page 11 Review of the "Authorized Electronic Monitoring" policy revised 04/10/19 revealed the facility shall post conspicuous notice at the entrance of the facility and at each residents room stating some of the rooms may be monitored electronically. The executive director failed to post a notice at the entrance of the facility and at the entrance to each resident's room stating that the rooms of some residents may be monitored electronically by or on behalf of the room's resident or residents.	S9999		