STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N089001	A. BUILDING: _____ B. WING _____	01/11/2023

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 the licensure resurvey for the above named facility conducted on 01/11/23.	S 000		
S3165 SS=F	26-41-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: KAR 26-41-204 (d) The facility reported a census of 16 residents. The sample included 3 residents. Based on record review and interview for 3 Residents (R)1, R2 and R3, with the potential to affect all residents, Administrator A failed to ensure the negotiated service agreement contained the name of the licensed nurse responsible for the implementation and supervision of the health service plan. Findings included: - R1's "Medical Record" revealed she admitted to the facility on 03/22/22 with diagnoses of Alzheimer's, hypertension, osteoarthritis and hypothyroidism. The "Resident Functional Capacity Screen" (FCS) dated 03/22/22 recorded the resident as	S3165		

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

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S3165	Continued From page 1	S3165		

independent with bathing, dressing, toileting, transfers, walk/mobility, and eating, unable to perform management of medications and treatments. R1 was usually continent, had short term memory impairment and impaired vision.

The "Negotiated Service Agreement" (NSA)/ Health Care Service Plan (HCSP) dated 03/22/22 recorded medications and treatments to be administered by staff. R1 required redirection and orientation from staff.

The NSA lacked the name of the licensed nurse responsible for the implementation of the health care service plan.

- R2's "Medical Record" revealed she admitted to the facility on 09/09/21 with diagnoses of hypokalemia and rheumatoid arthritis.

The "Resident Functional Capacity Screen" (FCS) dated 09/22/22 recorded the resident as independent with toileting, transfers, walk/mobility, and eating, physical assistance required for bathing and dressing, and was unable to manage her medications and treatments. R2 was usually continent, had short term memory impairment and was at risk for falls.

The "Negotiated Service Agreement" (NSA)/ Health Care Service Plan (HCSP) dated 09/21/22 recorded staff provided meal reminders, physical assistance for bathing and dressing, and administered medications and treatments. R2 required redirection and orientation from staff.

The NSA lacked the name of the licensed nurse responsible for the implementation of the health

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	N089001	A. BUILDING: _____ B. WING _____	01/11/2023

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S3165	Continued From page 2	S3165		

care service plan.

- R3's "Medical Record" revealed she admitted to the facility on 03/08/21 with diagnoses of major depressive disorder, generalized anxiety and hyperlipidemia.

The "Resident Functional Capacity Screen" (FCS) dated 02/07/22 recorded the resident as independent with transfer, walk/mobility, and eating, supervision required for bathing, dressing and toileting, and was unable to manage her medications and treatments. R3 was occasionally incontinent, had short term memory impairment and impaired memory/recall.

The "Negotiated Service Agreement" (NSA)/ Health Care Service Plan (HCSP) dated 02/04/22 recorded staff provided meal reminders, stand by assistance for bathing, reminders/cueing for dressing, and administered medications and treatments. R2 required redirection and orientation from staff.

The NSA lacked the name of the licensed nurse responsible for the implementation of the health care service plan.

Interview on 01/11/23 at 01:44 PM with Operator A confirmed the NSA documents lacked the licensed nurse responsible for the implementation of the health care service plan on all residents in the facility.

Administrator A failed to ensure the negotiated service agreement contained the name of the licensed nurse responsible for the implementation and supervision of the health

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S3165	Continued From page 3 service plan, which had the potential to affect all residents.	S3165		