

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046077	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/14/2025
NAME OF PROVIDER OR SUPPLIER AVENTURA AT OVERLAND PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 5901 WEST 107TH STREET OVERLAND PARK, KS 66207		
(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 195194, 194635, 194558, 191987, 190823, 190681, 190576, 190382, 190157, 188733, 188422, 186325, 185961, and 184471 at the above named assisted living facility conducted 05/12/25-05/14/25.	S 000		
S 145 SS=E	26-39-103 (j) Resident Right Grievance j) Grievances. The administrator or operator shall ensure that each resident is afforded the right to the following: (1) Voice grievances with respect to treatment or care that was or was not furnished; (2) be free from discrimination or reprisal for voicing the grievances; and (3) receive prompt efforts by the administrator or operator, or the designee, to resolve any grievances that the resident could have, including any grievance with respect to the behavior of other residents. This STANDARD is not met as evidenced by: KAR 26-39-103(j)(1)(2)(3) The facility reported a census of 63 residents with six included in the sample, two focused record reviews, and five closed record reviews. Based on interview and record review the administrator failed to ensure each resident is afforded the right to voice grievances with respect to treatment or are that was or was not furnished, be free from discrimination or reprisal for voicing the grievances, and receive prompt	S 145		

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

TITLE

(X6) DATE

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S 145	Continued From page 1 efforts by the administrator to resolve grievances. Findings included: - Record review for R15 revealed an admission date of 08/16/21 with a diagnosis of spinal stenosis. On 05/14/25 at approximately 09:40 AM R15 stated two months ago the main entrée was too hard to cut and did not taste good. It was reported to Administrative Staff A who responded R15 was "too picky." At approximately 09:48 AM R15 stated food quality was brought up at a town hall meeting. The residents were told the food is good by staff therefore no resident will bring up the issue again. Review of 03/18/25 "Resident Council Meeting Minutes" revealed R13 stated the food in the dining room was "out of food a lot." On 05/14/25 at approximately 08:58 AM R6 stated the dining room staff just told her this week they were out of foods she requested. On 05/14/25 at approximately 11:11 AM R7 stated within the last two days she asked for three different items from the menu and staff told her they were out of those items. On 05/13/25 at approximately 12:25 PM R17 stated she did not provide any feedback recently because previous complaints did not change anything. On 05/14/25 at 03:33 PM a family member	S 145		

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S 145	Continued From page 2 visiting the facility stated Administrative Staff A was notified of the menu choices and poor quality of food months ago with no improvement. The administrator failed to ensure each resident is afforded the right to voice grievances with respect to treatment or are that was or was not furnished, be free from discrimination or reprisal for voicing the grievances, and receive prompt efforts by the administrator to resolve grievances.	S 145		
S3082 SS=E	26-41-201 (d) Functional Capacity Screen Accurate d) Designated facility staff shall ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form. This REQUIREMENT is not met as evidenced by: KAR 26-41-201(d) The facility reported a census of 63 residents with six included in the sample, two focused record reviews, and five closed record reviews. Based on observation, interview, and record review the administrator failed to ensure designated facility staff documented the residents' functional capacity accurately on the functional capacity screening form for Resident (R)1,R2, R3, R5, R6 and R7. Findings included: - Record review for R1 revealed an admission	S3082		

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S3082	Continued From page 3 date of 07/10/21 with diagnoses of hypothyroidism, hypertension, and dysuria. The 02/16/25 "Functional Screen" (FCS) failed to document R1's problem of falls. The 02/16/25 "Service Plan" which is the facility's combined Negotiated Service Agreement and Health Service Plan (NSA/HSP) fall prevention plan included staff checked for appropriate lighting, clutter, spills, proper footwear, and education for using pendant for assistance. The 02/16/25 "Fall Risk" documented total score of 15 which places R1 in fall risk category. On 05/14/25 at 12:43 PM Administrative Nurse B confirmed R1's FCS failed to identify her risk of falls. - Record review for R2 revealed an admission date of 09/13/23 with diagnoses of cerebral infarction, diabetes mellitus type two, and weakness. The 03/25/25 FCS failed to document R2's problem of falls. R2's 03/25/25 NSA/HSP fall prevention plan included staff checked for appropriate lighting, clutter, spills, proper footwear, and education for using pendant for assistance. The 03/25/25 "Fall Risk" documented "No" for medication helping R2 sleep or with mood. The total score was six which places him in fall risk category.	S3082		

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S3082	Continued From page 4 The May 2025 "eMAR Summary" listed R2 took medications including escitalopram (an antidepressant) and quetiapine fumarate for irritability/mood. The 10/21/24 "Incident" documented R2 fell in the hallway. The 12/03/24 "Incident" documented R2 slid from recliner in room. On 05/14/25 at 12:43 PM Administrative Nurse B confirmed R2's FCS failed to identify his problem of falls. - Record review for R3 revealed an admission date of 08/16/21 with diagnosis of falls. The 11/04/24 FCS failed to document R3's problem of falls. The 11/04/24 NSA/HSP fall prevention plan included staff checked for appropriate lighting, clutter, spills, proper footwear, and education for using pendant for assistance. The 11/04/24 "Fall Risk" total score of eight which places R3 in fall risk category. On 05/14/25 at 12:43 PM Administrative Nurse B confirmed R3's FCS failed to identify her risk of falls. - Record review for R5 revealed an admission date of 01/15/21 with diagnoses of repeated falls, Parkinson's disease, and abnormalities of gait and mobility.	S3082		

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S3082	Continued From page 5 The 01/21/25 FCS failed to document R5's problem of falls. The 01/21/25 NSA/HSP fall prevention plan included staff checked for appropriate lighting, clutter, spills, proper footwear, and education for using pendant for assistance. The 01/21/25 "Fall Risk" total score of nine which places R5 in high fall risk category. The 01/13/25 "Alert Charting - Fall with minor injury" documented R5 fell in her room. On 05/14/25 at 12:43 PM Administrative Nurse B confirmed R5's FCS failed to identify her problem of falls. - Record review for R6 revealed an admission date of 05/13/23 with a diagnosis of heart failure. The 05/13/25 FCS failed to document R6's problem of falls. R6's 05/13/25 NSA/HSP fall prevention plan included staff checked for appropriate lighting, clutter, spills, proper footwear, and education for using pendant for assistance. The 05/13/25 "Fall Risk" assessment documented "No" for question of falls within past year. The total score was three which places R6 in potential for fall risk category. The 06/12/24 "Incident" documented R6 lost her balance when standing from her bed resulting in a fall.	S3082		

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S3082	Continued From page 6 The 01/16/25 "Incident" documented R6 slid from recliner resulting in a fall in her room. On 05/14/25 at 12:43 PM Administrative Nurse B confirmed R6's FCS failed to identify her problem of falls. - Record review for R7 revealed an admission date of 11/14/23 with diagnoses of hypertension, muscle spasm, pain, atrial fibrillation, and diabetes mellitus type two. The 12/06/24 FCS identified R7 was independent with management of medications. R6's 12/06/24 NSA/HSP documented staff provided daily assistance, cueing, and reminders to take medication. On 05/14/25 at approximately 12:15 PM R7 stated the staff administers her medications. On 05/14/25 at 12:31 PM Administrative Nurse B confirmed R7 is not independent with her medications and her FCS failed to identify her capabilities regarding management of medications. The administrator failed to ensure designated facility staff documented the residents' functional capacity accurately on the functional capacity screening form for Resident (R) 1, R2, R3, R5, R6, and R7.	S3082			
S3215 SS=F	26-41-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and	S3215			

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S3215	Continued From page 7 biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the facility in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the facility in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the facility. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(h) The facility reported a census of 63 residents.	S3215		

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S3215	Continued From page 8 Based on observation and interview the administrator failed to ensure medications were stored in accordance with each manufacturer's recommendations or those of federal and state laws and regulations which had the potential to affect all residents. Findings included: - Observation on 05/12/25 at 11:19 AM in the clinic treatment room cart revealed the following medications were for residents who are now deceased: One container silver sulfadiazine cream, 50 grams Two bottles providone-iodine, eight fluid ounces One bottle sodium hypochlorite, 16 fluid ounces On 05/12/25 at 11:19 AM Administrative Nurse B stated the medications were for residents who are deceased and should have been destroyed. - Observation on 05/12/25 at 11:39 AM in the first-floor medication room revealed a refrigerator which contained a vial of tuberculin with label that read to discard opened product after 30 days. The box was labeled as opened 03/28/25. On 05/12/25 at approximately 11:44 AM Administrative Nurse B confirmed the medication was expired. - Observation on 05/12/25 at 12:01 PM in the medication cart on second floor unlocked by Certified Medication Aide D contained the following medications:	S3215		

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S3215	Continued From page 9 One box of refresh eye drops and one bottle ketoconazole shampoo 2%, four fluid ounces both passed the discard date on the pharmacy printed label. One card hydrocodone 10 milligram -acetaminophen 325 milligram tablets, 30 tablets which the resident did not have an active order to take. On 05/12/25 at approximately 12:04 AM Administrative Nurse B confirmed the medications were passed date of discard or do not have active order and should have been disposed of or destroyed. The "Disposal of Unused Medications: What You Should Know" page at www.fda.gov explains unused or expired medications should be properly disposed of to prevent harm. The administrator failed to ensure medications were stored in accordance with each manufacturer's recommendations or those of federal and state laws and regulations.	S3215		
S3298 SS=F	26-41-206 (d) Food Preparation (d) Food preparation. 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	S3298		

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S3298	Continued From page 10 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 26-41-206(d) The facility reported a census of 63 residents. The facility had a main kitchen where food was served to all residents. Based on interview and observation, the administrator failed to ensure food was prepared using safe methods that conserve the nutritive value, flavor, and appearance. Findings included: - Observation of dining room on 05/12/25 revealed a printed menu on each table with multiple options for soups, starters, entrees, sides, beverages, and desserts. On 05/13/25 at approximately 01:52 PM a weekly menu was requested. The "Week At A Glance Menu" was provided including a daily special for breakfast, soup, lunch, dinner, and dessert. Observation on 05/12/25 at 12:09 PM of the resident plates left on dining room tables revealed at least seven plates with bread uneaten from meatball sub meal, four plates	S3298		

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S3298	Continued From page 11 were untouched. Observation on 05/13/25 at 12:22 PM of residents eating in the dining room revealed two residents ate chicken tacos as intended. Eight observed residents used fork to eat some of chicken, cheese, and lettuce and left the rest on the plate including the tortillas. Observation on 05/14/25 at 04:50 PM of barbeque rib meal in dining room revealed residents had difficulty cutting and chewing meat. R17 took a bite of her ribs which revealed undercooked, pink meat. This surveyor experienced two ribs with non-tender meat, a dry half sweet potato, and quarter cup of cooked cauliflower. On 05/14/25 at approximately 04:56 PM Administrative Staff A confirmed the meat R17 was served was undercooked. - Record review for R3 revealed an admission date of 08/16/21 with diagnosis of falls. On 05/14/25 at approximately 09:39 AM R3 agreed with spouse who stated the Chinese food is too spicy, a couple weeks ago the steak was hard and not given steak knives, the chicken is usually tough. On 05/14/25 at 08:50 AM R6 stated the beef last night was tough. She made herself a meal in her apartment. She stated R16, her husband, was not able to eat the meat due to how it was cooked so he ordered a hot dog and was not brought any condiments. R6 stated the last time shrimp was served, the cook ran out of shrimp	S3298		

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S3298	Continued From page 12 which left many residents with only receiving one shrimp on their plate. On 05/14/25 at approximately 11:12 AM R7 stated she doesn't eat in the dining room often due to the food quality being poor. When she asked for a certain food from the menu the staff told her they were "out." On 05/14/25 at approximately 09:40 AM R15 stated two months ago the main entrée was too hard to cut and did not taste good. On 05/14/25 at approximately 08:54 AM R16 stated he has asked for items like broccoli to be cooked instead of raw so he could consume easier, staff refused stating, "that's the way it comes." On 05/13/25 at 12:22 PM R17 stated the food was terrible and had been for a while. The food was typically dry with no flavor. The administrator failed to ensure food was prepared using safe methods that conserve the nutritive value, flavor, and appearance.	S3298		
S3299 SS=F	26-41-206 (e) (1) Facility Food Storage (e) Food storage. Facility staff shall store all food under safe and sanitary conditions. (1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving.	S3299		

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S3299	Continued From page 13 This REQUIREMENT is not met as evidenced by: KAR 26-41-206(e) The facility reported a census of 63 residents. The facility had a kitchen where food was stored and prepared for all residents. Based on observation and interview the administrator failed to ensure food items were stored under safe conditions. Findings included: - Observation on 05/12/25 at 01:54 PM in the kitchen revealed freezer 9 stored a partially used container of whipping cream without opened date and best by date of 05/04/25. On 05/12/25 at 01:55 PM Dietary Staff C confirmed the food was opened, undated, and after use-by date. - Observation on 05/12/25 at approximately 01:56 PM in the kitchen revealed refrigerator 4 stored one partially used and undated container and one opened full container of ricotta cheese with best by date of 05/12/25. A squeeze bottle of unlabeled and undated liquid was located in refrigerator which Dietary Staff C stated was southwest dressing. On 05/12/25 at 01:56 PM Dietary Staff C confirmed the foods were opened or prepared and undated. - Observation on 05/12/25 at 02:02 PM in the kitchen revealed and ice cream freezer, a two-door freezer, a two door under counter	S3299		

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S3299	Continued From page 14 refrigerator, a freezer and refrigerator combination, a walk in refrigerator, and a walk in freezer that contained food items for the residents. The temperature log for all units from 12/01/24 until 05/12/25 were located on a clipboard with no temperatures logged. On 05/12/25 at 02:03 PM Dietary Staff C confirmed the refrigerator and freezer temperature logs were not completed since November of 2024 and he expected staff to document temperatures every day. - Observation on 05/12/25 at 02:09 PM of the walk-in refrigerator revealed three cans of refrigerator biscuits with best by date of 04/12/25 and four five-pound containers of sour cream with best by date of 05/05/25. On 05/12/25 at 02:09 PM Dietary Staff C confirmed the foods were passed their best by dates. The Kansas Department of Agriculture's "Focus on Food Safety" booklet Page 21 explains that commercially prepared foods must be date marked after the original container was opened and held under refrigeration. Page 16 explains the temperature DANGER ZONE is from 41° F to 135° F, the range in which rapid growth occurs. The administrator failed to ensure foods were stored under safe conditions.	S3299		
S3320 SS=F	28-39-254 CONSTRUCTION (a) The assisted living facility or residential health care facility shall be designed,	S3320		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046077	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/14/2025
NAME OF PROVIDER OR SUPPLIER AVENTURA AT OVERLAND PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 5901 WEST 107TH STREET OVERLAND PARK, KS 66207		
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S3320	Continued From page 15 constructed, equipped and maintained to protect the health and safety of residents, personnel and the public. (b) All new construction, renovation, remodeling and changes in building use in existing buildings shall comply with building and fire codes, ordinances and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. (c) New construction, modifications and equipment shall conform to the following codes and standards: (1) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992; and (2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981. This REQUIREMENT is not met as evidenced by: KAR 28-39-254(a) The facility reported a census of 63 residents. Based on observation and interview the administrator failed to ensure the facility was maintained to protect the health and safety of the residents and visitors by ensuring all chemicals were stored within locked areas. Findings included: - Observation on 05/12/25 at 10:05 AM of	S3320		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046077	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/14/2025
NAME OF PROVIDER OR SUPPLIER AVENTURA AT OVERLAND PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 5901 WEST 107TH STREET OVERLAND PARK, KS 66207		
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S3320	Continued From page 16 conference room revealed an unlockable cabinet that contained one spray bottle of peroxide multi surface cleaner and one spray bottle of Easy Off glass cleaner. On 05/12/25 at approximately 11:09 AM Administrative Nurse B confirmed chemicals were not stored in a locked area. - Observation on 05/12/25 at approximately 11:52 AM revealed an unlockable cabinet in the parlor on second floor that contained one 1.02 liter bottle of Downy fabric conditioner. On 05/12/25 at approximately 11:52 AM Administrative Nurse B confirmed chemical was not stored in a locked area. - Observation on 05/12/25 at 12:07 PM of second floor laundry room revealed an unlockable cabinet above the sink that contained one 16 fluid ounce container of Woolite with label that read "Keep out of Reach of Children." On 05/12/25 at 12:07 AM Administrative Nurse B confirmed chemical was not stored in a locked area. - Observation on 05/12/25 at 12:09 PM revealed an unlockable cabinet in the serving area in the main dining room that contained one spray bottle of disinfectant and one spray bottle of unidentified chemical. On 05/12/25 at 12:09 AM Administrative Staff A confirmed chemicals were not stored in a locked area.	S3320		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046077	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/14/2025
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S3320	Continued From page 17 The administrator failed to ensure the building was maintained to protect the health and safety of the residents and visitors by ensuring all chemicals were stored within locked areas.	S3320		