

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175478		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/30/2026	
NAME OF PROVIDER OR SUPPLIER BROOKDALE ROSEHILL				STREET ADDRESS, CITY, STATE, ZIP CODE 12802 JOHNSON DRIVE , SHAWNEE, Kansas, 66216			
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F0000	INITIAL COMMENTS The Risk-Based Survey Process was used to conduct a federal recertification survey. The following citations represent the findings of a Health Recertification Survey and complaint survey regarding allegations in 3186420 and 2986449. The census was 71. The sample included six residents.			F0000			
F0880 SS = E	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;			F0880			

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE
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F0880 SS = E	Continued from page 1 (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi) The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is NOT MET as evidenced by: Based on record review, observations, and interviews, the facility failed to implement adequate infection control practices when staff failed to ensure respiratory equipment was stored in a sanitary manner for Resident (R)4's oxygen nasal cannula. The facility also failed to ensure trash was taken to the appropriate receptacle and was not placed on the floor.	F0880					

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F0880 SS = E	Continued from page 2 Findings included: - On 09/30/2026 at 07:43 AM, outside of R10's door, four clear bags of trash containing incontinence briefs and chucks in the trash bags laid on the floor along with two pairs of purple gloves, turned inside out. On 09/30/2026 at 07:53 AM, R4's oxygen nasal cannula lay on her bed, covered with her blanket. R4's second nasal cannula was wrapped around the handle of portable oxygen cylinder that was placed in a stroller. R4's nasal cannulas were not stored in a sanitary manner. On 09/30/2026 at 02:33 PM, Certified Nurse's Aide (CNA) O stated nasal cannulas where to be placed in a bag in the resident's room. She stated trash was taken to the soiled utility room when leaving a resident's room. On 09/30/2026 at 07:43 AM, Licensed Nurse (LN) H stated she had talked to the CNAs that left the trash outside of R10's room, and they were going to pick all the trash up and place the trash in the soiled utility room. LN H was unsure why the trash was placed on the floor and said it should have been taken to the soiled utility room. On 09/30/2026 at 02:28 PM, LN J stated the residents' s nasal cannulas should be placed in the resident's bag, that was attached to the residents' canister. On 09/30/2026 at 02:05 PM, Administrative Nurse D stated oxygen cannulas have their own bags with the resident's name on the bag. She stated the nasal cannulas when not in use should be placed into the bag. Administrative Nurse D stated trash should be taken to the soiled utility room when staff leaves a resident's room. She said trash should not be left on the floor. The facility's "Oxygen Management" policy dated 03/2026 documented the oxygen cannula, or mask should be changed per order and when soiled. The cannula, or mask should be stored in a plastic bag when not in use. The facility's "Infection Prevention and Surveillance" policy dated 03/2026 documented the nurse leader designee would track, treat and monitor infections on an ongoing basis to assist with the prevention, development, and transmission of disease and infection.			F0880			

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F0550 SS = D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is NOT MET as evidenced by: Based on observations and interviews, the facility failed to provide services in a dignified manner for Resident (R)8 when staff stood over her while assisting her with hydration in the dining room.			F0550			

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F0550 SS = D	Continued from page 4 Findings Included: - R8's Electronic Medical Record (EMR) from the "Diagnosis" tab documented diagnoses of Lewy body dementia (a type of progressive brain disorder that leads to a decline in thinking, reasoning, and independent function), contracture (abnormal permanent fixation of a joint or muscle) of the right hand, hemiparesis/hemiplegia (weakness and paralysis on one side of the body) following a cerebral infarction (stroke - sudden death of brain cells due to lack of oxygen caused by impaired blood flow to the brain by blockage or rupture of an artery to the brain) effecting the right dominant side. R8's "Significant Change Minimum Data Set" (MDS) dated 09/06/2026 documented a Brief Interview of Mental Status (BIMS) score of three, which indicated severely impaired cognition. The MDS documented R8 had an impairment of one side of her upper body and needed substantial/maximal assistance from staff with eating. R8's "Nutritional Status Care Area Assessment (CAA)" dated 09/06/2026 documented R8 had a diagnosis of Lewy body dementia and had dysphagia (swallowing difficulty) and was placed on a pureed diet. R8 was placed on hospice care and was to get a supplement four times a day. R8's "Care Plan" documented the following: 06/03/2026-R8 was at a nutritional risk due to weight loss, and staff were to monitor R8's meal intake with each meal. 06/16/2026-Staff were to encourage R8 to take fluids and monitor weights as ordered by the physician. On 09/30/2026 at 12:00 PM, R8 sat in her Broda chair (specialized wheelchair with the ability to tilt and recline) against the windows in the dining room waiting for lunch. On 09/30/2026 at 12:24 PM, Licensed Nurse (LN) I stood over R8 and placed a chocolate drink that was in a red glass with a straw in R8's mouth. On 09/30/2026 at 12:28 PM, Certified Nurse Aide (CNA) N stood over R8 and placed a chocolate drink that was in a red cup with a straw in her mouth. On 09/30/2026 at 02:33 PM, CNA O stated staff should sit next to the resident when offering the resident drinks and food.			F0550			

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F0550 SS = D	Continued from page 5 On 09/30/2026 at 02:28 PM, LN J stated staff should never stand over a resident. She stated staff should grab a chair and sit beside the resident when helping the resident with drinks and food. On 09/30/2026, Administrative Nurse D stated staff should have sat beside R8 when offering her drinks. The facility's "Quality of Life-Dignity" policy dated 03/2026 documented residents should be cared for in a manner that promotes and enhances their sense of well-being level of satisfaction with life, and feelings of self –worth and self-esteem.	F0550					
F0554 SS = D	Resident Self-Admin Meds-Clinically Approp CFR(s): 483.10(c)(7) §483.10(c)(7) The right to self-administer medications if the interdisciplinary team, as defined by §483.21(b)(2)(ii), has determined that this practice is clinically appropriate. This REQUIREMENT is NOT MET as evidenced by: Based on observation, record review, and interviews, the facility failed to assess Resident (R)4 to ensure the resident was able to safely self-administer medications. Findings Included: - R4's Electronic Medical Record (EMR) from the "Diagnosis" tab documented diagnoses of hypertension (HTN- elevated blood pressure), congestive heart failure (CHF-a condition with low heart output and the body becomes congested with fluid), and diabetes mellitus (DM-when the body cannot use glucose, not enough insulin is made, or the body cannot respond to insulin). R4's "Modification of Quarterly Minimum Data Set (MDS)" dated 09/18/2026 noted a Brief Interview for Mental Status (BIMS) score of 14, which indicated intact cognition. The MDS documented R6 was independent with all activities of daily living (ADL) except bathing and needed staff assistance with set up or clean up. R4's "Functional Abilities and (Self-Care Mobility Care Area Assessment" (CAA) dated 05/02/2026 documented R4 was a resident with comorbidities that impaired her abilities to perform ADLs, and personal care. The CAA documented R4 was	F0554					

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F0554 SS = D	Continued from page 6 experienced muscle weakness and needed assistance with personal care. R4's "Care Plan" documented the following: 05/02/2025-Staff were to educate R4 and caregivers on the risk, benefits potential side effects, and the reason for the medication. Staff were to administer medication as ordered by the physician. 09/22/2026-R4 received medication that was listed on the Black Box Warning (BBW- highest safety-related warning that medications can have assigned by the Food and Drug Administration). On 09/30/2026 at 07:53 AM, R4 sat in her chair in her room. R4 stated she had time to talk. She said she was taking her medication which were observed in a clear plastic medication cup on her bedside table. R4 stated she had nine pills in the morning, and she had taken one pill. R4's medication cup had eight pills in the cup on her bedside table. R4's EMR lacked evidence of an assessment to ensure R4 could safely administer medications and lacked a physician's order to leave medications at bedside. On 09/30/2026 at 02:28 PM, Licensed Nurse (LN) J stated nursing staff should stay with the resident while the resident takes their medication. On 09/30/2026 at 02:01 PM, Administrative Nurse D stated R4 did not have a self-administration assessment for medication. She stated medication should not be left in a resident's room. Administrative Nurse D stated the nurse giving the medication should have stayed with R4 to ensure the medication was taken. The facility's "Self-Administration of Medications" dated 03/2019 documented it was the policy of the facility that those residents who desire to self-administer medications may do so if the review determines the resident was capable.	F0554					
F0558 SS = D	Reasonable Accommodations Needs/Preferences CFR(s): 483.10(e)(3) §483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents.	F0558					

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F0558 SS = D	Continued from page 7 This REQUIREMENT is NOT MET as evidenced by: Based on interviews, observation, and record review the facility failed to ensure Resident (R) 6's needs were met when staff failed to provide R6 with a call light to communicate her needs and wants to staff. Findings included: - R6's Electronic Medical Record (EMR) from the "Diagnosis" tab documented diagnoses of general weakness, cerebrovascular accident (CVA-stroke-sudden death of brain cells due to lack of oxygen caused by impaired blood flow to the brain by blockage or rupture of an artery to the brain), and dementia (a progressive mental disorder characterized by failing memory and confusion). The "Quarterly Minimum Data Set (MDS)" dated 09/03/2026 documented a Brief Interview of Mental Status (BIMS) score of zero, which indicated severely impaired cognition. The MDS documented R6 had limited range of motion (ROM- the full movement potential of a joint, usually its range of flexion and extension) to her upper and lower extremities on one side of the body. The MDS documented that she was dependent on staff assistance for transfers. R6's "Functional Abilities (Self-Care and Mobility) Care Area Assessment (CAA)", dated 03/12/2026 documented her dominant right side was affected by the CVA. R6 required staff assistance with her activities of daily living. R6's "Care Plan" documented the following interventions: 05/04/2021 – Staff would ensure her call light was within reach and encourage her to use it for assistance as needed. On 09/30/2026 at 09:58 AM, R6 sat in the wheelchair at the foot of her bed. R6's call laid on the floor under her wheelchair pedals beside the head of her bed. The other call light was clipped on the cord on the wall behind her bedside table. On 09/30/2026 at 01:56 PM, R6 sat in her wheelchair by the by the room door faced toward the windows. R6's call light laid on the floor under her wheelchair pedals beside the head of her bed. R6's other call light was clipped onto the cord against the wall behind her bedside table on the other side of the bed.			F0558			

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F0558 SS = D	Continued from page 8 On 09/30/2026 at 01:58 PM, Licensed Nurse (LN) K stated a resident's call light should always be within their reach when in the room. LN K confirmed R6's call light was outside her reach and then placed the call light in R6's reach. On 09/30/2026 at 02:01 PM, Administrative Nurse D stated a call light should always be placed within residents reach. She stated it was everyone's responsibility to ensure the call light was placed within reach of the residents. The facility's "Quality of Life- Accommodation of Needs" policy last revised 10/2021 documented the facility's environment and associate behaviors are directed toward assisting the resident in maintaining and/or achieving independent functioning, dignity and well-being.	F0558					
F0689 SS = D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is NOT MET as evidenced by: Based on observations, interviews, and record review the facility failed to ensure an environment free from accident hazards when staff failed to use two staff for mechanical lift transfers for Resident (R) 6, who required the assistance of two staff for transfers. Findings included: - R6's Electronic Medical Record (EMR) from the "Diagnosis" tab documented diagnoses of general weakness, cerebrovascular accident (CVA-stroke-sudden death of brain cells due to lack of oxygen caused by impaired blood flow to the brain by blockage or rupture of an artery to the brain), and dementia (a progressive mental disorder characterized by failing memory and confusion).	F0689					

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F0689 SS = D	Continued from page 9 The "Quarterly Minimum Data Set (MDS)" dated 09/03/2026 documented a Brief Interview of Mental Status (BIMS) score of zero, which indicated severely impaired cognition. The MDS documented R6 had limited range of motion (ROM- the full movement potential of a joint, usually its range of flexion and extension) to her upper and lower extremities on one side of the body. The MDS documented that she was dependent on staff assistance for transfers. R6's "Functional Abilities (Self-Care and Mobility) Care Area Assessment (CAA)", dated 03/12/2026 documented her dominant right side was affected by the CVA. R6 required staff assistance with her activities of daily living. R6's "Care Plan" documented the following interventions: 09/01/2026 – R6 required assistance of two staff members for all transfers with the stand-up lift. On 09/30/2026 at 09:45 AM, Certified Nurse Aide (CNA) M exited R6's room with the stand-up lift. R6 sat in her wheelchair at the foot of her bed. On 09/30/2026 at 09:48 AM, CNA M stated he had transferred R6 with the stand-up lift alone. CNA M stated sometimes there would be two people that would assist with a lift transfer but typically there was only one staff member for R6's transfers. On 09/30/2026 at 09:58 AM, Licensed Nurse (LN) G stated there should always be two staff member assistance during a lift transfer. LN G stated there would be education provided to CNA M about lift safety. On 09/30/2026 at 02:01 PM, Administrative Nurse D stated there should always be two staff members assisting with R6's lift transfer. She stated education had been provided to CNA M concerning safe transfer using lifts. The facility's "Falls Management" policy, last revised 03/2026 documented residents would be evaluated for the risk of falling so that interventions may be considered in order to: Promote resident safety; Promote appropriate clinical and interdisciplinary assessment of falls and fall risk factors; Coordinate management of acute and recurrent falls. While falls cannot be prevented, certain interventions may reduce the risk of falling. Early identification of risk for falls and reduction of multiple falls may enable residents to maintain their dignity and maximize their level of independence.			F0689			