STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N070008	A. BUILDING: _____ B. WING _____	09/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKSIDE RETIREMENT COMMUNITY ASSISTED L	702 W 7TH PO BOX 308 OVERBROOK, KS 66524

(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 represents the findings of a resurvey with attached complaint #1625339 at the above named assisted living facility conducted on 09/19/23 and 09/20/23.	S 000		
S3186 SS=D	26-41-205 (b) Administration of Selected Medications (b) Administration of select medications. Any 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: KAR 26-41-205(b) The facility reported a census of 22 residents with three residents included in the sample. Based on interview and record review the operator failed to ensure Resident (R) 1's "Negotiated Service Agreement" (NSA) identified who was responsible for the administration and management of select medications. Findings included: - Record review for R1 revealed an admission	S3186		

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

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S3186	Continued From page 1	S3186		

date of 10/01/11 with a diagnosis of type two diabetes mellitus.

The 05/28/23 "Functional Capacity Screen" (FCS) identified R1 required physical assistance with management of medications.

The 03/24/23/ "NSA" identified facility staff were responsible for medication management services.

R1's "NSA" failed to identify who was responsible for the administration of select medications he administered himself and the select medications facility staff administered.

The physician's order for Lantus U-100 insulin solution 10 units subcutaneous once a day at bedtime had special instructions that a Certified Medication Aide (CMA) was to dial the pen for the resident to self-inject.

The physician's order for Lantus U-100 insulin solution 10 units subcutaneous once a day in the morning had special instructions that a CMA was to dial the pen for the resident to self-inject.

The 05/28/23 Self-Administration of Medications assessment documented "CMA to dial insulin pen, resident to self-inject."

On 09/20/23 at 01:08 PM R1 stated he self-administered his own insulin injections. But if a nurse was on duty, she administered the insulin to him.

On 09/20/23 at approximately 01:18 PM Administrative Staff A stated R1

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S3186	Continued From page 2 self-administered his own insulin after a CMA dialed the pen. She confirmed the most recent "NSA" lacked evidence of documentation of select medications. The administrator failed to ensure R1's "NSA" identified who was responsible for the administration and management of select medications.	S3186		