

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046063	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/29/2021
NAME OF PROVIDER OR SUPPLIER BROOKDALE ROSEHILL		STREET ADDRESS, CITY, STATE, ZIP CODE 12802 JOHNSON DRIVE SHAWNEE, KS 66216		
(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 survey for re-licensure with attached complaints #51918, #54340, #55006 and #56310 conducted on 04/28/2021 and 04/29/2021 at the above-named assisted living facility in Shawnee, KS	S 000		
S3200 SS=E	26-41-205 (d) (1-2) Facility Administration of Medications (d) Facility administration of resident ' s medications. If a facility is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the facility has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-205(d) The census equaled 38 the sample included 3 Residents. For 1 resident (#129) Based on observations, interviews, and review of records, licensed nurses failed to ensure that all medications and biologicals are administered to	S3200		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S3200	Continued From page 1 residents in accordance with manufactures recommendations. Findings included: - By observation on 04/28/2021 at 11:40am, the medication storage room refrigerator of facility, contained 1 vial of TB solution Lot # 346607 with expiration date of 02/22. The package recorded "date opened" as 03/05/21. Vial in package did not have an open date recorded. By review the TB package included manufacture's directive to discard 30 days after initial use of vial. Review of record for 1 sampled resident (#129) with admission date 04/09/2021. Diagnosis included Pulmonary Fibrosis, Stenosis coronary artery, Chronic respiratory failure with hypoxia. Record revealed resident received TB skin tests on 04/09/2021 and 04/26/2021. By interview on 01/27/2021 at 11:40am Nurse #B confirmed vial opened date. Nurse #B confirmed nursing staff administer TB tests in facility, confirmed that TB solution Lot #346607 was the only TB solution present in medication storage room refrigerator and confirmed the last documented date of TB solution being administered was 04/16/2021 to resident #129. The facility licensed nurses failed to ensure that all medications and biologicals are administered to residents in accordance with manufactures recommendations.	S3200			

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S3211	Continued From page 2	S3211		
S3211 SS=E	26-41-205 (g) (3) OVER THE COUNTER DRUGS (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(g) (3) The facility reported a census of 38 residents. The sample included 3 residents. The resident roster identified 31 residents as receiving medication management. Based on observations and interviews for all residents, the operator failed to ensure a licensed nurse or licensed pharmacist placed the full name of the resident on packages of over-the-counter medications. Findings included: - Observation on 04/28/2021 at 11:10am during facility tour of medication cart with certified medication aide (CMA) #C and Licensed Nurse #B, observed 5 over the counter (OTC) medications that lacked the full name of the resident including the following:	S3211		

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S3211	Continued From page 3 Vitamin D3 (vitamin supplement) 25mg (milligrams) 60 count; Calcium (mineral supplement) 600mg with Vitamin D 10mcg (micrograms) 65 count; Gen-Teal brand eye drops 1 fluid ounce count; Dry Eye brand eye drops 1 fluid ounce count; Aspirin (pain and/or circulation) 81mg 35 count Licensed Nurse #B and CMA #C confirmed lack of full name of resident on OTC medications. Facility policy titled "medication management and storage" recorded: "Over the counter drugs: ...The pharmacist or licensed nurse shall place the full name of the resident on the package." At 11:20am observed CMA #C remove medications from medication cart, CMA wrote full name of resident on OTC medications and then return medications to the medication cart. The administrator failed to ensure a licensed nurse or licensed pharmacist placed the full name of the resident on packages of over-the-counter medications.	S3211		