| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | N088003 | A. BUILDING: _____ B. WING _____ | 08/30/2016 |

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

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| S 000 | INITIAL COMMENTS<br><br>The following citations are the result of a Licensure Resurvey at the above named Assisted Living Facility in Liberal, Kansas on 8/23/16, 8/24/16, 8/25/16, 8/29/16, and 8/30/16. | S 000 | | |
| S3101 SS=D | 26-41-202 (h) NSA Signatures<br><br>(h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-202(h)<br><br>The census equalled 48 the sample included three Residents. Based on review of record and interview, for one of three sampled (#187), the Operator failed to ensure each individual involved in the development of the negotiated service agreement (NSA) signed the agreement.<br><br>Findings included:<br><br>- Review of record revealed #187 admitted to facility 6/09/16 with diagnoses of Dementia, Osteoporosis, Arthritis, and Hyperlipidemia.<br><br>The medical record lacked a functional capacity screen (FCS). On 8/23/16 at 3:25pm and at 3:35pm Health and Wellness Director (HWD) #F confirmed no FCS completed at time of admission or since then. | S3101 | | |

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

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| S3101 | Continued From page 1<br><br>The record contained a 6/09/16 NSA. This NSA documented spouse to administer medications to Resident; #187 independent with bathing, dressing, toileting; in need of fall management program and cognitive/psychosocial support. The NSA lacked any signatures. The NSA lacked any indications of attempts to obtain signatures.<br><br>On 8/24/16 at 11:05am, Health and Wellness Director (HWD) #F stated the NSA not signed because there are no care charges assessed... I'm told technically they don't have to sign... he/she is pleasantly confused, gets upset about nursing things...<br><br>The Operator failed to ensure each individual involved in the development of the NSA for #187 signed the agreement. | S3101 | | |
| S3105 SS=E | 26-41-202 (j) Negotiated Service Agreement Outside Resource<br><br>(j) If a resident's negotiated service agreement includes the use of outside resources, the designated facility staff shall perform the following:<br>(1) Provide the resident, 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, with a list of providers available to provide needed services;<br>(2) assist the resident, if requested, in contacting outside resources for services; and<br>(3) monitor the services provided by outside resources and act as an advocate for the resident if services do not meet professional standards of practice | S3105 | | |

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| S3105 | Continued From page 2<br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-202(j)<br><br>The census equalled 48. The sample included three Residents. Based on observations, interviews, and reviews of records, for two of three sampled (#185 and #189), the Operator failed to ensure designated facility staff monitored the services provided by outside resources and acted as an advocate for the Resident.<br><br>Findings included:<br><br>- Review of record revealed #189 admitted to facility 7/16/16 with diagnoses of Hypertension, Atrial fibrillation, Diabetes, Dyslipidemia, Chronic obstructive pulmonary disease, Benign prostratic hypertrophy, and Osteoarthritis.<br><br>The current functional capacity screen (FCS) of 7/17/16 assessed #189 in need of health care services for bathing, dressing, toileting, transfers, and mobility; unable to perform medication and treatment management; bladder incontinence, falls/unsteadiness; short term memory impairment, decision making and memory recall impairments.<br><br>The current 7/17/16 negotiated service agreement (NSA) documented #189 to receive health care services to meet these identified needs.<br><br>The medical record contained a 7/25/16 physician's order for PT (physical therapy) to evaluate and treat.<br>The medical record contained a 7/26/16 physician's order "please clarify... if has physical therapy on board...add physical therapy for | S3105 | | |

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| S3105 | Continued From page 3 | S3105 | | |

generalized weakness and left ankle pain"
The medical record contained a 7/30/16 hospital discharge preparation/Home Health face to face encounter that also directed "PT evaluation and Treat"

By interview on 8/24/16 at 1:04pm, Health and Wellness Director (HWD) #F stated outside provider on the entrance Resident Roster was an error... has not had any PT.

By review, no notes or documentation of visits, any progress or decline in record.

By interview on 8/24/16 at 2:15pm, HWD #F provided an 8/03/16 visit note for "PT doing evaluation today." HWD #F also provided a visitor sign in log that noted home health visits for #189 on 8/03/16, 8/04/16, 8/09/16, 8/11/16, 8/16/16, 8/18/16, and 8/23/16... HWD #F confirmed no monitoring of this outside provider.

The Operator failed to ensure designated facility staff monitored the services provided to #189 by an outside resource.

- Review of record revealed #185 admitted to facility 7/16/16 with diagnoses of Hypertension, Hypothyroidism, T spine compression fracture, Chronic back pain, Hyperlipidemia, Osteoporosis, and Macular degeneration.

The current functional capacity screen of 7/19/16 assessed #185 in need of physical assistance with bathing, dressing, toileting, transfers, mobility, and medication management; with bladder incontinence; with falls and impaired vision.

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| S3105 | Continued From page 4<br><br>The current negotiated service agreement (NSA) of 7/19/16 documented #185 to receive facility services to address these identified needs.<br><br>The medical record contained an 8/09/16 physician's order for PT (physical therapy) to evaluate and treat.<br>The medical record contained a PT admission date of 8/11/16.<br>The medical record lacked any other information regarding PT.<br><br>The medical record lacked documentation of Home Health services for PT from 8/11/16 to present.<br>The medical record lacked documentation of therapy completed, dates of therapy, assessments, any indication of improvement/progress or decline.<br>The medical record lacked monitoring of the outside provider.<br><br>By interview on 8/24/16 at 11:15am, Health and Wellness Director (HWD) #F confirmed no monitoring of the PT services in #185's record... stated I do not know what they have provided unless I see them... I have tried to get notes and plan of care and such... none yet...<br><br>The Operator failed to ensure designated facility staff monitored the services provided to #185 by an outside resource. | S3105 | | |
| S3165 SS=E | 26-41-204 (d) Health Care Services<br><br>(d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and | S3165 | | |

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| S3165 | Continued From page 5<br>supervision of the plan.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-204(d)<br><br>The census equalled 48 the sample included three Residents. Based on reviews of records, and interviews, for two of three sampled (#189 and #185), the Operator failed to ensure the negotiated service agreement (NSA) contained a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the health service plan (HSP).<br><br>Findings included:<br><br>- Review of record revealed #185 admitted to facility 10/13/15 with diagnoses of Atrial fibrillation, Coronary artery disease, Lumbosacral neuritis, Mild dementia, Spinal stenosis, and Renal lithiasis.<br><br>The current functional capacity screen of 10/02/15 assessed #185 in need of physical assistance with bathing, dressing, toileting, transfers; unable to perform mobility, medication and treatment management; with bladder incontinence, falls, impaired vision, hearing and cognition.<br><br>The medical record admission documents of 11/01/15 indicated Resident with Stage II sacral pressure ulcers.<br>The current physician's order page of 7/06/16 documented sacrococcygeal skin breakdown and provided directions to obtain a physical therapy consult to address these wounds and also the | S3165 | | |

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| S3165 | Continued From page 6 | S3165 | | |

need for a memory foam seat cushion for the wheelchair.

The current negotiated service agreement (NSA) of 10/13/15 documented #185 to receive services to address health care needs, but lacked any interventions or services for sacral wounds.

The NSA contained the signature and name of a nurse no longer employed by the facility as the nurse responsible for the implementation and supervision of the health service plan.

On 7/13/16 at 9:50am, Owner/Operator #C and Operator in Training/RN (registered nurse) #B confirmed Resident with open sacral wounds off and on since admission... confirmed the NSA lacked a description of services to address this health care need. #C and #B confirmed the only nurse name on this NSA, was that of an ex-employee... gone since approximately March or April of 2016.

The Operator failed to ensure the NSA contained a description of the health care services to be provided to #185, and the name of the licensed nurse responsible for the implementation and supervision of the health service plan (HSP).

- Review of record revealed #189 admitted to facility 7/16/16 with diagnoses of Hypertension, Atrial fibrillation, Diabetes, Dyslipidemia, Chronic obstructive pulmonary disease, Benign prostratic hypertrophy, and Osteoarthritis.

The current functional capacity screen (FCS) of 7/17/16 assessed #189 in need of health care services for bathing, dressing, toileting, transfers, and mobility; unable to perform medication and

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| S3165 | Continued From page 7 | S3165 | | |

treatment management; bladder incontinence, falls/unsteadiness; short term memory impairment, decision making and memory recall impairments.

The current 7/17/16 negotiated service agreement (NSA) documented #189 to receive health care services to meet these identified needs.

The medical record contained a 7/25/16 physician's order for PT (physical therapy) to evaluate and treat.
The NSA lacked the service of PT.
The NSA contained the signature of the nurse completing the NSA, but lacked a statement indicating the name of the licensed nurse responsible for the implementation and supervision of the plan.

On 8/24/16 at 1:04pm, Health and Wellness Director (HWD) #F confirmed PT not on the NSA... stated #189 never received PT... HWD later confirmed #189 did receive PT services starting on 8/03/16, but service never added to the NSA.

The Operator failed to ensure the NSA for #189 contained a description of the health care services to be provided in regard to PT, and the name of the licensed nurse responsible for the implementation and supervision of the health service plan (HSP).

- Review of record revealed #185 admitted to facility 7/16/16 with diagnoses of Hypertension, Hypothyroidism, T spine compression fracture, Chronic back pain, Hyperlipidemia, Osteoporosis, and Macular degeneration.

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| S3165 | Continued From page 8<br><br>The current functional capacity screen of 7/19/16 assessed #185 in need of physical assistance with bathing, dressing, toileting, transfers, mobility, and medication management; with bladder incontinence; with falls and impaired vision.<br><br>The current negotiated service agreement (NSA) of 7/19/16 documented #185 to receive facility services to address these identified needs.<br><br>The medical record contained an 8/09/16 physician's order for PT (physical therapy) to evaluate and treat.<br>The NSA lacked the service of PT. The NSA lacked a statement indicating the name of the licensed nurse responsible for the implementation and supervision of the plan.<br><br>By interview on 8/24/16 at 11:15am, Health and Wellness Director (HWD) #F confirmed PT not on the NSA...<br><br>The Operator failed to ensure the NSA for #185 contained a description of the health care services to be provided in regard to PT, and the name of the licensed nurse responsible for the implementation and supervision of the health service plan (HSP). | S3165 | | |
| S3166 SS=E | 26-41-204 (e) Delegation of Duties<br><br>(e) A licensed nurse may delegate nursing procedures not included in the nurse aide or medication aide curriculums to nurse aides or medication aides, respectively, under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. | S3166 | | |

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| S3166 | Continued From page 9<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-204(e)<br><br>The census equalled 48 the sample included three Residents. The facility identified three Residents who used insulin and one included in the sample. Based on review of record and interviews, for one of one sampled (#189) and two non sampled who used insulin, the Operator failed to ensure procedures not included in the nurse aide or medication aide curriculums appropriately delegated to CMA's by a licensed nurse.<br><br>Findings included:<br><br>- Review of record revealed #189 admitted to facility 7/16/16 with diagnoses of Hypertension, Atrial fibrillation, Diabetes, Dyslipidemia, Chronic obstructive pulmonary disease, Benign prostratic hypertrophy, and Osteoarthritis.<br><br>The current functional capacity screen (FCS) of 7/17/16 assessed #189 in need of health care services for bathing, dressing, toileting, transfers, and mobility; unable to perform medication and treatment management; bladder incontinence, falls/unsteadiness; short term memory impairment, decision making and memory recall impairments.<br><br>The current 7/17/16 negotiated service agreement (NSA) documented facility staff to manage #189's medications. | S3166 | | |

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| S3166 | Continued From page 10<br><br>The current MAR (medication administration record) documented Resident to receive Levemir insulin 18 units daily in the morning and Novolog insulin six units daily at lunch.<br><br>The current 7/17/16 NSA failed to include a description of the services of staff preparation of the insulin pen... stated provide staff attention while Resident performs insulin injection and encourage to rotate injection sites.<br><br>By interview on 8/24/16 at 11:37am, Health and Wellness Director (HWD) #F stated certified medication aides prepare the pen, primes the pen, attaches the needle, verifies the dosage, assists them to clean site... HWD #F confirmed the insulin pen preparation and assistance not on the NSA... stated I have delegation process for glucometer testing but not for insulin pens... that is covered by company policy... done at orientation...<br>At 1:04pm, HWD #F provided two policies on insulin... confirmed he/she had not documented any delegation of this process to Certified Medication Aides. In review, the policies included:<br><br>1. A licensed nurse will provide training and oversight to the medication aide on the use of an insulin pen. An observation will be completed for each medication aide on the use of a particular insulin pen.<br><br>2. The licensed nurse shall review with the medication aide the following cautionary items: (a through f included various reminders for correct administration practices)<br><br>This policy continued with reminders to heed specific directions for different brands and general instructions for use of all pens. | S3166 | | |

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| S3166 | Continued From page 11<br><br>The Operator failed to ensure procedures not included in the nurse aide or medication aide curriculums appropriately delegated to CMA's by a licensed nurse. | S3166 | | |
| S3175 SS=D | 26-41-205 (a) (1) Self Administration of Medication<br><br>(a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family member or friend providing this service gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance.<br>(1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-205(a)(1)<br><br>The facility census equalled 48. The sample included three Residents. The facility identified 10 Residents who self administered medications. Based on interview and review of record, for one of one sampled who self administered medications (#189), the Operator failed to ensure | S3175 | | |

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| S3175 | Continued From page 12<br>a licensed nurse performed an assessment of the Resident's ability to safely and accurately self administer medications.<br><br>Findings included:<br><br>- Review of record revealed #189 admitted to facility 7/16/16 with diagnoses of Hypertension, Atrial fibrillation, Diabetes, Dyslipidemia, Chronic obstructive pulmonary disease, Benign prostratic hypertrophy, and Osteoarthritis.<br><br>The current functional capacity screen (FCS) of 7/17/16 assessed #189 in need of health care services for bathing, dressing, toileting, transfers, and mobility; unable to perform medication and treatment management; bladder incontinence, falls/unsteadiness; short term memory impairment, decision making and memory recall impairments.<br><br>The current 7/17/16 negotiated service agreement (NSA) documented facility staff to manage #189's medications.<br><br>The current MAR (medication administration record) documented Resident to keep Proair HFA inhaler at bedside, and to self administer medication.<br>The medical record lacked a self admininstration assessment.<br><br>By interview on 8/24/16 at 1:10pm, Health and Wellness Director (HWD) #F confirmed #189 had inhaler in room to self administer... no self admininstration assessment completed...<br><br>The Operator failed to ensure a licensed nurse conducted a self administration assessment of #189 prior to #189 self administering | S3175 | | |

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| S3175 | Continued From page 13<br>medications. | S3175 | | |
| S3215 SS=E | 26-41-205 (h) Medication Storage<br><br>(h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations.<br>(1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the facility in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the facility in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals.<br>(2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides.<br>(3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the facility.<br>(4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. | S3215 | | |

| 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 _____ | 08/30/2016 |

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

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| S3215 | Continued From page 14<br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-205(h)<br><br>The census equalled 48 the sample included three Residents. The roster identified three Residents who used insulin and one included in the sample. Based on observation, interview, and review of record, for one of one sampled (#189) and for all non-sampled who used insulin, the licensed nurses and medication aides failed to ensure insulin pens stored in accordance with manufacturer's recommendations.<br><br>Findings included:<br><br>- By observation on 8/23/16 at 12:10pm in the medication storage room of facility, licensed nurses and medication aides stored in use insulin pens in the refrigerator of the medication room. The refrigerator contained multiple prescription boxes with unopened insulin pens inside. The refrigerator also contained individual insulin pens, stored outside the boxes, already in use. All five pens outside the boxes contained a Resident name. Observations revealed these in use pens included four Humalog pens (#170 and #189) and one Levemir pen (#189). Four of the open insulin pens lacked a date opened.<br><br>On 8/23/16 at 12:10am, Health and Wellness Director #F confirmed all pens as being in use... stated I have never heard of the need to keep in use pens at room temperature... confirmed we have always stored all insulin pens in refrigerator whether new or in use.<br><br>Review of package inserts revealed in each case the manufacturer recommended refrigeration of pens until open, and then storage of pens at room | S3215 | | |

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| BROOKDALE LIBERAL SPRINGS | 1500 N TERRACE LIBERAL, KS 67901 |

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| S3215 | Continued From page 15<br>temperature until discard date.<br><br>Review of facility policy and procedure "Use an Insulin Pen - 36" revealed:<br><br>1. Pens must be stored and refrigerated in their original box until time of use...<br><br>2. Pens in use will be dated upon opening and stored at room temperature (59F to 86F) in the medication cart until the time specified by the manufacturer.<br><br>The licensed nurses and medication aides failed to ensure for #189, #170, and any Resident with insulin pens, the pens stored in accordance with manufacturer's recommendations. | S3215 | | |
| S3280 SS=E | 26-41-104 (d) Disaster and Emergency Preparedness<br><br>(d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following:<br>(1) Orientation of new employees at the time of employment to the facility ' s emergency management plan;<br>(2) education of each resident upon admission to the facility regarding emergency procedures;<br>(3) quarterly review of the facility ' s emergency management plan with employees and residents; and<br>(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. | S3280 | | |

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|---|---|---|---|
| | N088003 | A. BUILDING: _____ B. WING _____ | 08/30/2016 |

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

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|---|---|---|---|---|
| S3280 | Continued From page 16<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-104(d)<br><br>The facility census equalled 48. The sample included three Residents. The facility identified 59 employees hired since the last Resurvey. Based on interviews and reviews of records, the Operator failed to ensure disaster and emergency preparedness by conducting quarterly reviews of the facility's emergency management plan with employees and Residents.<br><br>Findings included:<br><br>- On 8/23/16 at 4:15pm, Operator #J stated we have not completed them quarterly... I came in January... previous maintenance left in February... a lot of stuff went with him/her... we didn't have anyone in maintenance until April... new maintenance is getting up to speed... but we have only had two that I can find since the last visit in March 2015... one 8/04/15 and one 02/09/16... For Residents, the only one I can find is 02/09/16... we have one scheduled in September...<br><br>The Operator failed to ensure reviews of the facility's emergency management plan completed quarterly with both employees and Residents. | S3280 | | |