STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N029007	A. BUILDING: _____ B. WING _____	01/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE DODGE CITY	2400 N 14TH AVENUE DODGE CITY, KS 67801

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S 000	INITIAL COMMENTS The following citations represent the findings of a Re-Licensure Survey with complaint investigation 190491 for the above named Assisted Living Facility conducted on 01/12/26 and 01/13/26.	S 000		
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 19 residents (R). The sample included three residents and four focused record reviews. Based on observation, interview and record review the executive director failed to ensure a licensed	S3175		

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

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S3175	Continued From page 1	S3175		

nurse completed an assessment for self-administration of medications for one (R4) of three sampled residents who self administered medications.

Findings included

- Review of R4's "electronic medical record (EMR) revealed she moved into the facility on 12/31/08 with diagnosis of post polio syndrome.

R4's "Functional Capacity Screen" dated 12/22/25 revealed R4 required physical assistance with management of medications and medical treatments and had no cognitive impairment.

Interview on 01/12/26 at 01:59 PM Administrative Staff A reported the "Negotiated Service Agreement" and the "Health Care Service Plan" (NSA/HCSP) were one combined document.

R4's NSA/HCSP dated 12/22/25 identified qualified staff to administer medications and provide medical treatments. The NSA did not mention R4 self-administered any of her medications.

Review of R4's EMR lacked a self administration for any of her medications.

R4's EMR included the following physician's orders:
02/13/25 Metronidazole cream .75% apply to facial rash topically twice a day - unsupervised self-administration.
06/17/25 - Triamcinolone Acetonide .5% cream - apply twice a day - may keep at bedside.

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S3175	Continued From page 2 Review of R4's January 2026 MAR indicated she self-administered her metronidazole cream and her Triamcinolone cream to her face tice a day. Observation / interview on 01/12/25 at 01:38 PM resident lay in bed awake, alert and oriented x4. She confirmed she had some ointment that she could put on her face twice a day, she pointed over to the bedside table and said it was in the tiny tube (Triamcinolone). Interview on 01/13/26 at 11:22 AM Administrative Nurse B reported if a resident self-administered medications a self-administration assessment was to be done when they start administering them. Administrative Nurse B looked in R4's record and confirmed staff has not completed a self-administration assessment. Review of the "Self-Administration of medication policy" dated 8/2023 revealed If a resident desires to self-administer medications, an evaluation should be conducted by the Nurse initially, quarterly or with change in condition. The operator failed to ensure a licensed nurse completed an assessment to ensure R4 was able to safely and accurately self-administer medications she kept at her bedside.	S3175		
S3186 SS=D	26-41-205 (b) Administration of Selected Medications (b) Administration of select medications. Any resident who self-administers medication may select some medications to be administered by a licensed nurse or medication aide. The	S3186		

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S3186	Continued From page 3 negotiated service agreement shall reflect this service and identify who is responsible for the administration and management of selected medications. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (b) The facility reported a census of 19 residents(R). The sample included three residents and four focused record reviews. Based on observation, interview, and record review the executive director failed to ensure one (R4) of three sampled residents "Negotiated Service Agreement" included the selected medications the resident chose to administer. Findings included: - Review of R4's "electronic medical record (EMR) revealed she moved into the facility on 12/31/08 with diagnosis of post polio syndrome. R4's "Functional Capacity Screen" dated 12/22/25 revealed R4 required physical assistance with management of medications and medical treatments and had no cognitive impairment. Interview on 01/12/26 at 01:59 PM Administrative Staff A reported the "Negotiated Service Agreement" and the "Health Care Service Plan"	S3186		

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S3186	Continued From page 4 (NSA/HCSP) were one combined document. R4's NSA/HCSP dated 12/22/25 identified qualified staff to administer medications and provide medical treatments. The NSA did not mention R4 self-administered Metronidazole or Triamcinolone cream. . R4's EMR included the following physician's orders: 02/13/25 Metronidazole cream .75% apply to facial rash topically twice a day - unsupervised self-administration. 06/17/25 - Triamcinolone Acetonide .5% cream - apply twice a day - may keep at bedside. Review of R4's January 2026 MAR indicated she self-administered her metronidazole cream and her Triamcinolone cream to her face tice a day. Observation / interview on 01/12/25 at 01:38 PM resident lay in bed awake, alert and oriented x4. She confirmed she had some ointment that she could put on her face twice a day, she pointed over to the bedside table and said it was in the tiny tube (Triamcinolone). Inter iew on 01/13/26 at 12:05 PM Administrative Nurse B confirmed the NSA/HCSP needed to include what medications a resident self administers if shes does some of them. . The operator failed to ensure R4's NSA/HCSP identified what medications she chose to self administer and what the facility staff administered.	S3186		

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S3305	Continued From page 5	S3305		
S3305 SS=D	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 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.	S3305		

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S3305	Continued From page 6 This REQUIREMENT is not met as evidenced by: KAR 26-42-207(b)(1) The facility reported a census of 19 residents. The sample included three residents and four focused record reviews. Based on observation, interview and record review the operator failed to ensure certified staff followed proper infection control measures related to management of an indwelling catheter for one (R4) of three sampled residents. Findings included: - Review of R4's medical record revealed she moved into the facility on 12/31/08 with diagnosis of post polio syndrome. R4's "Functional Capacity Screen" dated 12/22/25 revealed she required physical assistance with all activities of daily living and was not able to participate in toileting or transfers. It also identified she had no cognitive impairment and was able to communicate her needs to staff. Interview on 01/12/26 at 01:59 PM Administrative Staff A reported the "Negotiated Service Agreement" and the "Health Care Service Plan" (NSA/HCSP) were one combined document. R4's NSA/HCSP dated 12/22/25 identified R4 had an indwelling catheter. Observation on 01/12/25 at 01:38 PM R4 lay in bed awake, alert and oriented. She had the head	S3305		

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S3305	Continued From page 7 of the bed raised, pillow under her "polio" leg, and the catheter bag lay on the floor beside her bed. The catheter bag contained a small amount of very drak, almost brown in some places, liquid draining into the bag. Interview on 01/12/26 at 03:39 PM R4 she had told the staff not to hook the bag to the bed frame because she wanted to be able to pull the tubing up and see what the urine in the bag looked like. R4 stated that is why the catheter bag laid on the floor. Interview on 01/12/26 at 03:45 PM Administrative Nurse B confirmed the catheter bag should not be on the floor and staff should at least have it in a container of some sort. Review of CDC (Centers for Disease Control) "Indwelling Urinary Catheter Insertion and Maintenance" education revealed maintenance of an indwelling urinary catheter bag included keeping the bag below the level of the bladder and keeping the urine bag off the floor. The operator failed to ensure certified staff followed proper infection control measure related to management of R4's indwelling catheter bag.	S3305		
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	S3310		

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S3310	Continued From page 8 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 facility reported a census of 19 residents (R). The sample included 3 residents and four focused resident reviews. Based on interview and record review for one (R5) sampled residents and two (R6 and R7) of four focused record reviews revealed the executive director failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. This failure affected all residents who lived in the residential health care facility. Findings included: - Review of resident R5's "electronic medical record" (EMR) revealed she moved into the facility on 11/30/24 with diagnosis of macular degeneration. R5's EMR included documentation she received the twostep skin testing on 12/03/24 and 12/19/24 and both were negative. However,	S3310		

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S3310	Continued From page 9	S3310		

neither one identified what date staff read the results.

- Review of R6's EMR revealed he moved into the facility on 02/05/25 and had an initial TB skin test completed but lacked evidence of a second TB skin test.

- Review of R7's EMR revealed she moved into the facility on 04/15/25. R7's record revealed she had an initial TB skin test done but did not include the date staff read the results and the record lacked evidence of receiving a second TB skin test.

Interview on 01/13/26 at 09:02 AM Administrative Nurse B looked in the resident's records and confirmed they did not comply with TB guidelines. Administrative nurse B reported staff were to document the date they read the TB skin test in the note section of the EMR. Administrative Nurse B also reported staff were to administer the two step TB skin test within seven days of admission and the second test seven to twenty-one days after the first one is read.

Review of the "Tuberculosis (TB) Guidelines for Adult Care Homes" June 2013 revealed each new resident shall receive a two-step TB skin test within seven days of residency unless other specific guidelines are met. Required documentation for the TB skin test includes the date the skin test administered and the date each skin test was read.

The operator failed to ensure all residents received their TB skin testing according to

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S3310	Continued From page 10 department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S3310		
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. This REQUIREMENT is not met as evidenced by: KAR 28-39-254 (a) The facility reported a census of 19 residents(R). The Resident roster provided by Administrative	S3320		

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S3320	Continued From page 11 Nurse B identified 4 residents with impaired cognition. Based on observation and interview the operator failed to ensure staff secured all chemicals for the safety of all residents, personnel and visitors. Findings included: - During initial tour on 01/12/26 at 09:59 in the resident restroom in the dining room above the toilet on the bottom shelf was a bottle of Lysol toilet bowel cleaner which included on the front of the bottle, "DANGER:COROSSIVE" and had specific instructions if it got on skin or clothing as well as instructions to contact poison control. There was also a spray can of Brody disinfectant spray that included a warning that it caused "Substantial, but temporary eye injury" and to wear protective eyewear, and to call poison control center for advice if it got in someone's eyes. Observation on 01/12/26 at 10:03 AM in the dining room under the sink was another spray can of Brody disinfectant spray and a plastic spray bottle labeled Multi-Surface disinfectant cleaner with first aide treatment for eyes, "do not drink" and "hazardous to humans and domestic animals". It also had instructions to contact poison control. Interview on 01/12/26 at 10:11 AM Certified Nurse Aide (CNA) C stated she wasn't for sure if they needed to be "locked" and asked Certified Medication Aide D who told her they were to be kept in the housekeeping closet. CNA C then put chemicals in the laundry room.	S3320		

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S3320	Continued From page 12 Interview on 01/12/26 at 02:10 AM Administrative staff A confirmed hazardous chemicals are to be kept secured in locked cabinets. Review of the facilities chemical guidance revealed staff should never leave chemicals unattended. The opertaor failed to ensure staff kept chemicals secured for the safety of all residents, personnel, and visitors.	S3320		
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 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.	S3420		

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S3420	Continued From page 13 (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 19 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 according to regulatory guidelines. Findings included: - During initial tour on 01/12/26 at 10:07 AM surveyor checked the temperature of the water in the dining room sink and it reached 138.7 degrees Fahrenheit (F) after one minute and 30	S3420		

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S3420	Continued From page 14 seconds of running and then stabilized at that temperature. Surveyor checked the dining room resident bathroom and the sink temperature started at 75 degrees F and then slowly reached 103.7 and stabilized. On 01/12/26 at 10:29 AM Administrative Nurse B checked the temperature and at 1 minute it read 128.9 degrees F and then staff turned the hot water back off. On 01/12/26 at 02:02 PM Administrative Staff A checked the temperature with surveyor, and it read 136.6 degrees F and stabilized there. Administrative Staff A confirmed it was too hot and needed to have a mixing valve on it since it runs into the kitchen as well. Review of the maintenance "Water Temperature Log" for the past three months included a temperature taken on 12/11/25 that read 108 degrees F. Interview on 01/12/26 at 02:03 PM Administrative staff reported they had some remodeling done and reported they must have forgotten to put the mixing valve back on the 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		