STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046052	A. BUILDING: _____ B. WING _____	08/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE LEAWOOD STATE LINE	12724 STATELINE ROAD LEAWOOD, KS 66209

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S 000	INITIAL COMMENTS The following represents the findings of a resurvey with attached complaints #179846, #179609, #179516, #178120, #177902, #176951, #174234, #169925, #169791, and #169150 at the above named assisted living facility conducted on 08/28/23 and 08/29/23.	S 000		
S3081 SS=D	26-41-201 (c) Functional Capacity Screen Reassessment (c) Designated facility staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements: (1) At least once every 365 days; (2) following any significant change in condition as defined in K.A.R. 26-39-100; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: KAR 26-41-201(c)(1) The facility reported a census of 30 residents with three residents included in the sample. Based on interview and record review the administrator failed to ensure facility staff completed a "Functional Capacity Screen" (FCS) for Resident (R) 2 every 365 days. Findings included: - Record review for R2 revealed an admission date of 12/03/19 with diagnoses of vascular	S3081		

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

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S3081	Continued From page 1 dementia, abnormal weight loss, and pressure ulcer of hip. The 12/24/21 (most recent) "Functional Capacity Screen" (FCS) identified R2 required physical assistance with bathing, dressing, toileting, transfers, and walking/mobility; was unable to perform management of medications and treatments; she was incontinent of bladder; had short-term and long-term memory, memory/recall, and decision-making cognitive difficulties; and was marked for falls and impaired decision-making. The 06/19/23 "Negotiated Service Agreement" (NSA) directed facility staff to provide R2 physical assistance of one staff with bathing and dressing; physical assistance with toileting and walking/mobility; physical assistance with two persons using a mechanical lift with transfers; facility staff manage medications and treatments; she wore incontinence products for bladder incontinence; facility staff would provide one-step simple directions, reminders and/or attention to daily events and occurrences for cognitive difficulties and impaired decision-making. R2's record lacked evidence of an "FCS" since the 12/24/21 "FCS" which was 632 days from date of the resurvey and 267 days overdue. On 08/29/23 at approximately 01:31 PM Administrative Nurse B confirmed R2's most recent "FCS" was on 12/24/21. The administrator failed to ensure facility staff completed an "FCS" for R2 every 365 days.	S3081		

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S3211	Continued From page 2	S3211		
S3211 SS=F	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) The facility reported a census of 30 residents. Based on observation and interview the administrator failed to ensure a licensed pharmacist or licensed nurse placed the full names of residents on the original packages of eight over-the-counter (OTC) medications on a medication cart in the assisted living. Findings included: - Observation on 08/28/23 at 01:36 PM revealed Certified Medication Aide (CMA) D unlocked and opened the medication cart. The following OTC medications were not labeled with residents' full names:	S3211		

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S3211	Continued From page 3 One bottle of docusate sodium stool softener 100 milligrams (mg), 600 softgels One bottle of diphenhydramine 25 mg, 100 tablets One bottle of melatonin 3 mg, 120 tablets One bottle of iron 65 mg 100 tablets One bottle of One-a-Day Women's 50+ multivitamins, 300 tablets One box of diphenhydramine 25 mg, 24 tablets One bottle of Tums Ultra Strength 1000 mg 160 chewable tablets One bottle of calcium citrate 500 mg + 10 mcg (micrograms) vit D3 On 08/28/23 at approximately 01:36 PM Licensed Nurse E confirmed the OTC medications were not labeled with resident's full names. The administrator failed to ensure a licensed pharmacist or licensed nurse placed the full names of residents on the original packages of OTC medications.	S3211		
S3248 SS=F	26-41-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following documentation: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract	S3248		

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S3248	Continued From page 4 staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult care home; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to have worked as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR 26-41-102(d)(1) The facility reported a census of 30 residents. Based on interview and record review the administrator failed to ensure evidence of licensure for one staff was completed upon hire. Findings included: - Record review of one employee records revealed the following: Licensed Nurse E's employee record revealed a hire date of 12/06/22. The record lacked evidence of documentation her licensure was verified upon hire. On 08/28/23 at 03:48 PM Administrative Staff A confirmed Licensed Nurse E's employee records	S3248		

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S3248	Continued From page 5 lacked evidence of documentation licensure was verified upon hire. The administrator failed to ensure evidence of licensure for Licensed Nurse was completed upon hire.	S3248		
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 30 residents. Based on interview and record review the administrator 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 for three of five sampled staff.	S3310		

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S3310	Continued From page 6 Findings included: - License Nurse E's employee record revealed a hire date of 12/06/22. The employee record lacked evidence of documentation a TB test was completed within seven days of hire. Certified Nurse Aide (CNA) F's employee record revealed a hire date of 10/12/22. The employee record lacked evidence of documentation a TB test was completed within 7 days of hire. CNA G's employee record revealed a hire date of 03/28/23, The employee record lacked evidence of documentation a TB test was completed within 7 days of hire. The department's June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented "Each new employee shall receive a two-step TST. . . within seven days of . . . employment." On 08/28/23 at approximately 04:08 PM Administrative Staff A confirmed staff records lacked evidence of documentation TB testing was completed within seven days of hire for License Nurse E and CNA's F and G. The administrator 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		