

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175257		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/24/2026	
NAME OF PROVIDER OR SUPPLIER SHARON LANE HEALTH SERVICES				STREET ADDRESS, CITY, STATE, ZIP CODE 10315 JOHNSON DRIVE , SHAWNEE, Kansas, 66203			
(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
F0000	INITIAL COMMENTS The Risk-Based Survey Process was used to conduct a federal recertification survey. The Health Recertification Survey on the above-named facility resulted in the findings of the following citations. The census was 55. The sample included six residents.			F0000			
F0641 SS = D	Accuracy of Assessments CFR(s): 483.20(g)(h)(i)(j) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. §483.20(h) Coordination. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. §483.20(i) Certification. §483.20(i)(1) A registered nurse must sign and certify that the assessment is completed. §483.20(i)(2) Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. §483.20(j) Penalty for Falsification. §483.20(j)(1) Under Medicare and Medicaid, an individual who willfully and knowingly- (i) Certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or (ii) Causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty or not more than			F0641			

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F0641 SS = D	Continued from page 1 \$5,000 for each assessment. §483.20(j)(2) Clinical disagreement does not constitute a material and false statement. This REQUIREMENT is NOT MET as evidenced by: Based on observation, record review, and interview, the facility failed to complete the "Care Area Assessment" (CAA- analysis of findings) in Resident (R) 4's comprehensive "Minimum Data Set" (MDS). Findings Included: - R4's Electronic Medical Record (EMR) from the "Diagnoses" tab documented diagnoses of pain, muscle weakness, congestive heart failure (CHF-a condition with low heart output and the body becomes congested with fluid), and dysphagia (swallowing difficulty). R4's "Significant Change MDS" dated 07/21/2026 documented a Brief Interview of Mental Status (BIMS) score of 12, which indicated moderately impaired cognition. The MDS documented R4 was independent with eating and partial to moderate assistance from staff with toileting. Review of the CAAs dated 07/21/22026 revealed the following care areas lacked analysis "Functional Abilities (Self-Care Mobility)", "Tube Feeding", "Psychotropic Drug Use", "Pressure Ulcer/injury", "Cognitive Loss/Dementia", "Urinary Incontinence/Indwelling Catheter", "Activities", "Falls", "Dehydration Fluid/Maintenance", "Psychosocial Well-being" and "Nutritional Status". R4's "Care Plan" documented the following: 09/24/2025-Staff to offer substitutions for uneaten foods. 10/28/2025-Staff to notify physicians of any weight loss. 05/12/2026 – R4's head of bed will remain elevated at 30 degrees with intermittent bolus feedings. On 09/24/2026 at 07:42 AM, R4 lay in bed on her back, with her call light on top of her blanket. On 09/24/26 at 01:00 PM, Administrative Staff F stated she was unsure why the CAA for R4 was blank. She stated the facility had outsourced the MDSs while she was off. She stated the facility gets			F0641			

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F0641 SS = D	Continued from page 2 a printout when the MDS's were finished. Administrative Staff F stated she had the printout of the finished MDS. On 09/24/2026 at 02:17 PM, Administrative Staff A stated she was unsure why R4's CAAs would not have analysis. The facility's "MDS 3.0 Completion" policy, revised 03/01/2026 documented residents were assessed using a comprehensive assessment process, in order to identify care needs and to develop an interdisciplinary care plan.	F0641					
F0698 SS = D	Dialysis CFR(s): 483.25(l) §483.25(l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is NOT MET as evidenced by: Based on observation, record review, and interviews, the facility failed to monitor Resident (R) 55's central venous catheter (central line– a catheter placed in a large vein) for dialysis access for signs of infection, bleeding, and proper dressing in place. Findings included: - R55's Electronic Medical Record (EMR) from the "Diagnosis" tab documented diagnoses of dependence on hemodialysis (a procedure where impurities or wastes are removed from the blood) and acute renal failure (inability of the kidneys to excrete waste, concentrate urine, and conserve electrolytes). The "Admission Minimum Data Set (MDS)" was in progress. R55's "Care Area Assessment (CAA)", was in progress. R55's "Care Plan" documented the following interventions: 09/18/2026 – Staff would assess and provide routine care to dialysis catheter (a flexible tube inserted	F0698					

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F0698 SS = D	Continued from page 3 through a narrow opening into a body cavity, particularly the bladder, for removing fluid). The charge nurse would communicate R55's condition with dialysis with a written communication form with each of her dialysis visit and as necessary Staff would communicate care and changes in condition with dialysis provider. Staff would provide a sack lunch. Staff would monitor access to the site every shift, before and upon return to dialysis for dislodgement. If dislodgement occurred with bleeding present, hold pressure to site and call for emergency services. Staff would monitor access site for signs and symptoms of infection such as redness, edema, or drainage and report symptoms to the physician. R55 would receive dialysis on Monday, Wednesday, and Friday. Routine labs would be drawn at the dialysis clinic. Facility would provide transportation to dialysis clinic with the facility van Weight would be obtained before and after dialysis. To be done at dialysis. R55's EMR under the "Orders" tab revealed the following physician orders: Dialysis catheter to right side of chest for dialysis only dated 09/06/2026. Dialysis three times a week on Monday, Wednesday, and Friday. Chair time 02:30 PM, dated 09/11/2026. Review of R55's September 2026 "Medication Administration Record (MAR)" and the "Treatment Administrative Record (TAR)" revealed a physician order dated 09/06/2026, monitor site to left chest every shift and allow steri-strips to fall off on their own for seven days to promote skin integrity, was discontinued on 09/13/2026. On 09/24/2026 at 08:30 AM, R55 sat in a recliner next to her bed with her lower extremities resting on the seat of her wheelchair. On 09/24/2026 at 12:50 PM, Licensed Nurse (LN) G stated R55's dialysis access site should be monitored daily. LN G stated R55's access site was	F0698					

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F0698 SS = D	Continued from page 4 monitored only the days she went for dialysis. LN G stated the monitoring would be documented on the MAR or TAR. LN G confirmed the MAR and TAR lacked R55's access site was only monitored on the days she went to dialysis said it was documented on the dialysis communication form. On 09/24/2026 at 12:55 AM, Administrative Nurse E stated R55's dialysis access site was monitored on the days she went to the dialysis provider. She stated there was no physician order to monitor the site after the seven days. She agreed that the site may need to be monitored for adverse outcomes. On 09/24/2026 at 12:55 PM, Administrative Nurse D stated R55's dialysis access site was monitored daily during staff providing or assisting her with activities of daily living. The facility's "Hemodialysis" policy dated 07/31/2026 documented the facility would provide the necessary care and treatment, consistent with professional standards of practice, physician orders, the comprehensive person-centered care plan, and the resident's goals and preferences, to meet the special medical, nursing, mental, and psychosocial needs of residents receiving hemodialysis.	F0698					