STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N088003	A. BUILDING: _____ B. WING _____	07/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE LIBERAL SPRINGS	1500 N TERRACE LIBERAL, KS 67901

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with a complaints #177903, 180696, and 181126 at the above named Assisted Living conducted on 07/25/23 - 07/26/23.	S 000		
S3085 SS=F	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: KAR 26-41-202(a)(1) The facility reported a census of 25 residents with three residents included in the sample and one abbreviated record review. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement"	S3085		

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

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S3085	Continued From page 1	S3085		

(NSA) was fully developed to address what triggered in the "Functional Capacity Screen" (FCS) for resident (R)101, R103 and R104.

Findings included:

- R101's medical record revealed the resident moved into the facility on 07/27/21.

The 01/25/23 FCS identified R101 had impaired short-term, long-term memory, memory/recall and decision-making abilities.

The 01/25/23 NSA did not address what staff were going to do to address R101's short-term, long-term memory, memory/recall and decision-making abilities.

On 07/25/23 at 05:12 PM Licensed Nurse (LN) acknowledged that anything that triggered on the FCS should be addressed on the NSA.

The operator failed to ensure R101's NSA was fully developed to include all items that triggered on the FCS.

- R103's medical record revealed she moved into the facility on 01/09/18.

The 05/12/23 FCS identified R103 as having triggered for falls/unsteadiness.

The 05/12/23 NSA did not address what staff were going to do to address R103's risk for falls/unsteadiness.

On 07/25/23 at 04:55 PM LN B stated if anything

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S3085	Continued From page 2 triggered on the FCS it should be addressed on the NSA. The operator failed to ensure R103's NSA was fully developed to include all items that triggered on the FCS. - R104's medical record revealed she moved into the facility on 10/29/19. The 02/17/23 FCS identified R104 as having an impairment with decision-making. The 02/17/23 NSA did not address what staff were going to do to address R104's short-term decision-making impairments. On 07/25/23 at 04:55 PM LN B stated if anything triggered on the FCS it should be addressed on the NSA. The operator failed to ensure R104's NSA was fully developed to include all items that triggered on the FCS.	S3085		
S3165 SS=F	26-41-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(d)	S3165		

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S3165	Continued From page 3 The facility reported a census of 25 residents with three residents included in the sample and one abbreviated record review. Based on interview and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) identified the current licensed nurse responsible for the implementation and supervision of the health care services plan for resident (R)101 and R104. Findings included: - R101's medical record revealed the resident moved into the facility on 07/27/21. R101's most recent NSA was completed on 01/25/23. The nurse identified as the nurse responsible for the implementation and supervision of the Health Care Service Plan (HCSP) was no longer employed at the facility and no addendum had been completed to identify the new nurse who was responsible for the implementation and supervision of the HCSP. On 07/25/23 at 05:12 PM Licensed Nurse (LN) B stated she wasn't aware of needing to or being told to complete an addendum identifying her as the nurse responsible. The operator failed to ensure R101's NSA was updated to identify the current licensed nurse responsible for the implementation and supervision of the health care services plan. - R104's medical record revealed the resident moved into the facility on 10/29/19.	S3165		

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S3165	Continued From page 4 R104's most recent NSA was completed on 02/17/23. The nurse identified as the nurse responsible for the implementation and supervision of the HCSP was no longer employed at the facility and no addendum had been completed to identify the new nurse who was responsible for the implementation and supervision of the HCSP. On 07/25/23 at 05:12 PM Licensed Nurse (LN) B stated she wasn't aware of needing to or being told to complete an addendum identifying her as the nurse responsible. The operator failed to ensure R104's NSA was updated to identify the current licensed nurse responsible for the implementation and supervision of the health care services plan.	S3165		
S3248 SS=F	26-41-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following documentation: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not	S3248		

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S3248	Continued From page 5 have a finding of having abused, neglected, or exploited a resident in an adult care home; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to have worked as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR 26-41-102(d)(1) The facility reported a census of 25 residents. Based on interview and record review, the operator failed to ensure five of five newly hired employees records included evidence of timely verification with the nurse aide registry was completed. Findings included: - Review of employee files conducted on 07/25/23 revealed the following: Certified Medication Aide (CMA) D hired on 05/09/22. The operator failed to provide documentation the Kansas Nurse Aide Registry was checked. CMA E hired on 08/31/21. The "Nurse Aide Registry Confirmation Notice" was dated 02/24/22 which was approximately six months late.	S3248		

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S3248	Continued From page 6 CMA F hired on 01/01/23. The operator failed to provide documentation the Kansas Nurse Aide Registry was checked. Certified Nurse Aide (CNA) G hired on 01/20/23. The "Nurse Aide Registry Confirmation Notice" was dated 01/23/23 which was three days late. CNA G hired on 03/23/23. The "Nurse Aide Registry Confirmation Notice" was dated 03/29/23 which was six days late. The operator failed to ensure timely verifications of the nurse aide registry checks were completed.	S3248		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location.	S3280		

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S3280	Continued From page 7 This REQUIREMENT is not met as evidenced by: KAR 26-41-104(d)(3)(4) The facility reported a census of 25 residents. Based on record review and interview for all residents and all facility employees, the operator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly review of the facility's emergency management plan with employees and residents, and annual evacuation drills were completed. Findings included: - On 07/25/23 Administrative Staff A provided documentation of quarterly reviews of the emergency management plan with residents but failed to provide documentation of residents present the second, third and fourth quarters of 2022. On 07/25/23 Administrative Staff A provided documentation of quarterly reviews of the emergency management plan with facility staff but failed to provide documentation for reviews completed all of 2022 and for the second quarter of 2023. On 07/25/23 the operator failed to provide documentation of completed annual evacuation drills. On 07/25/23 at 03:45 PM Administrative Staff A stated she was not able to locate any	S3280		

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S3280	Continued From page 8 documentation of annual evacuation drills being completed for the last two years and was not able to locate any documentation for missing quarterly reviews of the emergency management plan with staff and residents. The operator failed to ensure the completion of reviews of the emergency management plan with employees and residents on a quarterly basis and failed to ensure annual evacuation drill were completed.	S3280		
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: KAR 26-41-207(c) The facility reported a census of 25 residents. Based on record review and interview the	S3310		

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S3310	Continued From page 9	S3310		

operator failed to ensure the facility was 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 five newly hired staff records revealed the following:
Certified Medication Aide D hired 05/09/22 did not have the first step of a two-step TB Skin Test (TST) read after it was administered on 05/13/22.

CMA E hired 08/31/21 did not have a TB symptom screening questionnaire completed upon hire and did not have the second step of the two-step TST administered.

CMA F hired 01/01/23 did not have a TB symptom screening questionnaire completed upon hire and did not have the second step of the two-step TST administered.

Certified Nurse Aide (CNA) G hired on 01/20/23 did not have the second step of the two-step TST administered.

CNA H hired on 03/23/23 did not have the second step of the two-step TST administered.

On 07/25/23 at 03:58 PM Administrative Staff A stated the TST was administered somewhere other than the facility and had problems with staff not getting the 2nd step completed.

The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new

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S3310	Continued From page 10 ...employee shall have an initial TB symptom screen that includes the components of the TB symptom questionnaire within 7 days of ...employment ...The first TST shall be read within 48-72 hours of its administration ...If the first TST is read as not positive, a second TST shall be administered within 1 to 3 weeks." The operator failed to ensure the compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S3310		