STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N056012	A. BUILDING: _____ B. WING _____	05/16/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE EMPORIA	1200 W 12TH AVENUE EMPORIA, KS 66801

(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 re-survey with complaint at the above named assisted living facility on 5/11/16, 5/12/16 and 5/16/16	S 000		
S3175 SS=D	26-41-205 (a) (1) Self Administration of Medication (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. (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. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 The facility reported a census of 21 residents. The sample included 3 residents. Based on record review, observation and interview for 1 (#511) sampled resident, the operator failed to ensure that the resident could perform medication self-administration safely and accurately without staff assistance.	S3175		

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

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S3175	Continued From page 1 Findings included: - Record review for resident # 511 recorded admission date of 2/26/16 with diagnoses of: aortic stenosis, Coronary artery disease, hypertension, hyperlipidemia, degenerative joint disease, diabetes mellitus, and arteriosclerotic cardiovascular disease. Functional Capacity Screen dated 5/5/16 recorded resident required supervision with management of medications and physical assistance with management of treatments. Resident is recorded as having no cognitive or communication problems. Negotiated Service Agreement/Health Care Service Plan dated 5/1/16 recorded resident self-manages own medications. Review of resident medication sheet for 4/15/16 through 5/14/16 recorded resident is to take 11 different medications every morning, including two medications for treatment of Hypertension (high blood pressure): Lisinopril 5mg 1 tablet daily and Lopressor 100mg 1 tablet twice daily; and two medications for atrial fibrillation (an irregular, often rapid heart rate that commonly causes poor blood flow): Amiodarone 100mg by mouth daily and Eliquis 2.5mg by mouth twice daily. Review of resident record titled self-administration of medications review dated 3/28/16 recorded resident is fully capable of self-administration of medications. Observation on 5/12/16 at 2:07pm in resident ' s room noted small clear plastic cups on top of resident refrigerator, a pill minder box (a plastic	S3175		

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S3175	Continued From page 2	S3175		

box with a compartment for each day ' s pills) on top of the refrigerator and another by the kitchen sink. Observed certified staff #U with resident holding a small clear plastic cup with medications in it. Resident stated " I need to take my morning pills. " When resident was asked why he/she did not take them in the morning resident stated, " I ' ve just been gone too much. " Observed resident drop two pills into the chair and certified staff #U advised resident to find them and take them. Interview on 5/12/16 at 2:07pm with certified staff #U stated, " I came in to see if he/she (resident) had taken them, he/she hadn ' t. "

Interview on 5/12/16 at 2:10pm with resident #511 stated " My daughter fixes them (the pill minder boxes), the morning medications are on the sink, my night medications are on the refrigerator. " When resident was asked if he/she calls staff to help him/her with the medications resident stated " No, they just come in, they are real good about that. Someone comes in at 8 and they keep a plastic cup and they will put the pills in, today is Thursday ' s, they put them in that plastic cup and I take t hem. "

Interview on 5/12/16 at 2:00pm with certified staff # V confirmed certified staff go in to resident #511 ' s room to remind him/her to take scheduled medications, that resident does not take them by his/herself since returning from the hospital. He/she stated, " Medications are in resident ' s planner (pill minder boxes), we put them in the little cups that are in there and he/she takes them. " He/she also confirmed resident does not call staff to request assistance with the medications.

Interview on 5/12/16 at 2:35pm with licensed staff

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S3175	Continued From page 3 # T confirms resident returned from a hospital stay on 3/28/16 the date of the most current self-administration assessment. Licensed staff #T stated " If staff is going in and handing resident the medications then he/she is not self-administering own medications. " Review of facility policy titled Medications and treatment- self-administration of medication policy recorded: " Residents who desire to self-administer medication should be permitted to do so if the admitting physician verifies it is appropriate, the nurse has confirmed the resident ' s abilities in this regard, and any applicable state requirements are met. " For resident #511 the operator failed to ensure that the resident could perform medication self-administration safely and accurately without staff assistance.	S3175		