STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N059016	A. BUILDING: _____ B. WING _____	08/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE MCPHERSON	1460 N MAIN STREET MCPHERSON, KS 67460

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S 000	INITIAL COMMENTS The following represents the findings of a Re-Licensure Survey with complaint investigations 187901, 192684, 193306, 193856, and 195679 for the above named Assisted Living Facility conducted on 08/04/25, 08/05/25, and 08/06/25.	S 000		
S3082 SS=E	26-41-201 (d) Functional Capacity Screen Accurate d) Designated facility staff shall ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form. This REQUIREMENT is not met as evidenced by: K.A.R 26-41-201 (d) The facility reported a census of 26 residents(R). The sample included three residents and two closed record reviews. Based on observation, record review and interview the Executive Director failed to ensure designated facility staff completed one of two closed records (R3) and one of three sampled residents (R4) "Functional Capacity Screen" accurately to reflect their functional ability and need for assistance. Findings included: - R3's medical record revealed he moved into the facility on 04/13/23 with diagnosis of Alzheimer's disease. R3's "Functional Capacity Screen" (FCS) dated	S3082		

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

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S3082	Continued From page 1 04/16/24 identified he needed supervision with dressing and was independent with eating. Interview on 08/04/25 at 04:22 PM Administrative Staff A reported the "Negotiated Service Agreement" and the "Health Care Service Plan" (NSA/HCSP) were a combined document. R3's NSA/HCSP dated 04/16/25 revealed he needed assistance with dressing and staff needed to cut up his food and help him with eating his meals. Interview on 08/05/25 at 11:17 AM Certified Medication Aide (CMA) D reported the resident declined before he moved and needed more assistance with cares including dressing and eating. Interview on 08/06/25 at 10:07 AM CMA E reported staff helped him get dressed in the mornings. Interview on 08/06/25 at 11:39 AM Administrative Licensed Nurse B reviewed R3's FCS and NSA/HCSP and confirmed the FCS was not accurate because he required staff to help with getting dressed and eating his meals. The Executive Director failed to ensure designated staff completed R3's FCS accurately related to his ability to eat and ability to dress himself. - Review of R4's record revealed she moved into the facility on 12/09/24 with a diagnoses of heart failure and diabetes mellitus type II.	S3082		

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S3082	Continued From page 2 R3's 'Functional Capacity Screen" (FCS) dated 03/06/25 revealed she needed supervision with dressing, toileting, and was independent with eating. Interview on 08/04/25 at 04:22 PM Administrative Staff A reported the "Negotiated Service Agreement" and the "Health Care Service Plan" (NSA/HCSP) were a combined document. R4's NSA/HCSP dated 03/06/25 revealed R4 needed physical assistance of one staff for dressing which included guided maneuvering of limbs and help with buttons, socks, and shoes. It also identified she needed physical assistance with her clothing and undergarments when toileting, including help getting on and off the toilet. R4's NSA/HCSP also identified staff needed to assist her with opening containers and cutting up her foods as she requested. Interview on 08/05/25 at 01:48 PM Administrative Licensed Nurse B reviewed R4's FCS and confirmed it was not accurate because she did need help with dressing, toileting, and eating. The executive director failed to ensure designated staff completed R4's FCS accurately related to her functional ability for dressing, toileting, and for eating.	S3082		
S3085 SS=D	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity	S3085		

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S3085	Continued From page 3 screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-41-202 (a)(1)(2) The facility reported a census of 26 residents (R). The sample included three residents and two closed record reviews. Based on record review, and interview the Executive Director failed to ensure designated staff completed the "Negotiated Service Agreement" for one (R4) of three sampled residents based on the resident's "Functional Capacity Screen" and service needs, which included a description of the services the resident received, the provider of each service, and payment source if an outside resource provided the service. Findings included: - Review of R4's medical record revealed she moved into the facility on 12/09/24 with diagnoses of diabetes mellitus type II, leg ulcers,	S3085		

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S3085	Continued From page 4	S3085		

and spinal stenosis.

R4's "Functional Capacity Screen" (FCS) dated 01/15/25 identified she required physical assistance with all activities of daily living except for eating and was at risk for falls.

Interview on 08/04/25 at 04:22 PM Administrative Staff A reported the "Negotiated Service Agreement" and the "Health Care Service Plan" are one document. (NSA/HCSP)

R4's record included NSA/HCSPs dated 01/15/25 that identified she received Home Health services for wound care but failed to include that she received physical therapy services from an outside provider.

Review of R4's record included notes that she had a start of care for Home Health to provide physical therapy and skilled nursing on 12/09/24 . The record included notes of physical therapy between 12/12/24 to 02/03/25.

Interview on 08/05/25 at 01:48 PM Administrative Licensed Nurse B reviewed R4's record and NSA/HCSPs and confirmed R4 received physical therapy services right after admission into the facility and it should have been included in her NSA/HCSPs.

Review of the "Service Plan Process Policy" dated 03/2020 revealed the service plan should include specific and individualized approaches for the care of the resident based on their needs.

The executive director failed to ensure designated staff completed R4's NSA/HCSP to

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S3085	Continued From page 5 include a description of services related to physical therapy services.	S3085		
S3092 SS=D	26-41-202 (d) Negotiated Service Agreement Revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements:(1) At least once every 365 days; (2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly, if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, facility staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by: KAR 26-41-202 (d)(2) The facility reported a census of 26 residents(R). The sample included three residents and two closed record reviews. Based on interview, and record review the Executive Director failed to ensure designated staff reviewed and revised the "Negotiated Service Agreement" for one (R4) of three sampled residents when the resident had a significant change in service needs related to Home Health and Therapy services. Findings included:	S3092		

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S3092	Continued From page 6 - Review of R4's medical record revealed she moved into the facility on 12/09/24 with diagnoses of diabetes mellitus type II, leg ulcers, and spinal stenosis. R4's "Functional Capacity Screen" (FCS) dated 03/06/25 identified she required physical assistance with bathing, transfers, and mobility, and required supervision with dressing and toileting. It also identified she was independent with eating and was at risk for falls. Interview on 08/04/25 at 04:22 PM Administrative Staff A reported the "Negotiated Service Agreement" and the "Health Care Service Plan' are one document. (NSA/HCSP) R4's record included NSA/HCSPs dated 12/09/24, 01/15/25 and 03/06/25. identified she received Home Health services for wound care. The record lacked any revisions (addendums) to the NSA/HCSP to identify physical therapy provided by Home Health discontinued on 02/03/25 and resumed on 07/14/25. Review of R4's record included documentation she had a start of care for Home Health to provide physical therapy and skilled nursing on 12/09/24 and they discontinued physical therapy on 02/03/25. It also included documentation on 07/14/25 for Physical therapy evaluation and initial visit on 07/21/25. Interview on 08/05/25 at 01:48 PM Administrative Licensed Nurse B reviewed R4's record and NSA/HCSPs and confirmed R4 Home Health stopped physical therapy services on 02/03/25	S3092		

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S3092	Continued From page 7 and started again on 07/14/25. Administrative Licensed Nurse B reported she should have completed a revision (addendum) to the NSA/HCSP when Home Health stopped physical therapy services in February and started again in July. Review of the "Service Plan Process Policy" dated 03/2020 revealed the service plan should be reviewed and revised as necessary by community care team and include specific and individualized approaches for the care of the resident based on their needs. The executive director failed to ensure designated staff reviewed and revised R4's NSA/HCSP when R4 no longer received physical therapy services on 02/03/25 and when they resumed on 07/14/25.	S3092		
S3171 SS=E	26-41-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(i) The facility reported a census of 26 Resident's (R). The sample included three residents and two closed record reviews. Based on observation, interview, and record review the Executive Director failed to ensure facility staff	S3171		

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provided health care services according to standards of practice related to using a gait belt to help with transfers for one (R4) of three sampled residents and performing night checks for resident safety for one (R5) of two closed record reviews.

Findings included:

- Review of R4's record revealed she moved into the facility on 12/09/24 with diagnoses of heart failure and diabetes mellitus type II.

R4's 'Functional Capacity Screen" (FCS) dated 03/06/25 revealed she needed supervision with dressing, toileting, and was independent with eating. She also had a risk for falls.

Interview on 08/04/25 at 04:22 PM Administrative Staff A reported the "Negotiated Service Agreement" and the "Health Care Service Plan" (NSA/HCSP) were a combined document.

R4's NSA/HCSP dated 03/06/25 revealed staff needed to assist her with all transfers using a gait belt, front wheeled walker and wheelchair. It also identified she needed 1-2 staff for transfers.

R4's admission NSA/HCSP dated 12/09/24 identified a risk for falls and staff were to use the walker as mobility aide, 1-2-person transfer using the gait belt, and physical assistance of one staff with wheelchair use.

R6's nursing progress notes included the following documentation:
12/10/24 - Resident will need assist of one staff with gait belt for transfers as right knee buckles

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and she needs to have the wheelchair behind her when walking.
12/27/25 - Resident had a fall in her bedroom next to her bed. Certified Medication Aide (CMA) F was in the room and witnessed the fall. It noted CMA F walked the resident to the restroom and R4's right knee gave out resulting in her falling forward and bumping her chin on the walker. The resident said her jaw and pinky finger were sore but no injuries were identified.

Review of CMA F's witness statement to the fall revealed she walked R6 without putting the gait belt on first ,but put one on to help position her comfortably and help her to stand up after the fall.

Observation on 08/05/25 at 11:42 AM CMA F and CMA G went to assist resident to get up for lunch. CMA F put a gait belt around her, R4 raised her recliner to help stand, and with staff on each side of her she stood up and walked a few steps to transfer into her wheelchair.

Interview on 08/05/25 at 08:51 AM R4 reported she thought she had two falls since moving here but hasn't fallen since. She reported when she fell staff did not use a gait-belt but they use it all the time now.

Interview on 08/05/25 at 01:50 PM Administrative Staff A confirmed CMA F did not use the gait belt as care planned which contributed to her having a fall.

The executive director failed to ensure facility staff followed their care plan according to standards of practice regarding the use of a gait

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S3171	Continued From page 10	S3171		

belt when transferring R4.

- Review of R5's medical record revealed he moved into the facility on 06/27/23 with diagnoses of alcohol induced dementia, heart failure, and idiopathic epilepsy (generalized epilepsy characterized by recurrent seizures without identifiable structural brain abnormalities).

R5's "Functional Capacity Screen" (FCS) dated 02/25/25 identified he walked independently, had impaired cognition and impaired decision-making ability.

Interview on 08/04/24 at 04:22 PM Administrative Staff A reported the "Negotiated Service Agreement" and the "Health Care Service Plan" (NSA/HCSP) are a combined document.

R5's NSA/HCSP included that he was not always oriented to place and time and needed redirection and cueing. It also identified changes in his orientation may impact his decision-making ability.

R5's nursing documentation dated 05/28/25 revealed on that morning, at approximately 06:15 AM, CMA G identified R5 was not in his room and the window was open with the window screen out of it. Staff looked for the resident inside and outside of the facility and could not find him. CMA F contacted Licensed Nurse H who had worked the previous night shift, and she reported R5 had his door shut all night and assumed he was in bed. The resident had walked approximately two miles to the local police department and asked for directions back

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S3171	Continued From page 11	S3171		

to the facility by name because he was lost. The officer gave him directions and R5 started to go back. At that time CMA F had called the police and informed them of a missing resident and the officer then asked the resident if he wanted a ride back. The office gave R5 a ride back to the facility and Licensed Nurse H assessed R5 to ensure he had no injuries while he was out. The record indicated R5 stated he felt "cooped" up and wanted to go for a walk.

Interviews with three different direct care staff all reported R5 had never walked around to the doors and tried to leave, asked to go outside for a walk, or talked about wanting to leave the facility.

Interview on 08/06/25 at 08:00 AM Administrative Licensed Nurse B stated R5 was the last person she thought would ever sneak out through a window.

Interview on 08/06/25 at 09:40 AM Administrative Staff A reported the staff who worked night shift when R5 went out the window did not do night checks on him. Administrative Staff A reported normally they check on the residents during the night and he should have been checked on that night.

Review of the "Night Checks Policy" dated 02/2025 revealed resident care staff should make nightly checks on residents every four to six hours as determined by the resident's need.

The executive director failed to ensure designated staff performed night checks on R5 according to standards of practice and facility

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S3171	Continued From page 12 policy, when at approximately 05:00am , he opened his bedroom window, knocked out the screen, and exited his room through the window without staff knowledge.	S3171		
S3175 SS=D	26-41-205 (a) (1) Self Administration of Medication (a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family member or friend providing this service gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance. (1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(a)(1) The facility reported a census of 26 residents (R). The sample included three residents and two closed record reviews. Based on observation, interview and record review the executive director failed to ensure a licensed nurse completed an assessment for	S3175		

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self-administration of medications one (R6) of three sampled residents prior to the resident self administering all her medications.

Findings included

- R6's record revealed she moved into the facility on 10/16/24 with diagnoses of tongue cancer and chrohns disease.

R6's "Functional Capacity Screen" (FCS) dated 11/20/24 identified she needed supervision with management of medications and medical treatments. R6's FCS dated 05/27/25 identified she was independent with management of her medications and medical treatments.

Interview on 08/04/05 at 04:22 PM Administrative Staff A reported the "Negotiated Service Agreement" and "Health Care Service Plan" were a combined document.

R8's "Negotiated Service Agreement" (NSA) dated 05/27/25 identified R6 self-administered all her medications.

Review of R6's electronic and paper medical record lacked evidence a nurse conducted an assessment to ensure R6 could safely and accurately administer hew own medications.

Observation/Interview on 08/05/25 at 11:27 AM R6 confirmed she self-administered all her own medications. She got a box off the shelf in her kitchen with prefilled medication pouches from the pharmacy. The pouches revealed she had not taken medications since the morning of July 30th., six days ago. R6 confirmed she had been

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S3175	Continued From page 14 forgetting to take them and she also reported that no one has come and checked on her to make sure she was taking them like she is supposed to. Interview on 08/05/25 at 02:38 PM Administrative Licensed Nurse B reported she usually prints off the assessment, does it, and then inputs the information into the electronic record. She looked through the paper chart and confirmed she could not find one and that there should have been one completed when R6 moved in and started giving her own medications. The executive director failed to ensure a licensed nurse completed a self-administration assessment for R6 to ensure she could safely and accurately self-administer her medications and medical treatments. .	S3175		
S3420 SS=F	28-39-256 MECHANICAL REQUIREMENTS (c) Mechanical requirements. (1) Heating, air conditioning, and ventilating systems. (A) The system shall be designed to maintain a year-round indoor temperature range of 70oF or 21oC to 85oF or 26oC. (B) Each apartment or individual living unit shall allow the resident to control the temperature. (2) Plumbing and piping systems. (A) Backflow prevention devices or vacuum	S3420		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N059016	A. BUILDING: _____ B. WING _____	08/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S3420	Continued From page 15 breakers shall be installed on fixtures to which hoses or tubing can be attached. (B) Water distribution systems shall be arranged to provide hot water at outlets at all times. The temperature of hot water shall range between 98oF and 120oF at bathing facilities, sinks, and lavatories in resident use areas. (3) Electrical requirements. (A) All spaces occupied by persons or machinery and equipment within the buildings, approaches to buildings, and parking lots shall have adequate lighting. (B) Minimum lighting intensity levels shall be as required in Table 1. (C) Each corridor and stairway shall remain lighted at all times. (D) Each light in resident use areas shall be equipped with shades, globes, grids, or glass panels. This REQUIREMENT is not met as evidenced by: KAR 28-39-256(c)(2)(B) The facility reported a census of 26 residents. Based on observation, record review, and interview the executive director failed to ensure the temperature of hot water in the dining room sink that is in a resident use area, had a hot water temperature that ranged between 98 degrees Fahrenheit (F) and 120 degrees F	S3420		

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S3420	Continued From page 16 according to regulatory guidelines. Findings included: - During initial tour on 08/04/25 at 03:14 PM surveyor checked hot water temperature in the dining room sink and the public restroom. The temperature of the dining room sink went to 127.3 degrees Fahrenheit (F) in 30 seconds and continued to climb. Observation on 08/04/25 at 03:35 PM Maintenance staff C checked the temperature of the dining room sink and right away it read 124 degrees F, and he reported the sink was connected to the kitchen which is set hotter than the rest of the facility. He did not think of the dining room sink as a resident use area. Surveyor continued to hold thermometer under the water for 1 minute and it read 133.2 degrees F. Review of the maintenance "Water Temperature Log" from 01/24/25 to current revealed the last time the dining room sink hot water temperature was checked was 02/07/25 which read 110.0 degrees F. Interview on 08/06/25 at 11:29 AM Administrative Staff A reported the facility changed their system earlier in the year and it went from checking all areas every month, to checking random ones weekly. Administrative Staff A reported the dining room sink should have been on the random checking of hot water. Review of the undated Water Temperature instructions per TELS (electronic monitoring	S3420		

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S3420	Continued From page 17 system), revealed to ensure the standard temperature is between 100 - 115 for hot water. The operator failed to ensure hot water temperatures in areas accessible to residents remained within regulatory guidelines of 98 to 120 degrees F.	S3420		