

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046047	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/30/2022
NAME OF PROVIDER OR SUPPLIER BROOKDALE COLLEGE SQUARE		STREET ADDRESS, CITY, STATE, ZIP CODE 11000 OAKMONT AVENUE OVERLAND PARK, KS 66210		
(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 the licensure resurvey with attached complaint numbers 174332, 173949, and 173563 for the above named facility conducted on 08/29/22 and 08/30/22.	S 000		
S3028 SS=D	26-41-101 (f) (3) Staff Treatment of Residents Reporting (f) (3) Each allegation of abuse, neglect, or exploitation shall be reported to the administrator or operator of the facility as soon as staff is aware of the allegation and to the department within 24 hours. The administrator or operator shall ensure that all of the following requirements are met: (A) An investigation shall be started when the administrator or operator, or the designee, receives notification of an alleged violation. (B) Immediate measures shall be taken to prevent further potential abuse, neglect, or exploitation while the investigation is in progress. (C) Each alleged violation shall be thoroughly investigated within five working days of the initial report. Results of the investigation shall be reported to the administrator or operator. (D) Appropriate corrective action shall be taken if the alleged violation is verified. (E) The department ' s complaint investigation report shall be completed and submitted to the department within five working days of the initial report. (F) A written record shall be maintained of each investigation of reported abuse, neglect, or exploitation.	S3028		

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

TITLE

(X6) DATE

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S3028	Continued From page 1 This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-101 (f)(3)(E) The facility reported a census of 64 residents. The sample included six residents (R). Based on record review and interview the operator failed to report to the department within twenty-four hours an allegation of sexual abuse made on R 112, and further failed to submit the full investigation to the department within five working days after the investigation was complete. Findings included: - Record review for R 112 revealed an admission date of 01/31/22 with diagnoses of physiological condition, unspecified dementia without behavioral disturbance and anxiety disorder. Record review of R 112 "Functional Capacity Screen" (FCS) dated 03/02/22 revealed the resident required physical assistance with dressing, bathing, and toileting. She was frequently incontinent of bladder, she had impaired short-term memory, long term memory, memory recall and decision making. She was independent with transferring and walking/mobility, she was usually understandable, and she usually understood others. Record review of R112 combined "Negotiated Service Agreement/Healthcare Service Plan" (NSP/HSP) identified /instructed staff to provide assistance with one staff member for task. Staff was instructed to provide simple directions to resident. Record review of R112 "Progress Notes" revealed the following entry:	S3028		

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S3028	Continued From page 2 07/24/22 at 06:31 PM emergency medical services called, and resident transported to hospital for evaluation and treatment. Durable power of attorney notified, and emergency report given. Review of complaint sent to the department on 07/28/22 revealed during the emergency room assessment it was discovered R 112 had having pain and blood in the vaginal area. Local police department was called at that time to report possible sexual assault to R 112. Record review on 08/29/22 of the facility document titled "Incident Investigation" dated 07/25/22 revealed police officers arrived at 12:35AM at facility asking questions about R112 "hanging out with men", her incontinence supplies and "what she does". The Progress Notes lacked the documentation of the interaction with the local police department. Interview on 08/28/22 with "Licensed Nurse" (LN) G, revealed she did not submit the allegation of sexual assault to the department within 24 hours of being notified of the incident. She further confirmed she did not submit the full investigation to the department within five working days. The operator failed to ensure the LN reported to the department within twenty-four hours an allegation of sexual abuse made on R 112, and further failed to submit the full investigation to the department within five working days after the investigation was complete.	S3028		

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S3310	Continued From page 3	S3310		
S3310 SS=F	26-41-207 (b) (5-6) (c) Infection Control Policies (b) (5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; and (c) Each administrator or operator shall ensure the facility ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-207 (c) The facility reported a census of sixty-four residents. The sample included six residents and five newly hired/current employees. Based on interview and record review for five out of five newly hired/current employees the operator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings included: - Review of newly hired employee Certified Medication Aide (CMA) A revealed she began employment on 05/06/22. The employee record included a document for the first step of a two	S3310		

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S3310	Continued From page 4 step TB skin test was completed on 05/12/22. The facility failed to conduct the second step of the required two step TB skin test within one to three weeks after the completed first step. Review of newly hired employee Certified Nurse Aide (CNA) B revealed she began employment on 06/21/22. The employee record included a document for the first step of a two step TB skin test was completed on 06/25/22. The facility failed to conduct the second step of the required two step TB skin test within one to three weeks after the completed first step. Review of newly hired employee temporary CNA C revealed she began employment on 03/01/22. The employee record included a document for the first step of a two step TB skin test was completed on 05/04/22. The facility failed to perform the first step of the two step TB skin test within seven days of employment and further failed to conduct the second step of the required two step TB skin test within one to three weeks after the completed first step. Review of newly hired employee Licensed Nurse (LN) D revealed she began employment on 03/02/22. The employee record included a document for the first step of a two step TB skin test was completed on 05/07/22. The facility failed to perform the first step of the two step TB skin test within seven days of employment and further failed to conduct the second step of the required two step TB skin test within one to three weeks after the completed first step. Review of newly hired employee temporary CNA E revealed she began employment on 03/25/22. The employee record included a document for the first step of a two step TB skin test was	S3310			

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S3310	Continued From page 5 completed on 05/05/22. The facility failed to perform the first step of the two step TB skin test within seven days of employment and further failed to conduct the second step of the required two step TB skin test within one to three weeks after the completed first step. Interview on 08/30/22 with Operator F confirmed for newly hired employee's C, D, and E the first step of the two step TB test was not performed within the first seven days of employment. She further confirmed for newly hired employee's A, B, C, D and E the records lacked documentation of the required second step of the required two step TB test. The operator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S3310		