

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046063	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/21/2023
NAME OF PROVIDER OR SUPPLIER BROOKDALE ROSEHILL		STREET ADDRESS, CITY, STATE, ZIP CODE 12802 JOHNSON DRIVE SHAWNEE, KS 66216		
(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 178183, 178157, 174714, 163581, and 163499 for the above named facility conducted on 2/20/23, 2/21/23, and 2/22/23.	S 000		
S3082 SS=E	26-41-201 (d) Functional Capacity Screen Accurate d) Designated facility staff shall ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-201 (d) The facility reported a census of 42 residents. The sample included 3 "Residents" (R's) (R1, R2, and R3), and 3 focused reviews (R4, R5, and R6). Based on interview and record review the administrator failed to ensure that the resident's "Functional Capacity Screen at the time of the screening is accurately reflected on that resident's screening form for R2 and R3. Findings included: - Record review on 2/21/23 for R2 revealed an admission date of 05/20/21 with diagnoses of anxiety, ventricular tachycardia, presence of a cardiac pacemaker, acute on chronic diastolic congestive heart failure, pericardial effusion, dependence on supplemental oxygen, shortness of breath, chronic kidney disease stage 3, and	S3082		

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

TITLE

(X6) DATE

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S3082	Continued From page 1 type 2 diabetes mellitus. Record review of R2 "Functional Capacity Screen" (FCS) dated 10/14/22 identified R2 as independent with bathing, dressing, transferring, mobility, and eating. He required physical assistance with toileting and managing his medications. He had impaired long term memory, impaired short-term memory, impaired memory recall, and impaired decision making. He was marked with falls, and impaired hearing, and used a wheelchair mobility device. He was able to make himself understood and he understood others. Record review of R2 "Negotiated Service Agreement" (NSA) / "Health Service Plan" (HSP) dated 01/10/23 instructed staff to provide the following health care services: under the section titled "Medications" in the comments it stated the following "May self-administer medications; resident to administer certain medications and community medical staff to administer some medications." Under the section titled "Cognitive/Psychosocial" it stated "R2 is alert and oriented he is able to communicate his needs effectively. Short term memory, long term memory, memory recall and decision making are intact". - Record review for R3 revealed an admission date of 03/08/2018 with diagnoses of acute kidney failure, hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, atherosclerotic heart disease of coronary artery, chronic systolic heart failure, ischemic cardiomyopathy, hypertension, difficulty	S3082		

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S3082	Continued From page 2 in walking, anemia, muscle spasm, retention of urine, personal history of transient ischemic attack and cerebral infarction without residual deficits, and history of falling. Record review of R3 "Functional Capacity Screen" (FCS) dated 07/14/22 identified R3 required physical assistance with bathing, and dressing. She was independent with toileting, transferring, walking, eating, and managing her own medications. She was marked with impaired short-term memory, impaired long-term memory, impaired memory recall and impaired decision making. She was able to make herself understood and she understood others. Record review of R3 "Negotiated Service Agreement" (NSA) / "Health Service Plan" (HSP) dated 01/18/23 identified the following health care services and instructed staff to provide assist with oversight with bathing for safety and staff to assist R3 with putting on her shoes, socks, and leg brace. Under the section titled "Medications" it stated "Resident self-manages their medications including self-administering, ordering, coordinating and safe storage. Conduct assessment of resident's ability to self-manage medications." In the comment section it stated, "May self-administer medications". Under the section titled "Cognitive/Psychosocial" it stated "R3 is alert and oriented times four". "She is able to communicate her needs effectively, her short-term memory, long term memory, memory recall and decision making are intact". Interview on 2/22/23 at 03:35 PM with LN B, she confirmed the NSA/HSP for R2 and R3 did not	S3082		

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S3082	Continued From page 3 reflect that both residents are cognitively intact and the FCS's did not accurately reflect R2 and R3. The administrator failed to ensure that the resident's "Functional Capacity Screen at the time of the screening is accurately reflected on that resident's screening form for R2 and R3.	S3082		
S3085 SS=E	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or 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. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-202 (a) The facility reported a census of 42 residents. The sample included 3 "Residents" (R's) (R1,	S3085		

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S3085	Continued From page 4 R2, and R3), and 3 focused reviews (R4, R5, and R6). Based on interview and record review the administrator failed to ensure that the resident's "Negotiated Service Agreement" (NSA) was based on the resident's "Functional Capacity Screen" (FCS) for R2 and R3. Findings included: - Record review on 2/21/23 for R2 revealed an admission date of 05/20/21 with diagnoses of anxiety, ventricular tachycardia, presence of a cardiac pacemaker, acute on chronic diastolic congestive heart failure, pericardial effusion, dependence on supplemental oxygen, shortness of breath, chronic kidney disease stage 3, and type 2 diabetes mellitus. Record review of R2 "Functional Capacity Screen" (FCS) dated 10/14/22 identified R2 as independent with bathing, dressing, transferring, mobility, and eating. He required physical assistance with toileting and managing his medications. He had impaired long term memory, impaired short-term memory, impaired memory recall, and impaired decision making. He was marked with falls, and impaired hearing, and used a wheelchair mobility device. He was able to make himself understood and he understood others. Record review of R2 "Negotiated Service Agreement" (NSA) / "Health Service Plan" (HSP) dated 01/10/23 instructed staff to provide the following health care services: under the section titled "Medications" in the comments it stated the following "May self-administer medications; resident to administer certain medications and	S3085		

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S3085	Continued From page 5 community medical staff to administer some medications." Under the section titled "Cognitive/Psychosocial" it stated "R2 is alert and oriented he is able to communicate his needs effectively. Short term memory, long term memory, memory recall and decision making are intact". Interview on 02/22/23 at 03:25 PM with "Licensed Nurse B", she confirmed the date of the FCS was 10/14/22 and the date of the NSA/HSP was 01/10/23, and she further confirmed she did not do a FCS at the time she developed the NSA/HSP dated 01/10/23. - Record review for R3 revealed an admission date of 03/08/2018 with diagnoses of acute kidney failure, hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, atherosclerotic heart disease of coronary artery, chronic systolic heart failure, ischemic cardiomyopathy, hypertension, difficulty in walking, anemia, muscle spasm, retention of urine, personal history of transient ischemic attack and cerebral infarction without residual deficits, and history of falling. Record review of R3 "Functional Capacity Screen" (FCS) dated 07/14/22 identified R3 required physical assistance with bathing, and dressing. She was independent with toileting, transferring, walking, eating, and managing her own medications. She was marked with impaired short-term memory, impaired long-term memory, impaired memory recall and impaired decision making. She was able to make herself understood and she understood others.	S3085		

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S3085	Continued From page 6 Record review of R3 "Negotiated Service Agreement" (NSA) / "Health Service Plan" (HSP) dated 01/18/23 identified the following health care services and instructed staff to provide assist with oversight with bathing for safety and staff to assist R3 with putting on her shoes, socks, and leg brace. Under the section titled "Medications" it stated "Resident self-manages their medications including self-administering, ordering, coordinating and safe storage. Conduct assessment of resident's ability to self-manage medications." In the comment section it stated, "May self-administer medications". Under the section titled "Cognitive/Psychosocial" it stated "R3 is alert and oriented times four". "She is able to communicate her needs effectively, her short-term memory, long term memory, memory recall and decision making are intact". Interview on 02/22/23 at 03:25 PM with "Licensed Nurse B", she confirmed the date of the FCS was 07/14/22 and the date of the NSA/HSP was 01/18/23, and she further confirmed she did not do an FCS at the time she developed the NSA/HSP dated 01/18/23. The administrator failed to ensure that the resident's "Negotiated Service Agreement" (NSA) was based on the resident's "Functional Capacity Screen" (FCS) for R2 and R3.	S3085		
S3105 SS=D	26-41-202 (j) Negotiated Service Agreement Outside Resource (j) If a resident's negotiated service agreement includes the use of outside resources, the designated facility staff shall perform the	S3105		

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S3105	Continued From page 7 following: (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; (2) assist the resident, if requested, in contacting outside resources for services; and (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 This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-202 (j) (3) The facility reported a census of 42 residents. The sample included 3 "Residents" (R's) (R1, R2, and R3), and 3 focused reviews (R4, R5, and R6). Based on interview and record review the administrator failed to ensure that the licensed nurse monitored and coordinated services with the outside provider for R1, which resulted in a lack of coordination of services for the preservation of R1 skin. Findings included: - Record review on 02/21/23 at 8:12 AM for R1 revealed an admission date of 10/08/20, with diagnoses of acute respiratory failure with hypoxial encounter for surgical aftercare following surgery on the skin and subcutaneous tissue, encounter for surgical after care following surgery on the circulatory system, difficulty in	S3105		

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S3105	Continued From page 8 walking, muscle weakness, hypertension, nonrheumatic aortic valve stenosis, chronic atrial fibrillation, benign prostatic hyperplasia with lower urinary tract symptoms, retention of urine, long term use of anticoagulants, heart failure, cutaneous abscess chronic kidney disease stage 3, cellulitis, and localized edema. Record review of R1 "Functional Capacity Screen" (FCS) dated 09/01/22 identified R1 required physical assistance with bathing, dressing, toileting, transferring, and walking/mobility. He was frequently incontinent, had impaired short- and long-term memory, and lacked the ability to manage his own medications. He was able to make himself understood and he understood others, he was marked at risk for falls and had impaired vision and impaired decision making. He used a walker and wheelchair mobility devices. Record review of R1 "Negotiated Service Agreement (NSA)/ Health Service Plan (HSP)" instructed staff to perform the following health care services: facility staff to manage physician ordered medications, provide supervision to physical assistance with showering. Associate will provide assistance with washing areas resident cannot reach and assist with washing hair. He required further physical assistance with dressing, grooming, bathing, toileting, and assist of one staff member for transferring. Under the section titled "Skin Care" it stated resident had fragile skin, and in the comments "wound resolved on 8/17/22. Community to provide preventative wound care". Under the section titled "Service coordination" "Communication will be done when and if needed related to heme	S3105		

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S3105	Continued From page 9 health and therapy/nursing services". The NSA/HSP lacked documentation of home health services. Record review of the facility documents titled 'Skin Observation Form' Revealed the following: 09/28/22 skin observation was marked as intact no open areas. 09/28/22 resident scored a 15 on the Braden Scale with instructions at the bottom of the document "if Braden Score is 16 or less, prevention strategies required". Record review of R1 electronic "Progress Notes" dated 09/01/22 thru 02/10/23 revealed the following entry: 11/16/2022 at 03:15PM general progress note: "Spoke with wound care nurse who made the following suggestions for the resident. "Discontinue all current wound care orders. Start foam protection dressing to left inner thigh. Change Mondays, Fridays, and as needed. Cleanse bilateral lower extremities with wound cleanser, apply Xeroform to any open areas, apply abdominal pads, wrap with Kerlix, wrap with edema wraps and change Tuesday and Friday. Nurse Practitioner notified, ok with the new orders". 02/08/23 at 09:36 PM transfer out to hospital note: 02/08/23 at approximately between 04:00 and 0500 PM transferred R1 to hospital by	S3105		

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S3105	Continued From page 10 ambulance. 02/10/23 at 12:56 PM alert charting note: call placed to physician regarding dressing changes for resident, this nurse was unable to reach her and left a voicemail regarding desire for dressing changes to be changed to daily. Record review of the facility provided document from the home health agency revealed the following document titled "Home Health Certification and Plan of Care" for certification period 10/10/22 to 12/08/22. Ordered disciplines and treatments were: "Skilled nurse to provide instructions/reinforcement related to pressure injury/ulcer prevention including offloading" and "Skilled nurse to instruct on management of skin tear wound to inner thigh including measures to promote healing. Skilled nurse to perform/instruct wound care to inner thigh as follows: cleanser with wound cleanser apply douderm. Using clean technique. Wound care to be performed 2 times weekly. 11/25/22 the home health agency received the order to add leg wraps for cellulitis two times weekly with approval for extension of home health nursing for wound care. 11/28/22 the home health agency received the order to recertify R1 for transfer training related to the fracture of the right forearm. Record review of the facility provided document from the home health agency revealed the following document titled "Home Health Certification and Plan of Care" for certification period 12/09/22 to 02/26/23. Skilled nurse to	S3105		

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S3105	Continued From page 11 instruct on management of skin tear wound to gluteal thigh area including measure to promote healing. Nurse to perform/instruct care to bilateral lower extremities cellulitis on Tuesdays and Fridays to coincide with bath days. On 02/01/23 the home health agency received the order to recertify R1 for continued wound and cellulitis management. Record review of the facility provided documents titled "Skin Monitoring: Comprehensive certified nurse aide shower review" revealed the following: The documents information was as follows: 02/03/23 skin tears and rashes are marked - the document lacked follow up from home health nurse and further lacked follow up from facility nurse. 01/31/23 dryness and abnormal skin are marked - the document lacked follow up from home health nurse and further lacked follow up from facility nurse. 01/20/23 skin tears and rashes are marked - the document lacked follow up from home health nurse and further lacked follow up from facility nurse. 01/17/23 rashes are marked and handwritten it stated "VERY VERY RED", the document lacked follow up from home health nurse and further lacked follow up from facility nurse. 01/13/23 nothing is noted, the bilateral lower legs are circled on the human body diagram on the right-hand side of the document, the document	S3105		

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S3105	Continued From page 12 lacked follow up from home health nurse and further lacked follow up from facility nurse. 01/10/23 skin tears, rashes and swelling are noted, the document lacked follow up from home health nurse and further lacked follow up from facility nurse. 01/06/23 nothing is noted, handwritten on the human diagram on the right-hand side of the document it is noted on the front and back of the bilateral lower extremities "edema" and redness to the lower buttocks/inner top of the medial thighs, the document lacked follow up from home health nurse and further lacked follow up from facility nurse. 12/30/22 bruising, skin tears and rashes are noted, the document lacked follow up from home health nurse and further lacked follow up from facility nurse. 12/27/22 skin tears and rashes are noted, the document lacked follow up from home health nurse and further lacked follow up from facility nurse. The administrator failed to ensure that the licensed nurse monitored and coordinated services with the outside provider for R1, which resulted in a lack of coordination of services for the preservation of R1 skin.	S3105		
S3186 SS=E	26-41-205 (b) Administration of Selected Medications (b) Administration of select medications. Any	S3186		

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S3186	Continued From page 13 resident who self-administers medication may select some medications to be administered by a licensed nurse or medication aide. The negotiated service agreement shall reflect this service and identify who is responsible for the administration and management of selected medications. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-205 (b) The facility reported a census of 42 residents. The sample included 3 "Residents" (R's) (R1, R2, and R3), and 3 focused reviews (R4, R5, and R6). Based on interview and record review the administrator failed to ensure the "Licensed Nurse" (LN) included in the "Negotiated Service Agreement" (NSA) the person responsible for the administration and management of selected medications for R2 and R3. Findings included: - Record review on 2/21/23 for R2 revealed an admission date of 05/20/21 with diagnoses of anxiety, ventricular tachycardia, presence of a cardiac pacemaker, acute on chronic diastolic congestive heart failure, pericardial effusion, dependence on supplemental oxygen, shortness of breath, chronic kidney disease stage 3, and type 2 diabetes mellitus.	S3186		

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(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
S3186	Continued From page 14 Record review of R2 "Functional Capacity Screen" (FCS) dated 10/14/22 identified R2 as independent with bathing, dressing, transferring, mobility, and eating. He required physical assistance with toileting and managing his medications. He had impaired long term memory, impaired short-term memory, impaired memory recall, and impaired decision making. He was marked with falls, and impaired hearing, and used a wheelchair mobility device. He was able to make himself understood and he understood others. Record review of R2 "Negotiated Service Agreement" (NSA) / "Health Service Plan" (HSP) dated 01/10/23 instructed staff to provide the following health care services: under the section titled "Medications" in the comments it stated the following "May self-administer medications; resident to administer certain medications and community medical staff to administer some medications." Under the section titled "Cognitive/Psychosocial" it stated "R2 is alert and oriented he is able to communicate his needs effectively. Short term memory, long term memory, memory recall and decision making are intact". The NSA/HSP lacked the names of the medications the resident would administer, and further lacked the names of the medications the licensed/certified facility staff would administer Record review of the facility documents titled "Self - Administration of Medications Review" dated 07/28/22 revealed the resident was marked able with assist to administer subcutaneous injections, and able to with assist	S3186		

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S3186	Continued From page 15 glucose testing with a glucometer. The NSA and, the facility documents titled "Self - Administration of Medications Review" did not instruct or define what the resident was able to do by himself, and further lacked instructions on what the licensed/certified facility staff would assist the resident with. Interview on 2/22/23 at 03:35 PM with LN B, she confirmed the NSA/HSP for R2 lacked the identification of the selected medications R2 would self-administer, and further confirmed the NSA/HSP lacked the identification of selected medications and instructions of staff for the selected medications. - Record review for R3 revealed an admission date of 03/08/2018 with diagnoses of acute kidney failure, hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, atherosclerotic heart disease of coronary artery, chronic systolic heart failure, ischemic cardiomyopathy, hypertension, difficulty in walking, anemia, muscle spasm, retention of urine, personal history of transient ischemic attack and cerebral infarction without residual deficits, and history of falling. Record review of R3 "Functional Capacity Screen" (FCS) dated 07/14/22 identified R3 required physical assistance with bathing, and dressing. She was independent with toileting, transferring, walking, eating, and managing her own medications. She was marked with impaired short-term memory, impaired long-term memory, impaired memory recall and impaired decision	S3186		

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S3186	Continued From page 16 making. She was able to make herself understood and she understood others. Record review of R3 "Negotiated Service Agreement" (NSA) / "Health Service Plan" (HSP) dated 01/18/23 identified the following health care services and instructed staff to provide: assist with oversight with bathing for safety and staff to assist R3 with putting on her shoes, socks, and leg brace. Under the section titled "Medications" it stated "Resident self-manages their medications including self-administering, ordering, coordinating and safe storage. Conduct assessment of resident's ability to self-manage medications." In the comment section it stated "May self-administer medications". Record review of the facility documents titled "Self - Administration of Medications Review" revealed R3 was "fully capable" of administering her own medications. Record review of R3 electronic medication administration form revealed daily charting for the placement of a Lidoderm External Patch to the right shoulder topically in the morning for pain and to remove at bedtime and signed by certified medication aids as being performed. Interview on 2/22/23 at 03:35 PM with LN B, she confirmed the NSA/HSP for R3 lacked the identification of the selected medications R3 would self-administer, and further confirmed the NSA/HSP lacked the instructions of the certified staff to place the Lidoderm External Patch to the right shoulder topically in the morning for pain and to remove at bedtime.	S3186		

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S3186	Continued From page 17 The administrator failed to ensure the "Licensed Nurse" (LN) included in the "Negotiated Service Agreement" (NSA) the person responsible for the administration and management of selected medications for R2 and R3.	S3186		
S3210 SS=E	26-41-205 (e) (f) Medication Verbal Orders and Standing Orders (e) Medication orders. Only a licensed nurse or a licensed pharmacist may receive verbal orders for medication from a medical care provider. The licensed nurse shall ensure that all verbal orders are signed by the medical care provider within seven working days of receipt of the verbal order. (f) Standing orders. Only a licensed nurse shall make the decision for implementation of standing orders for specified medications and treatments formulated and signed by the resident 's medical care provider. Standing orders of medications shall not include orders for the administration of schedule II medications or psychopharmacological medications. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-205 (e) The facility reported a census of 42 residents. The sample included 3 "Residents" (R's) (R1, R2, and R3), and 3 focused reviews (R4, R5, and R6). Based on interview and record review the administrator failed to ensure the "Licensed Nurse" (LN) obtained the physicians written signature on all verbal orders within seven	S3210		

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S3210	Continued From page 18 working days of receipt of the verbal order for R1. Findings included: - Record review on 02/21/23 at 08:12 AM for R1 revealed an admission date of 10/08/20, with diagnoses of acute respiratory failure with hypoxial encounter for surgical aftercare following surgery on the skin and subcutaneous tissue, encounter for surgical after care following surgery on the circulatory system, difficulty in walking, muscle weakness, hypertension, nonrheumatic aortic valve stenosis, chronic atrial fibrillation, benign prostatic hyperplasia with lower urinary tract symptoms, retention of urine, long term use of anticoagulants, heart failure, cutaneous abscess chronic kidney disease stage 3, cellulitis, and localized edema. Record review of R1 "Functional Capacity Screen" (FCS) dated 09/01/22 identified R1 required physical assistance with bathing, dressing, toileting, transferring, and walking/mobility. He was frequently incontinent, had impaired short- and long-term memory, and lacked the ability to manage his own medications. He was able to make himself understood and he understood others, he was marked at risk for falls and had impaired vision and impaired decision making. He used a walker and wheelchair mobility devices. Record review of R1 "Negotiated Service Agreement (NSA)/ Health Service Plan (HSP)" instructed staff to perform the following health care services: facility staff to manage physician ordered medications, provide physical assistance	S3210		

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S3210	Continued From page 19 with dressing, grooming, bathing, toileting, and assist of one staff member for transferring. Record review of R1 nursing progress notes dated 11/16/22 revealed the following entry: 11/16/2022 at 3:15PM general progress note: "Spoke with wound care nurse who made the following suggestions for the resident. "Discontinue all current wound care orders. Start foam protection dressing to left inner thigh. Change Mondays, Fridays, and as needed. Cleanse bilateral lower extremities with wound cleanser, apply Xeroform to any open areas, apply abdominal pads, wrap with Kerlix, wrap with edema wraps and change Tuesday and Friday. Nurse Practitioner notified, ok with the new orders". Record review on 02/21/23 of the facility printed order sheets revealed the following unsigned orders: 11/16/22 at 01:02 PM verbal order stamped as a duplicate, for metolazone Oral Tablet 5 milligrams (Metolazone) Give 1 tablet by mouth in the morning for edema. The orders lacked a physician signature. 11/16/22 at 03:25 PM verbal order stamped as a duplicate, for Lab, draw a "Brain Natriuretic Peptide" (BNP) Test one time only for Edema for 2 days. 11/16/22 at 03:26 PM verbal order stamped duplicate, apply a foam dressing to left inner thigh for sin protection. Change on Tuesdays and Fridays in the afternoon every Tuesday and	S3210		

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S3210	Continued From page 20 Friday for skin protection. 11/16/22 at 03:26 PM verbal order stamped duplicate, Cleanse bilateral lower extremities with wound cleanser, apply xeroform to any open areas, apply abdominal pads, wrap with kerlix, wrap with edema wraps. Change dressing and wraps on Tuesdays and Fridays in the afternoon every Tuesday and Friday for edema. 11/21/22 at 04:54 PM verbal order stamped as a duplicate, for Nystatin External Powder 100,000 unit/gram (Nystatin (topical)) apply to groin and abdominal folds topically and to times a day for yeast for 7 days. Apply to abdominal folds and groin area twice daily for 7 days then resume as needed schedule. The orders lacked a physician signature. Interview on 02/22/23 at 03:25 PM with regional nurse A, confirmed the selected resident orders lacked a provider signature at the time of the review. The administrator failed to ensure the "Licensed Nurse" (LN) obtained the physicians written signature on all verbal orders within seven working days of receipt of the verbal order for R1.	S3210		
S3211 SS=F	26-41-205 (g) (3) OVER THE COUNTER DRUGS (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall	S3211		

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S3211	Continued From page 21 place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-205 (g) (3) The facility reported a census of 42 residents. Based on observation and interview the administrator failed to ensure a "Licensed Nurse" (LN), or the "Licensed Pharmacist" labeled the "Over the Counter" (OTC) medication bottles with the resident full name. Findings included: - Observation on 02/20/22 at 01:27 PM during the initial facility tour LN B unlocked the locked medication cart identified as "Medication cart assisted living 100 hall", which revealed the following unlabeled OTC medication bottles: In the top right drawer: 1 opened bottle of Equate Allergy relief (Loratadine) 10 milligrams, 1 opened bottle of Gericare Acetaminophen 325 milligrams. In the third drawer down on the right side: 1 bottle of Vitamin D3 50 micrograms, and 1 bottle	S3211		

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S3211	Continued From page 22 of Iron 65 milligrams. In the fourth drawer down on the right side were: 1 bottle of Geritussin sugar free, 1 bottle of Equate laxative Sennosides 25 milligrams, 1 bottle of Bayer low dose aspirin 81 milligrams and 1 bottle of Tylenol rapid release 500milligrams. In the top left drawer: 3 packages of Xiidra Lifitegrast ophthalmic solution 5%. 4 packages of latanprost ophthalmic solution 0.005%, Timolol Maleate ophthalmic solution 0.5%. In the second drawer down on the left side of the cart were the following unlabeled OTC's: 1 bottle of complete multivitamins, 1 bottle Spring Valley Vitamin D3 50 micrograms, 1 bottle Spring Valley Vitamin C 500 milligrams with Rose Hips, 1 bottle of Ocuville, and 1 bottle of Equate Low Dose aspirin. In the third drawer down on the left side of the cart were the following: 1 bottle of Senokot, 1 bottle of Preser Vision AREDS2, Equate Acetaminophen 500 milligrams, Alive women's 50 plus gummy vitamin, 1 bottle of Spring Valley Melatonin 5 mg, and 1 bottle of Spring Valley vitamin D3 25 microgram. In the 4th drawer down on the left side 1 bottle of MiraLAX 26.9 ounces, 1 bottle of MiraLAX 8.3 oz, and 1 bottle of Equate stool softener 100milligrams. Interview on 02/20/23 at 01:30 PM with Regional Nurse A and LN B, the confirmed the OTC bottles located in the medication cart identified as	S3211		

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S3211	Continued From page 23 "Medication cart assisted living 100 hall", lacked the full names of the residents. The administrator failed to ensure a "Licensed Nurse" (LN), or the "Licensed Pharmacist" labeled the "Over the Counter" (OTC) medication bottles with the resident full name.	S3211		
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: K.A.R. 26-41-105 (f) (11) The facility reported a census of 42 residents. The sample included 3 "Residents" (R's) (R1, R2, and R3), and 3 focused reviews (R4, R5, and R6). Based on interview and record review the administrator failed to ensure that each resident record contained documentation of all incidents, symptoms, and other indications of illness or injury including the date, time, action taken and results of the action for R1 and R2. Findings included: - Record review on 02/21/23 at 8:12 AM for R1 revealed an admission date of 10/08/20, with diagnoses of acute respiratory failure with	S3261		

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S3261	Continued From page 24 hypoxial encounter for surgical aftercare following surgery on the skin and subcutaneous tissue, encounter for surgical after care following surgery on the circulatory system, difficulty in walking, muscle weakness, hypertension, nonrheumatic aortic valve stenosis, chronic atrial fibrillation, benign prostatic hyperplasia with lower urinary tract symptoms, retention of urine, long term use of anticoagulants, heart failure, cutaneous abscess chronic kidney disease stage 3, cellulitis, and localized edema. Record review of R1 "Functional Capacity Screen" (FCS) dated 09/01/22 identified R1 required physical assistance with bathing, dressing, toileting, transferring, and walking/mobility. He was frequently incontinent, had impaired short- and long-term memory, and lacked the ability to manage his own medications. He was able to make himself understood and he understood others, he was marked at risk for falls and had impaired vision and impaired decision making. He used a walker and wheelchair mobility devices. Record review of R1 "Negotiated Service Agreement (NSA)/ Health Service Plan (HSP)" instructed staff to perform the following health care services: facility staff to manage physician ordered medications, provide physical assistance with dressing, grooming, bathing, toileting, and assist of one staff member for transferring. Record review of R1 electronic "Progress Notes" dated 09/01/22 thru 02/10/23 revealed the following entries: 09/01/22 at 01:29 PM Move in / admission note:	S3261		

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S3261	Continued From page 25 R1 arrived at the facility on 09/01/22 at 01:10 PM from a skilled facility in a wheelchair. R1 appeared happy to be back in the facility. R1 looked "great" and his legs "have gotten so much better". Resident used wheelchair for mobility and is a one person assist. 09/23/22 at 09:35 PM general progress note: at 02:50 PM certified nurse aide reported that resident was on the floor in the middle of the floor. R1 stated he was going to the bathroom with his walker when he lost his balance and fell to the floor. Stated his head landed on the blankets under the table of the south base. Stated he was not in pain. Could squeeze hands without pain. Head was checked with no finding of hematoma nor bruising. R1 was assisted with a gait belt and two staff in the wheelchair. Reminded the resident to use call light when needing to go to the bathroom or getting into the wheelchair. Physician notified and he stated to observe R1. R1 son notified. The record lacked entry to follow up on resident status after fall, or if intervention was effective. 11/03/22 at 11:45 AM alert charting note: "at 11:30 AM this nurse was called to residents' room due to resident falling. Certified nurse aide called me to residents' room because upon answering his call light, she found him on the floor laying on his back in his bathroom with his head on the floor in his living room, his legs were bent straight out in front of him. Resident denies pain when moving legs, denies pain when moving upper extremities. Resident stated that he hit his head. Pupils Equal Round Reactive to Light and Accommodation (PERRLA), hand grips	S3261		

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S3261	Continued From page 26 and foot pumps equal. Resident sustained a 2.5 centimeter in length by 2.0 centimeter in width skin tear to the right elbow. This nurse cleansed the area with wound cleanser approximated the edges, applied 3 steri strips, covered with non-adherent pad and wrapped with ace bandage". Facility health and wellness director was in the room when staff were getting the resident off of the floor. On call physician and R1 son notified. "will continue to monitor." The record lacked any documentation for 11/04/22. There were no fall follow up notes. 11/05/22 at 09:06 AM alert charting note: "resident having pain and swelling in right arm. Resident sustained skin tear on right elbow. This nurse noted swelling in the right arms this morning and called nurse practitioner. Order obtained for stat lab for possible infection and X-ray of the right forearm and elbow. 11/05/22 at 10:48 PM alert charting note: "X-ray result to right elbow revealed, acute radial neck fracture. Informed on call provider". "Staff will continue to follow up". The record lacked another progress note until 11/16/22 at 03:15 PM general progress note: 11/16/2022 at 03:15PM general progress note: "Spoke with wound care nurse who made the following suggestions for the resident. "Discontinue all current wound care orders. Start foam protection dressing to left inner thigh. Change Mondays, Fridays, and as needed. Cleanse bilateral lower extremities with wound	S3261		

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S3261	Continued From page 27 cleanser, apply Xeroform to any open areas, apply abdominal pads, wrap with Kerlix, wrap with edema wraps and change Tuesday and Friday. Nurse Practitioner notified, ok with the new orders". The record lacked any follow up of new skin orders. 02/06/23 at 03:48 PM general progress note: "Resident beginning to feel sick after breakfast and did not come out for lunch. Resident provided with Gatorade and Sprite throughout the day for hydration. The record lacked a follow up entry on resident feeling "sick". 02/08/23 at 03:18 PM alert charting note: "febrile, lower fluid and nutrition intake, vomiting and diarrhea. Notified Nurse practitioner and asked if we could send to hospital. Notified family and awaiting response from responsible party. Administered acetaminophen per nurse practitioner order. The record lacked follow up on entry for acetaminophen administered per order. 02/08/23 at 09:36 PM transfer out to hospital note: 02/08/23 at approximately between 04:00 and 0500 PM transferred R1 to hospital by ambulance. - Record review on 02/21/23 for R2 revealed an admission date of 05/20/21 with diagnoses of anxiety, ventricular tachycardia, presence of a	S3261		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046063	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/21/2023
NAME OF PROVIDER OR SUPPLIER BROOKDALE ROSEHILL		STREET ADDRESS, CITY, STATE, ZIP CODE 12802 JOHNSON DRIVE SHAWNEE, KS 66216		
(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
S3261	Continued From page 28 cardiac pacemaker, acute on chronic diastolic congestive heart failure, pericardial effusion, dependence on supplemental oxygen, shortness of breath, chronic kidney disease stage 3, and type 2 diabetes mellitus. Record review of R2 "Functional Capacity Screen" (FCS) dated 10/14/22 identified R2 as independent with bathing, dressing, transferring, mobility, and eating. He required physical assistance with toileting and managing his medications. He had impaired long term memory, impaired short-term memory, impaired memory recall, and impaired decision making. He was marked with falls, and impaired hearing, and used a wheelchair mobility device. He was able to make himself understood and he understood others. Record review of R2 "Negotiated Service Agreement" (NSA) / "Health Service Plan" (HSP) dated 01/10/23 instructed staff to provide the following health care services: under the section titled "Medications" in the comments it stated the following "May self-administer medications; resident to administer certain medications and community medical staff to administer some medications." Under the section titled "Cognitive/Psychosocial" it stated "R2 is alert and oriented he is able to communicate his needs effectively. Short term memory, long term memory, memory recall and decision making are intact". Record review of R2 electronic "Progress notes" dated 12/11/22 thru 01/02/23 revealed the following entries:	S3261		

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S3261	Continued From page 29 12/11/22 at 03:43 AM alert charting note: "While checking resident bedtime blood sugar, resident stated "I am weak even I was taking a lot of time when I transferred from the toilet to the wheelchair, I think it's a urinary track infection. I didn't start the antibiotic yet." Nurse informed the resident that she called and faxed the order to the pharmacy, still the medication is not there yet. The nurse documented that the resident used accessory muscles while breathing and "Lip" for breathing. Resident confirmed shortness of air. Oxygen saturation obtained and was at 94% on room air. "Staff will continue to follow up and inform on coming nurse". The record lacked any follow up documentation until 11:44 PM alert charting note: "around 10:30 PM this nurse going to 2nd floor to check on a room, nurse heard 'help' in the hallway. When arrived resident was laying on right side next to his recliner in the living room. Both legs were extended out in dependent position. Asked resident and he replied, I was trying to transfer from the recliner to the wheelchair", he thought he forgot to lock the wheelchair." Vital signs were alert and oriented times four, blood pressure 113/55, oxygen 94% on 2 liters. Noted weakness, resident denied hitting his head, no noted latent injuries, bruising or redness. Resident range of motion within his baseline. Nurse helped resident go to the toilet, assisted him to bed and gave his hour of sleep medications. The note lacked any documentation for the fall follow up and any follow up intervention . 12/12/22 at 11:15 AM general progress note: "Continues Linezolid for urinary tract infection.	S3261		

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S3261	Continued From page 30 Temperature is 98.0F. Resident a bit confused today and required more assistance with activities of daily living. No nausea, vomiting or diarrhea rash or other adverse reaction to antibiotic noted. The record lacked any documentation for the follow up on increased confusion and R2 requiring more assistance with activities of daily living. The administrator failed to ensure that each resident record contained documentation of all incidents, symptoms, and other indications of illness or injury including the date, time, action taken and results of the action for R1 and R2.	S3261		