

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N085009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/16/2023
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NAME OF PROVIDER OR SUPPLIER BROOKDALE SALINA KIRWIN	STREET ADDRESS, CITY, STATE, ZIP CODE 1200 E KIRWIN AVENUE SALINA, KS 67401
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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		
S3213 SS=E	<p>26-41-205 (g) (2) Medication Labeling</p> <p>(g) (2) Each prescription medication container shall have a label that was provided by a dispensing pharmacist or affixed to the container by a dispensing pharmacist in accordance with K.A.R. 68-7-14.</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (g) (2)</p> <p>The facility reported a census of 28 residents and identified 23 residents received facility management of medications. Based on observation, interview and record review, Operator A failed to ensure prescription medication containers were labeled with a prescription label provided by a dispensing pharmacist or affixed to the container by a dispensing pharmacist in accordance with K.A.R. 68-7-14 for non-sampled residents (R)4 and R5.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Observation on 08/15/23 at 02:58 PM with Licensed Nurse (LN) B and Certified Medication Aide (CMA) D of the medication cart in the medication room revealed the following insulin injector pens, which were not labeled with 	S3213		

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

TITLE

(X6) DATE

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S3213	<p>Continued From page 1</p> <p>resident's name. CMA D identified the insulin injector pens as belonging to R4 and R5. One of the injector pens had a manufacture label of Tresiba Subcutaneous Solution FlexTouch and the other had a manufacture label of Levemir FlexTouch Solution Pen-Injector. Neither injector pens had any other identification or pharmacist labeling.</p> <p>Signed physician orders dated 07/13/23 for R4 recorded, "Tresiba FlexTouch U-100 insulin, 25 units, subcutaneously at bedtime."</p> <p>Review of R4's current August 2023 Medication Administration Record (MAR) revealed Tresiba FlexTouch insulin pen had been administered every evening from 08/01/23 through 08/15/23 by certified facility staff.</p> <p>Signed physician orders dated 07/20/22 for R5 recorded, "Levemir FlexTouch U-100 insulin, 20 units, subcutaneously at bedtime."</p> <p>Review of R5's current August 2023 Medication Administration Record (MAR) revealed Levemir FlexTouch insulin pen had been administered every evening from 08/01/23 through 08/15/23 by certified facility staff.</p> <p>Interview on 08/15/23 with CMA D confirmed neither of the insulin injector pens were labeled.</p> <p>Facility's "How To: Use an Insulin Pen" policy dated 03/23 recorded, "1. Pens must be stored and refrigerated in their original box until time of use. A pharmacy label must be visible on the pen body (not the cap) with the resident's name and space for date of use to be marked."</p>	S3213		

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S3213	Continued From page 2 Operator A failed to ensure prescription medication containers were labeled with a prescription label provided by a dispensing pharmacist or affixed to the container by a dispensing pharmacist in accordance with K.A.R. 68-7-14 for 2 non-sampled residents (R4 and R5).	S3213		
S3248 SS=D	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	<p>Continued From page 3</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-41-102 (d) (2)</p> <p>The facility census equaled 28 residents. The sample included 3 residents and record review of 5 newly hired employees. Based on interview and personnel record review for 1 (Operator A) of 5 staff sampled, Operator A failed to obtain evidence of supporting documentation for criminal background checks when the background checks were not conducted through the Kansas Department for Aging and Disability Services according to K.S.A 39-970 (d).</p> <p>Findings included:</p> <ul style="list-style-type: none"> - On 08/16/23, personnel record review for staff revealed the following: <p>Operator A hire date 07/18/22, no evidence of criminal background check completed through the Kansas Department for Aging and Disability Services according to K.S.A 39-970 (d).</p> <p>Interview on 08/16/23 with Administrative Staff C confirmed criminal background check was not completed through the Kansas Department for Aging and Disability Services according to K.S.A 39-970 (d) on newly hired Operator A.</p> <p>For all residents, Operator A failed to obtain evidence of supporting documentation for criminal background checks of facility staff, pursuant to K.S.A. 39-970 and amendments thereto.</p>	S3248		

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S3310 SS=F	<p>26-41-207 (b) (5-6) (c) Infection Control Policies</p> <p>(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;</p> <p>(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</p> <p>(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</p> <p>This REQUIREMENT is not met as evidenced by: K.A.R 26-41-207 (c)</p> <p>The census totaled 28 residents. The sample included 3 residents and review of 5 newly hired employees. Based on record review and interview for 2 of 3 sampled residents (R)1 and R3 and 2 of 5 sampled staff (Operator A and Licensed Nurse (LN) B), the facility failed to ensure compliance with the State Agency's tuberculosis (TB) guidelines.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - R1's "Health Record" revealed she admitted to the facility on 11/12/19 and the record lacked completion of an annual TB questionnaire since admission. 	S3310		

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S3310	<p>Continued From page 5</p> <p>R3's "Health Record" revealed he admitted to the facility on 06/15/23 and the record lacked completion of TB testing and a TB questionnaire upon admission.</p> <p>- Review of Operator A's employee record revealed they hired onto the facility on 07/18/22. Operator A's record lacked evidence of completion of TB testing.</p> <p>Review of LN B's employee record revealed they hired onto the facility on 05/15/23. LN B's record lacked evidence of completion of TB testing.</p> <p>Interview on 08/16/23 at 12:30 PM with Administrative Staff C confirmed TB testing not completed on Operator A and LN B.</p> <p>Interview on 08/16/23 at 01:52 PM with LN B confirmed unable to locate TB testing and a TB questionnaire completed upon admission for R3 and further confirmed unable to locate an annual TB questionnaire completed for R1 since admission.</p> <p>The facility failed to ensure compliance with the State Agency's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105, which had the potential to affect all residents.</p>	S3310		