STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N088003	A. BUILDING: _____ B. WING _____	C 11/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE LIBERAL SPRINGS	1500 N TERRACE LIBERAL, KS 67901

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S 000	INITIAL COMMENTS The following citations represent the findings of a health resurvey and complaint investigations #147207, #152306, #153817, #153826, #162989 at the above named assisted living facility conducted on 11/8,9,10/2021.	S 000		
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 26-42-202 (a)(1)(2) The facility reported a census of 27 residents. The sample included 3 residents and 1 closed record review. Based on interview, and record review the executive director failed to ensure the development of the Negotiated Service Agreement/Health Service Plan (NSA/HCSP) for	S3085		

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

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S3085	Continued From page 1 3 (#200, #300, #400) of 3 sampled residents related to medications and podiatry services. Findings included: - Review of resident #200's medical record revealed she moved into the facility on 07/31/18 with the diagnoses of anxiety and atrial fibrilation. Review of the resident's functional capacity screen dated 06/07/21 revealed the resident was independent in managing her own medications. Review of the resident's negotiated service agreement/health care service plan NSA/HCSP dated 06/08/21 identified the resident self managed her own medications. It identified the resident had home health services but failed to identify home health set up the residents medications in a medication planner for her to self-administer. On 11-09-21 at 3:08 PM Administrative nursing staff G reported the resident kept her medications in bottles and home health came in and set up the medication planner every week for the resident to self-administer. The executive director failed to ensure designated staff developed R #200's NSA/HCSP to identify that home health provided the service of setting up the residents medication planner. - Review of resident (R) #300's medical record revealed she moved into the facility on 02/02/19 with diagnoses of dementia and knee pain. Review of the resident's functional capacity screen dated. 09/09/21 identified the resident had	S3085		

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S3085	Continued From page 2	S3085		

cognitive impairment and had current risk of falls.

Review of the resident's negotiated service agreement/health care service plan (NSA/HCSP) dated 09/09/21 failed to identify the resident received services from an outside provider for podiatry services.

On 11-09-21 at 3:17 PM Administrative nursing staff G confirmed that the resident received podiatry services and it should have been included in the NSA/HCSP.

The executive director failed to ensure designated staff developed R #300's NSA/HCSP to identify the resident received podiatry services and who provided that service.

- Review of resident (R) #400's medical record revealed the resident moved into the facility on 08/23/20 with diagnoses of diabetes mellitus.

Review of the resident's functional capacity screen dated 08/91/21 required physical assistance with management of her medications and had cognitive impairment.

Review of the residents negotiated service agreement/health care service plan (NSA/HCSP) dated 08/19/21 identified the facility staff administered most of the residents medications and the resident self-administered some medications. The NSA/HCSP failed to to identify that the certified medication aide would dial the resident's insulin pen to the correct dose and the resident would self-inject the insulin.

On 11-09-21 at 3:18 PM Administrative nursing staff G confirmed the residents NSA/HCSP failed to identify the service of certified medication aides

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S3085	Continued From page 3 dialing the insulin to the ordered dose and the resident self-injected her insulin. The executive director failed to ensure delegated staff developed R#400's NSA/HCSP to identify the service of certified medications aides dialing the residents insulin and the resident self-injecting her insulin.	S3085		
S3280 SS=E	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. This REQUIREMENT is not met as evidenced by: KAR 26-41-104(d)(3) The facility reported a census of 27 residents. Based on record review and interview for all residents and all facility employees, the executive	S3280		

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S3280	Continued From page 4 director failed to ensure disaster and emergency preparedness by ensuring performance of quarterly review of the facility's emergency management plan with employees and residents. Findings include: - On 11/9/2021 review of the emergency management preparedness reviews provided by Administrative staff A for residents and staff included quarterly reviews for 2020 but did not have any reviews for 2021. On 11-10-21 at 10:12 AM Administrative staff A reported she looked through the maintenance office and could not find records for reviewing the emergency management plan with resident's and staff for 2021. For all residents and staff the executive director failed to ensure the completion of quarterly reviews of the emergency management plan.	S3280		
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 (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	S3310		

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S3310	Continued From page 5	S3310		

This REQUIREMENT is not met as evidenced by:
K.A.R 26-41-207(c)

The facility reported a census of 27 residents. Based on interview and record review for 4 of 5 newly hired employees, the operator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) 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 11/9/2021 revealed the following:

Medication Technician B hired on 5/12/2021 had a 1 step TB skin test completed on 5/14/2021, but did not have a TB symptom screen completed or a second TB skin test done.

Medication Technician C hired onto the facility on 3/24/21 had a 1 step TB skin test completed on 3/11/2021, but did not have a TB symptom screen completed or a second TB skin test done.

Certified Nursing Assistant D hired on 8/14/20 had a 1 step TB skin test completed on 8/13/20, but did not have a TB symptom screen completed or a second TB skin test done.

Housekeeping staff E hired on 8/27/21 had a 1 step TB skin test completed on 8/24/21, but did

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S3310	Continued From page 6 not complete a TB symptom screen or have a second TB skin test. Review of 4 of 5 newly hired employee files revealed they did not have the TB symptom screen completed within 7 days of hire and did not receive a two step TB skin test. On 11/9/21 at 12:10 PM Administrative staff F reported all new employees would only have had the one TB skin test done and the facility did not do a TB symptom screen upon hire. On 11/9/21 at 12:49 PM Administrative staff A confirmed the facility staff did not complete a TB screening upon hire or receive a two step TB skin test when hired. For 4 of 5 newly hired employees the executive director 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		