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 _____	03/20/2025

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 citations represent the findings of the licensure resurvey for the above named facility conducted on 03/18/25, 03/19/25, and 03/20/25.	S 000		
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 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: K.A.R. 26-41-206 (d) The facility reported a census of 16 residents. Based on interview and record review, the Administrator failed to ensure the facility dietary staff served the residents 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	S3298		

Findings included:

- Review of the facility provided documents titled "Food Temperature Record" dated 01/25 revealed the following days and meals times lacked documentation of the food temperatures being obtained prior to serving the meal:

On 01/01 dinner
On 01/03 dinner
On 01/04 - 01/05 breakfast, lunch, and dinner
On 01/06 breakfast and lunch
On 01/07 - 01/10 breakfast, lunch, and dinner
On 01/11 dinner
On 01/12 - 01/13 breakfast, lunch, and dinner
On 01/14 breakfast and lunch
On 01/15 - 01/18 breakfast, lunch, and dinner
On 01/20 breakfast
On 01/21 breakfast and lunch
On 01/22 - 01/24 breakfast, lunch, and dinner
On 01/25 breakfast and dinner
On 01/27 breakfast
On 01/28 breakfast and lunch
On 01/29 breakfast and lunch
On 01/30 breakfast, lunch, and dinner
On 01/31 breakfast, lunch, and dinner

Review of the facility provided documents titled "Food Temperature Record" dated 02/25 revealed the following days and meals times lacked documentation of the food temperatures being obtained prior to serving the meal:

On 02/01 dinner
On 02/03 lunch and dinner
On 02/06 dinner

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S3298	Continued From page 2 On 02/08 dinner On 02/10 breakfast and lunch On 02/11 - 02/12 breakfast, lunch, and dinner On 02/13 breakfast and lunch On 02/14 - 02/15 breakfast, lunch, and dinner On 02/16 breakfast and lunch On 02/17 breakfast On 02/18 breakfast, lunch, and dinner On 02/19 lunch On 02/20 dinner On 02/21 dinner On 02/22 dinner On 02/24 dinner On 02/27 dinner On 02/28 breakfast, lunch, and dinner Review of the facility provided documents titled "Food Temperature Record" dated 03/25 revealed the following days and meals times lacked documentation of the food temperatures being obtained prior to serving the meal: On 03/01 breakfast, lunch and dinner On 03/03 breakfast and lunch On 03/04 breakfast and lunch On 03/09 dinner On 03/14 dinner On 03/15 breakfast, lunch, and dinner Review of the undated facility provided policy titled "Food Temperatures" stated "The temperatures of food items served to elders will be tested and recorded before the delivery of food to the units/neighborhoods, at the time serving begins, at least once during serving if serving lasts longer than thirty (30) minutes, and at the conclusion of serving."	S3298		

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S3298	Continued From page 3 Interview on 03/18/25 at approximately 01:20 PM with dietary staff A confirmed the food temperature logs lacked documentation of the food temperatures being obtained prior to serving the residents. The Administrator failed to ensure the facility dietary staff served the residents food at the proper temperature.	S3298		
S3305 SS=F	26-41-207 (a) (b) Infection Control (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the provision of a safe, sanitary, and comfortable environment for residents. (b) Each administrator or operator shall ensure the development of policies and implementation of procedures to prevent the spread of infections. These policies and procedures shall include the following requirements: (1) Using universal precautions to prevent the spread of blood-borne pathogens; (2) techniques to ensure that hand hygiene meets professional health care standards; (3) techniques to ensure that the laundering and handling of soiled and clean linens meet professional health care standards; (4) providing sanitary conditions for food service; (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	S3305		

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S3305	Continued From page 4 on the control of infections in a health care setting; and (7) transferring a resident with an infectious disease to an appropriate health care facility if the administrator or operator is unable to provide the isolation precautions necessary to protect the health of other residents. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-207 (a) (4) The facility reported a census of 16 residents. Based on observation, interview, and record review, the Administrator failed to ensure the facility dietary staff provided sanitary conditions for food services. Findings included: - Observation during the initial facility tour of the facility's kitchen revealed a small dishwasher on the east side of the kitchen. Interview on 03/18/25 at approximately 01:20 PM with dietary staff A confirmed the sanitation of the facility's dishes was a chemical sanitation process, and the dietary staff are to run a chemical "Parts Per Million" (PPM) strip three times a day. Review of the facility provided documents titled "Temperature Log for the Dish/Sanitizing Machine" dated 01/25 revealed a column titled	S3305		

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S3305	Continued From page 5 "Sanitize PPM". The column had a column for breakfast, lunch, and dinner. The dinner column lacked an entry for the following dates for the chemical sanitizer being checked: On 01/01 On 01/03 -01/09 On 01/11 On 01/13 On 01/15 - 01/18 On 01/25 On 01/30 Review of the facility provided documents titled "Temperature Log for the Dish/Sanitizing Machine" dated 02/25 revealed a column titled "Sanitize PPM". The column had a column for breakfast, lunch, and dinner. The following dates on the 02/25 facility sanitation log lacked an entry of the chemical sanitizer being checked: On 02/01 - breakfast, lunch, and dinner On 02/03 - dinner On 02/06 - breakfast, lunch, and dinner On 02/07 - breakfast and lunch On 02/08 - breakfast, lunch, and dinner On 02/10 - breakfast and lunch On 02/11- 02/12 breakfast, lunch, and dinner On 02/13 - breakfast and lunch On 02/14 - 02/15 breakfast, lunch, and dinner On 02/16 - breakfast and lunch On 02/18 - 02/22 breakfast, lunch and dinner On 02/23 - 02/24 breakfast and lunch On 02/25 - breakfast, lunch, and dinner On 02/26 - breakfast and lunch On 02/27 - 02-28 breakfast, lunch, and dinner Review of the facility provided documents titled	S3305		

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S3305	Continued From page 6 "Temperature Log for the Dish/Sanitizing Machine" dated 03/25 revealed a column titled "Sanitize PPM". The column had a column for breakfast, lunch, and dinner. The following dates on the 03/25 facility sanitation log lacked an entry of the chemical sanitizer being checked: On 03/14 dinner On 03/15 breakfast, lunch and dinner Interview on 03/18/25 at approximately 01:20 PM with dietary staff A confirmed the sanitation logs lacked documentation for the chemical PPM strip which checked the chemical the sanitizer levels. Record review of the undated facility provided policy titled "Dietary Cleaning Procedures" instructed staff to "Perform a chemical test strip once per meal. The dishwasher should be ran and then perform a test strip to test to measure the free chlorine concentration of 50 to 100 parts per million (ppm) during the final rinse cycle, with a contact time of at least 7 seconds. The test should be completed at the end of the cycle to ensure the dish machine has the proper chemical sanitation. If the test stirp tests below 100 ppm, the dishes will need to be rewashed to ensure proper sanitation. The Administrator failed to ensure the facility dietary staff provided sanitary conditions for food services	S3305		
S3310 SS=D	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	S3310		

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S3310	Continued From page 7	S3310		

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:
KAR 26-41-207(c)

The facility reported a census of 16 residents. The sample included 3 "Residents'" (R)'s. Based on interview and record review; the Administrator failed to ensure the facility's compliance with the department's "Tuberculosis" (TB) guidelines adopted by reference in K.A.R. 26-39-105 for R1.

Findings included:

- Record review for R1 revealed an admission date of 06/17/24 with diagnoses of chronic cough, rheumatoid arthritis, angina, glaucoma, edema, chronic obstructive pulmonary disease, and major depressive disorder.

Review of R1's electronic "Medical Record" under the section titled "Preventive Health Care" a "TB Test" was created on 06/17/24. Under the

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S3310	Continued From page 8 section titled "Reason not administered" it was typed "Resident Refused". Review of the undated facility provided policy titled "Assisted Living Tuberculosis Screening/Testing Policy - Residents" revealed; "Testing will be performed on each new resident within three months prior to admission, or within one (1) week following admission to the facility". "Testing methods may include the Mantoux skin test - using the two-step method, Chest X-ray, whole blood assay or physician/healthcare provider certification that includes verification of the test results". Review of the "TB guidelines for Adult Care Homes" dated 06/2013 stated that each new resident and employee shall have the initial two-step TB skin test or "Interferon Gamma Release Assay" (IGRA) for Mycobacterium tuberculosis within seven days of residency or employment. Interview on 03/20/25 at approximately 10:23 AM with "Licensed Nurse" (LN) B, and Administrator C confirmed R1 did refuse the two step TB test upon admission to the facility, they continued that the required TB symptom screen was performed, and they further confirmed an IGRA was not drawn. The Administrator failed to ensure the facility's compliance with the department's TB guidelines adopted by reference in K.A.R. 26-39-105 for R1.	S3310		