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	N046052	A. BUILDING: _____ B. WING _____	03/31/2025

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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 complaint 194127, 192329, 190625, 189949, and 188833 at the above named assisted living facility conducted on 03/27/25-03/31/25.	S 000		
S3082 SS=E	26-41-201 (d) Functional Capacity Screen Accurate d) Designated facility staff shall ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form. This REQUIREMENT is not met as evidenced by: KAR 26-41-201(d) The facility reported a census of 24 residents with three included in the sample. Based on observation, interview, and record review the operator failed to ensure designated facility staff documented Resident (R)3 and R6's functional capacity accurately on the functional capacity screening form. Findings included: - Record review for R3 revealed an admission date of 07/16/24 with a diagnosis of Alzheimer's Disease. The 01/20/25 "Functional Capacity Screen" (FCS) identified R2 required physical assistance with bathing and dressing; was independent with toileting, transferring, and walking; was unable to	S3082		

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

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S3082	Continued From page 1	S3082		

perform management of medications and treatments; had short term memory and decision making difficulties; was at risk for falls, had impaired vision, inappropriate behavior, and impaired decision making; and had no communication difficulties. The FCS failed to indicate R3's wandering problem.

The 01/20/25 "Personal Service Plan" which is the facility's Negotiated Service Agreement identified facility staff would prepare and administer medications to R3, shampoo hair and wash lower body, provide attention for impaired decision-making and redirect with wandering.

The 09/16/24 at 10:25 AM "General Progress Note" documented R3 made it outside after activating door alarm in Hall A. She continued to exit seek daily.

The 01/08/25 "Alert Charting Note" documented R3 does a lot of wandering at night.

Observation on 03/27/25 at 03:20 PM revealed R3 ambulating on own around facility. Staff greeted and then redirected when R3 was unsure of where she was going and what time of the day it was.

On 03/31/25 at 02:38 PM Administrative Staff A confirmed R3's FCS failed to identify her wandering problem.

- Record review for R6 revealed an admission date of 07/13/23 with diagnoses of senile degeneration of brain, Alzheimer's, and depression.

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S3082	Continued From page 2 The 02/09/25 FCS identified was unable to perform barthing, dressing, toileting, transferring, eating, walking, and management of medications and treatments; was incontinent; was at risk for falls; had impaired vision and inappropriate disruptive behavior; had short term memory, long term memory, memory/recall, and decision making difficulties; and had no communication difficulties. The 08/13/24 "Personal Service Plan" failed to instruct staff on how to communicate with R6. The 10/05/24 at 06:00 PM "Alert Charting Note" documented R6 had no verbal response after sustaining a fall. On 03/31/25 at approximately 01:47 PM R6 was asked questions and given instructions by staff. She did not respond verbally. She did follow staff instructions when told to grab rail and help roll over. On 03/31/25 at approximately 01:47 PM two staff members in R6's room stated that R6 did not converse. They agreed that she understood some instructions but did not talk. On 03/31/25 at 02:38 PM Administrative Nurse B confirmed R6's FCS failed to identify her communication capability. The operator failed to ensure designated facility staff documented R3 and R6's functional capacity accurately on the functional capacity screening form.	S3082		

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S3200	Continued From page 3	S3200		
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) The facility reported a census of 24 residents with three included in the sample and three closed record reviews. Based on interview and record review the operator failed to ensure facility staff administered medications to Resident (R) 1 and R3 in accordance with their medical care provider's orders. Findings included: - Record review for R1 revealed an admission	S3200		

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S3200	Continued From page 4 date of 01/13/25 with diagnoses of dementia, altered mental status, hallucinations, and chronic kidney disease. The 01/13/25 Functional Capacity Screen (FCS) identified R1 required physical assistance with management of medications. The 01/13/25 "Personal Service Plan" which is the facility's negotiated service agreement identified qualified facility staff would provide R1 assistance with management of medications. The 02/18/25 medical provider's order for olanzapine 5 milligram (mg) tablet by mouth was ordered to be administered by mouth twice a day. The March 2025 "Medication Administration Record" (MAR) documented R1 was first administered olanzapine twice a day on 03/11/25. Review of R1's record revealed facility staff failed to administer olanzapine per the medical provider's order. The facility's report to the department dated 03/12/25 by Administrative Nurse B stated R1 missed doses of olanzapine 5 mg from 02/17/25 through 03/11/25. - Record review for R3 revealed an admission date of 07/16/24 with a diagnosis of Alzheimer's Disease. The 01/20/25 FCS identified R3 was unable to perform management of medications.	S3200		

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S3200	Continued From page 5 The 01/20/25 "Personal Service Plan" identified facility staff would prepare and administer R3's medications. The 09/13/24 medical provider's order for carvedilol 3.125 mg tablet by mouth in the morning and evening for high blood pressure included instructions to hold the medication if R3's systolic blood pressure was less than 110 or diastolic blood pressure below 60. The March 2025 "MAR" documented R3 was administered carvedilol at all the following dates and times with the blood pressure results: 03/01/25 morning 136/54 03/09/25 morning 117/51 03/16/25 morning 126/58 03/17/25 morning 130/58 03/18/25 morning 124/55 and evening 124/55 03/19/25 morning 136/50 and evening 117/55 03/21/25 morning 115/51 03/22/25 morning 113/55 and evening 136/52 03/23/25 morning 125/46 and evening 116/45 03/26/25 morning 132/59 03/30/25 morning 111/48 Review of R3's record revealed facility staff failed to hold carvedilol for 15 times her diastolic blood pressure was less than 60 per the medical provider's order. On 03/31/25 at approximately 02:42 PM Administrative Staff A confirmed facility staff failed to administer R3's carvedilol medication per their medical provider's orders.	S3200		

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S3200	Continued From page 6 The operator failed to ensure facility staff administered medications to R1 and R3 in accordance with their medical care provider's orders.	S3200		
S3216 SS=E	26-41-205 (i) Disposition of Medication (i) Accountability and disposition of medications. Licensed nurses and medication aides shall maintain records of the receipt and disposition of all medications managed by the facility in sufficient detail for an accurate reconciliation. (1) Records shall be maintained documenting the destruction of any deteriorated, outdated, or discontinued controlled medications and biologicals according to acceptable standards of practice by one of the following combinations: (A) Two licensed nurses; or (B) a licensed nurse and a licensed pharmacist. (2) Records shall be maintained documenting the destruction of any deteriorated, outdated, or discontinued non-controlled medications and biologicals according to acceptable standards of practice by any of the following combinations: (A) Two licensed nurses; (B) a licensed nurse and a medication aide; (C) a licensed nurse and a licensed pharmacist; or (D) a medication aide and a licensed pharmacist. This REQUIREMENT is not met as evidenced by: KAR 26-41- 205(i) The facility reported a census of 24 residents.	S3216		

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S3216	Continued From page 7 Based on observation and interview the operator failed to ensure licensed nurses and medication aides maintained records of the disposition of all medications in sufficient detail for accurate reconciliation. Findings included: - Observation on 03/27/25 at 11:41 AM revealed Certified Medication Aide (CMA) D unlocked and opened the medication cart which contained medications for the residents. Inside the medication cart was a separate locked compartment which contained controlled medications. The controlled medication logbook contained all pages of controlled medications. Pages 74, 81, 103, 109, 119, and 123 documented "1" remaining medication dose with no corresponding medication card in the cart. One page documented three remaining tablets for a resident who no longer resides in the facility. Observation on 03/27/25 at 11:58 AM revealed CMA D unlocked and opened the medication refrigerator which contained a bottle of lorazepam for Resident 7 with under 18 milliliters. The corresponding "Individual Narcotic Log" documented 19.5 remaining milliliters. On 03/27/25 at 11:47 AM CMA D stated the logbook is difficult to manage and easily confusing. On 03/27/25 at 12:02 PM Administrative Nurse B confirmed the controlled medications had been administered or sent with family upon discharge and staff failed to document in the logbook	S3216		

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S3216	Continued From page 8 resulting in inaccurate reconciliation. The operator failed to ensure licensed nurses and medication aides maintained records of the disposition of all medications in sufficient detail for accurate reconciliation.	S3216		
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 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.	S3248		

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S3248	Continued From page 9 This REQUIREMENT is not met as evidenced by: KAR 26-41-102(d)(1) The facility reported a census of 24 residents. Based on interview and record review the operator failed to ensure evidence of certification for one staff that required specialized training. Findings included: - Record review of Certified Medication Aide D's employee record revealed it lacked evidence of active certification. On 03/27/25 at 03:03 PM Administrative Staff A confirmed Certified Medication Aide D's employee records lacked evidence of active certification. The operator failed to ensure evidence of certification for one staff that required specialized training.	S3248		
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;	S3280		

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S3280	Continued From page 10	S3280		

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 24 residents. Based on interview and record review the operator failed to provide evidence of documentation quarterly reviews of the facility's emergency management plan were completed with all residents.

Findings included:

- Review of the facility's emergency plan records revealed the following reviews:

The 10/28/24 Resident Council Meeting Minutes listed eight residents in attendance and reviewed tornado.

The 11/26/24 Resident Council Meeting Minutes listed eight residents in attendance and reviewed fire.

The 01/20/25 Resident Council Meeting Minutes listed nine residents in attendance and reviewed cold weather.

On 03/27/25 at 04:09 PM Staff E confirmed the

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S3280	Continued From page 11 facility's record lacked evidence of documentation the entire emergency management plan was reviewed and that quarterly reviews were completed with all residents for each quarter since the last survey. The operator failed to provide evidence of documentation quarterly reviews of the facility's emergency management plan were completed with all residents.	S3280		
S3299 SS=F	26-41-206 (e) (1) Facility Food Storage (e) Food storage. Facility staff shall store all food under safe and sanitary conditions. (1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. This REQUIREMENT is not met as evidenced by: KAR 26-41-206(e) The facility reported a census of 24 residents. The facility had a main kitchen where food was stored, prepared, and served to all residents. Based on observation and interview the operator failed to ensure food items were stored under safe conditions. Findings included: - Observation on 03/27/25 at 12:37 PM in the activity kitchen revealed a refrigerator that contained food items for the residents which	S3299		

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S3299	Continued From page 12	S3299		

contained the following food items that lacked a date the food was opened.

One pint container heavy whipping cream
One 15 fluid ounce container of creamy Caesar dressing
One 1.89 liter container 2% milk
One 64 fluid ounce container silk almond milk
One 30 fluid ounce container of mayonnaise

No temperature log was found. The refrigerator and freezer compartments found to have no thermometers located in them.

On 03/27/25 at approximately 01:10 PM Administrative Staff A confirmed the food items lacked labels identifying a date the food was opened, no temperature log was present, and no thermometers were in place to monitor temperatures.

Observation on 03/27/25 at 02:06 PM in the main kitchen revealed a three-door refrigerator contained food items for the residents which contained the following food items that lacked labels identifying what was inside and/or a date the food was opened or prepared.

One container heavy cream, one quart
One container mango passion juice
One gallon pitcher with unidentified orange liquid

On 03/27/25 at 02:06 PM Administrative Staff A confirmed the food items lacked labels identifying what was inside and/or a date the food was opened or prepared.

The Kansas Department of Agriculture's "Focus

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S3299	Continued From page 13 on Food Safety" booklet Page 21 explains that commercially prepared foods must be date marked after the original container was opened and held under refrigeration. Foods prepared on site must be labeled and date marked for consumption or discarded within 24 hours. Page 20 explains cold foods must be maintained at 41 degrees Fahrenheit or below. The facility's "Food Storage" policy last revised 06/2024 instructed staff to place thermometers in all refrigerators, freezers, and dry storage rooms for monitoring. The operator failed to ensure foods were stored under safe conditions.	S3299		
S3320 SS=F	28-39-254 CONSTRUCTION (a) The assisted living facility or residential health care facility shall be designed, constructed, equipped and maintained to protect the health and safety of residents, personnel and the public. (b) All new construction, renovation, remodeling and changes in building use in existing buildings shall comply with building and fire codes, ordinances and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. (c) New construction, modifications and equipment shall conform to the following codes and standards: (1) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26,	S3320		

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S3320	Continued From page 14 1992; and (2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981. This REQUIREMENT is not met as evidenced by: KAR 28-39-254(a) The facility reported a census of 24 residents. Based on observation and interview the operator failed to ensure the facility was maintained to protect the health and safety of the residents and visitors by ensuring all chemicals were stored within locked areas. Findings included: - Observation on 03/27/25 at 11:18 AM of Hall A revealed an unlocked housekeeping cart that contained the following chemicals with labels that read, "Keep out of reach of children." One spray bottle of "14 Plus Antibacterial All Purpose Cleaner" One 32 fluid ounce bottle of Lemon-Eze One 32 fluid ounce spray bottle of Bio-Enzymatic Odor Eliminator One 32 fluid ounce spray bottle of Cleaner with Bleach One 80 wipe container of Lysol disinfecting wipes One container ProSpray disinfectant and cleaner towelette wipes One aerosol can of Chewing Gum Remover One container lemon cleaner disinfectant, one	S3320		

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S3320	Continued From page 15 gallon One 16 wipe container of Goo Gone clean up wipes One 8.7 ounce aerosol can of Pledge polish One 20 ounce aerosol can of ant, roach, and spider killer One 15 ounce aerosol can of disinfectant deodorizer On 03/27/25 at approximately 11:20 AM Maintenance Staff G confirmed chemicals were not stored in a locked area. - Observation on 03/27/25 at 02:06 PM of the main kitchen revealed an unlockable cabinet under the sink that contained one 19-ounce aerosol can of Clorox disinfecting spray with label that read, "Keep out of reach of children." The cabinet to the right was lockable but unlocked and contained one spray bottle of "14 Plus Antibacterial All Purpose Cleaner" and one other spray bottle lacking label identifying chemical inside. On 03/27/25 at approximately 02:10 PM Dietary Staff G confirmed chemicals were not stored in locked areas. The facility's "Operations/Environmental Services" policy updated December 2023 instructed staff to never leave chemicals unattended. All housekeeping carts should always be locked when unattended. The operator failed to ensure the building was maintained to protect the health and safety of the residents and visitors by ensuring all chemicals were stored within locked areas.	S3320		

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 _____	03/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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