STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N031004	A. BUILDING: _____ B. WING _____	04/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE JUNCTION CITY	1022 CAROLINE AVENUE JUNCTION CITY, KS 66441

(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 184525, 185122, 185168, 185169, 158170, 185226, 1857785, and 188327 at the above named assisted living facility conducted on 04/29/25 and 04/30/25.	S 000		
S3026 SS=E	26-41-101 (f) (1) Staff Treatment of Residents ANE (f)The administrator or operator shall ensure that all of the following requirements are met: (1) No resident shall be subjected to any of the following: (A) Verbal, mental, sexual, or physical abuse, including corporal punishment and involuntary seclusion; (B) neglect; or (C) exploitation. This REQUIREMENT is not met as evidenced by: KAR 26-41-101(f)(1)(C) The facility reported a census of 18 residents with three residents included in the sample and one closed record review. Based on interview and record review the operator failed to protect Resident (R) 5, 6, 7, and 8 from exploitation when money was reported missing, and investigation was not completed to identify perpetrator. Findings included: - Record review of 01/10/24 "Intake Information"	S3026		

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

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S3026	Continued From page 1	S3026		

for R4 revealed he noticed missing money from his apartment on 12/08/23.

The undated investigation report sent to the State Agency lacked any further information including corrective actions taken, report to law enforcement, copy of R4's Functional Capacity Screen (FCS), Negotiated Service Agreement (NSA), Health Care Plan (HSP), and notarized statements including one from R4 and all staff.

The completed investigation was requested by email from the State Agency on 02/06/24 which the facility failed to provide.

- Record review of 01/12/24 "Intake Information" for R5 revealed she reported $80 in missing money from her wallet on 01/09/23.

The undated investigation report sent to the State Agency lacked any further information including corrective actions taken, report to law enforcement, copy of R5's FCS, NSA, HSP, and notarized statements including one from R5 and all staff.

The 02/07/24 email sent by the State Agency instructed Administrative Nurse I to identify what staff had access to R5's room, interview them, complete the investigation, and resubmit.

The completed investigation was requested which the facility failed to provide.

- Record review of 01/12/24 "Intake Information" for R4 revealed he noticed missing money from his locked drawer on 12/26/23.

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S3026	Continued From page 2	S3026		

The undated investigation report sent to the State Agency lacked corrective actions taken, a copy of R4's FCS, NSA, HSP, and notarized statements including one from R4 and all staff.

The 12/29/23 witness statement by Administrative Staff E Stated R4's Durable Power of Attorney reported to her that R4 had received $300 on 12/19/23 and it was gone on 12/26/23. She reported this to Administrative Staff A on 12/29/23.

An email from the State Agency on 02/07/24 requested a completed investigation to determine compliance with regulation safeguarding resident belongings which was not received.

- Record review of 01/12/24 "Intake Information" for R6 revealed she noticed over $100 missing money from her apartment on 12/06/23 which she reported on 12/07/23.

The undated investigation report sent to the State Agency lacked report to law enforcement, copy of R6's FCS, NSA, HSP, and notarized statements from all staff including one from Staff F whom R6 reported being in her room.

The 02/06/24 email sent by State Agency instructed Administrative Staff I she is required to notify law enforcement and include documentation as well as interviews of other residents to determine isolated or widespread incident. The completed investigation was requested which the facility failed to provide.

- Record review of 01/17/24 "Intake Information"

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S3026	Continued From page 3	S3026		

for R7 revealed he noticed more than $50 missing money from his apartment recently and reported to facility staff on 01/13/24.

The undated investigation report sent to the State Agency lacked any further information including report to law enforcement, copy of R7's FCS, NSA, HSP, and notarized statements including one from R7 and all staff.

- Record review of 05/10/24 "Intake Information" for R7 revealed he noticed $100 in missing money from his apartment on 12/08/23.

The undated investigation report sent to the State Agency lacked a report to law enforcement, copy of R7's FCS, NSA, HSP, and notarized statements from all staff in building from 05/08/24 at 09:00 PM until 05/09/24 at 06:00 PM.

The undated and unnotarized, signed note by R7, stated he reported missing $100 on 05/09/24 to Certified Medication Aide (CMA) G and CMA H.

The 05/09/24 signed statement by CMA G stated after R7 told her he was missing money, she reported it to Administrative Nurse I. The statement lacked any knowledge from CMA G of seeing the money or other witnessed events.

The 05/09/24 signed Statement by CMA H lacked any knowledge of seeing the money or other witnessed events.

On 04/29/25 at 01:37 PM R7 stated that he had money missing multiple times. R7 was able to recall all events that occurred and stated he did

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S3026	Continued From page 4	S3026		

not notice a pattern between days or nights. R7 stated he has a lock box now where he keeps his money.

Witness Statements from all staff were requested due to unknown perpetrator which the facility failed to provide.

On 04/29/25 at 03:30 PM Administrative Staff A stated Administrative Nurse I was in charge of the investigations. She confirmed she should have followed the cases more closely and law enforcement was not notified by facility staff for any of the cases.

On 04/29/25 at 02:42 PM Administrative Staff B confirms the investigations were not complete and law enforcement was not documented as notified by staff.

The facility's last revised 05/2021 "Abuse, Neglect, & Exploitation Policy" defined exploitation as taking unfair advantage of an adult's financial resources. Response to an incident was to include immediate protection of all residents from subsequent episodes of exploitation while a determination was pending. The investigation should include interviews of potential witnesses, the alleged perpetrator, alleged victim, visitors, other residents, and other staff.

The operator failed to protect all residents from exploitation when missing money was reported by R4, R5, R6, and R7 and facility investigations were not completed which failed to identify perpetrator.

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S3028	Continued From page 5	S3028		
S3028 SS=E	26-41-101 (f) (3) Staff Treatment of Residents Reporting (f) (3) Each allegation of abuse, neglect, or exploitation shall be reported to the administrator or operator of the facility as soon as staff is aware of the allegation and to the department within 24 hours. The administrator or operator shall ensure that all of the following requirements are met: (A) An investigation shall be started when the administrator or operator, or the designee, receives notification of an alleged violation. (B) Immediate measures shall be taken to prevent further potential abuse, neglect, or exploitation while the investigation is in progress. (C) Each alleged violation shall be thoroughly investigated within five working days of the initial report. Results of the investigation shall be reported to the administrator or operator. (D) Appropriate corrective action shall be taken if the alleged violation is verified. (E) The department ' s complaint investigation report shall be completed and submitted to the department within five working days of the initial report. (F) A written record shall be maintained of each investigation of reported abuse, neglect, or exploitation. This REQUIREMENT is not met as evidenced by: KAR 26-41-101(f)(3)	S3028		

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S3028	Continued From page 6 The facility reported a census of 18 residents with three residents included in the sample and one closed record review. Based on interview and record review the operator failed to report allegations of neglect to the department within 24 hours and completed investigations submitted within five working days of an initial report to the department when Resident (R) 5, R6, R7, and R8 reported missing money. Findings included: - Record review of 01/10/24 "Intake Information" for R4 revealed he noticed missing money from his apartment on 12/08/23. The undated investigation report sent to the State Agency lacked evidence of documentation the incident was reported to the department within 24 hours and lacked any further information including corrective actions taken, report to law enforcement, copy of R4's Functional Capacity Screen (FCS), Negotiated Service Agreement (NSA), Health Care Plan (HSP), and notarized statements including one from R4 and all staff. The completed investigation was requested by email from the State Agency on 02/06/24 which the facility failed to provide. - Record review of 01/12/24 "Intake Information" for R5 revealed she reported $80 in missing money from her wallet on 01/09/23. The undated investigation report sent to the State Agency lacked evidence of documentation the incident was reported to the department	S3028		

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S3028	Continued From page 7	S3028		

within 24 hours and lacked any further information including corrective actions taken, report to law enforcement, copy of R5's FCS, NSA, HSP, and notarized statements including one from R5 and all staff.

The 02/07/24 email sent by the State Agency instructed Administrative Nurse I to identify what staff had access to R5's room, interview them, complete the investigation, and resubmit.

The completed investigation was requested which the facility failed to provide.

- Record review of 01/12/24 "Intake Information" for R4 revealed he noticed missing money from his locked drawer on 12/26/23.

The undated investigation report sent to the State Agency lacked evidence of documentation the incident was reported to the department within 24 hours and lacked corrective actions taken, a copy of R4's FCS, NSA, HSP, and notarized statements including one from R4 and all staff.

The 12/29/23 witness statement by Administrative Staff E Stated R4's Durable Power of Attorney reported to her that R4 had received $300 on 12/19/23 and it was gone on 12/26/23. She reported this to Administrative Staff A on 12/29/23.

An email from the State Agency on 02/07/24 requested a completed investigation to determine compliance with regulation safeguarding resident belongings which was not received.

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S3028	Continued From page 8 - Record review of 01/12/24 "Intake Information" for R6 revealed she noticed over $100 missing money from her apartment on 12/06/23 which she reported on 12/07/23. The undated investigation report sent to the State Agency lacked evidence of documentation the incident was reported to the department within 24 hours and lacked report to law enforcement, copy of R6's FCS, NSA, HSP, and notarized statements from all staff including one from Staff F whom R6 reported being in her room. The 02/06/24 email sent by State Agency instructed Administrative Staff I she is required to notify law enforcement and include documentation as well as interviews of other residents to determine isolated or widespread incident. The completed investigation was requested which the facility failed to provide. - Record review of 01/17/24 "Intake Information" for R7 revealed he noticed more than $50 missing money from his apartment recently and reported to facility staff on 01/13/24. The undated investigation report sent to the State Agency lacked evidence of documentation the incident was reported to the department within 24 hours and lacked any further information including report to law enforcement, copy of R7's FCS, NSA, HSP, and notarized statements including one from R7 and all staff. - Record review of 05/10/24 "Intake Information" for R7 revealed he noticed $100 in missing	S3028		

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S3028	Continued From page 9	S3028		

money from his apartment on 12/08/23.

The undated investigation report sent to the State Agency lacked a report to law enforcement, copy of R7's FCS, NSA, HSP, and notarized statements from all staff in building from 05/08/24 at 09:00 PM until 05/09/24 at 06:00 PM.

Witness Statements from all staff were requested due to unknown perpetrator which the facility failed to provide.

On 04/29/25 at 03:30 PM Administrative Staff A stated Administrative Nurse I was in charge of the investigations. She confirmed she should have followed the cases more closely and law enforcement was not notified by facility staff for any of the cases.

On 04/29/25 at 02:42 PM Administrative Staff B confirms the investigations were not complete and law enforcement was not documented as notified by staff.

The facility's last revised 05/2021 "Abuse, Neglect, & Exploitation Policy" defined exploitation as taking unfair advantage of an adult's financial resources. The investigation should include interviews of potential witnesses, the alleged perpetrator, alleged victim, visitors, other residents, and other staff. Report should be made to the State Agency "as soon as practicable" either during or after normal business hours. Staff should notify law enforcement when it appeared a crime had been committed.

The operator failed to report allegations of

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S3028	Continued From page 10 neglect to the department within 24 hours and completed investigations submitted within five working days of an initial report to the department when Resident (R) 5, R6, R7, and R8 reported missing money.	S3028		
S3211 SS=E	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: KAR 26-41-205 (g)(3) The facility reported a census of 18 residents. The facility had a room where two medication carts held medications for all residents. Based on observation and interview the operator failed to ensure a licensed pharmacist or licensed nurse placed the full names of residents on the original packages of four over the counter (OTC) medications.	S3211		

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S3211	Continued From page 11 Findings included: - Observation on 04/29/25 at 11:31 AM Licensed Nurse (LN) C unlocked and opened treatment cart and revealed the following medications lacked a resident's full name: One 100-gram tube of Diclofenac Sodium Three four-ounce tubes of Medline Remedy zinc oxide On 04/29/25 at approximately 11:34 AM LN C confirmed four OTC medications in the treatment cart lacked residents' names. The facility's "Medication Treatment Labeling Policy" last revised 03/2023 stated all medications and treatments (including OTC and sample medications) should be labeled with the necessary information to provide safe medication administration. The operator failed to ensure a licensed pharmacist or licensed nurse placed the full names of residents on the original packages of four OTC medications.	S3211		
S3213 SS=E	26-41-205 (g) (2) Medication Labeling (g) (2) Each prescription medication container shall have a label that was provided by a dispensing pharmacist or affixed to the container by a dispensing pharmacist in accordance with K.A.R. 68-7-14.	S3213		

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S3213	Continued From page 12 This REQUIREMENT is not met as evidenced by: KAR 26-41-205(g)(2) The facility reported a census of 18 residents. The facility had a room where two medication carts held medications for all residents. Based on observation and interview the operator failed to ensure each prescription medication had a label that was provided or affixed to the container by a dispensing pharmacist. Findings included: - Observation on 04/29/25 at 11:32 AM Licensed Nurse (LN) C unlocked and opened the treatment cart and revealed one 15-gram bottle of Nystatin topical powder lacked a resident name. On 04/29/25 at approximately 11:34 AM LN C confirmed the nystatin container lacked a label provided by a dispensing pharmacist. The facility's "Medication Treatment Labeling Policy" last revised 03/2023 stated all medications and treatments should be labeled with the necessary information to provide safe medication administration. The operator failed to ensure each prescription medication had a label that was provided or affixed to the container by a dispensing pharmacist.	S3213		
S3298 SS=F	26-41-206 (d) Food Preparation (d) Food preparation. Food shall be prepared	S3298		

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S3298	Continued From page 13 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)(2) The facility reported a census of 18 residents. The facility had a main kitchen where food was stored, prepared and served to all residents. Based on interview and observation the operator failed to ensure food in cans with significant defects including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening not be used. Findings included: - Observation on 04/29/24 at 11:02 AM of the pantry revealed wire shelving with canned foods	S3298		

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S3298	Continued From page 14 which contained two gallon cans of applesauce dented on top and bottom rims. On 04/29/24 at approximately 11:09 AM Dietary Staff D confirmed the food cans were dented and tossed them into the trash. The facility's "Food Storage" policy last revised 06/24 directed staff to mark dented cans with a large "X", set them aside, and not use. The operator failed to ensure food in cans with significant defects including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening was not used.	S3298		
S3299 SS=F	26-41-206 (e) (1) Facility Food Storage (e) Food storage. Facility staff shall store all food under safe and sanitary conditions. (1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. This REQUIREMENT is not met as evidenced by: KAR 26-41-206(e) The facility reported a census of 18 residents. The facility had a kitchen where food was stored, prepared, and served to all residents. Based on observation and interview the operator failed to ensure food items were stored under safe conditions.	S3299		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N031004	A. BUILDING: _____ B. WING _____	04/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE JUNCTION CITY	1022 CAROLINE AVENUE JUNCTION CITY, KS 66441

(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
S3299	Continued From page 15 Findings included: - Observation on 04/29/25 at 11:08 AM revealed a three-door refrigerator in the kitchen contained food items for all residents which contained the following food items: One opened 22-ounce bottle of Great Value strawberry syrup undated One opened gallon of milk undated One opened 48-ounce bottle of Thirster pineapple juice undated One opened 48-ounce bottle of Thirster prune juice undated One plastic pitcher of sweet tea unlabeled and undated Kitchen cabinets contained the following food items: One opened two-pound box of Malt O Meal Original unsealed and undated One opened 42-ounce container of Great Value shortening undated One opened 30-ounce bag of Sun-Maid raisins, unsealed with best by date 06/05/24 One opened 16-ounce box of Monarch corn starch with best by date 12/15/24 One opened box of 32 0.25-ounce packages of Great Value unflavored gelatin with best by date November 2023 On 04/29/25 at approximately 11:17 AM Administrative Staff A confirmed food items were undated, unsealed, and/or past date of use. The facility's "Food Storage" policy last revised	S3299		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S3299	Continued From page 16 06/24 stated all foods must be stored in a manner that maximizes nutrient retention, quality, and food safety. The operator failed to ensure food items were stored under safe conditions.	S3299		