

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B046079	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/06/2026
NAME OF PROVIDER OR SUPPLIER MAGGIE'S PLACE AT COLONIAL VILLAGE BUILDING		STREET ADDRESS, CITY, STATE, ZIP CODE MEMORY VILLAGE OF OVERLAND PARK LLC 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 represents the findings of a resurvey with attached complaint 197963 at the above named home plus conducted on 08/05/26 and 08/06/26.	S 000		
S5085 SS=E	26-42-201 (c) Functional Capacity Screen Reassessment (c) Designated staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements: (1) At least once every 365 days; (2) following any significant change in condition as defined in K.A.R. 26-39-100; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: KAR 26-42-201(c)(1)(2) The facility reported a census of nine residents with three included in the sample and one focused review. Based on observation, interview, and record review the facility failed to ensure designated staff conducted a "Functional Capacity Screen" (FCS) for Resident (R) 1 following a significant change and for R2 every 365 days. Findings included: - Record review for Resident (R)1 revealed an admission date of 09/25/25 with diagnoses of dementia and high fall risk. The 01/20/26 (most recent) "Functional Capacity	S5085		

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

TITLE

(X6) DATE

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S5085	Continued From page 1 Screen" identified R1 was unable to perform bathing, dressing, toileting transfers, and management of medications and treatments. She was continent of bladder and had short-term and long-term memory, memory/recall, and decision-making cognitive difficulties. R1 was sometimes understandable and sometimes understood others during communication and was risk for falls, impaired vision, impaired hearing, impaired decision-making, and wandering. The 05/01/26 "NSA" described R1 received staff assistance with bathing, dressing, toileting, and transfers. She received administration of medications by a certified or licensed team member and assistance to all activities, meals, and events and consistent routines for cognitive difficulties. R1 received staff reports to the nurse for any changes in difficulty being understood or understanding others during communication. She received reminders to use a walker and staff notifications to the nurse after a fall and before moving her to prevent injury from falls. Her 2 and used to wander in the facility. On 08/06/26 at approximately 10:15 AM Administrative Staff A R1 had her "NSA" updated on 05/01/26 for a significant change and confirmed her "FCS" was not updated. - Record review for R2 revealed an admission date of 05/15/25 with diagnoses of dementia and type two diabetes mellitus. The 05/15/2 (most recent) "FCS" identified R2 required physical assistance with bathing, dressing, toileting, transfers, and walking/mobility. He was unable to perform management of medications and treatments. R2 had short-term	S5085		

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S5085	Continued From page 2 and long-term memory, memory/recall, and decision-making cognitive difficulties and was at risk for impaired decision-making and falls. The 07/22/26 "NSA" identified R2 received staff assistance with bathing, dressing, and toileting. She received staff assistance with a mechanical life for transfers and could propel herself in her wheelchair for walking/mobility but would ask for help if needed. She received administration of medications by a certified or licensed team member and assistance to all activities, meals, and events and consistent routines for cognitive difficulties. R2 had a DPOA for impaired decision-making. Before moving her after a fall staff evaluated for changes in range of motion and notified the nurse before moving her and invited her attend activities that promoted exercise, strength building, and balance to prevent injury from falls. On 08/06/26 at 10:27 AM Administrative Staff A confirmed R2 had not received an "FCS" every 365 days. The facility failed to ensure designated staff conducted an "FCS" for R1 following a significant change and for R2 every 365 days.	S5085			
S5161 SS=E	26-42-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced	S5161			

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S5161	Continued From page 3 by: KAR 26-42-204(d) The facility reported a census of nine residents with three included in the sample and one focused review. Based on interview and record review the facility failed to update each resident's "Negotiated Service Agreement" (NSA) to identify the new licensed nurse responsible for implementing and supervising their "Healthcare Service Plans" (HSP) for at least two months after a change. Findings included: - Record review for Resident (R)1 revealed an admission date of 09/25/25 with diagnoses of dementia and high fall risk. The 01/20/26 (most recent) "Functional Capacity Screen" identified R1 was unable to perform bathing, dressing, toileting transfers, and management of medications and treatments. She was continent of bladder and had short-term and long-term memory, memory/recall, and decision-making cognitive difficulties. R1 was sometimes understandable and sometimes understood others during communication and was risk for falls, impaired vision, impaired hearing, impaired decision-making, and wandering. The 05/01/26 "NSA" described R1 received staff assistance with bathing, dressing, toileting, and transfers. She received administration of medications by a certified or licensed team member and assistance to all activities, meals, and events and consistent routines for cognitive difficulties. R1 received staff reports to the nurse for any changes in difficulty being understood or	S5161		

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S5161	Continued From page 4 understanding others during communication. She received reminders to use a walker and staff notifications to the nurse after a fall and before moving her to prevent injury from falls. Her vision was adequate with glasses, she refused hearing aids, and had a Durable Power of Attorney (DPOA) for impaired decision-making. R1's "NSA" failed to describe the services she received for management of treatments and wandering. R1's "NSA" identified the licensed nurse responsible for implementing and supervising her "HSP" was Administrative Nurse C. - Record review for R3 revealed an admission date of 04/22/26 with diagnoses of Alzheimer's disease and repeated falls. The 04/22/26 "FCS" identified R3 required physical assistance with bathing, dressing, toileting, and management of medications and was incontinent of bladder. R3 had short-term and long-term memory, memory/recall, and decision-making cognitive difficulties and was at risk for impaired decision-making and wandering. The 04/22/26 "NSA" identified R3 received staff assistance with bathing, dressing, and toileting. He received administration of medications by a certified or licensed team member and used briefs for bladder incontinence. R3 received staff assistance to all activities, meals, and events and consistent routines for cognitive difficulties and had a DPOA for impaired decision-making. R3's "NSA" failed to describe the services he received for management of treatments and wandering.	S5161		

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S5161	Continued From page 5 R3's "NSA" identified the licensed nurse responsible for implementing and supervising her "HSP" was Administrative Nurse C. On 08/06/26 at 09:57 AM Administrative Nurse B stated Administrative Nurse C had not worked in the facility since May 2026. On 08/06/26 at 10:15 AM Administrative Staff A stated the "NSA" and "HSP" were combined in one document. She had sent out addendums to add to the residents' "NSAs" that identified the new nurse responsible for implementing and supervising the "HSPs" to the residents' legal representatives last week. The facility failed to update each residents' "NSA" to identify the new licensed nurse responsible for implementing and supervising their "HSP" for at least two months after the change.	S5161		