STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046053	A. BUILDING: _____ B. WING _____	C 06/08/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE SHAWNEE	11400 W 65TH STREET SHAWNEE, KS 66203

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S 000	INITIAL COMMENTS The following citations are the result of a survey for re-licensure with attached complaints (62723, 59926, 58211, 57084, 56290) conducted on 6/1/21, 6/2/21, 6/3/21 and 6/8/21 at the above named residential care facility in Shawnee, KS.	S 000		
S3092 SS=D	26-41-202 (d) Negotiated Service Agreement Revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement 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; (3) at least quarterly, if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, facility staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by: KAR 26-41-202 (d) (1)(2) The facility reported a census of 45 residents. The sample included 3 residents and 3 closed review residents. Based on record review and interview for 1 closed review resident (#604) the operator failed to ensure the review, and if necessary, revision of the negotiated service agreement at least once every 365 days and following any significant change.	S3092		

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

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S3092	Continued From page 1 Findings included: - Record review for resident #604 recorded admission date of 10/6/17 with diagnoses of dementia, basal cell carcinoma of the skin, hypothyroidism, hyperlipidemia, hypertension and vertigo. Functional Capacity Screen dated 10/30/20 recorded resident required physical assist with bathing and toileting and unable to perform management of medications and treatments. Resident required supervision with dressing, transfer and walk/mobility. Resident independent with eating. Negotiated Service agreement/health care service plan (NSA/HCSP) dated 10/30/20 recorded staff to provide physical assist with bathing, toileting and management of medications and treatments, resident is occasionally incontinent. Resident is independent with dressing, staff to assist resident with transfers as needed as resident is independent with ambulation using walker. Resident is on a regular diet with Ensure plus 3 times a day. Cue resident to stay on task as resident can get easily distracted. Resident weight was recorded as 122.4 on 1/6/21 at the facility and 117 upon arrival at the hospital on 2/2/21. Progress note dated 10/6/2020 at 3:53pm recorded: use 2 person assist for [resident] to stand for repositioning. Record lacked progress notes from 10/6/20 to 1/4/21 (pharmacy note). Progress note dated 2/2/21 at 10am recorded:	S3092		

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S3092	Continued From page 2 "Resident shows signs of skin breakdown and redness due to poor nutritional intake and resident being wheelchair/bedbound, resident position change frequently to help off load pressure." Interview on 6/2/21 at 11:40am with licensed nurse #B stated resident's ward went on lockdown on 1/14/21 due to COVID 19 positive cases. She stated resident was wheelchair/bed bound with pivot transfers prior to COVID. Resident tested positive for COVID on 2/2/21 at the hospital where she was diagnosed with dehydration, and pneumonia due to COVID. She confirmed a new NSA/HCSP had not been completed upon lockdown. Record lacked an NSA/HCSP for resident change of condition requiring pivot transfers, being wheelchair/bedbound, needing assistance with nutritional intake due to poor intake and need to reposition frequently to prevent skin breakdown. For resident #604 the operator failed to ensure the review and necessary revision of the NSA/HCSP when resident had a significant change in condition/ ability to transfer/ ambulate (required a wheelchair and repositioning) and needed assistance with nutritional intake to prevent dehydration and/or weight loss.	S3092		
S3155 SS=E	26-41-204 (a) Health Care Services . (a) The administrator or operator in each assisted living facility or residential health care facility shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional	S3155		

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S3155	Continued From page 3 capacity screening and the negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(a) The facility reported a census of 45 residents. The sample included 3 residents and 3 closed review residents. Based on record review, observation and interview for 2 (#602, 603) sampled residents requiring health care services, the operator failed to ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. Findings included: - Record review for resident #602 recorded admission date of 8/12/17 with diagnoses of hypothyroidism, diabetes mellitus type 2, Alzheimer's and hypertension. Functional Capacity Screen dated 5/7/21 recorded resident required physical assistance with bathing and dressing and unable to perform toileting, transfer, walk/mobility and management of medications and treatments. Negotiated service agreement/ health care service plan (NSA/HCSP) dated 5/7/21 recorded staff to provide physical assistance with bathing	S3155		

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S3155	Continued From page 4	S3155		

and dressing, toileting, transfer (2 assist with hoyer), walk/mobility and management of medications and treatments.

Observation on 6/1/21 at 10:05am revealed resident had a hospital bed with air mattress and wore 2 cushion boots on her heels.

HCSP lacked entries for resident use of heel protector boots and a hospital bed with an air mattress.

Interview on 6/2/21 at 11:40am with licensed nurse #B confirmed HCSP lacked entries for resident use of heel protector boots and a hospital bed with an air mattress.

- Record review for resident #603 recorded admission date of 1/31/20 with diagnoses including dementia, psychotic disorder with delusions, Parkinson's, restless leg syndrome and hypertension.

Functional Capacity Screen dated 1/6/21 recorded resident unable to perform management of medications and treatments.
Negotiated service agreement/ health care service plan (NSA/HCSP) dated 1/6/21 recorded staff to perform management of medications and treatments.

Observation on 6/2/21 at 10:15am in resident's room revealed a recliner with a pressure reduction cushion in place, cushion has a coccyx area cutout.

Interview on 6/2/21 at 11:15am with licensed nurse #B stated resident sleeps in the recliner. She confirmed NSA/HCSP lacked entries for resident sleeping in a recliner with a pressure

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S3155	Continued From page 5 reduction cushion. For residents #602, 603, requiring health care services, the operator failed to ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement.	S3155		
S3261 SS=D	26-41-105 (f) (11) Resident Record Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action This REQUIREMENT is not met as evidenced by: KAR 26-41-105(f)(11) The facility reported a census of 45 residents. The sample included 3 residents and 3 closed review residents. Based on record review and interview for 1 closed review resident (#604) the operator failed to ensure documentation of all incidents, and indications of illness or injury including date, time of occurrence, action taken and results of the action. . Findings included: - Record review for resident #604 recorded admission date of 10/6/17 with diagnoses of	S3261		

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S3261	Continued From page 6	S3261		

dementia, basal cell carcinoma of the skin, hypothyroidism, hyperlipidemia, hypertension and vertigo.

Functional Capacity Screen dated 10/30/20 recorded resident required physical assist with bathing and toileting and unable to perform management of medications and treatments. Resident required supervision with dressing, transfer and walk/mobility. Resident independent with eating.

Negotiated Service agreement/health care service plan (NSA/HCSP) dated 10/30/20 recorded staff to provide physical assist with bathing, toileting and management of medications and treatments. Resident is independent with dressing, staff to assist resident with transfers as needed as resident is independent with ambulation using walker.

Progress note dated 10/6/2020 at 3:53pm recorded: use 2 person assist for [resident] to stand for repositioning.

Next progress note (nursing note) recorded on 1/4/21 Pharmacy note and 1/14/21 nursing note "resident received 1st dose of Pfizer COVID 19 vaccine ...."

Record lacked nursing progress notes for 3 months, from 10/6/20 to 1/14/21 after resident was noted to require assistance with position changes. Electronic system recorded only medication and ensure administration notes, lacked notes of resident condition.

Email dated 6/8/21 from licensed nurse #B confirmed no additional resident notes on record.

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S3261	Continued From page 7 For resident #504 the operator failed to ensure documentation of all incidents, and indications of illness or injury including date, time of occurrence, action taken and results of the action.	S3261		