

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N029007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/02/2024
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NAME OF PROVIDER OR SUPPLIER BROOKDALE DODGE CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 2400 N 14TH AVENUE DODGE CITY, KS 67801
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS	S 000		
S3211 SS=E	<p>26-41-205 (g) (3) OVER THE COUNTER DRUGS</p> <p>(3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container.</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (g) (3)</p> <p>The census totaled 26 residents. The sample included 3 residents. Based on observation and interview for 2 non-sampled Residents (R)4 and R5, Operator/ Certified Nurse Aide (CNA) A failed to ensure licensed nurses or pharmacists placed the full name of the resident on each package of the resident's over the counter medication.</p> <p>Findings included:</p> <p>- Observation on 07/02/24 at 10:12 AM with Certified Medication Aide (CMA) C revealed a</p>	S3211		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S3211	<p>Continued From page 1</p> <p>locked medication carts in the hallway of the facility. The following over the counter medications were noted without first and last names:</p> <p>For R4, the cart contained one bottle of Allergy Relief,</p> <p>For R5, the cart contained one bottle of Garlic (supplement)</p> <p>The cart contained one bottle of Ibuprofen (nonsteroidal anti-inflammatory drug).</p> <p>Interview on 07/02/24 with CMA C confirmed the above listed medications were without full first and last names for R4 and R5 and further confirmed she was unable to identify who the Ibuprofen belonged to.</p> <p>Facility's "Medication & Treatments- Labeling Policy" dated 03/23 recorded, "all medications and treatments (including over-the-counter and sample medications) should be labeled with the necessary information to provide safe medication management administration/ assistance."</p> <p>Operator/ CNA A failed to ensure licensed nurses or pharmacists placed the full name of residents on each package of the resident's over the counter medication.</p>	S3211		