STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N031004	A. BUILDING: _____ B. WING _____	08/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE JUNCTION CITY	1022 CAROLINE AVENUE JUNCTION CITY, KS 66441

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with a complaints (#179224) at the above named facility conducted on 08/07/23.	S 000		
S3171 SS=D	26-41-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by: KAR 26-41 204 (i) The census totaled 28 residents. The sample included 3 residents. Based on observation, interview and record review, Operator/ Licensed Nurse (LN) A failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services in accordance with acceptable standards of practice for the use of bed assistive devices, which met the needs of 1 of 3 sampled residents (R)2. Findings included: - The "Resident Roster" obtained on 08/07/23 identified two residents as having a bed assist device. R2's "Medical Record" revealed she admitted to the facility on 08/08/16 with diagnoses of osteoarthritis, macular degeneration, hypertension, hyperlipidemia, glaucoma,	S3171		

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

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S3171	Continued From page 1	S3171		

hypothyroidism, major depressive disorder and iron deficiency anemia.

The "Resident Functional Capacity Screen" (FCS) dated 08/03/23 recorded the resident as independent with eating, required physical assistance for bathing, dressing, toileting, transfer and walk/mobility, and was unable to perform management of medications and treatments. R2 was at risk for falls and unsteadiness.

The "Personal Service Plan" dated 08/03/23 (combined negotiated service agreement and health care service plan) recorded staff assisted with bathing, dressing, toileting, transfer, walk/mobility and management of medications and treatments. The "Personal Service Plan" recorded R2 used a wheelchair for ambulation.

An addendum to the "Personal Service Plan" dated 05/18/23 identified a bed assistive device used for safe transfers.

Record review lacked an annual assessment of the resident to confirm the device was not a restraint, an annual assessment of the resident to determine the purpose of the bedrail/assistive device and the resident's ability to safely use the device, an annual assessment of the bedrail/assistive device to ensure the device was securely attached to the bed or bedframe and posed no risk for entrapment.

Observation on 08/07/23 at 03:27 PM in R2's room revealed a bed assist device to the left side of her bed. R2 stated she used the bed device to get out of bed.

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S3171	Continued From page 2 The FDA (food and drug administration) Hospital Bed System Dimensional and Assessment Guidance to Reduce Entrapment dated 03/10/06 listed 4 zones of greatest concern with specific measurements to reduce the risk of entrapment as follows: Zone 1 within the rail should measure less than 4 and 3/4 inches Zone 2 under the rail, between the rail supports or next to a single rail support should measure less than 4 and ¾ inches Zone 3 between the rail and the mattress should measure less than 4 and 3/4 inches Zone 4 under the rail at the ends of the rail should measure less than 2 and 3/8 inches. Facility's "Bedside Mobility Aids-AL" policy dated 03/20 recorded, "9. The use of bedside mobility aids should be reviewed at the time of the scheduled resident re-evaluation or upon a change in condition." Operator/LN A failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services which met the needs of R2 regarding use of a bed assistive device.	S3171		
S3298 SS=F	26-41-206 (d) Food Preparation (d) Food preparation. Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and	S3298		

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S3298	Continued From page 3 regulations. (2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used. (3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations. This REQUIREMENT is not met as evidenced by: KAR 26-41-206 (d) The census equaled 28 residents. Based on record review, observation and interview for all residents living in the facility and receiving meal services, Operator/Licensed Nurse (LN) A failed to ensure the facility staff served food at the proper temperature. Findings included: - During the initial tour on 08/07/23 at 11:31 AM, facility food temperature monitoring logs were requested in the kitchen of the facility. Dietary Staff C did not produce documentation of food temperature monitoring logs. Dietary Staff C stated he was not aware of the location of a food temperature thermometer in the kitchen. On 08/07/23 "Food in Service HACCP Temperature Log" documents were obtained.	S3298		

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S3298	Continued From page 4 Record lacked breakfast food temperatures for the following dates: 07/05/23, 07/06/23, 07/07/23, 07/08/23, 07/09/23, 07/10/23, 07/11/23, 07/12/23. 07/13/23, 07/14/23, 07/15/23 07/16/23 07/17/23, 07/18/23 and 07/19/23, 07/20/23, 07/21/23, 07/22/23, 07/23/23, 07/24/23, 07/25/23, 07/26/23, 07/27/23, 07/31/23, 08/01/23, 08/02/23, 08/03/23, 08/04/23, 08/05/23 and 08/06/23. Record lacked lunch food temperatures for the following dates: 07/05/23, 07/06/23, 07/07/23, 07/08/23, 07/09/23, 07/10/23, 07/11/23, 07/12/23. 07/13/23, 07/14/23, 07/15/23 07/16/23 07/17/23, 07/18/23 and 07/19/23, 07/20/23, 07/21/23, 07/22/23, 07/23/23, 07/24/23, 07/25/23, 07/26/23, 07/27/23, 07/31/23, 08/01/23, 08/02/23, 08/03/23, 08/04/23, 08/05/23 and 08/06/23. Record lacked supper food temperatures for the following dates: 07/05/23, 07/06/23, 07/07/23, 07/08/23, 07/09/23, 07/10/23, 07/11/23, 07/12/23. 07/13/23, 07/14/23, 07/15/23 07/16/23 07/17/23, 07/18/23 and 07/19/23, 07/20/23, 07/21/23, 07/22/23, 07/23/23, 07/24/23, 07/25/23, 07/26/23, 07/27/23, 07/31/23, 08/01/23, 08/02/23, 08/03/23, 08/04/23, 08/05/23 and 08/06/23. Observation on 08/07/23 at 12:50 PM revealed residents eating lunch time meal in the dining room of the facility. Interview on 08/07/23 with Operator/LN A confirmed facility staff were to obtain and document food temperatures at each meal.	S3298		

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S3298	Continued From page 5 Interview on 08/07/23 at 03:14 PM with Resident (R)3 stated "no, not always" when asked if the food at each meal was warm. Interview on 08/07/23 at 04:20 PM with Resident (R)1 stated "food is not hot" when asked if the food at each meal was warm. Interview on 08/07/23 at 04:40 PM with Operator/LN A confirmed all residents living in the facility receive meal services prepared by the facility. Kansas Department of Agriculture Food Safety guidelines records hot food must be maintained at a temperature of 135 degrees Fahrenheit or above, cold foods at 41 degrees Fahrenheit or below. Facility failed to provide a policy on food temperature monitoring. For all residents of the facility, Operator/LN A failed to ensure facility staff served food at the proper temperature.	S3298		
S3299 SS=F	26-41-206 (e) (1) Facility Food Storage (e) Food storage. Facility staff shall store all food under safe and sanitary conditions. (1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. This REQUIREMENT is not met as evidenced	S3299		

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S3299	Continued From page 6 by: KAR 26-41-206 (e) The census equaled 28 residents. The sample included 3 residents. Based on record review, interview, and observation for all residents receiving meal services, Operator/ Licensed Nurse (LN) A failed to ensure the facility staff stored all food under safe and sanitary conditions. Findings included: - Observation during the initial tour on 08/07/23 at 11:31 AM revealed a kitchen containing food/drinks. Observation of the refrigerator revealed the following food items, which were opened but not dated: one bottle of chocolate syrup, one bottle of caramel syrup, one bottle of strawberry syrup, one bottle of creamy French dressing, one container of grated Italian style parmesan cheese, one bottle of ketchup, one bottle of mustard, one bottle of barbeque sauce, one squeeze bottle containing ranch, one bottle of thousand island dressing and one bottle of sweet relish. Observation of the freezer revealed one plastic bag containing hashbrowns, which was not sealed. Interview on 08/07/23 with Dietary Staff C confirmed the above listed food items were without open dates. Observation on 08/07/23 at 12:50 PM revealed	S3299		

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S3299	Continued From page 7 residents eating lunch time meal in the dining room of the facility. Interview on 08/07/23 at 04:40 PM with Operator/LN A confirmed all residents living in the facility receive meal services prepared by the facility. Facility's "Storage of Perishable Food" policy dated 05/10 recorded, "3 ...refrigerated items shall be covered, labeled indicating product name, and dated (month/day/year) product was received or prepared." For all residents of the facility, Operator/ LN A failed to ensure the facility staff stored all food under safe and sanitary conditions.	S3299		