

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N085010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/13/2023
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NAME OF PROVIDER OR SUPPLIER BROOKDALE SALINA FAIRDALE	STREET ADDRESS, CITY, STATE, ZIP CODE 2251 E CRAWFORD 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	<p>INITIAL COMMENTS</p> <p>The following citations represent the findings of a resurvey with a complaints (#175913) at the above named facility conducted on 09/13/23.</p>	S 000		
S3211 SS=D	<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 39 residents. The sample included 3 residents. Based on observation and interview for 4 non-sampled residents (R)5, R6, R7 and R8, Administrator 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>	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>- Observation during the initial tour on 09/13/23 at 11:15 AM with Certified Medication Aide (CMA) F revealed two locked medication carts located in the common area of the facility. The following over the counter medications were noted without full names:</p> <p>For R5, the cart contained one bottle of Energy B12 gummies (supplement), For R6, the cart contained one bottle of Centrum Women's Multivitamins, For R7, the cart contained one bottle of Women's One-A-Day Multivitamins, For R8, the cart contained one bottle of Prevagen (supplement), one bottle of Vitamin C (supplement) and one bottle of Aspirin (nonsteroidal anti-inflammatory drug).</p> <p>Interview on 09/13/23 at 11:20 AM with CMA F confirmed the above listed medications were without full first and last names for R5, R6, R7 and R8.</p> <p>Administrator 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		
S3310 SS=E	<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</p>	S3310		

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S3310	<p>Continued From page 2</p> <p>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 39 residents. The sample included 3 residents and review of 5 newly hired employees. Based on record review and interview for 3 staff (Certified Medication Aide (CMA) C, CMA D and Certified Nurse Aide (CNA) E, 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"> - Review of CMA C's employee record revealed they hired onto the facility on 08/18/23. CMA C's record lacked evidence of completion a TB questionnaire upon hire. <p>Review of CMA D's employee record revealed they hired onto the facility on 04/21/23. CMA D's record lacked evidence of completion of a TB questionnaire upon hire.</p> <p>Review of CNA E's employee record revealed they hired onto the facility on 10/28/22. CNA E's record lacked evidence of completion of a TB questionnaire upon hire.</p>	S3310		

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S3310	<p>Continued From page 3</p> <p>Interview on 09/13/23 at 01:34 PM with Licensed Nurse (LN) B confirmed TB questionnaires were not completed upon hire.</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		