

Kansas Department for Aging and Disability Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046103		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/01/2026	
NAME OF PROVIDER OR SUPPLIER COLONIAL VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 12500 W 137TH ST , OVERLAND PARK, Kansas, 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) COMPLETION DATE
S0000	INITIAL COMMENTS The following citations represent the findings of a Health Licensure Resurvey and complaint survey regarding allegations in the following complaint: 1619903 conducted on 08/31/26 and 09/01/26. The facility reported a census of 37 residents. The sample included 4 residents.			S0000			
S3215 SS = F	Medication Storage CFR(s): 26-41-205 (h) (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the facility in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the facility in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the facility. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This LICENSURE REQUIREMENT is NOT MET as evidenced by: K.A.R. 26-41-205 (h) (4) Medication Management			S3215			

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S3215 SS = F	Continued from page 1 Storage Based on observation and interview, the facility failed to ensure the Licensed Nurse stored all facility medications in accordance with each manufacture's recommendations. The failure placed the residents at risk for expired medication being administered. On 08/31/26 at 01:50 PM, the surveyor observed two boxes with open vials of tuberculin inside. On the side of one box was a handwritten date of 11/24, the second box was undated. The vial of tuberculin contained instructions that a vial of which had been opened and in use for 30 days should be discarded. On 08/31/26 at 1:55 PM, Licensed Practical Nurse B confirmed both boxes of tuberculin were opened and had been accessed and continued to confirm both vials lacked documentation of a beyond use date. The failure placed residents at risk for expired medications being administered.	S3215					
S3310 SS = E	Infection Control Policies CFR(s): 26-41-207 (b) (5-6) (c) (b) (5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident 's food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; and (c) Each administrator or operator shall ensure the facility ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 This LICENSURE REQUIREMENT is NOT MET as evidenced by: K.A.R. 26-41-207 (c) Infection Control Based on interview and record review, the facility failed to ensure the facility's compliance with the department's "Tuberculosis"(TB) guidelines for adult care home adopted by reference in K.A.R. 26-39-201 for newly hired Certified Medication Aides (CMA)'s C,D, and E. Review for CMA C revealed she began employment on 07/01/25. The record lacked documentation of the required two step TB test being administered within seven days of employment. Review for CMA D	S3310					

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S3310 SS = E	Continued from page 2 revealed she began employment on 01/27/26. The record lacked documentation of the required two step TB test being administered within seven days of employment. Review for CMA E revealed she began employment on 04/20/26. The record lacked documentation of the required two step TB test being administered within seven days of employment. On 09/01/26 at 10:20 AM, Licensed Practical Nurse B confirmed CMA's C, D, and E records lacked documentation of the required two step TB test being administered within seven days of employment. As a result, the facility failed to comply with the department's TB guidelines for adult care home adopted by reference in K.A.R. 26-39-201.			S3310			
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: K.A.R. 26-41-105 (f)(11) Resident Records Based on interview, and record review, the facility failed to ensure all residents records contained documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken and results of the actions for two of four residents reviewed for resident records, Resident (R) 2. R2 diagnoses included type 2 diabetes, hypertension, and benign prostatic hyperplasia. The 06/23/26 Functional Capacity Screening (FCS) revealed R2 was usually continent and required assistance with toileting. The 06/26/26 Negotiated Service Agreement (NSA) revealed staff were to assist with continence and toileting. R2 admitted on 01/07/26 and required physical assistance with bathing and toileting and stand by assistance with dressing. The NSA dated 06/26/26 directed staff to provide physical assistance with toileting and incontinence. Review of R2's "Progress Notes" revealed the following entries: On 08/08/26 at 07:01 PM R2 was in the hospital. On 08/09/26 at 07:07 PM R2 was in the hospital. On 08/10/26 at 10:43 AM R2 went to the ER on Saturday. On 09/01/26 at 02:00 PM, Licensed Practical Nurse B confirmed R2's medical record lacked documentation of all incidents. As a result, R2's medical record lacked			S3261			

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S3261 SS = D	Continued from page 3 documentation of all incidents, symptoms, and other indications of illness or injury when he was sent to the local hospital for acute kidney injury.			S3261			