

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B046065	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/19/2026
NAME OF PROVIDER OR SUPPLIER PRAIRIE FARMSTEAD WEST		STREET ADDRESS, CITY, STATE, ZIP CODE 12481 W 151ST STREET OVERLAND, 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 a resurvey with entity self-reports 197145 and 198719 at the above named Home Plus conducted on 08/19/26.	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: KAR 26-42-104 (d) (3) The facility reported a census of three residents. Based on record review and interview for all residents and all employees, the facility failed to ensure disaster and emergency preparedness by ensuring completion of quarterly reviews of the facility's emergency management plan with employees and residents. Findings included:	S5215		

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

TITLE

(X6) DATE

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B046065	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/19/2026
NAME OF PROVIDER OR SUPPLIER PRAIRIE FARMSTEAD WEST		STREET ADDRESS, CITY, STATE, ZIP CODE 12481 W 151ST STREET OVERLAND, 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
S5215	Continued From page 1 - On 08/19/26 documentation of quarterly reviews of the emergency management plan was requested from Administrative Staff A. Review of the provided documentation revealed the emergency management plan had been reviewed with residents on 04/04/25. The facility lacked documentation of quarterly reviews completed after this date. On 08/19/26 at 11:28 AM Administrative Staff A stated that prior to last month, they had only gone over the emergency management plan with staff once every six months. Administrative Staff A stated emergency preparedness information had been reviewed with residents during the monthly fire drills, but they failed to document. On 08/20/26 at 12:12 PM, Administrative Staff A confirmed via email correspondence that disaster training for staff had been completed on 02/01/26 and 07/01/26. The facility failed to ensure the completion of quarterly reviews of the emergency management plan with employees and residents.	S5215		