

Kansas Department on Aging

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>N046104</b>                      | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>08/24/2026</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SAGEGROVE AT OLATHE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>15700 W. 151ST STREET</b><br><b>OLATHE, KS 66062</b> |                                                                                                                          |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                       | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ID<br>PREFIX<br>TAG                                                                              | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                                           |
| S 000                                                          | INITIAL COMMENTS<br><br>The following citations represent the findings of the licensure resurvey with attached complaint number 199277, 199080, and 196958 for the above named facility conducted on 08/24/26, 8/25/26 and 08/26/26.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | S 000                                                                                            |                                                                                                                          |                                                                    |
| S3171<br>SS=D                                                  | 26-41-204 (i) Health Care Services Standards of Practice<br><br>(i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice.<br><br>This REQUIREMENT is not met as evidenced by:<br>K.A.R. 26-42-204 (i)<br><br>The facility reported a census of 69 residents. The sample included 6 Residents (R). Based on observations, interviews and record review, the facility failed to provide healthcare services for R1 in accordance with professional standards of practice when the facility failed to conduct an assessment of R1's bed assist device to ensure the device posed no risk for entrapment, confirmed the device was not a restraint, and R1's ability to safely use the bed assist device. The facility failed to ensure the bed assist device for R1 was listed in the comments section of the "Functional Capacity Screen"(FCS) and the facility further failed to include a description of the bed assist device and any special instructions on use and monitoring of the bed assist device in R1's "Negotiated Service Agreement"(NSA). | S3171                                                                                            |                                                                                                                          |                                                                    |

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

TITLE

(X6) DATE

Kansas Department on Aging

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| S3171                                                          | <p>Continued From page 1</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Record review for R1 revealed an admission date of 09/29/25 with diagnosis of frontal temporal dementia, macular degeneration, and cataract.</li> </ul> <p>Review of R1's FCS dated 03/02/26 revealed R1 lacked the ability to manage her own medications and medical treatments. R1 required supervision with bathing, dressing, toileting, and eating and was incontinent. R1 was independent with transferring and walking and mobility. R1 had impaired short term memory, long term memory, memory/recall and decision making. R1 was sometimes understood and usually understood others. R1 was marked at risk for falls, wandering, and inappropriate behavior.</p> <p>R1's FCS Comment section lacked documentation of the bed assist device.</p> <p>Review of R1's NSA dated 03/02/26 identified that facility staff would provide R1 with stand by assistance of one staff member for bathing, dressing, and toileting. Facility staff were instructed to lay fall mat next to bed and assist R1 with lying in the middle of the bed. R1's FCS listed a quarter bed rail for prevention of falls.</p> <p>R1's NSA lacked a description of the bed assist device and any special instructions on use and monitoring of the bed assist device.</p> <p>Observation on 08/26/26 at approximately 12:00 PM of R1's bed revealed a U-shaped device attached to the bed frame on the side of the devices was a U- shaped bar attached to the device. The device measured approximately 25 inches in length and 15.5 inches in width. The</p> | S3171                                                                       |                                                                                                                          |  |                                                                    |

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| S3171                                                          | <p>Continued From page 2</p> <p>open spaces between bars measured approximately 5 inches apart.</p> <p>Interview on 08/26/26 at approximately 09:00 with Licensed Nurse C confirmed R1's FCS lacked documentation of the bed assist device in the comments section and R1's "Medical Record" lacked assessment of R1's bed assist device to ensure the device posed no risk for entrapment, confirmed the device was not a restraint, and R1's ability to safely use the bed assist device. Licensed Nurse C continued to confirm R1's NSA lacked a description of the bed assist device, the purpose of the device, and any special instructions on use and monitoring of the bed assist device.</p> <p>The FDA (food and drug administration) "Bedrails in Assisted Living, Residential Health Care and Home Plus Facilities" recommended the following:</p> <p>Complete an assessment of the resident to confirm that the device is not a restraint.</p> <p>Complete an assessment of the resident to determine the purpose of the device and the resident's ability to safely use the device and document the findings in the resident's record.</p> <p>Complete an assessment of the device using the recommendations in the FDA guidance to ensure the device is securely attached to the bed or bedframe and poses no risk for entrapment and document the findings in the resident record.</p> <p>If the purpose of the device is to assist the resident with transfers, the FCS should document the resident's functional capacity based on the use of the device and should be listed in the</p> | S3171                                                                                            |                                                                                                                          |                                                                    |

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| S3171                                                          | Continued From page 3<br><br>comments section.<br><br>Include a description of the device, its purpose<br>and special instructions on use and monitoring in<br>the resident's NSA.<br><br>Document periodic reassessments of the<br>resident's use of the device and their ability to use<br>it safely and reassessment of the safety of the<br>device in the resident's record.<br><br>The facility failed to provide healthcare services<br>for R1 in accordance with professional standards<br>of practice when the Operator failed to conduct<br>an assessment of R1's bed assist device to<br>ensure the device posed no risk for entrapment,<br>confirmed the device was not a restraint, and<br>R1's ability to safely use the bed assist device.<br>The facility failed to ensure the bed assist device<br>for R1 was listed in the comment section of the<br>FCS and the Operator further failed to include a<br>description of the bed assist device and any<br>special instructions on use and monitoring of the<br>bed assist device in R1's NSA. | S3171                                                                                            |                                                                                                                          |  |                                                                    |
| S3280<br>SS=F                                                  | 26-41-104 (d) Disaster and Emergency<br>Preparedness<br><br>(d) Each administrator or operator shall ensure<br>disaster and emergency preparedness by<br>ensuring the performance of the following:<br>(1) Orientation of new employees at the time of<br>employment to the facility ' s emergency<br>management plan;<br>(2) education of each resident upon<br>admission to the facility regarding emergency<br>procedures;<br>(3) quarterly review of the facility ' s emergency<br>management plan with employees and residents;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | S3280                                                                                            |                                                                                                                          |  |                                                                    |

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| S3280                                                          | Continued From page 4<br><br>and<br>(4) an emergency drill, which shall be conducted<br>at least annually with staff and residents. This<br>drill shall include evacuation of the residents to a<br>secure location.<br><br>This REQUIREMENT is not met as evidenced<br>by:<br>K.A.R. 26-41-104(d)(3)<br><br>The facility reported a census of 69 residents.<br>The sample included 6 residents. Based on<br>record review and interview, the facility failed to<br>ensure the facilities emergency management<br>plan was reviewed at least quarterly with all staff<br>and residents.<br><br>Findings included:<br><br>- Interview on 08/26/26 at approximately 09:45<br>AM with Administrative staff A confirmed staff and<br>residents were provided with the emergency<br>preparedness protocol at time of admission and<br>upon hire. Administrative staff A continued to<br>confirm the emergency management protocol<br>was not provided to all staff and residents at least<br>quarterly.<br><br>The facility failed to ensure the emergency<br>management plan was reviewed at least quarterly<br>with all staff and residents. | S3280                                                                                            |                                                                                                                          |  |                                                                    |
| S3299<br>SS=F                                                  | 26-41-206 (e) (1) Facility Food Storage<br><br>(e) Food storage. Facility staff shall store all food                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | S3299                                                                                            |                                                                                                                          |  |                                                                    |

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| S3299                                                          | <p>Continued From page 5</p> <p>under safe and sanitary conditions.<br/>(1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving.</p> <p>This REQUIREMENT is not met as evidenced by:<br/>K.A.R 26-41-206 (e)</p> <p>The facility reported a census of 69 residents. The sample included 6 residents. Based on observations and interview, the facility failed to ensure designated staff stored food items under safe conditions.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Observation on 08/24/26 at approximately 10:00 AM revealed a refrigerator located in the main kitchen with the following foods which did not have a open date.</li> </ul> <p>1 bag with 7 boiled eggs inside<br/>1 23.5 ounce jar of peaches<br/>1 half bag of blue cheese<br/>1 jar of low sodium beef paste<br/>1 jar of regular beef paste<br/>1 jar of chicken paste</p> <p>Observation on 08/24/26 at approximately 10:20 AM revealed a refrigerator located in the memory unit with the following foods were not stored under safe conditions by lacking the open dates.</p> <p>1 jar of maraschino cherries<br/>1 bag of cherry tomatoes</p> | S3299                                                                                            |                                                                                                                          |                                                                    |

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| S3299                                                          | <p>Continued From page 6</p> <p>1 pitcher of apple juice<br/>1 plate of food with a turkey breast, green beans,<br/>and potatoes<br/>1 plate of ice cream</p> <p>Interview on 08/24/26 at approximately 10:15 AM<br/>with Administrative staff B confirmed the previous<br/>listed food lacked open dates</p> <p>Review of the document from the Department of<br/>Agriculture "Focus on Food Safety" dated<br/>08/2017 stated on page 20 "Must be date marked<br/>if it is: prepared on site, or commercially<br/>processed, after the original container is opened<br/>and held under refrigeration, potentially<br/>hazardous, ready-to-eat, held form more than 24<br/>hours and can be held for seven days."</p> <p>The facility failed to ensure designated staff<br/>stored food items under safe conditions.</p> | S3299                                                                                            |                                                                                                                          |                                                                    |