STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N089001	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BREWSTER HEALTH CENTER	1001 SW 29TH ST , TOPEKA, Kansas, 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) COMPLETION DATE
S0000	INITIAL COMMENTS The following citations represent the findings of a Health Licensure Resurvey on 11/10/25.	S0000		
S3085 SS = E	Negotiated Service Agreement CFR(s): 26-41-202 (a) (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 LICENSURE REQUIREMENT is NOT MET as evidenced by: KAR 26-41-202 (a) (1) (2) (3) The facility reported a census of 27 residents with three residents included in the sample. Based on interview and record review the administrator failed to ensure the “Negotiated Service Agreement” (NSA) for resident (R) 1 identified the frequency or the responsible party for the changing of his suprapubic catheter (urinary bladder catheter inserted through the abdomen into the bladder). The administrator also failed to ensure R2’s NSA identified skin wounds and who was responsible for treatment and the provider following up on the wounds. Findings included:	S3085		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N089001	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/10/2025

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S3085 SS = E	Continued from page 1 - Record review for R1 revealed an admission date of 06/14/25 with diagnoses of neuromuscular dysfunction of the bladder and a history of malignant neoplasm of the prostate. R1's "Functional Capacity Screen" dated 06/14/25 recorded the resident was continent of his bladder, was independent with dressing, toileting, transfer, walk/ mobility and eating, bathing, and was unable to manage medications treatments. R1's current NSA dated 06/14/25 failed to identify the frequency of R1's catheter changes or the responsible party for providing that service. The 06/14/25 NSA failed to identify the responsible party for payment of outside services. Review of R1's electronic medical record (EMR) including his profile and nursing notes from 06/14/25 to present, revealed that the profile and nursing notes lacked who was the outside provider and how often the service was to be provided. On 11/10/25 at 02:15 PM Administrative Staff A stated that she had been working on the NSA's to ensure all proper information was included. Administrative Staff A stated she had not updated R101's NSA but she would ensure to include the provider's name and how often R101's catheter would be changed. The facility's "Negotiated Service Agreement" policy dated 02/08/24 documented the Administrator/Operator would ensure the development of the initial NSA at admission and would include but not limited to physical needs related to illness and/or chronic disease management. A review of the NSA would occur 30 days after admission. Review would occur quarterly or with any significant change in conjunction with review of the Functional Capacity Screen. - Record review for R2 revealed a readmission date of 04/02/25 with diagnoses of diabetes mellitus with neuropathy, peripheral venous insufficiency, and heart disease. R2's "Functional Capacity Screen" dated 04/02/25 recorded she was independent with dressing, eating, and	S3085		

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S3085 SS = E	Continued from page 2 toileting. R2 needed supervision with walking and transfers and needed physical assistance from staff for bathing. The FCS recorded R2 was unable to manage medications and treatments The NSA failed to identify R2 had a wound to her left ankle. The NSA failed to record the frequency of wound dressing changes, and the provider for ordered treatments and follow-ups. Review of R2's electronic medical record (EMR) including notes from 06/15/25 to present, revealed a physician's order for a wound treatment for R2's left ankle. R2's nursing notes included "Orders-Administration Note" from nursing staff of wound treatments every three days. On 11/10/25 at 02:15 PM Administrative Staff A stated that she had been working on the NSA's to ensure all proper information was included. Administrative Staff A stated she was not aware that R102's NSA lacked information about her wounds and who was responsible for the dressing changes or who the responsible party for providing treatment, follow-up, and orders for the wounds. The facility's "Negotiated Service Agreement" policy dated 02/08/24 documented the Administrator/Operator would ensure the development of the initial NSA at admission and would include but not limited to physical needs related to illness and/or chronic disease management. A review of the NSA would occur 30 days after admission. Review would occur quarterly or with any significant change in conjunction with review of the Functional Capacity Screen. For R1 and R2 the administrator failed to ensure the NSA's included a description of services, identification of the outside providers for the services and the party responsible for payment for those outside services.	S3085		