

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B105138	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/25/2025
NAME OF PROVIDER OR SUPPLIER JOHNSONVILLE CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 2213 N 22ND ST 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 represents the findings of a resurvey with attached complaint #196320 at the above named home plus conducted on 09/25/25.	S 000		
S5380 SS=F	28-39-437 Plumbing and Piping Systems (i) Plumbing and piping systems. (1) Backflow prevention devices or vacuum breakers shall be installed on fixtures to which hoses or tubing can be attached. (2) Water distribution systems shall be arranged to provide hot water at hot water outlets at all times. The temperature of hot water shall range between 98° F and 120° F at showers, tubs, and lavatories accessible to residents. This REQUIREMENT is not met as evidenced by: KAR 28-39-437(i)(2) The facility reported a census of five residents. Based on observation and interview the operator failed to ensure designated staff maintained water temperatures within a safe range between 98 degrees Fahrenheit (F) and 120 degrees F. Findings included: - Observation on 09/25/25 at during initial tour revealed the facility had one bathroom where residents bathed and one kitchen with a sink accessible to the residents.	S5380		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
At 11:04 AM the water temperature in the
bathroom sink was 134.5 degrees Fahrenheit

TITLE

(X6) DATE

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B105138	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/25/2025
NAME OF PROVIDER OR SUPPLIER JOHNSONVILLE CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 2213 N 22ND ST 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
S5380	Continued From page 1 (F). At 11:08 AM the water temperature in the kitchen sink was 134.5 F per state surveyor thermometer and 134.8 F per facility's thermometer. On 09/25/25 at approximately 11:08 AM Administrative Staff B confirmed water temperature in kitchen sink was approximately 134.8 degrees F with facility's thermometer. The operator failed to ensure designated staff maintained water temperatures within a safe range between 98 degrees F and 120 degrees F.	S5380		