| 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 _____ | 03/23/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| BROOKDALE TOPEKA | 5800 SW DRURY LANE TOPEKA, KS 66604 |

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| S 000 | INITIAL COMMENTS<br><br>The following citations represent the findings of a resurvey with a complaint 168048, 169718, 173184, and 175042 at the above named Assisted Living conducted on 03/20, 03/21 and 03/23/23. | S 000 | | |
| S3248 SS=F | 26-41-102 (d) Staff Qualifications Employee Records<br><br>(d) The employee records and agency staff records shall contain the following documentation:<br>(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;<br>(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;<br>(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<br>(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 | | |

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

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| S3248 | Continued From page 1<br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-102(d)(4)<br><br>The facility reported a census of 23 residents. Based on interview and record review, the operator failed to ensure two of five newly hired employees records included evidence of timely verification with the nurse aide registry was completed.<br><br>Findings included:<br><br>- Review of employee files conducted on 03/21/23 revealed the following:<br>Certified Nurse Aide (CNA) C was hired on 02/01/23. The "Nurse Aide Registry Confirmation Notice" had a date of 02/07/23 which was six days after CNA C was hired.<br><br>Certified Medication Aide (CMA) D was hired on 02/19/23. The "Nurse Aide Registry Confirmation Notice" had a date of 02/22/23 which was three days after CMA D was hired.<br><br>The operator failed to ensure verifications of the nurse aide registry checks were completed prior to staff starting work. | S3248 | | |
| S3270 SS=F | 26-41-104 (b) Written Emergency Plan<br><br>(b) Each administrator or operator shall ensure the development of a detailed written emergency management plan to manage potential emergencies and disasters, including the following:<br>(1) Fire; | S3270 | | |

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| S3270 | Continued From page 2<br>(2) flood;<br>(3) severe weather;<br>(4) tornado;<br>(5) explosion;<br>(6) natural gas leak;<br>(7) lack of electrical or water service;<br>(8) missing residents; and<br>(9) any other potential emergency situations.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-104(b)(8)<br><br>The facility reported a census of 23 residents. Based on record review and interview for all residents and all facility employees, the operator failed to ensure the disaster and emergency plan include all required items as it failed to include information on missing persons.<br><br>Findings included:<br><br>- On 03/21/23 review of documentation of the emergency management plan revealed it did not include information concerning missing residents.<br><br>On 03/21/23 at approximately 09:00 AM, Administrative Staff A acknowledged the emergency management plan did not include information concerning missing persons.<br><br>The operator failed to ensure the emergency management plan included all the required items. | S3270 | | |

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| S3310 SS=F | 26-41-207 (b) (5-6) (c) Infection Control Policies<br><br>(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;<br>(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<br>(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<br><br>This REQUIREMENT is not met as evidenced by:<br>3<br>KAR 26-41-207(c)<br><br>The facility reported a census of 23 residents. Based on record review and interview the operator failed to ensure the facility was in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.<br><br>Findings include:<br><br>- Review of five newly hired staff records revealed the following:<br>Licensed Nurse (LN) B hired 08/01/22 had the first step of the two-step TB skin test (TST) | S3310 | | |

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| S3310 | Continued From page 4<br>initiated on 09/07/22 which was 31 days late. The second step of the two-step TST was administered on 09/14/22 which was two days early.<br><br>Certified Nurse Aide (CNA) C hired on 02/01/23 and did not have documentation a TST was completed upon hire.<br><br>Certified Medication Aide (CMA) D hired on 02/19/23 and did not have documentation a TST was completed upon hire.<br><br>CMA E hired on 12/06/22 and did not have documentation a TST was completed upon hire.<br><br>CNA F hired on 07/26/22 had the first step of the TST initiated on 10/11/22 which was 70 days late. The second step of the TST was administered on 10/18/22 which was two days early.<br><br>On 03/21/23 at 11:09 AM LN B stated the TST should be completed during onboarding of the new staff member.<br><br>The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new ...employee shall receive a two-step TST ...within 7 days of ...employment ...If the first TST is read as not positive, a second TST shall be administered within 1 to 3 weeks."<br><br>The operator failed to ensure the compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. | S3310 | | |

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| S3310 | Continued From page 5<br>- Resident (R)101 admitted to the facility on 12/08/22 did not have a two-step TST completed upon admission.<br><br>On 03/23/23 at 10:03 AM LN B stated R101 did not have a two-step TST completed upon admission due to not having tuberculin on hand.<br><br>The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new resident ...shall receive a two-step TST ...within 7 days of residency..."<br><br>The operator failed to ensure the compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. | S3310 | | |
| S3320 SS=F | 28-39-254 CONSTRUCTION<br><br>(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.<br><br>(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.<br><br>(c) New construction, modifications and equipment shall conform to the following codes and standards:<br><br>(1) Title III of the Americans with disabilities | S3320 | | |

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| S3320 | Continued From page 6<br>act, 42 U.S.C. 12181, effective as of January 26, 1992; and<br><br>(2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 28-39-254 (a)<br>The facility reported a census of 23 residents. Based on observation, and record review the operator failed to ensure staff secured all chemicals to maintain the safety of all residents.<br><br>Findings included:<br><br>- Observations during initial tour on 03/20/23 revealed the following:<br>At 02:47 PM the west hall laundry room was accessible by an unlocked door. The following chemicals with a Warning: Keep Out of Reach of Children label were found in an unlocked cabinet above the clothes dryer:<br><br>A 22-ounce (oz) spray bottle of EcoLab Revitalize Miracle Spotter.<br><br>A 5 oz. aerosol can of Ecolab Revitalize Chewing Gum Remover.<br><br>A 22 oz. squeeze bottle of Ecolab Revitalize Grease and Oil Spotter.<br><br>A 22 oz. spray bottle of Ecolab StainBlaster Destainer. | S3320 | | |

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| S3320 | Continued From page 7<br><br>A 22 oz. spray bottle of Ecolab StainBlaster Makeup Remover.<br><br>A 22 oz. spray bottle of EcoLab StainBlaster Grease Remover.<br><br>A 240-count box of Member's Mark Dryers Sheets.<br><br>03:01 PM the east hall laundry room was accessible by an unlocked door. The access door was unlocked and had a broken doorknob. The following chemicals with a Warning: Keep Out of Reach of Children label were found in an unlocked cabinet above the clothes dryer:<br><br>A 22 oz. spray bottle of EcoLab Revitalize Miracle Spotter.<br><br>A 5 oz. aerosol can of Ecolab Revitalize Chewing Gum Remover.<br><br>A 22 oz. squeeze bottle of Ecolab Revitalize Grease and Oil Spotter.<br><br>A 22 oz. spray bottle of Ecolab StainBlaster Destainer.<br><br>A 22 oz. spray bottle of Ecolab StainBlaster Makeup Remover.<br><br>A 22 oz. spray bottle of EcoLab StainBlaster Grease Remover.<br><br>A 240-count box of Member's Mark Dryers Sheets. | S3320 | | |

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| S3320 | Continued From page 8<br>The 02/2021 "Environmental Services" policy documented, "All supply closets that store chemicals should be locked when not in use."<br><br>The operator failed to ensure staff kept chemicals locked for resident safety. | S3320 | | |