

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B046080	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/25/2026
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NAME OF PROVIDER OR SUPPLIER MAGGIE'S PLACE AT COLONIAL VILLAGE BUILDING	STREET ADDRESS, CITY, STATE, ZIP CODE 12600 W 137TH ST OVERLAND PARK, KS 66221
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(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 196995 and 190470 at the above named home plus facility conducted on 02/25/26.	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 nine residents with three residents included in the sample. 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 one of five newly hired staff and for Residents (R) 1, R2, and R3.	S5230		

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

TITLE

(X6) DATE

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S5230	Continued From page 1 Findings included: - Record review for Certified Medication Aide G revealed a hire date of 10/03/25. A first step of the TB two-step test (TST) was administered 10/07/25 and read 10/09/25. The second step was administered on 10/16/25 which was longer than 3 weeks after the first step. - Review of R1's record revealed an admission date of 11/11/22 with most recent TB screening questionnaire completed 05/14/24. The record failed to include a current annual screening questionnaire. - Review of R2's record revealed an admission date of 04/24/25. The first step of the TST was administered 05/15/25 which was three weeks after admission. - Review of R3's record revealed an admission date of 07/29/25. Her record revealed a first step of the TST administered 07/08/25 at a previous facility with zero millimeters of induration and no date it was read. The second step was administered 07/15/25 and failed to document a result. - On 02/25/26 at 03:25 PM Administrative Nurse B confirmed R1's record lacked documentation required. CMA G, R2, and R3's records failed to follow TB guidelines for administration of the TST. - The department's June 2013 "Tuberculosis (TB) Guideline for Adult Care Homes" documented each new resident, or employee should complete a two-step TST starting within seven days of	S5230		

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S5230	Continued From page 2 employment. If a first step is negative, a second step should be administered within one to three weeks. Each resident and employee should have an annual TB symptom screen. The facility's last revised March 2021 "Tuberculosis, Employee Screening for" policy failed to include timing of second step of TB TST. The operator failed to ensure the facility remained in compliance with the State Agency's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105, which had the potential to affect all residents.	S5230		
S5335 SS=F	28-39-437 Construction (a) Each home-plus facility shall be designed, 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. This REQUIREMENT is not met as evidenced by: KAR 28-39-437(a) The facility reported a census of nine residents. Based on observation and interview, the operator failed to ensure the building was maintained to protect the health and safety of the residents by ensuring all chemicals were stored within locked areas.	S5335		

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S5335	Continued From page 3 Findings included: - Observation on 02/25/26 at 10:41 AM revealed the laundry doors were unlocked. The following chemicals were in a housekeeping cart inside the laundry room with labels that read "Keep out of reach of children:" - One 32 fluid ounce spray bottle of urine remover - One 19 ounce aerosol can of glass cleaner - One quart bottle of toilet cleaner - Observation on 02/25/26 at approximately 10:47 AM revealed a plastic three drawer cabinet in the pubic bathroom that was unlockable. The following chemicals were in the cabinet labeled "Keep out of reach of children" - One 32 fluid ounce spray bottle of grime fighter - One 15.2 fluid ounce bottle of nail polish remover - One quart bottle of toilet cleaner - Observation on 02/25/26 at 12:15 PM of the kitchen revealed two cabinets unlocked with chemicals. Below the main sink was a cabinet with lock turned to the locked position but not shut and secured. The following chemicals had labels that read "Keep out of reach of children" inside: - One 3.78 liter container of pot and pan detergent - One 105 count container of dishwasher detergent pacs - One quart bottle of surface sanitizer for kitchen use - One quart bottle of oven cleaner - One 19 ounce aerosol can of glass cleaner	S5335		

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S5335	Continued From page 4 One 32 fluid ounce spray bottle of urine remover One quart spray bottle of disinfectant and freshener One 32 ounce spray bottle all purpose cleaner One 3.78 liter dish soap Below the handwashing sink was an unlocked cabinet with the following chemicals had labels that read "Keep out of reach of children" inside: One 105 count container of dishwasher detergent pacs Two -one quart spray bottles of disinfectant and freshener Six 32 ounce spray bottles all purpose cleaner Above the handwashing sink was an unlockable cabinet with one 19 ounce aerosol can of glass cleaner. On 02/25/26 at approximately 12:33 PM Certified Medication Aide D confirmed chemicals were not in locked areas. The operator failed to ensure the building was maintained to protect the health and safety of the residents by ensuring all chemicals were stored within locked areas.	S5335		