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 _____	10/24/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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 licensure re-survey with attached complaints, conducted at the above named residential health care facility on 10/19/16, 10/20/16 and 10/24/16.	S 000		
S3200 SS=D	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 39 residents. The sample included 3 residents and 1 closed review resident. Based on record review and interview for 1sampled resident (#119), the operator failed to ensure all medications and	S3200		

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

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S3200	Continued From page 1 treatments were administered in accordance with a medical care provider's written order, professional standards of practice and each manufacturer ' s recommendations. Findings included: - Record review for resident #119 recorded admission date of 4/14/15 with diagnoses of: dementia, atrial fibrillation, chronic renal insufficiency, hyperkalemia, osteoarthritis, and glaucoma. Functional Capacity Screen dated 10/6/16 recorded resident is unable to perform management of medications and treatments. Negotiated Service Agreement/ Health Care Service Plan dated 10/6/16 recorded staff to provide assistance with administration of medications and treatments. Physician ' s orders dated 10/11/16 recorded the following medications Ibuprofen 600mg (milligram) tab (tablet) give 1tab po (by mouth) every 8 hours PRN (as needed) Lorazepam 2mg/ml (milligrams per milliliter) concentrated. Take 0.5 ml (milliliter) po every 4 hours PRN Travatan 0.004% (percent) ophthalmic solution place 1 drop into both eyes nightly. The medications were not recorded on resident ' s medication record dated 10/15/16 through 11/14/16:	S3200		

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S3200	Continued From page 2 Resident medication record for 10/15/16 through 11/14/16 recorded the following medications: Vitamin D 1000 units tablet 2 tablets by mouth every day for vitamin d deficiency. (use until gone) recorded as administered daily by staff. Zinc sulfate 220 mg capsule 1 cap (capsule) by mouth every day. (use until gone) recorded as administered daily by staff. Orfzol 0.05% drops instill 1 drop in right eye every other day. Recorded as administered every other day by staff. The record lacked a physician ' s order for the medications. Interview on 10/24/16 at 12:00 with licensed staff # E confirmed physician ordered medications were not recorded on the medication record and medications administered lacked a physician order. Stated resident recently started on hospice and resident (family member) wants some medications discontinued because they will not be covered by hospice. For resident #119 the operator failed to ensure all medications and treatments were administered in accordance with a medical care provider's written order, professional standards of practice and each manufacturer ' s recommendations.	S3200		
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	S3248		

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S3248	Continued From page 3 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. This REQUIREMENT is not met as evidenced by: KAR 26-41-102 (d) The census equaled 39 the sample included 3 residents and one closed review resident. Based on interviews and reviews of facility records, for 4 of 4 certified staff (#J, #L,#M and #N) the operator failed to ensure the employee record contained supporting documentation from the nurse aide registry and criminal background checks. Findings included: - Review of personnel records for certified staff	S3248		

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S3248	Continued From page 4 #J (hire date 5/4/16), record lacked documentation of certified medication aide licensure from nurse aide registry and criminal background check through health occupations and credentialing upon hire. Review of personnel records for certified staff #L (hire date 1/7/16), record lacked documentation of criminal background check through health occupations and credentialing upon hire. Review of personnel records for certified staff #M (hire date 12/10/15), record lacked documentation of certified nurse aide licensure from nurse aide registry and criminal background check through health occupations and credentialing upon hire. Review of personnel records for certified staff #N (hire date 5/12/16), record lacked documentation of certified nurse aide licensure from nurse aide registry and criminal background check through health occupations and credentialing upon hire. Interview on 10/24/16 at 11:20am with administrative staff #D confirmed nurse aide registry and criminal background documentation on hire not in the staff records. The operator failed to ensure the employee record contained supporting documentation from the nurse aide registry and criminal background checks.	S3248		
S5215 SS=E	26-42-104 (d) Disaster and Emergency Preparedness Education (d) Each administrator or operator shall ensure disaster and emergency preparedness by	S5215		

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S5215	Continued From page 5 ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the home ' s emergency management plan; (2) education of each resident upon admission to the home regarding emergency procedures; (3) quarterly review of the home ' 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. This REQUIREMENT is not met as evidenced by: KAR 26-42-104(d)(3) The census equaled 39 the sample included 3 residents and 1 closed review resident. Based on interviews and review of records, the operator failed to ensure quarterly review of the disaster and emergency preparedness plan with employees and residents Findings included: - On 10/19/16 at 4:30pm, administrative staff #D and maintenance staff #F, provided documentation of the facility ' s emergency management plan for employees. Record revealed fire evacuation on 9/7/16, with fire drills conducted monthly (one shift participated each	S5215		

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S5215	Continued From page 6 month). Emergency management plan review with employees completed on 8/31/16 and drills were conducted with staff on the following dates: Earthquake, 9/13/16; severe weather 6/28/16; tornado 4/22/16, elopement 9/30/16. Records lacked documentation of quarterly disaster and emergency preparedness review with residents and staff. Interview on 1019/16 at 4:30pm with staff # F confirmed records lacked complete disaster and emergency preparedness conducted quarterly with residents and staff. Interview on 10/19/16 at 5:00pm with maintenance staff #F confirmed he/she did not conduct quarterly disaster and emergency preparedness training with any residents stating, " No, I don ' t know how to do it with confused residents. " He/she confirmed emergency preparedness with staff is only done with drills and all 8 topics are not covered quarterly. The operator failed to ensure disaster and emergency preparedness by conducting quarterly reviews with staff and residents.	S5215		