

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/23/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175557	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/15/2022
NAME OF PROVIDER OR SUPPLIER AZRIA HEALTH OLATHE			STREET ADDRESS, CITY, STATE, ZIP CODE 201 E FLAMING ROAD OLATHE, KS 66061		
(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) COMPLETION DATE
F 000	INITIAL COMMENTS The following citations represent the findings of complaint investigations #KS00173747, KS00173689, and KS00173048.	F 000			
F 584 SS=E	The 2567 was sent electronically on 08/23/22. Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);	F 584			

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

TITLE

(X6) DATE

08/23/2022

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/23/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175557	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/15/2022
NAME OF PROVIDER OR SUPPLIER AZRIA HEALTH OLATHE			STREET ADDRESS, CITY, STATE, ZIP CODE 201 E FLAMING ROAD OLATHE, KS 66061		
(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) COMPLETION DATE	
F 584	Continued From page 1 §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: The facility identified a census of 95 residents. Based on observation, interview, and record review, the facility failed to provide a safe, sanitary and homelike environment on the dementia (progressive mental disorder characterized by failing memory, confusion) unit with a COVID -19 (a potentially fatal respiratory virus) positive hallway outbreak. This placed the affected 19 residents who lived on that unit at risk for impaired health and well-being . Findings included: - On 08/15/22 at 11:35 AM the floor at the entrance to the dementia unit had seven areas of a dried brown substance next to the trash can and two areas of a thick, black, dried substance on the floor. On 08/15/22 at 11:40 AM, Resident (R) 2's room had two dead cockroaches lying on the floor in front of the closet. The night stand drawer had two dead cockroaches in the drawer. The dresser had a dead cockroach in the second drawer from the bottom. The pen drawer in the desk had a dead cockroach as well.	F 584			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/23/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175557	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/15/2022
NAME OF PROVIDER OR SUPPLIER AZRIA HEALTH OLATHE			STREET ADDRESS, CITY, STATE, ZIP CODE 201 E FLAMING ROAD OLATHE, KS 66061		
(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) COMPLETION DATE	
F 584	Continued From page 2 On 08/15/22 at 11:55 AM Administrative Nursing E stated that the bugs on the floor and in the drawers were cockroaches. Administrative Nurse E further stated that the facility had implemented the "sticky traps" and the bug activity had decreased in the residents' rooms. Administrative Nurse E said if bugs were observed by staff, staff notified the maintenance department. Administrative Nurse E said staff were not completely sure which staff were responsible to clean the area. Administrative Nurse E further stated staff needed clarification to know what housekeeping was expected to clean, and what nursing was expected to clean.. On 08/15/22 at 1:45 PM Certified Nurse Aide (CNA) G confirmed there were dried unidentified substances on the floor in front of the doorway leading into the dementia unit and a dried substance on the floor by the recliner in the television area. On 08/15/22 at 01:50 PM 16 different areas of dried substances were observed on the floor in the dining area, living room and kitchen area of the unit. In the hallway by the residents' rooms, loose debris laid on the floor . Observation revealed a dead cockroach on the hallway floor. On 08/15/22 at 01:53 PM Housekeeper U stated she swept the floors, mopped, and cleaned the toilets. Housekeeper U stated the bug in the hallway was a cockroach. Housekeeper U said she had swept and mopped the hallway ten to fifteen minutes prior, but the residents walked in the hallway and caused it to be dirty again.. On 08/15/22 at 01:55 PM R2's had a black/brown substance around the base of the toilet.	F 584			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/23/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175557	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/15/2022
NAME OF PROVIDER OR SUPPLIER AZRIA HEALTH OLATHE			STREET ADDRESS, CITY, STATE, ZIP CODE 201 E FLAMING ROAD OLATHE, KS 66061		
(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) COMPLETION DATE	
F 584	Continued From page 3 On 08/15/22 at 01:56 PM Administrative Staff A stated the housekeeper assigned to the dementia unit was supposed to clean everything but, at the moment, focused primarily on the high touch areas due to the recent Covid situation. Administrative Staff A verified the area around the toilet was not clean. Administrative Staff A further verified that the hallway was not clean, the dining room was not clean and that there were spots of dried substances on the floor in the living room/dining room area. The facility failed to provide cleaning policy. The facility failed to provide a safe, sanitary, homelike environment to residents who resided on the dementia unit. This placed those residents at risk for impaired health and well-being.	F 584			