Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N026008	A. BUILDING: _____ B. WING _____	C 05/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE HAYS	1801 E 27TH STREET HAYS, KS 67601

(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 citation represents the findings of the licensure resurvey with attached complaints (8417 and 8085) for the above named facility conducted on 05/19/26.	S 000		
S3215 SS=D	26-41-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the facility in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the facility in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the facility. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration.	S3215		

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

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S3215	Continued From page 1 This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (h) (4) The facility reported a census of 32 residents. The sample included 3 residents. Based on observation, record review and interview for 1 non-sampled residents (R)4, Administrator A failed to ensure medications were not administered beyond the manufacturer's or pharmacy provider's recommended date of expiration. Findings included: - Observation during the initial tour on 05/19/26 at approximately 10:25 AM with Certified Medication Aide (CMA) C revealed one medication cart in the medication room of the facility. The medication cart contained resident's medications. The following medication was noted expired: For R4, the cart contained one Toujeo SoloStar insulin pen with a pharmacy label affixed to it. The insulin pen recorded an open date of 03/22/26 and an expiration date of 04/18/26. Current Mary 2026 MAR (medication administration record) recorded, "Toujeo SoloStar Solution Pen-Injector 300 unit/ milliliter, inject 18 units subcutaneously in the morning for diabetes." Medication signed off as administered daily from 05/01/26 through 05/19/26 by certified staff (Certified Medication Aide (CMA) C, CMA D, CMA E, CMA F and Licensed Nurse G).	S3215		

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S3215	Continued From page 2 Interview on 05/19/26 at approximately 10:25 AM with Licensed Nurse B and CMA C confirmed R4's Toujeo insulin pen was to be discarded after 28 days. Facility's "Medication & Treatment - Storage Policy" last revised 09/25 recorded, "Medications and treatments should be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions." Administrator A failed to ensure medications were not administered beyond the manufacturer's or pharmacy provider's recommended date of expiration.	S3215		