STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N031004	A. BUILDING: _____ B. WING _____	C 10/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE JUNCTION CITY	1022 CAROLINE AVENUE JUNCTION CITY, KS 66441

(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 resurvey with attached complaint 198338 at the above-named assisted living facility conducted on 10/19/26-10/20/26. The facility reported a census of 21 residents with four included in the sample.	S 000		
S3200 SS=E	26-41-205 (d) (1-2) Facility Administration of Medications (d) Facility administration of resident ' s medications. If a facility is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the facility has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(d) Based on interview and record review the facility failed to ensure facility staff administered medications to Resident (R) 1 and R3 in accordance with their provider's orders. Findings included:	S3200		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N031004	A. BUILDING: _____ B. WING _____	C 10/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE JUNCTION CITY	1022 CAROLINE AVENUE JUNCTION CITY, KS 66441

(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
S3200	Continued From page 1 - Record review for R1 revealed an admission date of 11/12/25 with a diagnosis of Alzheimer's disease. The 07/13/26 Functional Capacity Screen (FCS) identified R1 required physical assistance with management of medications. The 07/13/26 Negotiated Service Agreement (NSA) for R1 identified qualified staff would administer medications. The 04/26/26 "Consultation Report" from the pharmacist and signed by provider on 06/15/26 recommended a frequency for Colace (a stool softener) which the provider ordered to be given every day as needed. The signed recommendation failed to have any notes by facility staff indicating the change was acknowledged or completed. The October 2026 Medication Administration Record (MAR) included Colace with no frequency. The order had a start date of 03/23/26 with no update. - Record review for R3 revealed an admission date of 06/17/25 with diagnoses of hypertension and glaucoma. The 09/16/26 FCS identified R3 was independent with management of medications. The 09/16/26 NSA identified R3 self-administered her medications. The 01/09/26 "Consultation Report" from the pharmacist and signed by the medical provider on 02/04/26 recommended to discontinue	S3200		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N031004	A. BUILDING: _____ B. WING _____	C 10/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE JUNCTION CITY	1022 CAROLINE AVENUE JUNCTION CITY, KS 66441

(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
S3200	Continued From page 2 famotidine. The October 2026 Medication Administration Record (MAR) included famotidine and indicated R3 was continuing to self-administer the medication every day. On 10/20/26 at 02:50 PM Administrative Nurse B confirmed the pharmacy recommendations for R1 and R3 were not followed as ordered. The facility failed to ensure facility staff administered all medications to R1 and R3 in accordance with their medical care provider's order.	S3200		
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. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(g)(3)	S3211		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N031004	A. BUILDING: _____ B. WING _____	C 10/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE JUNCTION CITY	1022 CAROLINE AVENUE JUNCTION CITY, KS 66441

(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
S3211	Continued From page 3 Based on observation and interview, the facility failed to ensure a licensed pharmacist or licensed nurse placed the full names of residents on the original packages of six over-the-counter (OTC) medications in the medication room and cart. Findings included: - Observation on 10/19/26 at 01:48 PM in the medication room revealed cabinets which contained the following OTC medications not labeled with residents' full names: One bottle Systane eye drops 10 milliliters Two bottles aspirin 81 milligrams (mg), 120 enteric coated tablets On 10/19/26 at approximately 01:50 PM Licensed Nurse D confirmed the OTC medications were not labeled with residents' full names. - Observation on 10/19/26 at approximately 01:53 PM revealed the medication cart contained the following OTC medications not labeled with residents' full names: One bottle melatonin 5 mg, 180 gummies One bottle magnesium 200 mg, 120 capsules One 2.5 fluid ounce bottle menthol 4% topical analgesic On 10/19/26 at approximately 01:53 PM Licensed Nurse D confirmed the OTC medications were not labeled with residents' full names. The facility's last revised 03/2023 "Medications & Treatments - Labeling Policy" indicated all medications should be labeled with necessary information to provide safe medication administration. The medication label was to be	S3211		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N031004	A. BUILDING: _____ B. WING _____	C 10/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE JUNCTION CITY	1022 CAROLINE AVENUE JUNCTION CITY, KS 66441

(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
S3211	Continued From page 4 consistent with regulatory requirements. The facility failed to ensure a licensed pharmacist or licensed nurse placed the full names of residents on the original packages of six OTC medications.	S3211		
S3215 SS=E	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 '	S3215		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N031004	A. BUILDING: _____ B. WING _____	C 10/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE JUNCTION CITY	1022 CAROLINE AVENUE JUNCTION CITY, KS 66441

(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
S3215	Continued From page 5 s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (h) Based on observation and interview, the facility failed to ensure medications were stored in accordance with each pharmacy or manufacturer's recommendations or those of federal and state laws and regulations. Findings included: - Observation on 10/19/26 at 01:48 PM of the medication room revealed cabinets which contained extra medications for residents. The following medications were located in the cabinets: Six tubes nystatin 100,000 units per gram, 15 grams with expiration date of 4/24/25 per pharmacy One box with eye drop bottle polyvinyl alcohol 1.4% lubricating eye drops, 15 milliliters with expired date of 08/31/26 One bottle polyethylene glycol 3350 17.9 ounces expired 12/31/25 One chlorthalidone 25 milligrams, 90 tablets with discard after date 6/8/26 per pharmacy One 4-ounce container chest rub (camphor 4.7%, menthol 1.25%, eucalyptus 1.2%) expired 12/23 per manufacturer On 10/19/26 at approximately 01:54 PM Licensed Nurse D confirmed the medications were past date of use.	S3215		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N031004	A. BUILDING: _____ B. WING _____	C 10/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE JUNCTION CITY	1022 CAROLINE AVENUE JUNCTION CITY, KS 66441

(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
S3215	Continued From page 6 The facility's last revised 03/2023 "Medications & Treatments - Labeling Policy" indicated state regulations were to be followed. The facility failed to ensure medications were stored in accordance with each pharmacy or manufacturer's recommendations or those of federal and state laws and regulations.	S3215		