

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046090	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/10/2025
NAME OF PROVIDER OR SUPPLIER THE VILLAGE AT OLATHE		STREET ADDRESS, CITY, STATE, ZIP CODE 101 W 151ST STREET 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) COMPLETE DATE
S 000	INITIAL COMMENTS The following represents the findings of a resurvey with attached complaints #194751, #194398, #190717, #190357, #190367, #190368, and #190370 at the above named assisted living conducted on 06/09/25 and 06/10/25.	S 000		
S3155 SS=D	26-41-204 (a) Health Care Services . (a) The administrator or operator in each assisted living facility or residential health care facility shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(a) The facility reported a census of 51 residents with three residents included in the sample and 2 focused reviews. Based on observation, interview, and record review the administrator failed to ensure a licensed nurse included a description of bed assist devices, their purpose, and instructions for their use and monitoring in Resident (R) 5's "Negotiated Service Agreement" (NSA). Findings included:	S3155		

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

TITLE

(X6) DATE

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S3155	Continued From page 1 - Record review for R5 revealed an admission date of 08/21/24 with a diagnosis of multiple sclerosis. The 10/01/24 "Functional Capacity Screen" (FCS) identified R5 was independent with transfers. The 10/01/24 "Negotiated Service Agreement" (NSA) identified R5 was independent with transfers. The "NSA" lacked a description of a bed assist device, its purpose, and instructions for its use and monitoring. Observation on 06/10/25 at approximately 04:25 PM revealed bed assist devices attached to each side of R5's bed. They fit snugly against the mattress and had no gaps greater than 4.75 inches. On 06/10/25 at 04:46 PM Administrative Staff A confirmed R5's "NSA" lacked a description of a bed assist device, its purpose, and instructions for its use and monitoring. The facility's 02/07/25 "Bed Rails and Enablers" policy documented use of bed rails would be documented in the "NSA" along with instructions for monitoring. The administrator failed to ensure a licensed nurse included descriptions of bed assist devices, their purpose, and instructions for their use and monitoring in R5's "NSA."	S3155		

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S3165	Continued From page 2	S3165		
S3165 SS=E	26-41-204 (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 26-41-204(d) The facility reported a census of 51 total residents with three residents included in the sample and two focused reviews. Based on interview and record review the administrator failed to ensure the "Negotiated Service Agreement" (NSAs) for Residents (R) 2, R3, and R4 named the licensed nurse responsible for implementing and supervising their "Healthcare Service Plans" (HSP). Findings included: - Record review for R2 revealed an admission date of 06/14/23 with a diagnosis of Alzheimer's Disease. The 11/17/24 "Functional Capacity Screen " (FCS) identified R2 was unable to perform management of medication and treatments. The 11/17/24 "NSA" identified facility staff provided R2 assistance with management of medications. Services provided for management	S3165		

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S3165	Continued From page 3 of treatments were not described on the "NSA." R2's "NSA" documented the "Licensed nurse responsible for the implementation and supervision of the care plan" was Licensed Nurse E, who no longer worked in that capacity at the facility. - Record review for R3 revealed an admission date of 03/25/24 with a diagnosis of dementia. The 05/17/25 "FCS" identified R3 was unable to perform management of medications and treatments; had short-term and long-term memory, memory/recall, and decision-making cognitive difficulties. The 05/17/25 "NSA" identified facility staff provided R3 assistance with management of medications and protection and supervision for cognitive difficulties. Services provided for management of treatments were not described on the "NSA." R3's "NSA" documented the "Licensed nurse responsible for the implementation and supervision of the care plan" was Licensed Nurse E, who no longer worked in that capacity at the facility. - Record review for R4 revealed an admission date of 09/03/24 with diagnoses of dementia and diabetes mellitus type two. The 11/21/24 "FCS" identified R4 was unable to perform bathing, toileting, and management of medications and treatments; required physical assistance with dressing, transfers, and	S3165		

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S3165	Continued From page 4 walking/mobility; was incontinent of bladder; had short-term and long-term memory, memory/recall, and decision-making cognitive difficulties, and was at risk for falls, impaired vision, impaired hearing, and impaired decision-making. The 11/21/24 "NSA" identified facility staff provided R4 extensive assistance with bathing, dressing, and toileting; assistance with two staff and mechanical lift for transfers; staff provided escort in wheelchair for walking/mobility; management of medications; care and assistance for all aspects per physician's order for treatments; supervision, reminders, and encouragement to attend activities for cognitive difficulties; and she had an indwelling catheter for urinary incontinence. The "NSA" failed to describe services provided for falls, impaired vision, and impaired hearing. R4 had a Power of Attorney (POA) for impaired decision-making. R4's "NSA" documented the "Licensed nurse responsible for the implementation and supervision of the care plan" was Licensed Nurse E, who no longer worked in that capacity at the facility. On 06/11/25 at approximately 05:03 PM Administrative Staff A stated Licensed Nurse E was still employed at the facility on as needed basis and had not worked "in a long time." She confirmed R2, R3, and R4's "NSAs" failed to name the current nurse responsible. The facility's 02/07/25 "Negotiated Service Agreements" policy documented the Executive Director would ensure each resident had a	S3165		

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S3165	Continued From page 5 written Negotiated Service Agreement compliant with state regulations. The administrator failed to ensure the "NSAs" for R2, R3, and R4 named the licensed nurse responsible for implementing and supervising their "Healthcare Service Plans" (HSP).	S3165			
S3171 SS=D	26-41-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(i) The facility reported a census of 51 residents with three residents included in the sample and 2 focused reviews. Based on observation, interview, and record review the administrator failed to ensure designated staff completed an assessment for Resident (R) 5 to confirm her bed assist devices were not a restraint, to determine the purposes of the bed assist devices, to assess the residents' ability to use the bed assist devices safely, that the bed assist devices were securely attached to the bed or bedframe, and they posed no risk for entrapment. Findings included: - Record review for R5 revealed an admission	S3171			

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S3171	Continued From page 6 date of 08/21/24 with a diagnosis of multiple sclerosis. The 10/01/24 "Functional Capacity Screen" (FCS) identified R5 was independent with transfers. The 10/01/24 "Negotiated Service Agreement" (NSA) identified R5 was independent with transfers. The 06/09/25 "Resident Roster" documented R5 was one of two residents marked for use of bed assist devices. R5's record lacked evidence of documentation of a bed assist device assessment. Observation on 06/10/25 at approximately 04:25 PM revealed a bed assist devices attached to each side of R5's bed. They fit snugly against the mattress and had no gaps greater than 4.75 inches. On 06/10/25 at 04:46 PM Administrative Staff A confirmed R5's lacked evidence of documentation of a bed assist device assessment. The facility's 02/07/25 "Bed Rails and Enablers" policy did not address bed assist device assessments. The administrator failed to ensure designated staff completed an assessment for R5 to confirm her bed assist devices were not a restraint, to determine the purposes of the bed assist devices, to assess the residents' ability to use	S3171		

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S3171	Continued From page 7 the bed assist devices safely, that the bed assist devices were securely attached to the bed or bedframe, and they posed no risk for entrapment.	S3171		
S3211 SS=E	26-41-205 (g) (3) OVER THE COUNTER DRUGS (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. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (g)(3) The facility reported a census of 51 residents with 18 residents living in the secured memory care unit. Based on observation and interview the administrator failed to ensure a licensed pharmacist or licensed nurse placed the full names of residents on the original packages of seven over-the-counter (OTC) medications in the memory care medication cart. Findings included:	S3211		

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S3211	Continued From page 8 - Observation on 06/09/25 at 01:17 PM revealed Certified Medication Aide (CMA) D unlocked and opened the memory care medication cart. The following OTC medications lacked residents' full names: One bottle of Senokot 8.6 milligrams (mg), 100 tablets One bottle of stool softener 50 mg docusate sodium/8.6 mg sennosides One box of BriteNow antifungal for nails One bottle of multivitamins, women 50+, 200 tablets One bottle of acetaminophen 500 mg, 500 caplets One bottle of vitamin D3 25 micrograms (mcg) 200 softgels One bottle of aspirin 81 mg, 365 tablets On 06/09/25 at approximately 01:17 PM CMA D and Administrative Staff A confirmed seven OTC medications in the memory care medication cart lacked residents' full names. The 02/07/25 facility's "Medication Storage - Centrally Stored Medications" policy documented medications were stored in a manner that ensured the safety of the residents. All medications, including OTC's were labeled. The administrator failed to ensure a licensed pharmacist or licensed nurse placed the full names of residents on the original packages of seven OTC medications.	S3211		

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S3215	Continued From page 9	S3215		
S3215 SS=E	26-41-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and 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	S3215		

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S3215	Continued From page 10 by: KAR 26-41-205(h) The facility reported a census of 51 residents with 18 residents living in the secured memory care unit. Based on observation and interview the administrator failed to ensure designated staff stored all medications securely and properly. Findings included: - Observation on 06/09/25 at 01:17 PM revealed Certified Medication Aide (CMA) D unlocked and opened the memory care medication cart. There were five loose pills of different shapes, colors, and sizes in the bottom near the back of the medication cart's second drawer. On 06/09/25 at approximately 01:17 PM CMA D and Administrative Staff A confirmed the memory care medication cart contained five loose pills of different shapes, colors, and sizes in the bottom near the back of the medication cart's second drawer. The 02/07/25 facility's "Medication Storage - Centrally Stored Medications" policy documented medications were stored in a manner that ensured the maintenance of the medication's integrity and the safety of the residents. The administrator failed to ensure designated staff stored all medications securely and properly.	S3215		

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S3280	Continued From page 11	S3280		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-41-104(d)(3) The facility reported a census of 51 residents. Based on interview and record review the administrator failed to provide evidence of documentation designated staff provided reviews of the facility's emergency management plan with residents every quarter. Findings included: - Review of the facility's emergency	S3280		

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S3280	Continued From page 12 management plan revealed lack of evidence of documentation designated staff provided quarterly reviews of the plan to residents. On 06/10/25 at 11:14 AM Administrative Staff A confirmed facility records lacked evidence of documentation designated staff provided reviews of the facility's emergency management plan with residents every quarter. The undated facility's "Emergency[sic] and Disaster Plan" did not address emergency management plan reviews and their frequency. The administrator failed to provide evidence of documentation designated staff provided reviews of the facility's emergency management plan with residents every quarter.	S3280		
S3298 SS=E	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 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	S3298		

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S3298	Continued From page 13 and regulations. This REQUIREMENT is not met as evidenced by: KAR 26-41-206(d) The facility reported a census of 51 residents. The facility had a main kitchen where dietary staff stored, prepared, and served food and one satellite kitchen where staff stored and served food. Based on interview and record review, the administrator failed to ensure dietary staff served food at the proper temperature to avoid bacterial growth in the memory care unit satellite kitchen. Findings included: - Review of facility's memory care unit food temperature log revealed staff last recorded a food temperature on 05/30/25. The food temperature log was blank from 05/31/25 to 06/09/25 which was nine days. On 06/09/25 at approximately 01:14 PM Administrative Staff A confirmed the food temperature log for the memory care satellite kitchen lacked temperatures from 05/31/25 to 06/09/25. The undated facility's "Food Temperature Control Policy" documented food temperatures would be taken for all menu items at each meal and documented on the designated log sheet. The Kansas Department of Agriculture's "Focus	S3298		

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S3298	Continued From page 14 on Food Safety" booklet documented "minimum hot holding temperature is 135 degrees Fahrenheit (F)." and "maximum cold holding temperature is 41 degrees F. The administrator failed to ensure dietary staff served food at the proper temperature to avoid bacterial growth.	S3298		
S3310 SS=F	26-41-207 (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; and (c) Each administrator or operator shall ensure the facility ' 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 26-41-207(c) The facility reported a census of 51 residents with three residents included in the sample and focused reviews. Based on interview and record review the administrator failed to ensure the facility remained in compliance with the	S3310		

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S3310	Continued From page 15 department's tuberculosis (TB) guidelines for adult care homes adopted by reference in KAR 26-39-105 for three residents. Findings included: - Record review for Resident (R) 2 revealed an admission date of 06/14/23 with a diagnosis of Alzheimer's Disease. The 06/23/23 second step of a two-step TB skin test lacked a read date and results. R2's record lacked evidence of documentation a TB symptom screen questionnaire was completed within seven days of admission and at least once annually. On 06/10/25 at 04:49 PM Administrative Staff A confirmed R2's record lacked evidence of documentation a TB symptom screen questionnaire was completed within seven days of admission and at least once annually. - Record review for R4 revealed an admission date of 09/03/24 with a diagnosis of dementia. The 06/23/23 second step of a two-step TB skin test lacked a read date and results. R4's record lacked evidence of documentation a TB symptom screen questionnaire was completed within seven days of admission and at least once annually. On 06/10/25 at 05:22 PM Administrative Staff A confirmed R4's record lacked evidence of documentation a TB symptom screen questionnaire was completed within seven days	S3310		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046090	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/10/2025
NAME OF PROVIDER OR SUPPLIER THE VILLAGE AT OLATHE		STREET ADDRESS, CITY, STATE, ZIP CODE 101 W 151ST STREET 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) COMPLETE DATE
S3310	Continued From page 16 of admission and at least once annually. - Record review for R5 revealed an admission date of 08/21/24 with a diagnosis of multiple sclerosis. The 01/25/25 first step of a two-step TB skin test was negative which was 157 days after admission. R5's record lacked evidence of documentation designated staff provided a TB skin test and TB symptom screen questionnaire within seven days of admission. On 06/10/25 at 05:30 PM Administrative Staff A confirmed R5's record lacked evidence of documentation designated staff provided a TB skin test and TB symptom screen questionnaire within seven days of admission. The 02/07/25 facility's "Tuberculosis: Residents" policy documented residents must complete a two-step TB skin test or Interferon Gamma Release Assay (IGRA) test within seven days of admission. Residents would also have an annual TB symptom screening and TB test. The June 2013 department's "Tuberculosis (TB) Guidelines for Adult Care Homes" documented each new resident shall receive a two-step TB skin test and symptom screen questionnaire within seven days of admission. The administrator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105.	S3310		