STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N088003	A. BUILDING: _____ B. WING _____	05/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE LIBERAL SPRINGS	1500 N TERRACE LIBERAL, KS 67901

(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 numbers 194140, 191295, 191150, 190561, 189453, and 188897, for the above named facility conducted on 05/27/25, 05/28/25 and 05/29/25.	S 000		
S3026 SS=J	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: K.A.R. 26-41-101 (f) (1) (B) The facility reported a census of 28 residents. The sample included 3 Residents (R)'s. Based on observation, interview, and record review, the Administrator failed to ensure staff secured all 3 exit gates located in the back fenced area of the facility, prior to cognitively impaired R1 going into the area to walk unaccompanied. This allowed R1 to exit the back fenced area without staff knowledge placing her in immediate jeopardy for 37 minutes when she was found approximately 0.8. miles away from the facility at a local business.	S3026		

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

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S3026	Continued From page 1	S3026		

Findings included:

Record review for R1 revealed an admission date of 12/09/24 with diagnoses of unspecified dementia, anxiety, psychotic disturbance, and essential hypertension.

Review of R1's "Functional Capacity Screen" (FCS) dated 12/09/24 revealed R1 was independent with transferring, walking and mobility. R1 was identified to have impaired short-term memory, long-term memory, memory/recall, and decision making. R1 was at risk for falls, wandering and impaired decision making.

Review of R1's combined "Negotiated Service Agreement" (NSA)/Health Service Plan" (HSP) dated 12/26/24, under the section titled "Falls" it was typed that R1 was independent with ambulation but required cueing due to memory impairment. Staff were instructed to remind R1 of meal and activity times. R1 required cueing and supervision for all evacuations. "Prior to admission to the facility R1walked approximately 4 miles per day. Under the section titled "Cognition/Psychosocial" revealed R1 was "very forgetful with both short term and long-term memory". R1 had a recent history of "walking and wandering at least 4 miles per day" around her community. Staff were instructed to provide cueing and reminders to R1 as needed.

Review of R1's electronic "Medical Records" under the "Progress Notes" tab revealed the following entries;

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S3026	Continued From page 2 On 01/10/25 at 01:17 PM "Certified Medication Assistant" (CMA) A documented that R1 was mad and wanted to leave. R1 was trying to leave by "different doors". On 03/12/25 at 12:00 PM R1 was let into the back courtyard by "certified staff " at 09:25 AM. When staff went back to check on R1 "certified staff " were unable to locate R1 and at 09:52 AM community staff were alerted of a possible elopement of R1. R1 was found approximately 0.8 miles away from the community by a friend of R1's at a local pharmacy. Record review of R1's "Medical Record" revealed a document titled "Progress Notes" signed by R1's medical provider, and was dated 11/26/24 that revealed R1 had her "license" revoked due to multiple safety issues that were well documented due to dementia. Review of R1's "Kohlman Evaluation of Living Skills" (KELS) revealed R1 was unlikely to recognize emergency situations and know how to appropriately respond to changes in her environment. Record review of the facility provided un-notarized document titled "Witness Statement" dated 03/12/25 and signed by "Certified Nurse Aide" (CNA) B revealed at 09:25 AM she let R1 into the backyard and at 09:52 AM CNA B went to check on R1 and she was not in the backyard at that time. Record review of the facility provided document titled "Post Elopement Query" revealed R1 was returned to the facility at 10:03 AM by R1's friend	S3026		

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S3026	Continued From page 3 who found R1 at a local pharmacy. Interview on 05/28/25 at approximately 01:10 PM with CNA B revealed R1 asked CNA B if she could go outside. CNA B stated that R1 did not usually request to go outside and walk. CNA B revealed she looked at the gates to ensure they were closed. CNA B confirmed she did not check the gates to make sure they were locked. CNA B stated that sometimes the landscapers and contractors working on the building would leave the doors open and unlocked. Interview on 05/28/25 at approximately 01:25 PM with Maintence Director C confirmed he physically checks the gates security every morning and every evening Monday through Friday. He continued to state that the facility had been having trouble with the landscaping workers shutting and securing the gates in the back courtyard. Observation on 05/27/25 at approximately 12:45 PM during the facility tour revealed all exit doors had a keypad and needed a code to be entered to unlock the door. Observation on 05/28/25 at approximately 01:25 PM of the back courtyard revealed there were approximately five contractors working on the outside of the facility. Two contractors were on ladders painting on the northeast side of the building and the back gate located where they were working was unlocked and standing open. There were three contractors carrying supplies from the northeast gate to across the back courtyard to the southwest gate. The contractors left the gates standing open and unsecured.	S3026		

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S3026	Continued From page 4 Maintence Director C reminded the contractors at this time to shut and secure the gates each time they enter/exit the area. On 05/28/25 at 08:25 AM Administrator D was notified cognitively impaired R1 had been placed in Jeopardy when on 03/12/25 CNA B put the code into the backdoor that led to the back courtyard and did not ensure the 3 gates were secured before leaving R1 unattended in the back courtyard. This failure allowed cognitively impaired R1 to leave the facility without staff knowledge. CNA B confirmed the last time she saw R1 was at 09:25 AM and R1's "Post Elopement Query" revealed R1 was returned to the facility at 10:03 AM. Cognitively impaired R1 left the facility without staff knowledge and was not accounted for by facility staff for 37 minutes. R1 walked down a busy four lane street and crossed a busy 4 lane intersection where the speed limit was 30 miles per hour and was found by her friend at a local pharmacy. R1 was wearing jeans, tennis shoes, a white shirt and a blue sweater. The temperature on 03/12/25 at 08:56 AM was 36 degrees Fahrenheit according to www.Wunderground.com The Immediate Jeopardy was removed on 03/13/25 at 01:00 PM prior to the surveyor entering the building on 05/27/25, when the following actions were documented by the facility in their "Abatement Plan" and it was accepted by the department on 05/28/25 at 08:14 AM Elopement Training for all staff that was completed on 03/13/25.	S3026		

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S3026	Continued From page 5 R1 was a one on one for forty-eight hours after her arrival back to the facility. An activity of indoor group walking was initiated. On 03/12/25 carabiner locks were installed on the three fence gates on the back courtyard fence. All landscapers and external vendors must ring the doorbell to gain entry and exit of the facility so that staff can confirm all gates are properly secured.	S3026		
S3320 SS=E	28-39-254 CONSTRUCTION (a) The assisted living facility or residential health care facility shall be designed, constructed, equipped and maintained to protect the health and safety of residents, personnel and the public. (b) All new construction, renovation, remodeling and changes in building use in existing buildings shall comply with building and fire codes, ordinances and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. (c) New construction, modifications and equipment shall conform to the following codes and standards: (1) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992; and (2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981.	S3320		

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S3320	Continued From page 6 This REQUIREMENT is not met as evidenced by: K.A.R. 28-39-254 (a) The facility reported a census of 28 residents. The sample included 3 "Residents'" (R)'s. Based on observation and interview the Administrator failed to maintain the facility to protect the health and safety of the residents when there were unsecured chemicals located cognitively impaired resident rooms. Findings included: - Record review for R1 revealed an admission date of 12/09/24 with diagnoses of unspecified dementia, anxiety, psychotic disturbance, and essential hypertension. Review of R1's "Functional Capacity Screen" (FCS) dated 12/09/24 revealed R1 was independent with transferring, walking and mobility. R1 was identified to have impaired short-term memory, long-term memory, memory/recall, and decision making. Review of R1's combined "Negotiated Service Agreement" (NSA)/Health Service Plan" (HSP) dated 12/26/24, under the section titled "Falls" it was typed that R1 was independent with ambulation but required cueing due to memory impairment. Staff were instructed to remind R1 of meal and activity times. Observation on 05/29/25 at approximately 09:10 AM of R1's room revealed in the lower kitchen	S3320		

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S3320	Continued From page 7	S3320		

cabinet located under the sink revealed 1 can of Pledge furniture spray and 1 can of Comet cleaning powder. On the bathroom shelves were 1 bottle of Scrubbing Bubbles cleaner and 1 spray bottle of Windex spray.

Record review for R2 revealed an admission date of 05/12/23 with diagnoses of Chronic Kidney Disease stage 3, Hypertension and late onset dementia with hallucinations.

Review of R2's FCS dated 05/16/25 revealed R1 required supervision with transferring and mobility. R2was identified to have impaired short-term memory, memory/recall and decision making.

Review of R2's combined NSA/HSP dated 5/19/25 under the section titled "Cognitive/Psychosocial" was documented that R2 required assistance with opening the door to take his dog outside, and He had moderately impaired cognition. R2 was documented as alert and oriented to person.

Observation on 05/29/25 at approximately 09:00 AM of R2's room in the cabinet above the stove revealed 1 Bottle of Clorox Clinging bleach toilet gel, 1 container of Clorox wipes, 1 can of Lysol spray, 1 can of Old English furniture spray, and 1 spray bottle of Windex.

Interview on 05/29/25 at approximately 09:15 AM with "Licensed Nurse" (LN) F confirmed all chemicals should be stored securely.

The Administrator failed to maintain the facility to protect the health and safety of the residents

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S3320	Continued From page 8 when there were unsecured chemicals located cognitively impaired resident rooms.	S3320		