STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N085010	A. BUILDING: _____ B. WING _____	C 08/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE SALINA FAIRDALE	2251 E CRAWFORD SALINA, KS 67401

(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 represents the findings of a licensure resurvey with attached complaint #198121 and #198125 at the above named assisted living facility conducted on 08/18/26.	S 000		
S3080 SS=E	26-41-201 (a) (b) Functional Capacity Screen on Admission a) On or before each individual ' s admission to an assisted living facility or residential health care facility, a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual ' s functional capacity and shall record all findings on a screening form specified by the department. The administrator or operator may integrate the department ' s screening form into a form developed by the facility, which shall include each element and definition specified by the department. (b) A licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services. This REQUIREMENT is not met as evidenced by: KAR 26-41-201(b) The facility reported a census of 38 residents with three residents included in the sample. Based on interview and record review, the facility failed to ensure a licensed nurse documented they assessed Residents (R)1, R2, and R3 when their Functional Capacity Screen (FCS) indicated health care services were required. Findings included:	S3080		

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

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S3080	Continued From page 1 - Record review for R1 revealed an admission date of 03/29/19 with a diagnosis of Cerebral Palsy. The 02/13/26 FCS identified R1 required total assistance with management of medications and treatments; supervision with bathing; and was marked for falls. The 02/13/26 FCS lacked a signature to confirm an assessment was completed by a licensed nurse. - Record review for R2 revealed an admission date of 05/22/25 with a diagnosis of Diabetes Mellitus. The 06/30/26 FCS identified R2 required physical assistance with bathing, management of medications and treatments; was frequently incontinent of urine; and was marked for short-term memory difficulties. The 06/30/26 FCS lacked a signature to confirm an assessment was completed by a licensed nurse. - Record review for R3 revealed an admission date of 09/23/22 with a diagnosis of Dementia. The 05/18/26 FCS identified R3 required total assistance with bathing, dressing, mobility, management of medications and treatments; required physical assistance with toileting, transferring, eating; was incontinent of urine; marked for short-term and long-term memory, memory recall, and decision-making cognitive difficulties; and was marked for impaired decision-making.	S3080		

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S3080	Continued From page 2 The 05/18/26 FCS lacked a signature to confirm an assessment was completed by a licensed nurse. On 08/18/26 at 04:30 PM Administrative Staff A and Administrative Nurse B confirmed R1, R2, and R3's FCS's lacked signatures to confirm assessments were completed by a licensed nurse. The facility failed to ensure a licensed nurse documented they assessed R1, R2, and R3 when their Functional Capacity Screen indicated health care services were required.	S3080		
S3215 SS=F	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	S3215		

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S3215	Continued From page 3 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. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (h) (4) The facility reported a census of 38 residents. Based on observation, interview, and record review, the facility failed to ensure staff stored Tuberculin solution properly to ensure it was not accidentally administered beyond the manufacturers recommended date of expiration, which had the potential to affect all residents. Findings included: - Observation during the initial tour on 08/18/26 at 10:45 AM with Administrative Staff D revealed a locked medication room in the facility. The medication room revealed a medication fridge, which contained one opened bottle of tuberculosis (TB) solution inside an opened pharmacy labeled box. The pharmacy label was dated "06/17/26" as the delivery date to the facility. The TB solution bottle, nor pharmacy labeled box, had an open date on it. The solution was accessible to staff for administration. Interview on 08/18/26 at 11:00 AM with	S3215		

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S3215	Continued From page 4 Administrative Nurse C confirmed the TB solution had no open date written on the TB solution bottle or box. Tuberculin manufacturer guidelines directions for storage include to date the tuberculin vial when opening and discard it after 30 days. The facility failed to ensure staff stored the tuberculin solution, so it was not accidentally administered beyond the manufacturers or pharmacy' recommended date of expiration, which had the potential to affect all residents.	S3215		
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 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: KAR 26-41-207 (c) The facility reported a census of 38 residents with	S3310		

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S3310	Continued From page 5 three residents included in the sample. Based on interview and record review, the facility failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in KAR 26-39-105, which had the ability to affect all residents. Findings included: - Record review for Resident (R) 2 revealed an admission date of 05/22/25 with diagnosis of Diabetes Mellitus. R2's record lacked evidence of documentation an initial TB two-step skin test (TST) was administered within seven days of residency or documentation of a previous significant reaction. During interview on 08/18/26 at 03:30 PM, Administrative Nurse B confirmed R2 did not receive an initial TB TST within seven days of residency. The June 2013 department's "Tuberculosis (TB) Guidelines for Adult Care Homes" documented each new employee, and each new resident shall receive a two-step TB skin test within seven days of employment or residency. The facility failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105.	S3310		