

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046047	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/23/2024
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NAME OF PROVIDER OR SUPPLIER BROOKDALE COLLEGE SQUARE	STREET ADDRESS, CITY, STATE, ZIP CODE 11000 OAKMONT AVENUE OVERLAND PARK, KS 66210
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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
S 000	INITIAL COMMENTS The following represents the findings of a resurvey with attached complaints #188583, #186864, and #184634 at the above named assisted living conducted on 09/19/24 and 09/23/24.	S 000		
S3200 SS=D	26-41-205 (d) (1-2) Facility Administration of Medications (d) Facility administration of resident ' s medications. If a facility is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the facility has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(d) The facility reported a census of 41 residents with three residents and 2 closed record reviews included in the sample. Based on interview and record review the operator failed to ensure facility staff administered all medications to Resident (R) 1 in accordance with her medical care provider's	S3200		

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

TITLE

(X6) DATE

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S3200	Continued From page 1 orders. Findings included: - Record review for R1 revealed an admission date of 05/30/24 with a diagnosis of dementia with psychotic disturbance. The 07/04/24 "Functional Capacity Screen" (FCS) identified R1 was unable to perform management of medications. The 07/05/24 "Negotiated Service Agreement" (NSA) identified facility would provide management of medications. Review of R1's record revealed two primary care provider's orders for 08/19/24. The first 08/19/24 order for midodrine documented to administer five milligrams (mg) by mouth in the evening for hypotension to start on 08/19/24; hold if systolic blood pressure was greater than 140 millimeters of mercury (mm Hg). The second order for midodrine documented to administer five mg by mouth in the morning for hypotension to start on 08/20/24; hold if systolic blood pressure was greater than 140 mm Hg. Review of R1's Medication Administration Record" (MAR) for the evening from 09/01/24 to 09/23/24 revealed systolic blood pressures obtained were above 140 on 09/01/24, 09/02/24, 09/03/24, 09/05/24, 09/10/24, 09/12/24, 09/13/24, and 09/14/24 and facility staff administered midodrine 5 mg to R1. Review of R1's "MAR" for the morning from 09/01/24 to 09/23/24 revealed facility staff failed to document blood pressure results every morning before administering midodrine to R1.	S3200		

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S3200	Continued From page 2 On 09/23/24 at approximately 03:00 PM Administrative Nurse B confirmed facility staff failed to administer midodrine in accordance with her medical care providers orders. The operator failed to ensure facility staff administered all medications to R1 in accordance with her medical care provider's orders.	S3200		