

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B046076	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/29/2026
NAME OF PROVIDER OR SUPPLIER MAGGIE'S PLACE AT COLONIAL VILLAGE BUILDING		STREET ADDRESS, CITY, STATE, ZIP CODE 12620 W 137TH ST OVERLAND PARK, KS 66221		
(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 citations represent the findings of the licensure resurvey with attached complaint number 197600 for the above named facility conducted on 07/28/26 .	S 000		
S5251 SS=E	26-42-105 (f) (11) Resident Records 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 26-42-105 (f) (11) The facility reported a census of 8 residents. The sample included 3 residents. Based on record review and interview Operator A failed to ensure documentation of all incidents, indications of illness or injury, including date, time of occurrence, action taken, and results of the action. Findings included: - Review of R1's medical record revealed an admission date of 10/01/25 with diagnoses of complete traumatic amputation at the left hip joint, acquired absence of the left leg above the knee, malignant neoplasm of unspecified part of bronchus or lung. Review of R1's "Functional Capacity Screen" (FCS) dated 10/01/25 revealed R1 was	S5251		

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

TITLE

(X6) DATE

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S5251	Continued From page 1 independent with dressing and eating. R1 required physical assistance with toileting and transferring and supervision with bathing and mobility. R1 lacked the ability to manage her own medications and was usually continent. R1 was able to make herself understood and understood others and was marked at risk for impaired vision. Review of R1's "Negotiated Service Agreement" (NSA) dated 10/01/25 identified facility staff provided R1 with qualified staff to assist with toileting and supervision with bathing and mobility. R1 required facility staff to administer and manage medication and medical treatments. Review of R1's electronic "Medical Record" revealed a note dated 07/13/26 at 04:00 PM which recorded "Resident was transferring herself in chair causing a skin tear to lower right leg." R1's electronic "Medical Record" lacked documentation of results of the action. - Review of R2's medical record revealed an admission date of 07/24/26 with diagnoses of unspecified dementia, generalized anxiety, and epilepsy. Review of R2's "Functional Capacity Screen" (FCS) dated 07/24/26 revealed R2 required physical assistance with bathing, dressing, toileting and supervision with transferring and mobility. R2 lacked the ability to manage her own medications and was incontinent. R2 was marked for impaired short-term memory, long-term memory, memory/recall, and impaired decision making. R2 was able to make herself understood and usually understood others. Review of R2's "Negotiated Service Agreement"	S5251		

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S5251	Continued From page 2 (NSA) dated 07/24/26 identified facility staff provided R2 with qualified staff to assist with bathing, dressing, and toileting. Facility staff supervised with transferring and mobility. Staff were instructed to provide frequent reminders. Review of R2's electronic "Medical Record" revealed a note dated 07/26/26 at 11:00 AM which recorded "Resident had non-injury fall during morning rounds." R2's electronic "Medical Record" lacked documentation of results of the action. Interview on 07/28/26 at approximately 05:30 PM with Licensed Nurse B confirmed R1's medical record lacked documentation of the results of the action when R1 received a skin tear. Licensed Nurse B further confirmed R2's medical record lacked documentation of the results of the action when R2 had a non-injury fall. Operator A failed to ensure documentation of all incidents, indications of illness or injury, including date, time of occurrence, action taken, and results of the action.	S5251		
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	S5313		

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S5313	Continued From page 3 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 reported a census of 8 residents. The sample included 3 residents. Based on observations and interview, Operator A 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. Findings included: - Observation on 07/28/26 at approximately 12:09 PM revealed the home's medication cart was located in the front hallway. Licensed Nurse B unlocked the medication cart, which revealed the following OTC medication, lacked the full name of the resident: 1 bottle of Tylenol (pain reliever/fever reducer). Interview on 07/28/26 at approximately 12:10 PM with Licensed Nurse B confirmed the above listed OTC medication lacked the full name of the resident. Operator A failed to ensure a licensed pharmacist or the licensed nurse placed the full name of the resident on the OTC medication container.	S5313		