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 _____	06/11/2025

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 represent the findings of a resurvey for the above named Assisted Living facility conducted on 06/10/25 and 06/11/25..	S 000		
S3166 SS=F	26-41-204 (e) Delegation of Duties (e) A licensed nurse may delegate nursing procedures not included in the nurse aide or medication aide curriculums to nurse aides or medication aides, respectively, under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. This REQUIREMENT is not met as evidenced by: 3166 KAR 26-41-204(e) The facility reported a census of 28 residents with three residents reviewed. Based on interview and record review the facility failed to ensure "Certified Medication Aides" (CMA) were trained and completed competencies for delegated nursing procedures to include insulin pen preparation for residents to self-administer. Findings included: - Resident (R)102's medical record revealed he moved into the facility on 04/07/25 with a diagnosis of type one diabetes mellitus. The 04/07/25 "Functional Capacity Screen"	S3166		

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

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S3166	Continued From page 1 (FCS) documented R102 required physical assistance with management of his medications. The 04/07/25 "Negotiated Service Agreement" (NSA) documented qualified staff dialed up the insulin pen and R102 self-injected his insulin. Review of R102's medical records revealed physician orders for: 06/07/25 Insulin Glargine Subcutaneous Solution Pen-injector, inject 25 units subcutaneously at bedtime for diabetes mellitus...Qualified staff to prep pen up to injection, resident self-injects. Review of the CMA competency forms for staff did not include competencies for the preparation of insulin pens. On 06/10/25 at approximately 04:20 PM Administrative Staff A stated currently there was no formal competency training for CMAs concerning insulin flex-pens. The operator failed to ensure designated staff completed competencies for preparing insulin pens.	S3166		
S3270 SS=F	26-41-104 (b) Written Emergency Plan (b) Each administrator or operator shall ensure the development of a detailed written emergency management plan to manage potential emergencies and disasters, including the following: (1) Fire; (2) flood; (3) severe weather; (4) tornado;	S3270		

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S3270	Continued From page 2 (5) explosion; (6) natural gas leak; (7) lack of electrical or water service; (8) missing residents; and (9) any other potential emergency situations. This REQUIREMENT is not met as evidenced by: 3270 KAR 26-41-104(b)(5)(8) The facility reported a census of 28 residents. Based on record review and interview for all residents and all facility employees, the operator failed to ensure the disaster and emergency plan include all required items as it failed to include information on missing persons and explosion. Findings included: - On 06/10/25 review of documentation of the emergency management plan revealed it did not include information concerning missing residents and explosion. On 06/10/25 at 11:24 AM Administrative Staff A stated he was not able to locate information concerning missing residents and explosion in the Emergency Management Plan. The operator failed to ensure the emergency management plan included all the required items.	S3270		

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S3299	Continued From page 3	S3299		
S3299 SS=E	26-41-206 (e) (1) Facility Food Storage (e) Food storage. Facility staff shall store all food under safe and sanitary conditions. (1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. This REQUIREMENT is not met as evidenced by: 3299 KAR 26-41-206 (e) The facility had a census of 28 residents. All 28 residents ate food prepared in the same kitchen. The operator failed to ensure food items were stored under safe and sanitary conditions by the failure to ensure staff followed manufacturer's instructions as provided on the packaging. Findings included: - An observation on 06/10/25 at 04:00 PM of the kitchen revealed a double-doored refrigerator which contained a tray of ten cartons of Vital Cuisine Chocolate Mighty Shakes with printed directions to "Store frozen ...use product within 14 days. Keep refrigerated." On 06/10/25 at 04:09 PM Dietary Staff D stated she thought the mighty shakes may have been pulled from the freezer earlier in the day by staff since there was still some ice on the cartons. Dietary Staff D stated she thought the shakes	S3299		

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S3299	Continued From page 4 were good when kept in the fridge for a week or so and has never seen either the tray or the cartons dated when the mighty shakes were taken out of the freezer to thaw in the past. The "Food Storage- Safety and Sanitization" policy revised 06/2024 documented, "All foods must be stored in a manner that maximizes nutrient retention, quality, and food safety." The operator failed to ensure food items were stored under safe and sanitary conditions.	S3299		
S3420 SS=E	28-39-256 MECHANICAL REQUIREMENTS (c) Mechanical requirements. (1) Heating, air conditioning, and ventilating systems. (A) The system shall be designed to maintain a year-round indoor temperature range of 70oF or 21oC to 85oF or 26oC. (B) Each apartment or individual living unit shall allow the resident to control the temperature. (2) Plumbing and piping systems. (A) Backflow prevention devices or vacuum breakers shall be installed on fixtures to which hoses or tubing can be attached. (B) Water distribution systems shall be arranged to provide hot water at outlets at all times. The temperature of hot water shall range between 98oF and 120oF at bathing facilities,	S3420		

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S3420	Continued From page 5 sinks, and lavatories in resident use areas. (3) Electrical requirements. (A) All spaces occupied by persons or machinery and equipment within the buildings, approaches to buildings, and parking lots shall have adequate lighting. (B) Minimum lighting intensity levels shall be as required in Table 1. (C) Each corridor and stairway shall remain lighted at all times. (D) Each light in resident use areas shall be equipped with shades, globes, grids, or glass panels. This REQUIREMENT is not met as evidenced by: 3420 KAR 28-39-256(c)(2)(B) The operator reported a census of 28 residents. The operator failed to ensure water temperatures in resident use areas did not exceed 120 degrees Fahrenheit (F). Findings included: - An observation on 06/10/25 at 10:38 AM revealed the unlocked "Spa" room had a hot water temperature of 140.9 F. On 06/10/25 at 10:59 AM the hot water was	S3420		

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S3420	Continued From page 6	S3420		

rechecked with Maintenance Staff E and found both the surveyor thermometer and the facility thermometer registered a final hot water reading of 125.6 F.

On 06/10/25 at 11:05 AM Maintenance Staff E stated he thought the hot water mixer needed to be replaced. Maintenance Staff E stated he checked hot water temperatures monthly.

On 06/11/25 at 09:50 AM the unlocked beauty salon located next to the "Spa" had a maximum hot water temperature of 134.6 F which cooled down to 124.4 F.

On 06/11/25 at 10:50 AM a hot water temperature of 134.2 F was obtained from room 101 which was located on the same hallway as the Spa and Beauty Salon.

On 06/11/25 at 10:55 AM Maintenance Staff E stated the mixing valve that serviced rooms 101-105 has gone out and he noticed this earlier in the week. Maintenance Staff E stated he contacted a local plumbing repair company on 06/11/25 to replace the mixing valve.

Review of hot water temperature documentation from April 2025 to June 2025 as provided by Maintenance Staff E revealed resident rooms were checked monthly but lacked documentation of hot water temperatures for publicly accessible restrooms and sinks.

The 03/2012 Consumer Product Safety Commission Safety Alert titled, "Avoiding Tap Water Scalds" documented, "The majority of injuries and deaths involving tap water scalds are

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S3420	Continued From page 7 to the elderly and children under the age of five...Most adults will suffer third-degree burns if exposed to 150-degree water for two seconds. Burns will also occur with a six-second exposure to 140-degree water or with a thirty second exposure to 130-degree water. Even if the temperature is 120 degrees, a five-minute exposure could result in third-degree burns." The operator failed to ensure water temperatures in resident use areas did not exceed 120 degrees Fahrenheit.	S3420		