STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N085009	A. BUILDING: _____ B. WING _____	03/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE SALINA KIRWIN	1200 E KIRWIN AVENUE SALINA, KS 67401

(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 a resurvey with attached complaints (#191531, #184900, #183557) at the above named facility conducted on 03/05/25.	S 000		
S3298 SS=E	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 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 25 residents. Based on record review and interview for all residents living in the facility and receiving meal services, Operator A failed to ensure the facility staff served food at the proper temperature.	S3298		

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

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S3298	Continued From page 1 Findings included: - During the initial tour on 03/05/25, facility food temperature monitoring logs were requested in the kitchen. "Temperature Log- Food & Beverage" was obtained for February 2025 and March 2025 from Operator A. Record lacked breakfast, lunch and supper food temperatures for the following dates: 02/01/25, 02/02/25, 02/03/25, 02/04/25, 02/05/25, 02/06/25, 02/07/25, 02/08/25, 02/09/25, 02/10/25, 02/11/25, 02/12/25, 02/13/25, 02/15/25, 02/16/25, 02/20/25, 02/21/25, 02/22/25, 02/23/25, 02/24/25, 03/01/25, 03/02/25 and 03/03/25. Interview on 03/05/25 at approximately 01:00 AM with Regional Administration Staff D confirmed "Temperature Log- Food & Beverage" for February 2025 and March 2025 were lacking daily completion. Interview on 03/05/25 at 10:03 AM with Operator A confirmed all residents eat at 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's "Food and Beverage Temperature Control" policy dated 12/24 recorded, "2. Food and beverage temperatures during meal services should be taken at the beginning of the meal service and once 30 minutes into service, if	S3298		

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S3298	Continued From page 2 applicable." For all residents of the facility, Operator A failed to ensure facility staff served food at the proper temperature.	S3298		
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: K.A.R 26-41-207 (c) The census totaled 25 residents. The sample included 3 residents and review of 5 newly hired employee. Based on record review and interview for 1 of 5 sampled staff (Certified Medication Aide (CMA) C), the facility failed to ensure compliance with the State Agency's tuberculosis (TB) guidelines.	S3310		

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S3310	Continued From page 3 Findings included: - Review of CMA C's record revealed they hired onto the facility on 10/15/24. CMA C's first step of TB testing was administered on 10/22/25. CMA C's record lacked completion of the second step of TB testing and a TB questionnaire upon hire. Interview on 03/05/25 at 11:45 AM with Regional Administration D and Operator A confirmed unable to locate documentation of the second step of TB testing and a TB questionnaire completed upon hire for CMA C. Facility's "Tuberculosis Exposure Control Plan Policy" dated 1/24 recorded, "b. In the even state law or licensing agencies require more than the [facility name] standard, follow the states guidelines." The facility failed to ensure compliance with the State Agency's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105, which had the potential to affect all residents.	S3310		