STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N005005	A. BUILDING: _____ B. WING _____	06/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE GREAT BEND	1206 PATTON ROAD GREAT BEND, KS 67530

(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 at the above named assist living facility conducted on 06/29/22 and 06/30/22.	S 000		
S3213 SS=D	26-41-205 (g) (2) Medication Labeling (g) (2) Each prescription medication container shall have a label that was provided by a dispensing pharmacist or affixed to the container by a dispensing pharmacist in accordance with K.A.R. 68-7-14. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (g)(2) The facility reported a census of 28 residents and identified all 28 received facility management of medications. Based on observation, interview and record review, Operator A failed to ensure prescription medication containers were labeled with a prescription label provided by a dispensing pharmacist or affixed to the container by a dispensing pharmacist in accordance with K.A.R. 68-7-14 for resident (R) 710. Findings included: - On 6/29/22 at 10:05 AM, Licensed Nurse B opened the only medication cart. Observation revealed a plastic basket, which contained 2 insulin injector pens. Licensed Nurse B identified the basket as belonging to R 710. One of the injector pens had a manufacture label of Tresiba FlexTouch and no other identification or pharmacist labeling.	S3213		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE GREAT BEND	1206 PATTON ROAD GREAT BEND, KS 67530

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S3213	Continued From page 1 Interview on 6/29/22 at 10:06 AM with Licensed Nurse B confirmed all insulin injector pens were to be labeled. Electronic email on 6/30/22 at 4:33 PM with Licensed Nurse B confirmed insulin injector pens should be labeled with a pharmacy label. Facility's "Medications & Treatments- Labeling Policy" dated 6/2020 recorded, "All medications and treatments should be labeled with the necessary information to provide safe medication management administration/assistance." Operator A failed to ensure prescription medication containers were labeled with a prescription label provided by a dispensing pharmacist or affixed to the container by a dispensing pharmacist in accordance with K.A.R. 68-7-14 for R 710.	S3213		