Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N070008	A. BUILDING: _____ B. WING _____	07/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKSIDE RETIREMENT COMMUNITY ASSISTED L	702 W 7TH PO BOX 308 OVERBROOK, KS 66524

(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 represent the findings of a resurvey for the above named Assisted Living facility conducted on 07/15/26 and 07/16/26.	S 000		
S3085 SS=E	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 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: 26-41-202 (a) (1) The facility reported a census of twenty residents with three residents included in the sample. Based on interview, and record review the administrator failed to ensure the "Negotiated Service Agreement" (NSA) was fully developed based on the resident's "Functional Capacity Screen" (FCS), service needs, and preferences for Resident (R) R102 and R103.	S3085		

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

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S3085	Continued From page 1 Findings included: - R102's medical record revealed she moved into the facility on 05/05/26 with a diagnosis of idiopathic progressive neuropathy. The 05/04/26 FCS identified R102 was at risk for falls and had impaired vision. The 05/04/26 NSA did not address what services staff provided R102 concerning her risk for falls and her impaired vision. On 07/16/26 at 10:55 AM Licensed Nurse (LN) A stated R102's NSA did not address what services staff provided for falls and impaired vision. The administrator failed to ensure R102's NSA was fully developed to include all items that triggered on the FCS, her service needs, and preferences. - R103's medical record revealed she moved into the facility on 10/01/25 with a diagnosis of muscle weakness. The 10/01/25 FCS identified R103 required physical assistance for bladder incontinence, and was at risk for falls, impaired vision and impaired decision-making. The 10/01/25 NSA did not address what services staff provided R103 concerning bladder incontinence, falls, impaired vision and decision-making abilities. On 07/16/26 at 12:17 PM LN A stated R103's NSA did not address all that triggered on her	S3085		

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S3085	Continued From page 2 FCS. The administrator failed to ensure R103's NSA was fully developed to include all items that triggered on the FCS, her service needs, and preferences.	S3085		
S3166 SS=D	26-41-204 (e) Delegation of Duties (e) A licensed nurse may delegate nursing procedures not included in the nurse aide or medication aide curriculums to nurse aides or medication aides, respectively, under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. This REQUIREMENT is not met as evidenced by: KAR 26-41-204 (e) The facility reported a census of twenty residents with three residents reviewed. Based on interview and record review of three newly hired staff, the administrator failed to ensure Certified Medication Aides (CMA) were trained and completed competencies for the preparation of insulin flex-pens for residents to self-administer. Findings included: - Review of the newly hired employee records revealed a lack of documentation of staff competencies completed for Certified Medication Aides (CMA) to prepare insulin flex pens for residents that self-injected insulin.	S3166		

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S3166	Continued From page 3 CMA B was hired on 09/02/25. Review of her personnel records revealed the lack of documentation she completed a competency for preparation of insulin flex-pens. CMA C was hired on 05/01/26. Review of her personnel records revealed the lack of documentation she completed a competency for preparation of insulin flex-pens. On 07/15/26 at 03:40 PM Licensed Nurse A confirmed there was one resident who self-injected insulin. Licensed Nurse A stated that competency checks concerning CMA preparation of insulin flex pens had not been completed for newly hired CMA staff. The administrator failed to ensure designated staff completed competencies for preparation of insulin flex-pens for residents that self-injected insulin.	S3166		
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.	S3211		

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S3211	Continued From page 4 This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (g) (3) The facility reported a census of 20 residents. Based on observation and interview the operator failed to ensure a licensed pharmacist or licensed nurse placed the full name of the resident on the original package of over the counter (OTC) medications. Findings included: - Observation on 07/15/26 at 04:10 PM of the medication room revealed the following OTC medications not labeled with the full name of the resident: One bottle of Nature Made D3 (supplement) One bottle of Spring Valley D (supplement) One bottle of Walgreens Vitamin D3 (supplement) One bottle of MiraLax (osmotic laxative) One bottle of Kroger Aspirin 325 milligrams (non-steroidal anti-inflammatory drug) One bottle of GeriCare One-Daily Multivitamin/Minerals (supplement) Review of the undated "Brookside Assisted Living Medication Management" policy revealed, "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	S3211		

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S3211	Continued From page 5 the medication container." The administrator failed to ensure all OTC medications were labeled by a pharmacist or licensed nurse with the resident's full name.	S3211		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-41-104 (d) (3) The facility reported a census of twenty residents. Based on record review and interview for all residents and all facility employees, the administrator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly reviews of the facility's	S3280		

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S3280	Continued From page 6 emergency management plan with employees and residents. Findings included: - On 07/15/26 Administrative Staff D provided documentation that showed quarterly reviews of the emergency management plan were completed for staff on 04/16/25 and with residents on 04/16/25 and 07/01/26. On 07/15/26 at 03:43 PM Administrative Staff D stated she was unable to locate documentation that showed reviews of the emergency management plan were completed with staff and residents on a quarterly basis. The administrator failed to ensure the completion of quarterly reviews of the emergency management plan with employees and residents.	S3280		