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	N089001	A. BUILDING: _____ B. WING _____	04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BREWSTER HEALTH CENTER	1001 SW 29TH ST TOPEKA, KS 66611

(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 conducted at the above named assisted living facility conducted on 4/20,21,22/2021.	S 000		
S3081 SS=D	26-41-201 (c) Functional Capacity Screen Reassessment (c) Designated facility staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements: (1) At least once every 365 days; (2) following any significant change in condition as defined in K.A.R. 26-39-100; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: K.A.R.26-41-201(c)(1) The facility census totaled 24 residents. The sample included 3 residents and 2 focused record reviews. Based on record review the facility failed to ensure staff completed 1 (#200) of 3 sampled resident's Functional Capacity Screen (FCS) at least every 365 days. Findings included: - Review of resident #200's medical record revealed he moved into the facility on 2-20-13 with diagnoses of diabetes and heart disease. Review of the medical record revealed staff completed a FCS for the resident on 2-4-20 and	S3081		

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

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S3081	Continued From page 1 then not again until 3-11-21, 401 days later. The facility failed to complete resident #300's FCS according to state requirements.	S3081		
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)(2) The facility reported a census of 24 residents. The sample included 3 residents and 2 focused record reviews. Based on observation, interview, and record review the administrator failed to ensure the development of the Negotiated Service Agreement/Health Service Plan (NSA/HSP) based on the resident's functional	S3085		

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S3085	Continued From page 2	S3085		

capacity screen for 3 (#100,200, and #300) of 3 sampled residents and 1 (#500) of 2 focused record reviews which included a description of services each resident would receive and identification of the provider bathing services (#100) for each resident. Services not identified included the use of a walker, services for impaired vision and hearing.

Findings included:

- Review of resident #100's medical record revealed she moved into the facility on 8-23-14 with diagnoses of osteoarthritis and dementia.

The resident's functional capacity screen dated 10-9-20 identified the resident required physical assistance with bathing, supervision with mobility and used an assistive device for mobility. It also identified the resident had current/recent problem with falls/unsteadiness and had impaired vision.

The resident's negotiated service agreement/health care service plan dated 10-9-20 failed to identify the resident used a 4 wheeled walker as an assistive device for mobility, services to meet the resident's needs related to impaired vision and fall/unsteadiness risk. It also identified "outside caregivers staffed by daughter provided bathing twice a week. However, it failed to identify who would provide the service,

Observation on 4-21-21 at 10:00 AM the resident walked from her room to the elevator using a 4 wheeled walker. Certified staff D walked beside resident as she walked to the elevator.

On 4-21-21 at 1:25 PM administrative staff A

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S3085	Continued From page 3	S3085		

reported a local home health agency provided bathing twice a week but the resident refused sometimes so the facility staff provided the bathing if the resident refused.

- Review of resident # 200 revealed he moved into the facility on 2-20-2013 with diagnoses of diabetes type 2 and heart disease.

Review of the residents functional capacity screen dated 3-11-21 revealed the resident was independent with walking/mobility but also had marked the resident used an assistive device for mobility. It also revealed the resident had impaired vision and had current/recent problem with falls/unsteadiness.

Review of the residents negotiated service agreement/health care service plan dated 3-11-21 failed to identify the resident used a 4 wheeled walker as an assistive device for mobility. It lacked services to address the residents needs related to impaired vision and risk for falls/unsteadiness.

Observation on 4-21-21 at 9:23 AM the resident sat finishing his breakfast and had his 4 wheeled walker sitting beside him. Resident confirmed he used the walker to help when he walks throughout the facility.

- Review of resident #300's record revealed she moved into the facility on 4-5-21 with diagnoses of low back pain and heart disease.

Review of the residents functional capacity screen dated 3-25-21 revealed the resident was independent with walking/mobility and used an

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S3085	Continued From page 4 assistive device for mobility. Review of the residents negotiated service agreement/ health care service plan dated 3-29-21 failed to identify the resident used a 4 wheeled walker as an assistive device for mobility. Observation on 4-21-21 at 12:28 PM the resident sat at the dining room table and her 4 wheeled walker was beside her. Resident #300 stated she depended on her walker a lot to get around. - Review of resident #500 moved into the facility on 6/30/20 with diagnoses of dementia and osteoarthritis of his right hip. Review of the resident's functional capacity screen dated 5-27-20 revealed the resident could not manage his medications or medical treatments, he had recent/current problems with falls/unsteadiness and had impaired vision and hearing. Review of the residents negotiated service agreement/health care service plan revealed the resident's family set up his medications weekly in a medication box and facility staff provided reminders for the resident to take his evening medications. The negotiated service agreement/health care service plan failed to identify services to meet the resident's needs related to falls/unsteadiness, impaired vision and hearing. Observation on 4-21-21 at 1:13 PM the resident walked out of his room using his 4 wheeled walker as an assistive device while walking down to the sitting area by the nurses station.	S3085		

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S3085	Continued From page 5 On 4-21-21 at 1:30 PM administrative staff A confirmed residents #100, #200, #300, #500 negotiated service agreements failed to identify all the services the residents received to ensure their needs were met. The administrator failed to ensure the development of the Negotiated Service Agreement/Health Service Plan (NSA/HSP) based on the resident's functional capacity screen for 3 (#100, 200, and #300) of 3 sampled residents and 1 (#500) of 2 focused record reviews which included a description of services each resident would receive and identification of the provider bathing services (#100) for each resident. Services not identified included the use of a walker, services for impaired vision and hearing.	S3085		
S3092 SS=D	26-41-202 (d) Negotiated Service Agreement Revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements:(1) At least once every 365 days; (2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly, if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, facility staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family.	S3092		

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S3092	Continued From page 6 This REQUIREMENT is not met as evidenced by: KAR 26-41-202 (d)(1) The facility census totaled 24 residents. The sample included 3 residents and 2 focused record reviews. Based on record review the facility failed to ensure staff completed 1 (#200) of 3 sampled resident's negotiated service agreement at least once every 365 days. Findings included: - Review of resident #200's medical record revealed he moved into the facility on 2-20-13 with diagnoses of diabetes and heart disease. Review of the medical record revealed staff completed a negotiated service agreement for the resident on 2-4-20 and then not again until 3-11-21, 401 days later. The facility failed to complete resident #300's negotiated service agreement according to state requirements of at lease once every 365 days.	S3092		
S3185 SS=E	26-41-205 a(4) Prefilled Medication Containers (a) Self- administration of medications 4) If a resident self-administers medication with a prefilled medication container or syringe, the prefilled medication container or syringe shall have a label with the resident ' s name and the date the container or syringe was prefilled. The label, or a medication administration record provided to the resident, shall also include the name and dosage of each medication and the	S3185		

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time or event at which the medication is to be self-administered. Facility staff may remind residents to take medications or inquire as to whether medications were taken.

This REQUIREMENT is not met as evidenced by:
KAR 26-41-205 (a)(4)

The facility reported a census of 24 residents. The sample included 3 residents and 2 focused record reviews. Based on observation, interview and record review for 1 (#300) of 3 sampled residents and 1 (#500) of 2 focused record reviews the administrator failed to ensure residents who self-administered medications with a prefilled medication container included the residents name on the container, the date it was filled, and list which included the name, dosage and time each medication is to be self-administered.

Findings included:

- Review of resident #300's medical record revealed she moved into the facility on 4-5-21 with diagnoses of low back pain, hypertension and heart disease.

Review of the residents functional capacity screen dated 3-25-21 revealed the resident was independent with management of her medications and medical treatments.

Review of the resident's negotiated service agreement/health care service plan dated

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3-29-21 revealed the resident would self-administer her medications and manage ordering of her medications.

Review of the resident's record lacked evidence the facility staff completed a self-administration medication assessment.

On 4-20-21 at 2:00 PM administrative staff A reported licensed nurse E went to the resident's home and completed a self-administration assessment but could not find it. Staff then completed one today to show resident was capable of administering her own medications.

Observation on 4-21-21 at 9:45 AM the resident confirmed that she self-administered all of her own medications and filled her own medication container. She got the container from the table beside her chair and it lacked the resident's name on it and a date it was filled. The resident stated she used to have a list of the medications and when she was supposed to take it but she can't find it since the move.

- Review of resident #500's medical record revealed the resident moved into the facility on 6-30-20 with diagnoses of Dementia, atrial fibrillation and major depression disorder.

Review of the resident's functional capacity screen dated 5-27-30 revealed the resident was unable to manage his medications or medical treatments.

Review of the negotiated service agreement dated 6-30-20 revealed the resident's family set up his medications every week and staff would provide reminders for him to take his medications

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S3185	Continued From page 9 in the evening. Observation on 4-21-21 at 1:15 PM certified staff D showed surveyor where the resident's medicine was in his room. Observation revealed a prefilled medication container that had the resident's name on it but did not have the date it was filled or a list of medications with dosages and time each medication needed to be taken. Certified staff D stated the facility had a list of his medications and thought the resident's family had one also. On 4-21-21 at 7:57 PM administrative staff A reported she knew prefilled medication containers needed to have a name on them and the facility kept the medication record on the MAR. She didn't know they needed to have the refill date on the container. The administrator failed to ensure resident #300 and #500 who used prefilled medication containers, included the resident's name the date the containers were prefilled and failed to ensure a label or medication record was provided to the resident which included the name and dosage of each medication and the time each one needed to be taken.	S3185		
S3186 SS=D	26-41-205 (b) Administration of Selected Medications (b) Administration of select medications. Any resident who self-administers medication may select some medications to be administered by a licensed nurse or medication aide. The negotiated service agreement shall reflect this service and identify who is responsible for the administration and management of selected	S3186		

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S3186	Continued From page 10 medications. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(b) The facility reported a census of 24 resident's. The sample included 3 residents and 2 focused record reviews. The administrator failed to ensure 1 (#200) of 3 sampled residents negotiated service agreement identified that the resident chose to self-administer some of his medications and the facility staff would administer the resident of his medications. Findings included: - Review of resident #200's medical record revealed he moved into the facility on 2-20-13 with diagnoses of diabetes type II and heart disease. The residents functional capacity screen dated 3-11-21 identified the resident could not manage his medications or medical treatments. The residents negotiated service agreement/health care service plan dated 3-11-21 identified staff provided medications according to physicians orders but failed to identify the resident self-administered his glucose tablets when out of the facility and his Nitrostat for heart pain.	S3186		

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S3186	Continued From page 11 Review of the residents medical record included a self-administration assessment for medications dated 12-9-20 which noted the resident was capable of self administering his Nitrostat and his glucose tablet when he was out of the facility. On 4-21-21 at 1:30 PM administrative staff A confirmed resident #200's negotiated service agreement did not identify he self-administered some medications and the facility staff administered the rest. The administrator failed to ensure resident #200's negotiated service agreement identified the resident chose to self-administer some of his medications and who was responsible for administration of the rest of his medications.	S3186		
S3215 SS=E	26-41-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the facility in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the facility in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and	S3215		

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self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides.
(3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the facility.
(4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration.

This REQUIREMENT is not met as evidenced by:
KAR 26-41-205(h)(4)

The facility reported a census of 24 residents. Based on observation, interview, and record review the administrator failed to ensure a licensed nurse did not administer Tuberculin Skin Test Antigens beyond the manufacturer's recommended date of expiration. This had the potential to affect all newly admitted residents and newly hired staff after the dated of 3-23-21.

Findings included:

- During initial tour on 4-20-21 at 9:11 AM observation of the medication storage refrigerator in the nurses office contained 2 vials of Tuberculin. 1 vial had not been opened and the other was opened. The opened vial had a date of 2-22-21 on it to indicate the date it was opened.

The facility resident roster included 3 most recent

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S3215	Continued From page 13 residents to move into the facility and all three were after 4-1-21. On 4-21-21 at 11:00 AM Licensed nurse J confirmed the 3 new residents would have received their TB skin test from the vial dated 2-22-21. Per Tubersol package directions noted a vial of Tubersol which has been entered and in use for 30 days should be discarded. The administrator failed to ensure a licensed nurse did not administer Tuberculin Skin Test Antigens beyond the manufacturer's recommended date of expiration. This had the potential to affect all newly admitted residents and newly hired staff after the dated of 3-23-21.	S3215		
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; 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.	S3280		

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S3280	Continued From page 14 This REQUIREMENT is not met as evidenced by: KAR 26-41-104(d)(3) The facility reported a census of 24 residents. Based on record review and interview for all residents and all facility employees, the administrator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly reviews of the facility's emergency management plan with employees and residents. Findings included: - On 4-20-21 at 10:00 AM review of the papers provided by administrative staff A for review of the emergency management plan for residents and staff revealed the following: 11-8-18 security staff reviewed power outage/water/and phone outages 2-19-19 staff reviewed severe weather and tornados 8-8-19 staff reviewed elopement and had an elopement drill 2-20-20 staff reviewed tornado storms 6-18-20 staff reviewed tornado drill October and November 2020 staff reviewed elopement 3-16-21 - staff reviewed tornado drill 4-1 & 4-7-21 staff conducted an evacuation drill Each review included a list of names that did not identify if it was a resident signature or staff signature. On 4-20-21 at 10:52 AM administrative staff A	S3280		

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	N089001	A. BUILDING: _____ B. WING _____	04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BREWSTER HEALTH CENTER	1001 SW 29TH ST TOPEKA, KS 66611

(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
S3280	Continued From page 15 reported she would contact security staff C to see if he had additional information for reviewing the emergency management plan. On 4-21-21 at 12:50 PM administrative staff A reported she reviewed the additional information that the security staff C provided and it did not support reviewing the emergency management plan quarterly. The administrator failed to to ensure all 8 required potential emergencies and disasters were reviewed with all residents and employees quarterly.	S3280		
S3299 SS=F	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: KAR 26-41-206(e) The facility reported a census of 24 residents. Based on observation and interview the facility failed to store all food under safe and sanitary conditions. Findings included: - Observations on 4-21-21 from 7:55 AM to 8:25 AM revealed the following in the main kitchen:	S3299		

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S3299	Continued From page 16 A chub of pork sausage thawing in the walk in freezer on the second from the bottom rack and not in a tub. A pan of red jello without any type of covering. A pan of hamburger patties and a pan of raw chicken that had saran wrap on them but it only covered part of the meat. The silver freezer contained 2 bags of some type of meat patty and a bag of what appeared to be chicken strips. Each bag had the date on it but did not have a label on them and were not fully sealed. . It also contained an open bag of sweet potato french fries and regular french fries that were open and not sealed. On 4-21-21 during the tour, dietary staff A confirmed the jello should have been covered, the sausage should have been in a pan incase of leakage, the patties and chicken were not covered properly and the food items in the freezer should have been labeled with the food item in the bag since it was not in the original packaging. The administrator failed to ensure designated staff stored all food under safe and sanitary conditions.	S3299		
S3310 SS=E	26-41-207 (b) (5-6) (c) Infection Control Policies (b) (5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; and	S3310		

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S3310	Continued From page 17 (c) Each administrator or operator shall ensure the facility ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 This REQUIREMENT is not met as evidenced by: K.A.R 26-41-207(c) The facility reported a census of 24 residents. Based on interview and record review for 5 of 5 newly hired employees, the administrator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. This failure had the potential to affect all residents in the assisted living facility. Findings included: - Review of 5 newly hired employees files on 4-20-21 revealed the following: Administrative staff B hired on 8-19-19 and did not have record of having a second TB skin test completed. Certified staff F hired onto the facility on 3-23-20 and did not have evidence of receiving a 2 step TB skin test. Certified staff G hired onto the facility on 8-13-20 did not have evidence of receiving a 2 step TB skin test. Employee record review revealed 3 of 5 newly	S3310		

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S3310	Continued From page 18 hired employees did not have evidence of receiving their 2 step TB skin test. During an interview on 4-20-21 at 3:46 PM administrative staff B reported the facility completed the 2 step skin test when staff are hired and do the screening questionnaire annually. For 5 of 5 newly hired employees the administrator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S3310		