STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175044	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/24/2026

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

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F0000	INITIAL COMMENTS The Risk-Based Survey Process was used to conduct a federal recertification survey. The following citations represent the findings of a Health Recertification Survey and complaint survey regarding allegations in 3013804 and 3063769. The census was 78. The sample included 6 residents.	F0000		
F0641 SS = D	Accuracy of Assessments CFR(s): 483.20(g)(h)(i)(j) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. §483.20(h) Coordination. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. §483.20(i) Certification. §483.20(i)(1) A registered nurse must sign and certify that the assessment is completed. §483.20(i)(2) Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. §483.20(j) Penalty for Falsification. §483.20(j)(1) Under Medicare and Medicaid, an individual who willfully and knowingly- (i) Certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than $1,000 for each assessment; or (ii) Causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty or not more than $5,000 for each assessment.	F0641		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

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F0641 SS = D	Continued from page 1 §483.20(j)(2) Clinical disagreement does not constitute a material and false statement. This REQUIREMENT is NOT MET as evidenced by: Based on observation, record review, and interview, the facility failed to ensure that Resident (R) 4's admission comprehensive Minimum Data Set (MDS) was accurately completed to indicate that she was on oxygen therapy. Findings included: - R4's Electronic Medical Record (EMR) recorded diagnoses of respiratory failure with hypoxia, interstitial lung disease (ILD -a group of conditions that cause inflammation and progressive scarring in the tissue surrounding the air sacs in the lungs), and pulmonary hypertension (high blood pressure in the arteries that carry blood from your heart to your lungs). R4's "Admission Minimum Data Set (MDS)" dated 07/06/2026 documented she had a Brief Interview for Mental Status of 15, which indicated intact cognition. R4 received antibiotic medication. R4's MDS Section O: Special Treatments, Procedures, Programs, respiratory treatments lacked oxygen therapy being marked. R4's "Functional Abilities Care Area Assessment (CAA)" dated 07/10/2026 documented staff were to assist with activities of daily (ADL) cares as needed and anticipate cares so that care needs were effectively met. Therapy services were to be used as needed to help increase functional mobility. Staff were to encourage the resident to participate in ADL cares as much as able to promote independence. R4's EMR documented a "N ADV Clinical Admission" progress note dated 07/02/2026 at 09:44 that the resident arrived at the facility by the facility transportation in a wheelchair. The respiratory part of the assessment documented her lungs were clear throughout bilaterally. She had no difficulty breathing. Shortness of breath was noted upon exertion. She was on oxygen via nasal cannula. On 09/23/2026 at 01:51 PM, R4 sat in her wheelchair, she had her supplemental O2 on via nasal cannula (a thin, flexible plastic tube used to deliver supplemental oxygen directly into the nostrils).	F0641		

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F0641 SS = D	Continued from page 2 On 09/24/2026 at 10:35 AM, Administrative Nurse E stated that she was responsible for ensuring the MDS was completed and accurate and she also assisted with updating the care plans. Administrative Nurse E stated she was not for certain why R4 had not been marked in Section O for oxygen therapy as she did not think R4 had been on oxygen when she admitted or at least not continuously when she completed that section of the MDS. On 09/24/2026 at 10:45 AM, Administrative Nurse D stated that R4's MDS, care plan, and orders had not been correctly completed on her admission. Since her admission the facility has put in place internal plans of correction related to the care plans, MDS, and auditing to make sure all things are completed. The facility's "Completion of RAI Process" dated 06/14/2024 documented the Interdisciplinary Team will assess and reassess each elder and his/her condition according to law and regulation. The RAI coordinator will assign the assessment reference date for each assessment. Section O was to be completed by the registered nurse, physical therapy, occupational therapy, and speech therapy.	F0641		
F0655 SS = D	Baseline Care Plan CFR(s): 483.21(a)(1)-(3) §483.21 Comprehensive Person-Centered Care Planning §483.21(a) Baseline Care Plans §483.21(a)(1) The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must- (i) Be developed within 48 hours of a resident's admission. (ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to- (A) Initial goals based on admission orders. (B) Physician orders. (C) Dietary orders.	F0655		

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F0655 SS = D	Continued from page 3 (D) Therapy services. (E) Social services. (F) PASARR recommendation, if applicable. §483.21(a)(2) The facility may develop a comprehensive care plan in place of the baseline care plan if the comprehensive care plan- (i) Is developed within 48 hours of the resident's admission. (ii) Meets the requirements set forth in paragraph (b) of this section (excepting paragraph (b)(2)(i) of this section). §483.21(a)(3) The facility must provide the resident and their representative with a summary of the baseline care plan that includes but is not limited to: (i) The initial goals of the resident. (ii) A summary of the resident's medications and dietary instructions. (iii) Any services and treatments to be administered by the facility and personnel acting on behalf of the facility. (iv) Any updated information based on the details of the comprehensive care plan, as necessary. This REQUIREMENT is NOT MET as evidenced by: Based on observation, record review, and interview, the facility failed to ensure that staff completed and initiated a baseline care plan for Resident (R) 4 upon her admission to the facility on 07/02/2026. Findings included: - R4's Electronic Medical Record (EMR) recorded diagnoses of respiratory failure with hypoxia, interstitial lung disease (ILD -a group of conditions that cause inflammation and progressive scarring in the tissue surrounding the air sacs in the lungs), and pulmonary hypertension (high blood pressure in the arteries that carry blood from your heart to your lungs). R4's "Admission Minimum Data Set (MDS)" dated	F0655		

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F0655 SS = D	Continued from page 4 07/06/2026 documented she had a Brief Interview for Mental Status of 15, which indicated intact cognition. R4 received antibiotic medication. R4's MDS Section O: Special Treatments, Procedures, Programs, respiratory treatments lacked oxygen therapy being marked. R4's "Functional Abilities Care Area Assessment (CAA)" dated 07/10/2026 documented staff were to assist with activities of daily (ADL) cares as needed and anticipate cares so that care needs were effectively met. Therapy services were to be used as needed to help increase functional mobility. Staff were to encourage the resident to participate in ADL cares as much as able to promote independence. R4's comprehensive Care Plan for respiratory care was initiated 08/25/2026 and directed staff to assist R4 in identifying triggers and strategies for prevention; encourage her to have the head of her bed elevated; follow facility protocols for cleaning and maintenance of equipment; give medications/inhalers/nebulizer treatments as ordered; monitor for and document side effects and effectiveness; and monitor for signs and symptoms of acute respiratory insufficiency and infection and report to physician; monitor oxygen saturation each shift. R4's baseline care plan was requested on 09/24/2026 09:56 AM via email to Administrative Staff A. The facility lacked a baseline care plan for R4. On 09/23/2026 at 01:51 PM, R4 sat in her wheelchair, she had her supplemental O2 on via nasal cannula (a thin, flexible plastic tube used to deliver supplemental oxygen directly into the nostrils). On 09/24/2026 at 10:07 AM, Administrative Staff A stated the facility had dropped the ball on R4, and some other residents and her baseline care plan had not been completed. The facility did an internal plan of correction on 08/17/2026 on the care plans after it was identified that resident care plans had not been completed or updated. The facility's "Baseline Care Plan" policy dated 06/14/2024 documented the facility would develop an initial person-centered care plan within the 24 hours of admission for every resident. That Baseline Care Plan would provide instructions for care of the resident. Completion and implementation of the Baseline Care Plan within 48 hours of a resident's admission was intended to promote continuity of	F0655		

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F0655 SS = D	Continued from page 5 care and communication among all facility staff members, increase resident safety and safeguard against adverse events that are most likely to occur in the immediate days after admission.	F0655		