

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B046076	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/22/2025
NAME OF PROVIDER OR SUPPLIER MAGGIE'S PLACE AT COLONIAL VILLAGE BUILDING		STREET ADDRESS, CITY, STATE, ZIP CODE 12620 W 137TH ST OVERLAND PARK, KS 66221		
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S 000	INITIAL COMMENTS The following represents the findings of a resurvey with attached complaint 189325 at the above named home plus facility conducted on 01/21/25 and 01/22/25.	S 000		
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 nine residents with three residents included in the sample. Based on interview and record review the operator failed to ensure the resident's "Negotiated Service Agreements" (NSA) named the licensed nurse responsible for implementing and supervising the plan for Resident (R) 1 and R3. Findings included: - Review of R1's record revealed an admission date of 05/03/21 with a diagnosis of dementia. R1's most recent Functional Capacity Screen (FCS) was dated 10/04/24. The most recent NSA dated 09/25/24 for R1 identified the licensed nurse responsible for	S5161		

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

TITLE

(X6) DATE

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S5161	Continued From page 1 implementing and supervising her service plan was Licensed Nurse (LN) L. On 01/22/24 at 11:30 AM Administrative Staff A stated she was nurse responsible after LN L left until Administrative Nurse C was hired 11/10/24. She confirmed that she did not complete addendums for the residents' NSAs which stated she was nurse responsible nor had Administrative Nurse C since she was hired. On 01/22/24 at approximately 12:36 PM Administrative Nurse C confirmed she did not complete an addendum for R1's NSA stating she was nurse responsible for implementing and supervising the plan. - Review of R3's record revealed an admission date of 06/20/24 with a diagnosis of Alzheimer's disease. R3's most recent FCS was dated 09/28/24. The most recent NSA dated 09/25/24 for R3 identified the licensed nurse responsible for implementing and supervising her service plan was Licensed Nurse (LN) L. On 01/22/24 at 11:30 AM Administrative Staff A stated she was nurse responsible after LN L left until Administrative Nurse C was hired 11/10/24. She confirmed that she did not complete addendums for the residents' NSAs which stated she was nurse responsible nor had Administrative Nurse C since she was hired. On 01/22/24 at approximately 12:36 PM Administrative Nurse C confirmed she did not	S5161		

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S5161	Continued From page 2 complete an addendum for R3's NSA stating she was nurse responsible for implementing and supervising the plan. The operator failed to ensure the residents' NSAs named the current licensed nurse responsible for implementing and supervising their service plans for R1 and R3.	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 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 reported a census of nine residents. Based on record review and interview the operator failed to ensure food was served at the proper temperature.	S5192		

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S5192	Continued From page 3 Findings included: Review of the food temperature log provided by the facility for the month of December 2024 and January 2025 revealed the log lacked evidence of documentation staff obtained food temperatures before serving food to the residents for the following meals: 12/20/24 - lunch and dinner 12/21/24 - all meals 12/22/24 - lunch and dinner 12/23/24 - lunch and dinner 12/24/24 - lunch and dinner 12/25/24 - all meals 12/26/24 - all meals 12/27/24 - lunch and dinner 12/28/24 - all meals 12/29/24 - lunch and dinner 12/30/24 - lunch and dinner 12/31/24 - all meals 01/02/25 through 01/20/25 - lunch and dinner On 01/21/25 at 01:19 PM Certified Nurse Aide E confirmed the food temperature log lacked evidence of documentation food was served at proper temperature for each meal in December and January. On 01/22/25 at 12:59 PM Dietary Staff F confirmed the food temperature log was not complete and her expectation was that food temperatures were to be completed at all meals. The facility's "Food Service" policy dated 12/2020 documented food service is provided three times a day and all food was prepared and	S5192		

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S5192	Continued From page 4 served according to standards of food code. The Kansas Department of Agriculture's "Focus on Food Safety" booklet documented "minimum hot holding temperature is 135 degrees Fahrenheit (F)." and "maximum cold holding temperature is 41 degrees F. The operator failed to ensure food was served at the proper temperature.	S5192		
S5230 SS=F	26-42-207 (b)(5)(6) (c) Infection Control Policies (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; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; (c) Each administrator or operator shall ensure the home 's compliance with the department 's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. This REQUIREMENT is not met as evidenced by: KAR 26-42-207(c) The facility reported a census of nine residents with three residents included in the sample. Based on interview and record review the operator failed to ensure the facility remained in	S5230		

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S5230	Continued From page 5 compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in KAR 26-39-105 for Residents (R)2, R3, and five of five newly hired staff. Findings included: - Record review for R2 revealed an admission date of 12/02/24. His record lacked evidence of documentation of TB testing completed upon admission. Record review for R3 revealed an admission date of 06/20/24. The first step was administered on 06/24/24 with no read date. The second step was administered 07/17/24 (over three weeks later) and read 07/19/24. The two-step testing failed to be completed according to the TB guidelines. Record review for Certified Medication Aide (CMA) G revealed a hire date of 08/27/24. Her record lacked evidence of documentation of TB testing and symptom screening completed upon hire. Record review for CMA H revealed a hire date of 11/05/24. His record lacked evidence of documentation of TB testing and symptom screening completed upon hire. Record review for CMA I revealed a hire date of 12/09/24. Her record lacked evidence of documentation of TB testing and symptom screening completed upon hire. Record review for Certified Nurse Aide (CNA) J revealed a hire date of 10/22/24. Her record	S5230		

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S5230	Continued From page 6 lacked evidence of documentation of TB testing and symptom screening completed upon hire. Record review for CNA K revealed a hire date of 06/18/24. Her record included one step from prior to hire and lacked evidence of documentation a second step was completed upon hire. On 01/22/25 at approximately 12:48 PM Administrative Nurse C confirmed R2 and R3's records lacked documentation of TB skin testing completed according to guidelines upon admission. On 01/22/25 at approximately 03:05 PM Administrative Staff B confirmed the staff records lacked documentation of TB skin testing completed upon hire. The department's June 2013 "Tuberculosis (TB) Guideline for Adult Care Homes" documented each new resident and employee shall receive a two-step skin test within seven days of residency or employment. If a new employee provides documentation of one step within six months prior to hire, they are only required to have one step completed within seven days of employment. The operator failed to ensure the facility remained in compliance with the State Agency's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105, which had the potential to affect all residents.	S5230		
S5258 SS=F	26-42-102 (d) Staff Qualifications Employee Records	S5258		

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S5258	Continued From page 7 (d) The employee records and agency staff records shall contain the following information: (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 carehome; 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 work as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR 26-42-102(d)(1) The facility reported a census of nine residents. Based on interview and record review the operator failed to ensure evidence of active licensure for one staff hired. Findings included: - Record review of Certified Medication Aide	S5258		

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S5258	Continued From page 8 (CMA) G's employee record revealed a hire date of 08/27/24. The employee record included the registry check with CMA certification status of inactive at the time of hire. CMA G's certification expired on 05/26/22. Review of Resident (R) 1 and R3's medication administration records revealed CMA G administered medications on 09/14/24, 09/15/24, and 09/17/24. On 01/22/25 at approximately 03:22 PM Administrative Staff A confirmed CMA G's record lacked evidence of documentation that licensure or certification was active upon hire and she had administered medications to residents. The operator failed to ensure evidence of active licensure for one staff hired.	S5258		
S5313 SS=F	26-42-205 (g) (3) Over the counter medication (g) (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.	S5313		

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S5313	Continued From page 9 This REQUIREMENT is not met as evidenced by: KAR 26-42-205(g)(3) The facility reported a census of nine residents. Based on observation and interview the operator failed to ensure a licensed pharmacist or licensed nurse placed the full names of the residents on the original packages of over-the-counter (OTC) medications which has the potential to affect all residents. Findings included: - Observation on 01/21/25 at 01:39 PM revealed Certified Medication Aide (CMA) D unlocked and opened the medication cart where the medications for the residents were stored. One bottle Centrum Men 50+, 200 tablets and one bottle of melatonin 10 milligrams, 140 gummies were over-the-counter medications not labeled with residents' full names. - On 01/21/25 at approximately 01:45 PM CMA D confirmed the medications were not labeled with residents' full names. - Observation on 01/21/25 at 01:46 PM revealed CMA D placed the names of residents on the medication bottles. - On 01/21/25 at approximately 01:48 PM CMA D confirmed that she places the name of residents on over-the-counter medications not previously labeled. The facility's "Medication Management" policy dated 12/2020 detailed that a licensed	S5313		

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S5313	Continued From page 10 pharmacist or licensed nurse would place the full name of a resident on each medication package. The operator failed to ensure all OTC medications were labeled with the residents' full names, furthermore, labeled by a licensed pharmacist or licensed nurse.	S5313		