STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N029007	A. BUILDING: _____ B. WING _____	07/20/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE DODGE CITY	2400 N 14TH AVENUE DODGE CITY, KS 67801

(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 are the result of a Licensure Resurvey at the above named Assisted Living Facility in Dodge City, Kansas on 7/18/16, 7/19/16, and 7/20/16.	S 000		
S3215 SS=F	26-41-205 (h) Medication Storage (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. (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. (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. (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. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration.	S3215		

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

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S3215	Continued From page 1 This REQUIREMENT is not met as evidenced by: KAR 26-41-205(h) The facility census equalled 24 the sample included three Residents. Based on observations and interviews, for three of three sampled (#189, #187, and#185), and for all Residents with medications managed by facility, the Licensed Nurses and Certified Medication Aides (CMA) failed to ensure that all medications and biologicals were stored in a locked medication room, cabinet, or cart, not accessible to anyone not authorized to administer medications. Findings included: - By observation on 7/19/16 at 9:50am, at locked medication room door, Executive Director (ED) #F entered a digital door knob pass code to open the medication room door and access the room for tour. Multiple stacks of unit dose prescription medications observed on counter in medication room. By interview on 7/19/16 at 9:50am, ED #F stated when asked, "I am not anything... not a licensed nurse, not a CMA (certified medication aide)..." When questioned further, ED #F confirmed I have always accessed the medication room... in all these years no one has ever told me I am not supposed to do that... By observation on 7/19/16 at 2:56pm, Business Office Manager #G accessed medication room to obtain a medication reference book by entering digital door knob pass code. By interview on	S3215		

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S3215	Continued From page 2 7/19/16 at 2:56pm #G confirmed "I am a CNA (certified nurse aide)... I am not able to administer medications. By interview on 7/19/16 at 2:58pm, Health and Wellness Director/Licensed Nurse #H stated ED #F and Business Office Manager #G go in there all the time because the facility fax machine is in the medication room... they have always had access to room as long as I have been here (approximately two years)... The Licensed Nurses and CMA's failed to ensure that all medications and biologicals managed for Residents by facility were stored in a locked medication room, cabinet, or cart, not accessible to anyone not authorized to administer medications.	S3215		
S3261 SS=E	26-41-105 (f) (11) Resident Record Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action This REQUIREMENT is not met as evidenced by: KAR 26-41-105(f) The census equalled 24 the sample included three Residents. Based on interview and record review for two of three sampled (#189 and #187), the Operator failed to ensure each Resident record contained documentation of all incidents,	S3261		

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S3261	Continued From page 3	S3261		

symptoms and other indications of illness or injury, including the date, time of occurrence, action taken, and results of the action.

Findings included:

- Review of record revealed #189 admitted to facility 4/28/16 with diagnoses of Metastatic renal and pancreatic cancer, Diabetes, Hypertension, and Compression fracture of lumbar spine.

The current functional capacity screen (FCS) of 7/01/16 assessed #189 in need of health care services: physical assistance (2) with bathing, dressing, toileting, transfers, mobility, medication and treatment management; with bladder incontinence; used wheelchair for mobility.

The current negotiated service agreement (NSA) of 7/01/16 documented #189 to receive services to address these health care needs.

Medical record contained a fax to physician:
7/11/16 - "Fell at 5:15am getting out of bed family present at time of fall."
Medical record contained a Resident Log note with the same information:
7/11/16 - 11:00am - "Fax to physician on fall at 5:15am family present at time of fall."

The medical record documentation lacked assessment information (to include presence or absence of injuries) regarding #189, lacked documentation of the actions taken by staff, and the results of the actions.

- Review of record revealed #187 admitted to facility 5/27/15 with diagnosis of Lewy body dementia.

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S3261	Continued From page 4 The current functional capacity screen (FCS) of 3/21/16 assessed #187 in need of health care services: physical assistance (2) with bathing, dressing, toileting, transfers, mobility, medication and treatment management; with bladder incontinence; used wheelchair for mobility. The current negotiated service agreement (NSA) of 7/01/16 documented #187 to receive services to address these health care needs. Medical record contained faxes to physician of fall notifications on 6/04/16 and 6/25/16. Medical record contained Resident Log notes of: 6/06/16 - 12:00pm - "Fax to physician Resident fell out of wheelchair 6/04/16 at 8:20pm." 6/27/16 - 9:30am - "Fax to physician on fall from wheelchair 6/25/16 at 8:15pm." The medical record "Resident Log notes" lacked assessment information (to include presence or absence of injuries) regarding #187, lacked documentation of the actions taken by staff, and the results of the actions. On 7/19/16 at 3:40pm Health and Wellness Director #H confirmed the Resident Log documentation lacked details of the above incidents... lacked assessment information, symptoms, actions... details of the incidents as required... #H confirmed this information documented in a computer risk management program but not in the Residents' legal medical records. The Operator failed to ensure #187's and #189's records contained documentation of all incidents, symptoms and other indications of illness or injury, including the date, time of occurrence, action taken, and results of the action.	S3261		

Kansas Department on Aging

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