STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N059016	A. BUILDING: _____ B. WING _____	02/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE MCPHERSON	1460 N MAIN STREET MCPHERSON, KS 67460

(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 number 184090, for the above named facility conducted on 02/22/24.	S 000		
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 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 23 residents. Based on observation, interview, and record review, the Operator failed to ensure a "Licensed Nurse" (LN) or a Licensed Pharmacist placed the full name of the resident on the "Over the Counter" (OTC) medication packages/bottles. Findings included:	S3211		

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

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S3211	Continued From page 1 - Observation on 02/22/24 at approximately 10:41 AM "Certified Medication Aide" (CMA) B unlocked the medication cart and in the third drawer down on the right side of the drawer were the following unlabeled OTC medication bottles: 1 bottle of Magnesium Plus 1 bottle of ProstaGenix 1 bottle of Cordiosterol 1 bottle of Ultra CoQ10 1 bottle of Turmeric Curcumin 1 bottle of Multivitamins 1 bottle of Colace 1 bottle of Equate 81 milligram Aspirin. 1 bottle of Vitamin D 3. On the left side of the drawer was an unlabeled bottle of Preser Vision AREDS eye drops. Interview on 02/22/24 at approximately 10:45 with Operator A confirmed the OTC's bottles should be labeled with the resident's full name. Record review of the facility policy titled "Medication Policy" last revised on 03/31/22 revealed under the "Medication Labeling" section stated the following "The residents name only may be written on the OTC and sample medication bottles/containers along with the placement of a pharmacy sticker". The Operator failed to ensure a LN, or a Licensed Pharmacist placed the full name of the resident on the OTC medication packages/bottles.	S3211		

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S3280	Continued From page 2	S3280		
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. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-104 (d) (3) The facility reported a census of 23 residents. Based on interview and record review, the Operator failed to ensure all residents received a review of the facility's emergency management plan at lease quarterly. Findings included: - Interview on 02/22/24 at approximately 05:00 PM with Operator A confirmed the resident	S3280		

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S3280	Continued From page 3 council meeting notes lacked the documentation of the emergency management plan being reviewed in resident council, and she further confirmed the maintence department lacked documentation of the emergency management plan being reviewed with all residents at least quarterly. The Operator failed to ensure all residents received a review of the facility's emergency management plan at lease quarterly.	S3280		