STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N089040	A. BUILDING: _____ B. WING _____	10/03/2018

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BROOKDALE TOPEKA	5800 SW DRURY LANE TOPEKA, KS 66604

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S 000	INITIAL COMMENTS The following citations are the result of a survey for re-licensure conducted on 10/1/18, 10/2/18 and 10/3/18 at the above named assisted living facility in Topeka, KS.	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 37 residents. The sample included 3 residents. Based on record review, observation and interview for 3 of 3 residents sampled (#101,102,103) the operator failed to ensure that each resident's functional capacity at the time of screening is accurately reflected on that resident's screening form. Findings included: - Record review for resident #101 recorded admission date of 9/18/17 with diagnoses of: Chronic kidney disease, depression, anxiety, hypertension, tremors, fibromyalgia, hyperlipidemia and hypothyroidism. Functional Capacity Screen (FCS) dated 8/28/18 recorded resident required physical assistance (2) for bathing, dressing, toileting, transfer, walk/mobility, eating and unable to perform (3)	S3082		

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

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S3082	Continued From page 1	S3082		

management of medications and treatments. Resident recorded (none) for history of: falls/ unsteadiness, impaired vision and impaired decision making.

Observation on 10/2/18 at 12:40pm in facility dining room: resident seated in a standard chair, certified staff #D, feeds him/her lunch, resident has very shaky hands.

Interview on 10/2/18 at 1:45pm with licensed nurse #C confirmed resident is unable to perform (3) and is a total physical assist for bathing, dressing, toileting, walk/ mobility, and management of medications and treatments. Resident can feed self but required assistance when shaky. He/she confirmed resident fall on 8/14/18, resident has vision problems and wears glasses staff assist with and has impaired decision making. He/she confirmed resident status has not had a significant change since 8/28/18. He/she confirmed FCS coding is incorrect.

Record review for resident #102 recorded admission date of 4/20/16 with diagnoses of: Alzheimer's, dementia, osteoporosis, hypertension and hyperlipidemia.

FCS dated 7/2/18 recorded resident required physical assistance (2) for bathing, dressing, toileting, transfer, walk/mobility, eating and unable to perform (3) management of medications and treatments.

Observation on 10/1/18 at 11:55am revealed outside services staff #E feeding resident a pureed meal. He/she confirmed he/she feeds resident, give resident a shower and changes resident's brief in bed.

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S3082	Continued From page 2 Interview on 10/2/18 at 1:45pm with licensed nurse #C confirmed resident is unable to perform (3) and is "a total physical assist for everything" bathing, dressing, toileting, walk/ mobility, eating, and management of medications and treatments. He/she confirmed resident has been total assist (3) for everything since 7/2/18 and FCS is incorrect. Record review for resident #103 recorded admission date of 9/7/18 with diagnoses of: dementia, hypertension, hypothyroidism, hyperlipidemia and vitamin D deficiency. FCS dated 9/7/18 recorded resident required physical assist (2) with bathing, supervision (1) for toileting and unable to perform management of medications and treatments. Interview on 10/2/18 at 1:45pm with licensed nurse #C stated resident only requires some set up assistance with bathing supplies, resident bathes and toilets independently (0). He/she confirmed FCS coding is incorrect for bathing and toileting. For residents #101, 102 and 103, the operator failed to ensure that each resident's functional capacity at the time of screening is accurately reflected on that resident's screening form.	S3082		
S3166 SS=E	26-41-204 (e) Delegation of Duties (e) A licensed nurse may delegate nursing procedures not included in the nurse aide or medication aide curriculums to nurse aides or medication aides, respectively, under the Kansas nurse practice act, K.S.A. 65-1124 and	S3166		

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S3166	Continued From page 3 amendments thereto. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(e) The facility reported a census of 37 residents. The sample included 3 residents. Based on record review and interview for 4 non-sampled residents (#104, 105, 106, 107) requiring " blood sugar and insulin tracking " (blood sugar monitoring with a glucometer), a nursing procedure not included in the medication aide curriculum, the operator failed to ensure the licensed nurse delegated the procedure to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. Findings included: - Interview on 10/1/18 at 12:07pm with licensed nurse #C stated facility had 4 residents that required blood sugar monitoring by glucometer, (#104, 105, 106, 107). No residents received insulin injections. Interview on 10/2/18 at 2:30p with licensed nurse #B stated certified staff #H (employed full time day shift), Hire date 10/27/16, certified staff #I (employed full time evening shift): hire date 1/6/17, and certified staff #J (employed full time day shift): hire date 5/31/18, all administer blood glucose checks via glucometer to the residents. He/she confirmed records lack competency exams for this licensed nurse delegated	S3166		

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S3166	Continued From page 4 procedure. For residents #104, 105, 106, 107 who required blood sugar monitoring with a glucometer, a nursing procedure not included in the medication aide curriculum, the operator failed to ensure the licensed nurse delegated the procedure to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto.	S3166		
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 5 This REQUIREMENT is not met as evidenced by: KAR 26-41-102 (d) The census equaled 37 the sample included 3 residents. Based on interviews and reviews of facility records, for 4 of 4 certified staff (#H, I, J, K) the operator failed to ensure the employee record contained supporting documentation from the nurse aide registry (NAR) and criminal background checks (KBI) upon hire. Findings included: - Review of personnel records for certified staff recorded the following: #H: hire date of 10/27/16, NAR check completed on 6/25/18. KBI check produced 11/1/16, department records show KBI request was submitted on 10/28/16. Both checks submitted after date of hire. #I: hire date of 1/6/17, NAR check completed on 1/11/17, KBI check produced on 8/31/18, department records show KBI request was submitted on 8/24/18. Both checks submitted after date of hire. #J: hire date of 5/31/18, NAR check completed on 5/23/18, KBI check produced on 8/31/18, department records show KBI request was submitted on 8/24/18. KBI submitted after date of hire. #K: hire date of 5/11/18, NAR check completed	S3248		

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S3248	Continued From page 6 on 5/8/18, KBI check produced on 8/31/18, department records show KBI request was submitted on 8/24/18. KBI submitted after date of hire. Interview on 10/1/18 at 5:30pm with operator #A confirmed NAR and KBI checks and stated he/she was unable to find the KBI checks and submitted them on 8/23/18 to the department. He/she submitted requests for 21 staff. For all residents, the operator failed to ensure the employee record contained supporting documentation from the nurse aide registry (NAR) and/or criminal background checks (KBI) upon hire.	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; 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.	S3280		

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S3280	Continued From page 7 This REQUIREMENT is not met as evidenced by: KAR 26-4-104(d)(3) The census equaled 37 residents, the sample included 3 residents. Based on interviews and review of records, for all residents, the operator failed to ensure disaster and emergency preparedness when the administrator failed to ensure quarterly review of the facility's emergency management plan with employees and residents. Findings included: - On 10/1/18 reviewed facility's disaster plan with maintenance staff #F. Records contained the following disaster reviews with staff: 1/16/17: broken pipe, 5/31/17: tornado internal drill with 5 staff, 9/29/17: tornado internal drill with 4 staff, 10/1/18 armed knife intruder, rioting and pipe burst/flooding. He/she stated fire drills are done with staff monthly. Evacuation drills were conducted with staff and residents on 6/30/17 and 3/29/18. Interview (on request of resident quarterly disaster reviews) on 10/1/18 at 4:05pm with certified staff #G, stated "We touch on topics as they become pertinent" with residents. Records lacked documentation of quarterly reviews of the disaster plan with residents.	S3280		

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S3280	Continued From page 8 For all residents the operator failed to ensure disaster and emergency preparedness when the administrator failed to ensure quarterly review of the facility's emergency management plan with employees and residents.	S3280		
S3298 SS=F	26-41-206 (d) Food Preparation (d) Food preparation. Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations. (2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used. (3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations. This REQUIREMENT is not met as evidenced by: KAR 26-41-206(d) The facility reported a census of 37 residents. The sample included 3 residents. Based on observation, record review and interview for all residents living in the memory care facility and receiving meal services, the operator failed to	S3298		

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S3298	Continued From page 9 ensure facility staff served food at the proper temperature. Findings included: - On 10/1/18 at 10:50am during tour of the facility kitchen, requested food temperature (temp) logs. Interview with dietary service coordinator #X presented food temp logs: logs contained temperature checks once for all 3 meals for 17 days from 4/1/18 until 10/1/18: for 2 meals only on 7/18/18 and for one meal only on 3/26/18. He/she confirmed no other temperature logs were available. Records lacked temperature monitoring for 150 of the 190 days. Facility policy titled "Hazard analysis and critical control point, safety and sanitation: dining" received on 10/2/18 recorded: 3. "Food temperatures during meal service should be taken and recorded every 30 minutes. This includes food held in steam tables, soup wells, cold and hot foods, sandwich and display coolers, salad bars and buffet counter as applicable." 4. "All temperature logs should be kept on file for at least one year or from one survey to the next." For all residents of the facility the operator failed to ensure facility staff served food at the proper temperature when dietary staff failed to follow facility policy and monitor food temperatures.	S3298		

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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 census equaled 37. Based on observation, record review and interview the operator failed to ensure the facility staff stored all food under safe and sanitary conditions. Findings included: - Observation on 10/1/18 at 10:50am during tour of facility kitchen revealed the following: Triple stainless-steel refrigerator, outside thermometer read "DEF" inside thermometer read minus 20F (Fahrenheit) No inside thermometer could be found food was not frozen. It contained food including: oranges, meat, milk, cheese, burritos, pies, cream and lettuce. In dry storage room: bins of brown sugar and powdered sugar, both had scoops lying in the food. On cart near stove: open container of bread crumbs, scoop inside, no lid. For all residents of the facility the operator failed	S3299		

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S3299	Continued From page 11 to ensure the facility staff stored all food under safe and sanitary conditions.	S3299		
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 37 residents. The sample included 3 residents. Based on record review (for 5 of 5 staff hired), and interview, for all residents of the facility, the operator failed to ensure compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings included:	S3310		

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S3310	Continued From page 12 - On 10/1/18 at pm, during personnel review with facility operator #A facility records lacked documentation for tuberculosis (TB) symptom screen questionnaires and 2nd step TB skin test for the following recent staff hired: Licensed nurse #B, hire date 11/21/16. 1st step administered 1 month after hire on 12/19/16) Certified staff #H, hire date 10/27/16. (2nd step test not done, 1st step not read) Certified staff #I, hire date 1/6/17. (1st step administered 5 months after hire on 6/8/17) Certified staff #J, hire date 5/31/18. (1st step administered 2 months after hire on 7/25/18) Facility records also lacked a 2nd step TB skin test for the following staff hired: Certified staff #K, hire date 5/11/18. Interview on 10/2/18 at 8:40am with operator #A confirmed facility lacked any other records for staff TB testing. He/she stated facility policy is to follow CDC (centers for disease control) guidelines and presented a copy of the department's TB guidelines for adult care homes. For all residents of the facility, the operator failed to ensure compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S3310		