STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N085009	A. BUILDING: _____ B. WING _____	03/29/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE SALINA KIRWIN	1200 E KIRWIN AVE SALINA, KS 67401

(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 Salina, Kansas on 3/17/16, 3/21/16, 3/28/16, and 3/29/16.	S 000		
S 225 SS=D	26-39-102 (a) Admission Policy (a) Each licensee, administrator, or operator shall develop written admission policies regarding the admission of residents. The admission policy shall meet the following requirements: (1) The administrator or operator shall ensure the admission of only those individuals whose physical, mental, and psychosocial needs can be met within the accommodations and services available in the adult care home. (A) Each resident in a nursing facility or nursing facility for mental health shall be admitted under the care of a physician licensed to practice in Kansas. (B) The administrator or operator shall ensure that no children under the age of 16 are admitted to the adult care home. (C) The administrator or operator shall allow the admission of an individual in need of specialized services for mental illness to the adult care home only if accommodations and treatment that will assist that individual to achieve and maintain the highest practicable level of physical, mental, and psychosocial functioning are available. (2) Before admission, the administrator or operator, or the designee, shall inform the prospective resident or the resident ' s legal representative in writing of the rates and charges for the adult care home's services and of the resident's obligations regarding payment. This information shall include the refund policy of the adult care home.(3) At the time of admission, the administrator or operator, or the designee, shall	S 225		

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

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S 225	Continued From page 1 execute with the resident or the resident ' s legal representative a written agreement that describes in detail the services and goods the resident will receive and specifies the obligations that the resident has toward the adult care home. (4) An admission agreement shall not include a general waiver of liability for the health and safety of residents. (5) Each admission agreement shall be written in clear and unambiguous language and printed clearly in black type that is 12-point type or larger. This REQUIREMENT is not met as evidenced by: KAR 26-39-102(a)(1)(C)(2)(3) The census equalled 30 the sample included three Residents. Based on interview and record review, for one of three sampled, (#187), the Operator failed to execute a written agreement at the time of admission that described in detail the services and goods the Resident to receive and specified obligations of the Resident to the facility. Findings included: - Review of record revealed #187 admitted to facility 12/25/15 with diagnoses of Dementia, Gastroesophageal reflux disease, Glaucoma, Atrial fibrillation, Hyperlipidemia, Hypertension, Coronary artery disease, Sepsis, Bronchitis, Pleural effusion, Acute respiratory distress, Parkinson's, and Thrombocytopenia. The current 12/31/15 functional capacity screen (FCS) assessed #187: in need of physical assistance for Bathing, Dressing, Toileting, and	S 225		

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S 225	Continued From page 2 Mobility; unable to perform medication and treatment management; with bladder incontinence, cognitive impairment, visual impairment, impaired hearing, and Impaired decision making. The 12/31/15 negotiated service agreement (NSA) documented facility staff to provide assistance with these identified needs. The medical record included an admission agreement completed 01/08/16. The medical records lacked evidence any written information given to Resident prior to admission or at time of admission, to inform of rates, charges, services offered, and Resident payment obligations. On 3/21/16 at 5:35pm, Operator stated I did not do and agreement at time of admission because it was an emergency basis on Christmas Day... did not think I had to have at that time... we got the full chart from other building and got full verbal report on him/her... did not do the functional capacity screen and the negotiated service agreement for a few days for the same reasons... basically knew the cares needed by Resident and provided at the other building... The Operator failed to notify Resident or Resident representative in writing or obtain a written agreement detailing rates and charges and payment obligations of #187 on or before their admission to the facility.	S 225		
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	S3200		

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S3200	Continued From page 3 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: KAR 26-41-205(d) The facility census equalled 30 the sample included three Residents. The facility identified 24 Residents as receiving medication management. Based on review of records and interviews, for two of three sampled (#185 and #187), the Operator failed to ensure all medications and biologicals administered to Residents in accordance with a medical care provider's written orders and in accordance with professional standards of practice. Findings included: - Review of record revealed #185 admitted to facility 12/12/14 with diagnoses of Alzheimer's, Hyperlipidemia, Hypertension, Reflux,Neuralgia, Coronary atherosclerosis, and Back pain.	S3200		

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S3200	Continued From page 4 The 01/18/16 FCS assessed #185 in need of medication and treatment management. The 01/18/16 NSA/HSP documented #185 to receive medication and treatment management. Comparison of most recent signed physician orders with current March MAR (medication administration record) revealed discrepancies: The March 2016 MAR contained an order for Hydrocodone/acetaminophen 5/325 by mouth four times daily as needed for pain. The most recent list of signed physician orders dated 01/11/16 lacked this order for Hydrocodone/acetaminophen. By review, previous MAR's documented #185 received this medication on 02/29/16 in the absence of a current signed medical care provider's order. On 3/21/16 at 5:29pm, Facility Licensed nurse and Operator confirmed the most recent list of signed medication orders lacked the Hydrocodone/acetaminophen order... confirmed the need for clarification of medication orders... The Operator failed to ensure all medications administered to #185 in accordance with written medical care provider orders, and in accordance with professional standards of practice. - Review of record revealed #187 admitted to facility 12/25/15 with diagnoses of Dementia, Gastroesophageal reflux disease, Glaucoma, Atrial fibrillation, Hyperlipidemia, Hypertension, Coronary artery disease, Sepsis, Bronchitis, Pleural effusion, Acute respiratory distress, Parkinson's, and Thrombocytopenia. The current 12/31/15 functional capacity screen	S3200		

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S3200	Continued From page 5 (FCS) assessed #187 unable to perform medication and treatment management. The 12/31/15 negotiated service agreement (NSA) documented facility staff to provide medication and treatment management. Comparison of most recent signed physician orders with current March 2016 MAR (medication administration record) revealed discrepancies: The most recent list of signed physician orders from a hospital discharge on 3/07/16 included an order for: Prednisone 20mg (milligrams) give two tablets (40mg) daily The current March 2016 MAR contained this order, documented as "Discontinued" and not given The medical record lacked an order to discontinue this medication. On 3/21/16 at 5:35pm, Facility Licensed Nurse and Operator confirmed the Prednisone not administered, and was discontinued, although medical record lacked an order to discontinue On 3/25/16 Facility Licensed Nurse sent fax to Department which included an order dated 3/22/16 to "discontinue previous order for Prednisone." This order clarified the medication from 3/22/16 forward, but failed to demonstrate an order received on or after 3/07/16 to discontinue a medication included on the discharge list of medications signed by physician. The Operator failed to ensure all medications administered to #187 in accordance with written	S3200		

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S3200	Continued From page 6 medical care provider orders, and in accordance with professional standards of practice.	S3200		