

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B046077	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/20/2026
NAME OF PROVIDER OR SUPPLIER MAGGIE'S PLACE AT COLONIAL VILLAGE BUILDING		STREET ADDRESS, CITY, STATE, ZIP CODE 12650 W 137TH ST OVERLAND PARK, KS 66221		
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S 000	INITIAL COMMENTS The following citations represent the findings of the licensure resurvey for the above named facility conducted on 04/20/26.	S 000		
S5215 SS=F	26-42-104 (d) Disaster and Emergency Preparedness Education (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 home ' s emergency management plan; (2) education of each resident upon admission to the home regarding emergency procedures; (3) quarterly review of the home ' 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: K.A.R. 26-42-104 (d) (3) The facility operator reported a census of 12 residents. The sample included 3 "Residents" (R)'s. Based on observation and interview the operator failed to ensure the home's emergency management plan was reviewed at least quarterly with all residents.	S5215		

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

TITLE

(X6) DATE

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S5215	Continued From page 1 Findings Included: Interview on 04/20/26 at approximately 05:00 PM with Operator B confirmed that residents' families were provided with a letter at the time of admission covering the home's emergency preparedness protocol. Operator B continued to confirm that the homes emergency management plan was not provided to all residents at least quarterly. The operator failed to ensure the home's emergency management plan was reviewed at least quarterly with all residents.	S5215		
S5265 SS=D	26-42-205 (a) (1) Medication Self Administration Assessment (a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family member or friend providing this service gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance. (1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually.	S5265		

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S5265	Continued From page 2 This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-205 (a) (1) The facility operator reported a census of 12 residents. The sample included 3 "Residents" (R)'s. Based on observation and interview the operator failed to ensure a licensed nurse preformed an initial assessment of R1's ability to self inject his insulin safely and accurately without staff assistance. Findings included: - Record Review for R1 revealed an admission date of 11/14/25 with diagnoses of other frontotemporal neurocognitive disorder, hypertension, and Type 1 Diabetes Mellitus. Review of R1's "Functional Capacity Screening" (FCS) dated 11/14/25 revealed R1 was independent with bathing, dressing, toileting, transferring, walking/mobility, and eating. R1 lacked the ability to manage his medications and medical treatments and was continent. R1 had impaired memory/recall and was able to make himself understood and he understood others. Review of R1's "Negotiated Service Agreement" (NSA) dated 11/14/25 under the section title "Medication Management" identified "Medication administration provided by staff." The NSA lacked documentation of who was responsible for administering R1's insulin.	S5265		

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S5265	Continued From page 3 Review of R1's "Health Service Plan" (HSP) dated 11/14/25 under the section titled "Medication Management" instructed facility staff to administer medications with water and a "Certified Medication Aide" (CMA) or Licensed Nurse would administer R1's medications. Interview on 04/20/26 at approximately 04:59PM with Licensed Nurses' A and C confirmed R1's medical record lacked an assessment being performed initially for the self-administration of his insulin. Licensed Nurses' A and C continued to confirm the facility CMA's dial the insulin pen for R1 and he would self-inject the insulin, when R1 was unable to self-inject facility CMA's contacted the nurses to come and administer the insulin. The operator failed to ensure a licensed nurse performed an initial assessment of R1's ability to self-inject his insulin safely and accurately without staff assistance.	S5265		
S5286 SS=D	26-42-205 (b) Administration of Selected Medications (b) Administration of select medications. Any resident who self-administers medication may select some medications to be administered by a licensed nurse or medication aide. The negotiated service agreement shall reflect this service and identify who is responsible for the administration and management of selected medications. This REQUIREMENT is not met as evidenced	S5286		

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S5286	Continued From page 4 by: K.A.R. 26-42-205 (b) The facility operator reported a census of 12 residents. The sample included 3 "Residents" (R)'s. Based on observation and interview the operator failed to ensure the "Negotiated Service Agreement" (NSA) for R1 identified who was responsible for the administration and management of R1's insulin. Findings included: - Record Review for R1 revealed an admission date of 11/14/25 with diagnoses of other frontotemporal neurocognitive disorder, hypertension, and Type 1 Diabetes Mellitus. Review of R1's "Functional Capacity Screening" (FCS) dated 11/14/25 revealed R1 was independent with bathing, dressing, toileting, transferring, walking/mobility, and eating. R1 lacked the ability to manage his medications and medical treatments and was continent. R1 had impaired memory/recall and was able to make himself understood and he understood others. Review of R1's NSA dated 11/14/25 under the section title "Medication Management" identified "Medication administration provided by staff." The NSA lacked documentation of who was responsible for administering R1's insulin. Review of R1's "Health Service Plan" (HSP) dated 11/14/25 under the section titled "Medication Management" instructed facility staff to administer medications with water and a	S5286		

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S5286	Continued From page 5 "Certified Medication Aide" (CMA) or Licensed Nurse would administer R1's medications. Interview on 04/20/26 at approximately 04:59PM with Licensed Nurses' A and C confirmed R1's NSA lacked documentation of who was responsible for the administration of R1's insulin. The operator failed to ensure the NSA for R1 identified who was responsible for the administration and management of R1's insulin.	S5286		
S5313 SS=F	26-42-205 (g) (3) Over the counter medication (g) (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: K.A.R. 26-42-205 (g) (3) The facility operator reported a census of 12 residents. The sample included 3 residents. Based on observation and interview the operator failed to ensure a licensed pharmacist or the	S5313		

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S5313	Continued From page 6 licensed nurse placed the full name of the resident on the "Over-The-Counter" (OTC) medication container. Findings Included: - Observation on 04/20/26 at approximately 12:15PM of the home's medication cart located on the east wall of the common dining area. Licensed Nurse A unlocked the medication cart and revealed the following OTC medications that lacked the full name of the resident: 1 bottle of Colace 1 bottle of Senokot 1 bottle of Dopamine 1 bottle of Melatonin 1 bottle of Pepto Bismol Interview on 04/20/26 at approximately 12:30PM with LN A confirmed the OTC's lacked the full name of the resident. The operator failed to ensure a licensed pharmacist or the licensed nurse placed the full name of the resident on the "Over-The-Counter" (OTC) medication container.	S5313		
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	S5335		

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S5335	Continued From page 7 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: K.A.R. 28-39-437 (a) The facility operator reported a census of 12 residents. The sample included 3 residents. Based on observation and interview the operator failed to ensure the secured specialty home was maintained to protect the health and safety of the residents, personnel, and the public. Findings Included: - Observation on 04/20/26 at approximately 12:15PM during the initial entrance tour with "Licensed Nurse"(LN) A revealed the following: The bottom drawer of the desk freely opened that was located in the office space located in the southeast area of the home was a container of "Micro-Kill" wipes. The upper cabinet located on the northwest corner of the office space freely opened and contained a bottle of "Dermal" wound cleanser. The kitchen cabinet located next to the entry foyer freely opened and contained a bottle of "Dermal" wound cleanser. Interview on 04/20/26 at approximately 12:30PM with LN A confirmed all chemicals were to be secured in the secured specialty home. The operator failed to ensure the secured specialty home was maintained to protect the	S5335		

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S5335	Continued From page 8 health and safety of the residents, personnel, and the public.	S5335		