

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B046064	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/22/2025
NAME OF PROVIDER OR SUPPLIER THE PRAIRIE FARMSTEAD EAST		STREET ADDRESS, CITY, STATE, ZIP CODE 12441 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 represents the findings of a resurvey with attached complaint #189958 at the above named home plus conducted on 04/21/25-04/22/25.	S 000		
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 10 residents with three residents included in the sample and one closed record review. Based on interview and record review, the operator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in KAR 26-39-105 for Resident (R) 2 and one of five sampled staff.	S5230		

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: B046064	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/22/2025
NAME OF PROVIDER OR SUPPLIER THE PRAIRIE FARMSTEAD EAST		STREET ADDRESS, CITY, STATE, ZIP CODE 12441 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
S5230	Continued From page 1 Findings included: - Record review for Resident R2 revealed an admission date of 08/01/23 with diagnoses of dementia, depression, and chronic kidney disease. R2's record revealed a first TB skin test step was administered on 08/01/23 and read on 08/03/23. The record lacked evidence of documentation of a completed second step. On 04/22/25 at approximately 12:05 PM Licensed Nurse (LN) B confirmed R2's record lacked documentation of a second step. - Record review for Certified Nurse Aide (CNA) C revealed a hire date of 10/07/24. CNA C's record revealed a first TB skin test step was administered on 05/18/24 and read on 05/20/24. The record lacked documentation of a second step. On 04/21/25 at approximately 12:13 PM LN B confirmed CNA C's record lacked documentation of a second step. The operator failed to ensure the facility remained in compliance with the department's TB guidelines for R2 and one of five sampled staff.	S5230		