

Kansas Department for Aging and Disability Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046092		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 08/26/2026	
NAME OF PROVIDER OR SUPPLIER THE HEALTHCARE RESORT OF OLATHE				STREET ADDRESS, CITY, STATE, ZIP CODE 21250 WEST 151ST STREET , OLATHE, Kansas, 66061			
(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) COMPLETION DATE
S0000	INITIAL COMMENTS			S0000			
S3280 SS = F	The following citations represent the findings of a resurvey with a complaint 196367 and entity self-report 3156160 at the above-named Assisted Living conducted on 08/25/26 and 08/26/26. Disaster and Emergency Preparedness CFR(s): 26-41-104 (d) (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 facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' 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 LICENSURE REQUIREMENT is NOT MET as evidenced by: KAR 26-41-104(d)(3) The facility reported a census of 25 residents. Based on record review and interview for all residents and all facility employees, the facility failed to ensure disaster and emergency preparedness by ensuring performance of quarterly review of the facility's emergency management plan with all employees and residents. Findings included: - On 08/25/26 Administrative Staff A provided a copy of the facilities emergency management plan which lacked information about missing persons.			S3280			

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S3280 SS = F	Continued from page 1 On 08/25/26 at 10:08 AM Administrative Staff A confirmed she was not able to locate information concerning missing persons in the emergency management plan and stated she was not aware the topic of missing residents was supposed to be included in the emergency management plan. Review of documentation of quarterly reviews of the emergency management plan provided by the facility on 08/26/26 o revealed reviews with residents were completed on 06/11/25, 08/25/25, and 03/26/26. There was no documentation provided of quarterly reviews completed in the fourth quarter of 2025, and the second quarter of 2026. Quarterly reviews with staff were completed on 11/22/25, and 06/04/26. There was no documentation provided to show quarterly reviews were completed for the second and third quarters of 2025 and the first quarter of 2026 that included all eight required topics for review. On 08/26/26 at 03:34 PM Administrative Staff A confirmed not all required topics were included in the quarterly reviews and reviews of the emergency management plan were not completed with all staff and all residents on a quarterly basis. The facility failed to ensure the completion of quarterly reviews covering all of the required items of the emergency management plan with employees and residents.	S3280					
S3261 SS = D	Resident Record Documentation of Incidents CFR(s): 26-41-105 (f) (11) (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 LICENSURE REQUIREMENT is NOT MET as evidenced by: KAR 26-41-105(f)(11) The facility reported a census of 25 residents. The sample included four residents. Based on interview and record review the facility failed to ensure one of four sampled residents (R)104's medical record contained documentation of all incidents, symptoms,	S3261					

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S3261 SS = D	Continued from page 2 and other indications of illness or injury. Findings included: -R104's medical record revealed he moved into the facility on 10/24/25 with diagnoses of chronic kidney disease. The 10/27/25 "Functional Capacity Screen" (FCS) documented R104 was independent with transfers and mobility utilizing a four-wheeled walker. The 10/27/25 "Negotiated Service Agreement/Healthcare Service Plan" (NSA/HCSP) documented R104 was independent with transfers and mobility utilizing a four-wheeled walker and managed his urinary catheter independently. The NSA/HCSP documented R104 had a fall in his apartment on 05/02/26 which resulted in a skin tear to his left elbow. The surveyor reviewed R104's medical records which lacked nurse documentation of R104 having experienced a fall resulting in a skin tear to his left elbow. The surveyor reviewed R104's medical records which lacked documentation R104 was discharged to the hospital and transferred to a skilled nursing facility for rehabilitation. The 05/12/26 "Admission Note" documented R104 readmitted to the facility following a stay at a skilled nursing facility. Observation on 08/26/26 at 09:20 AM R104 walked independently in the hallway using a four-wheeled walker. There was a urinary catheter hung from his walker below the level of his bladder. On 08/26/26 at 02:16 PM Licensed Nurse (LN) B stated she was unable to locate any nursing documentation of R104 having had a fall on 05/02/26. LN B stated R104 was admitted from the hospital to the skilled nursing facility on 05/06/26 and readmitted to assisted living on 05/12/26. LN B stated she expected there to be nursing documentation in the medical record if a resident was discharged to the hospital. On 08/26/26 at 03:25 PM Administrative Staff A stated she was not able to locate any documentation in the nursing notes that addressed R104's fall on 05/02/26 or his going to the hospital and			S3261			

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S3261 SS = D	Continued from page 3 subsequently admitting to the skilled nursing facility. The facility failed to ensure designated staff included documentation of all incidents, symptoms and other indications of illness or injury including the dated, time of occurrence, action taken, and results of the action.			S3261			