

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B046065	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/27/2019
NAME OF PROVIDER OR SUPPLIER THE PRAIRIE FARMSTEAD WEST		STREET ADDRESS, CITY, STATE, ZIP CODE 12481 W 151ST STREET OVERLAND, KS 66221		
(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 The following citations are the result of a survey for re-licensure conducted on 3/27/19 at the above named home plus facility in Overland Park, Ks.	S 000		
S5380 SS=F	28-39-437 Plumbing and Piping Systems (i) Plumbing and piping systems. (1) Backflow prevention devices or vacuum breakers shall be installed on fixtures to which hoses or tubing can be attached. (2) Water distribution systems shall be arranged to provide hot water at hot water outlets at all times. The temperature of hot water shall range between 98° F and 120° F at showers, tubs, and lavatories accessible to residents. This REQUIREMENT is not met as evidenced by: KAR 28-39-437(i)(2) The facility reported a census of 8 residents. The sample included 3 residents. Based on observation, record review and interview for all residents, the operator failed to ensure the facility water distribution system maintained a safe hot water temperature between 98 and 120 degrees Fahrenheit at the sinks in resident use areas. Findings included:	S5380		

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

TITLE

(X6) DATE

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B046065	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/27/2019
NAME OF PROVIDER OR SUPPLIER THE PRAIRIE FARMSTEAD WEST		STREET ADDRESS, CITY, STATE, ZIP CODE 12481 W 151ST STREET OVERLAND, KS 66221		
(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
S5380	Continued From page 1 Facility tour on 3/27/19 from 8:30am until 9:22am revealed water temperatures as follows: Resident bathroom/shower room sink North East hall: 130.4F (degrees Fahrenheit). Resident bathroom/shower room sink South West hall: 127.5F Resident bathroom/shower room sink North West hall: 125.9 F Facility open concept kitchen small sink: 130.4F Recheck of facility sinks on 3/27/19 at 9:25am with operator/licensed nurse #A revealed the following: Resident bathroom/shower room sink South West hall: department thermometer: 127.2F: facility thermometer: 126.1F Resident bathroom/shower room sink North East hall: department thermometer: 132.6F: facility thermometer: 130.8F Resident bathroom/shower room sink North West hall: department thermometer: 126.6F: facility thermometer: 125.6F Facility open concept kitchen small sink: department thermometer: 131.3F: facility thermometer: 131.0F Resident roster for 3/27/19 recorded all residents have cognitive impairment., 3 were independent with toileting, 2 required toileting supervision and 2 required physical assistance for toileting. 6 required assistance for bathing. Resident do not have bathrooms/showers in their individual rooms.	S5380		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B046065	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/27/2019
NAME OF PROVIDER OR SUPPLIER THE PRAIRIE FARMSTEAD WEST		STREET ADDRESS, CITY, STATE, ZIP CODE 12481 W 151ST STREET OVERLAND, KS 66221		
(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
S5380	Continued From page 2 Interview on 3/27/19 at 10:30am with operator/licensed nurse #A stated maintenance staff #B turned the hot water heaters down. Confirmed facility has not monitored hot water temperatures, he/she stated "We haven't been doing it." He/she confirmed facility did not have a policy for facility hot water temperatures/monitoring until today. For all residents, the operator failed to ensure the facility water distribution system maintained a safe hot water temperature between 98 and 120 degrees Fahrenheit at the sinks in resident use areas.	S5380		