

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046107	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/14/2025
NAME OF PROVIDER OR SUPPLIER AVENUE 81		STREET ADDRESS, CITY, STATE, ZIP CODE 8055 METCALF AVE OVERLAND PARK, KS 66204		
(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 196541, 194924, 190804, and 188167 at the above named assisted living conducted on 10/14/25.	S 000		
S3261 SS=D	26-41-105 (f) (11) Resident Record Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action This REQUIREMENT is not met as evidenced by: KAR 26-41-105(f)(11) The facility reported a census of 45 residents with three residents included in the sample. Based on observation, interview, and record review the administrator failed to ensure licensed staff documented all incidents, symptoms, indications of illness or injury including the dates, times, actions taken, and results of the actions for Resident (R) 2 during an on-going skin wound and infection. Findings included: - Review of R2's record revealed an admission date of 08/01/23 with diagnoses of mild cognitive impairment, chronic kidney disease stage three, and hypertension.	S3261		

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

TITLE

(X6) DATE

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S3261	Continued From page 1 The 06/27/25 "Functional Capacity Screen" (FCS) identified R2 required physical assistance with bathing and management of treatments. She had short-term and long-term memory, memory recall, and impaired decision-making cognitive difficulties. The 09/30/25 "Negotiated Service Agreement" (NSA) identified facility staff provided physical assistance and monitored R2's skin for bathing. Facility staff obtained monthly vital signs for management of treatments. R2's "NSA" failed to describe services she received and the provider of the services for a skin wound. Review of R2s nursing progress notes from 04/04/25 to 08/25/25 revealed the following: The 07/09/25 "Nurses Note" documented staff reported R2 had bruising on the front of her right lower leg. A wound approximately 13.5 centimeters (cm) across with no drainage or open areas noted. Wound care orders prescribed treatment be administered twice weekly by a home health provider. Facility staff to monitor the affected area for changes. The 07/11/25 "Nurses Note" documented R2 began antibiotic treatment for a wound infection on her right lower leg. The wound appeared deep blue purple in color with no drainage. Wound was treated by a home health provider twice a week. From 07/14/25 to 07/17/25 "Nurses Notes" documented four days in a row licensed staff assessed R2's skin wound for pain. She continued to receive antibiotic treatment and	S3261		

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S3261	Continued From page 2 wound treatments by a home health provider. The 07/29/25 (12 days since previous note) "Nurses Note" documented R2 completed antibiotic treatment for a wound infection. She denied pain and continued to receive wound treatments by a home health provider. The 08/13/25 (15 days since previous note) "Nurses Note" documented R2 started antibiotic treatment for a wound infection. She denied pain and continued to receive wound treatments by a home health provider twice a week. The 08/15/25 "Nurses Note" documented R2's wound was 5.0 cm. She continued to receive antibiotic treatment and wound treatment by a home health provider. The 08/27/25 "Nurses Note" documented R2 completed antibiotic treatment and continued to receive wound treatment by a home health provider two times a week. Review of R2's record from 08/27/25 to 10/14/25 (48 days at start of survey) lacked evidence of documentation of symptoms, wound measurements and characteristics, actions taken and results of the actions for R2's wound. On 10/14/25 at 03:22 PM Administrative Nurse B stated licensed staff assessed and documented current open wounds weekly. She confirmed R2's record lacked evidence of wound documentation. The administrator failed to ensure licensed facility staff documented all incidents, symptoms,	S3261		

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S3261	Continued From page 3 and other indications of illness or injury including date, time of occurrence, actions taken, and results of the actions for R2 during an on-going skin wound and infection.	S3261		
S3299 SS=E	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. This REQUIREMENT is not met as evidenced by: KAR 26-41-206(e) The facility reported a census of 45 residents. Based on observation and interview the operator failed to ensure designated staff stored food items under safe conditions. Findings included: - Observation on 10/14/25 at approximately 10:22 AM revealed a locked refrigerator within a locked medication room on the lower level of the building. The refrigerator contained seven thawed fortified nutritional shakes for residents. The shakes had labels which read "Store frozen. Thaw at or below 40 degrees F. Use thawed product within 14 days." The thawed shakes lacked date marking when	S3299		

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S3299	Continued From page 4 they were thawed. On 10/14/25 at approximately 10:22 AM Administrative Nurse B confirmed fortified nutritional shakes for the residents lacked a thaw date. The administrator failed to ensure designated staff stored food items under safe conditions.	S3299		