

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B105114	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/17/2024
NAME OF PROVIDER OR SUPPLIER JOHNSONVILLE HOME LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2419 N 22ND STREET KANSAS CITY, KS 66104		
(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 represent the findings of a resurvey for the above named Home Plus facility conducted on 01/16/24 and 01/17/24.	S 000		
S5105 SS=E	26-42-202 (a) Negotiated Service Agreement a) The administrator or operator of each home plus shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(a)(1) The facility reported a census of seven residents with three residents included in the sample. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) was fully developed on what triggered in the "Functional Capacity Screen" (FCS) for resident (R)101, R102, and R103.	S5105		

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: B105114	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/17/2024
NAME OF PROVIDER OR SUPPLIER JOHNSONVILLE HOME LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2419 N 22ND STREET KANSAS CITY, KS 66104		
(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
S5105	Continued From page 1 Findings included: - R101's medical record revealed she moved into the facility on 01/05/22 with a diagnosis of dementia. The 01/03/24 FCS identified R101 required had difficulty with short-term memory, and memory recall, unsteadiness, impaired vision and wandering. The 01/03/224 NSA did not address R101's impaired cognition, unsteadiness, impaired vision and wandering. On 01/17/24 at 12:01 PM Administrative Staff A stated the NSA did not address all that triggered on the FCS. The operator failed to ensure R101's NSA was fully developed to include all items that triggered in the FCS. - R102's medical record revealed she moved into the facility on 06/07/23 with a diagnosis of dementia. The 06/07/23 FCS identified R102 had difficulty with short-term memory, memory recall, bladder incontinence, falls/unsteadiness, and impaired vision. The 06/07/23 NSA did not address R102's impaired cognition, bladder incontinence, falls/unsteadiness, and impaired vision. On 01/17/24 at 11:39 AM Administrative Staff A	S5105		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B105114	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/17/2024
NAME OF PROVIDER OR SUPPLIER JOHNSONVILLE HOME LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2419 N 22ND STREET KANSAS CITY, KS 66104		
(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
S5105	Continued From page 2 stated the NSA did not address all that triggered on R102s FCS. The operator failed to ensure R102's NSA was fully developed to include all items that triggered in the FCS. -R103's medical record revealed he moved into the facility on 07/16/20 with a diagnosis of diabetes mellitus. The 07/16/23 FCS identified R103 experienced incontinence of bladder, short-term memory, memory recall and decision-making. The 07/16/23 NSA did not address R103's incontinence of bladder, short-term memory, memory recall and decision-making. On 01/17/24 at 12:18 PM Administrative Staff A stated the NSA did not address all that triggered on the FCS. The operator failed to ensure R103's NSA was fully developed to include all items that triggered in the FCS.	S5105		
S5116 SS=D	26-42-202 (d) NSA revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements: (1) At least once every 365 days;(2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly if the resident receives assistance with eating from a paid nutrition	S5116		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B105114	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/17/2024
NAME OF PROVIDER OR SUPPLIER JOHNSONVILLE HOME LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2419 N 22ND STREET KANSAS CITY, KS 66104		
(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
S5116	Continued From page 3 assistant; and (4) if requested by the resident or the resident ' s legal representative, staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(d)(1) The facility reported a census of seven residents with three residents included in the sample. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) was review and revised as needed at least once every 365 days for resident (R)101. Findings included: - Record review for R101 revealed an admission date of 01/05/22. The Annual NSA was completed on 01/03/23. R101's NSA was not reviewed/revised within 365 days of the last Annual NSA. On 01/17/24 at 12:01 PM Administrative Staff A acknowledged R101's NSA was not revised within 365 days of the previous NSA. The operator failed to ensure designated staff revised the NSA at least once every 365 days.	S5116		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B105114	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/17/2024
NAME OF PROVIDER OR SUPPLIER JOHNSONVILLE HOME LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2419 N 22ND STREET KANSAS CITY, KS 66104		
(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
S5161	Continued From page 4	S5161		
S5161 SS=E	26-42-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(d) The facility reported a census of seven residents with three residents included in the sample. Based on interview and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) identified the licensed nurse responsible for the implementation and supervision of the health care services plan for resident (R)101, R102 and R103. Findings included: - R101's medical record revealed the resident moved into the facility on 01/05/22. R101's most recent NSA was completed on 01/03/23 and identified Licensed Nurse (LN) B as the nurse responsible for the implementation and supervision of the health care services plan. Licensed Nurse (LN) C, the current nurse responsible for the implementation and supervision of the health care services plan, was hired on 12/01/23 and no addendum to the NSA was completed when LN C assumed	S5161		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B105114	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/17/2024
NAME OF PROVIDER OR SUPPLIER JOHNSONVILLE HOME LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2419 N 22ND STREET KANSAS CITY, KS 66104		
(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
S5161	Continued From page 5 responsibility. On 01/17/24 at 12:01 PM Administrative Staff A stated the nurse responsible for the supervision of the health care service plan was not updated. The operator failed to ensure the NSA was updated to identify the licensed nurse responsible for the implementation and supervision of the health care services plan for R101. - R102's medical record revealed the resident moved into the facility on 06/07/23. R102's most recent NSA was completed on 06/07/23 and identified LN B as the nurse responsible for the implementation and supervision of the health care services plan. Licensed Nurse (LN) C, the current nurse responsible for the implementation and supervision of the health care services plan, was hired on 12/01/23 and no addendum to the NSA was completed when LN C assumed responsibility. On 01/17/24 at 11:39 AM Administrative Staff A stated the nurse responsible for the supervision of the health care service plan was not updated. The operator failed to ensure the NSA was updated to identify the licensed nurse responsible for the implementation and supervision of the health care services plan for R102. - R103's medical record revealed the resident	S5161		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B105114	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/17/2024
NAME OF PROVIDER OR SUPPLIER JOHNSONVILLE HOME LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2419 N 22ND STREET KANSAS CITY, KS 66104		
(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
S5161	Continued From page 6 moved into the facility on 07/16/20. R103's most recent NSA was completed on 07/16/23 and identified LN B as the nurse responsible for the implementation and supervision of the health care services plan. Licensed Nurse (LN) C, the current nurse responsible for the implementation and supervision of the health care services plan, was hired on 12/01/23 and no addendum to the NSA was completed when LN C assumed responsibility. On 01/17/24 at 12:18 PM Administrative Staff A stated the nurse responsible for the supervision of the health care service plan was not updated. The operator failed to ensure the NSA was updated to identify the current licensed nurse responsible for the implementation and supervision of the health care services plan for R103.	S5161		
S5192 SS=F	26-42-206 (e) Food Preparation (e) Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations.(2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not	S5192		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B105114	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/17/2024
NAME OF PROVIDER OR SUPPLIER JOHNSONVILLE HOME LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2419 N 22ND STREET KANSAS CITY, KS 66104		
(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
S5192	Continued From page 7 be used. (3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations. This REQUIREMENT is not met as evidenced by: KAR 26-42-206 (e) The facility had a census of seven residents. All seven residents ate food prepared in the same kitchen. The operator failed to ensure food items were served at the proper temperature. Findings included: - On 01/16/24 at 01:30 PM review of the food temperature logs revealed lack of documentation for food temperatures on 01/03/24, 01/04/24, 01/08/24, and 01/09/24. Interview on 01/16/24 at 01:39 PM Dietary Staff C stated she was behind in completing food temperatures. According to the Kansas Department of Agriculture "Focus on Food Safety" revised August 2017, hot foods must be maintained at an internal temperature of 135 Fahrenheit (F) or higher and cold foods must be maintained at an internal temperature of 41 F or below. The operator failed to ensure food items were served at the proper temperature.	S5192		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B105114	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/17/2024
NAME OF PROVIDER OR SUPPLIER JOHNSONVILLE HOME LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2419 N 22ND STREET KANSAS CITY, KS 66104		
(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
S5286	Continued From page 8	S5286		
S5286 SS=D	26-42-205 (b) Administration of Selected Medications (b) Administration of select medications. Any resident who self-administers medication may select some medications to be administered by a licensed nurse or medication aide. The negotiated service agreement shall reflect this service and identify who is responsible for the administration and management of selected medications. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(b) The facility reported a census of seven residents. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) for resident (R)103 and identified the responsible person for administration and management of selected medications. Findings included: -R103's medical record revealed he moved into the facility on 07/16/20 with a diagnosis of diabetes mellitus. The 07/16/23 "Functional Capacity Screen" (FCS) documented R103 was unable to administer his own medications. The 07/16/23 NSA documented staff	S5286		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B105114	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/17/2024
NAME OF PROVIDER OR SUPPLIER JOHNSONVILLE HOME LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2419 N 22ND STREET KANSAS CITY, KS 66104		
(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
S5286	Continued From page 9 administered R103's medications. On 01/17/24 at 12:18 PM Administrative Staff A stated the NSA did not address/ identify that R103 self-injected his own insulin. The operator failed to ensure the NSA identified the responsible person for administration and management of R103's insulin.	S5286		