

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/18/2026
NAME OF PROVIDER OR SUPPLIER SAGEGROVE AT LENEXA		STREET ADDRESS, CITY, STATE, ZIP CODE 22000 PRAIRIE STAR PARKWAY LENEXA, KS 66220		
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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with complaints 195436, 196832, 197775, 198198, and 199385 at the above named Assisted Living conducted on 08/13/26, 08/17/26, and 08/18/26.	S 000		
S3090 SS=D	26-41-202 (c) Admission Negotiated Service Agreement (c) Each administrator or operator shall ensure the development of an initial negotiated service agreement at admission. This REQUIREMENT is not met as evidenced by: KAR 26-41-202 (c) The facility reported a census of 68 residents. Based on interview and record review, the facility failed to ensure the development of an initial "Negotiated Service Agreement" (NSA) was completed at admission for Resident (R)102. Findings included: - R102's medical record revealed she moved into the facility on 04/23/26 with a diagnosis of dementia. Review of 102's records failed to locate a NSA completed upon admission to the facility. On 08/18/26 at 11:56 AM Administrative Nurse B stated an initial evaluation was completed but confirmed there was no NSA in R102's medical records.	S3090		

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

TITLE

(X6) DATE

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S3090	Continued From page 1	S3090			
	The facility failed to ensure R102's NSA was developed at admission.				
S3101 SS=E	26-41-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced by: KAR 26-41-202 (h) The facility reported a census of 68 residents. The sample included three residents. Based on interview and record review, the facility failed to ensure the "Negotiated Service Agreement" (NSA) for resident (R)103 and R107 were signed by all individuals involved in the development of the NSA. Findings included: - R103's medical record revealed she moved into the facility on 06/11/26 with a diagnosis of dementia. The 06/10/26 NSA documented R103's NSA was signed by the nurse who developed the NSA but lacked a signature of R103's durable power of attorney (DPOA).	S3101			

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S3101	Continued From page 2 On 08/18/26 at 11:24 AM Administrative Nurse B stated a copy of R103's NSA was emailed to her DPOA but no follow-up was made to ensure the signed copy was returned. The facility failed to ensure R103's NSA was signed by all individuals involved in the development of the NSA. - R107's medical record revealed he moved into the facility on 07/10/26 with a diagnosis diabetes mellitus. The 07/10/26 NSA documented R107's NSA was signed by the nurse who developed the NSA but lacked signatures of R107 or his DPOA. On 08/18/26 at 10:31 AM Administrative Nurse B stated a copy of R107's NSA was mailed to his DPOA but no follow-up was made to ensure the signed copy was returned. The facility failed to ensure R107's NSA was signed by all individuals involved in the development of the NSA.	S3101		
S3248 SS=F	26-41-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following documentation: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract	S3248		

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S3248	Continued From page 3 staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult care home; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to have worked as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR 26-41-102 (d) (4) The facility reported a census of 68 residents. Based on interview and record review, the facility failed to ensure one of five newly hired employees' records included evidence of verification with the Kansas Board of Nursing was completed prior to employment. Findings included: - Review of employee files conducted on 08/17/26 revealed the following: "Licensed Nurse" (LN) C was hired on 02/04/25. Facility staff were unable to provide evidence a license verification was completed prior to LN C being employed. Review of new hire documentation revealed a	S3248		

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S3248	Continued From page 4 license verification was performed on 05/22/25. On 08/13/26 at 12:35 PM, Administrative Staff A confirmed the license verification was not completed prior to being hired. The facility failed to ensure timely verification of the Kansas Board of Nursing was completed prior to employment.	S3248		
S3310 SS=F	26-41-207 (b) (5-6) (c) Infection Control Policies (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 REQUIREMENT is not met as evidenced by: KAR 26-41-207(c) The facility reported a census of 68 residents. Based on record review and interview, the facility failed to ensure the facility was in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R.	S3310		

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S3310	Continued From page 5 26-39-105. Findings include: - Resident (R)103 moved into the facility on 06/11/26 with a diagnosis of dementia. Review of medical records revealed R103 did not have a TB Symptom Screen Questionnaire or a two-step TB skin test (TST) completed within seven days of admission to the facility. On 08/18/26 at 11:24 AM Administrative Nurse B stated she was unable to locate a completed TB symptom screen questionnaire or a two-step TST completed upon admission for R103. The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new resident ...shall have an initial TB symptom screen that includes the components of the Tuberculosis Symptom Screen Review Questionnaire within 7 days of residency ...Each new resident ...shall receive a two-step TST ...within 7 days of residency ..." The facility failed to ensure compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. - R104 admitted to the facility on 07/31/25 with a diagnosis of dementia. Review of medical records revealed R104 did not have a TB Symptom Screen Questionnaire completed annually since admitting to the facility. On 08/18/26 at 12:05 PM Administrative Nurse B stated that she could not locate an annual TB	S3310		

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S3310	Continued From page 6 symptom screen questionnaire completed for 2026. The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each resident ...shall have an annual TB symptom screen that includes the components of the Tuberculosis Symptom Screen Review Questionnaire." The facility failed to ensure compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. - R105 admitted to the facility on 08/21/25 with a diagnosis of dementia. Review of R105's medical records revealed the second step of the two-step TST lacked documentation of the results. On 08/18/26 at 02:35 PM Administrative Nurse B confirmed the results for the second step of the two-step TST was not documented. The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "The second TST shall be read within 48-72 hours of its administration. " The facility failed to ensure compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. - R106 admitted to the facility on 07/07/26 with a diagnosis of muscle weakness. Review of R106's medical records revealed she did not have a TB Symptom Screen Questionnaire completed within seven days of	S3310		

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S3310	Continued From page 7 admission to the facility. On 08/18/26 at 11:03 AM Administrative Nurse B stated she was unable to find a TB symptom screen questionnaire completed upon admission to the facility. The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new resident ...shall have an initial TB symptom screen that includes the components of the Tuberculosis Symptom Screen Review Questionnaire within 7 days of residency ..." The facility failed to ensure compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. - Review of five newly hired employee files revealed the following: Licensed Nurse C was hired on 02/04/25 but did not have a TB Symptom Screen Questionnaire completed until 06/22/25 and did not have a two-step TST administered upon hire. Certified Medication Aide D was hired on 12/03/25 but did not have a two-step TST administered upon hire. Certified Nurse Aide E was hired on 06/22/26 but did not have a TB Symptom Screen Questionnaire completed or have a two-step TST administered upon hire. Activities Staff F was hired on 10/17/25 but did not have a TB Symptom Screen Questionnaire completed or have a two-step TST administered upon hire.	S3310		

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S3310	Continued From page 8 The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new ...employee shall have an initial TB symptom screen ...within 7 days of...employment ...Each new ...employee shall receive a two-step TST ...within 7 days of ...employment ..." The facility failed to ensure compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S3310		
S3420 SS=E	28-39-256 MECHANICAL REQUIREMENTS (c) Mechanical requirements. (1) Heating, air conditioning, and ventilating systems. (A) The system shall be designed to maintain a year-round indoor temperature range of 70oF or 21oC to 85oF or 26oC. (B) Each apartment or individual living unit shall allow the resident to control the temperature. (2) Plumbing and piping systems. (A) Backflow prevention devices or vacuum breakers shall be installed on fixtures to which hoses or tubing can be attached. (B) Water distribution systems shall be arranged to provide hot water at outlets at all times. The temperature of hot water shall range between 98oF and 120oF at bathing facilities, sinks, and lavatories in resident use areas.	S3420		

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S3420	Continued From page 9 (3) Electrical requirements. (A) All spaces occupied by persons or machinery and equipment within the buildings, approaches to buildings, and parking lots shall have adequate lighting. (B) Minimum lighting intensity levels shall be as required in Table 1. (C) Each corridor and stairway shall remain lighted at all times. (D) Each light in resident use areas shall be equipped with shades, globes, grids, or glass panels. This REQUIREMENT is not met as evidenced by: KAR 28-39-256 (c) (2) (B) The facility reported a census of 68 residents. Based on observation, record review, and interview, the operator failed to ensure the temperature of hot water ranged between 98 degrees Fahrenheit (F) and 120 degrees F at the bathroom sink of a public restroom, in an unlocked laundry room, and in kitchenette sinks located in a memory care unit. Findings included: On 08/13/26 at 09:43 AM an observation was made of the public restroom located across the hall from the "Director of Healthcare" office. The sink had a hot water temperature reading that measured 146.3 degrees F.	S3420		

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S3420	Continued From page 10 On 08/13/26 at 09:50 AM Maintenance Director G stated that he performed random hot water temperature checks during the week and documented the results every other week in their TELS maintenance computer system. On 08/13/26 at 09:55 AM the hot water temperature at the public restroom sink was checked again using both the maintenance thermometer and the surveyor thermometer which resulted in a hot water temperature reading of 138.0 degrees F. On 08/13/26 at 09:59 AM an observation of the unlocked laundry room in the access hall located outside of the Groves Neighborhood memory care unit had a hot water temperature reading of 154.5 degrees F. The doors to the laundry room were lockable and there were no observations of anyone beside staff who accessed the laundry room. On 08/13/26 at 10:13 AM an observation of the Orchard Neighborhood memory care unit revealed two kitchen sinks. One had a hot water temperature of 125.2 degrees F, the other had a hot water temperature of 125.6 degrees F. On 08/13/26 at 11:57 AM Administrative Staff A stated the public restroom across the hall from the "Director of Healthcare" office was accessible to staff, residents, and visitors. Administrative Staff A stated none of the residents did their own laundry and only care staff, kitchen staff and housekeeping staff accessed the laundry room. On 08/13/26 at 01:00 PM Maintenance Director G stated he was aware of the safe water temperature range of 98-120 degrees F. Maintenance Director G stated the laundry rooms	S3420		

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S3420	Continued From page 11 were supposed to be locked at all times. On 08/13/26 at 01:15 PM after attempting to recalibrate both the maintenance and surveyor thermometers, a hot water temperature reading was obtained at the public restroom sink of 143.2 degrees F with the surveyor thermometer and a reading of 110.7 degrees F was obtained using the maintenance thermometer. It was determined that the maintenance thermometer was inaccurate. Review of the "Water Temperature Checks" logbook documentation between the dates of 06/08/26 to 08/07/26 revealed temperatures for the "AL Laundry" ranged between 148 degrees F to 151 degrees F. For the same date range, hot water temperature readings in the "Groves Kitchen" ranged between 117 degrees F and 119 degrees F. On 08/13/26 a policy concerning hot water temperatures was requested from Administrative Staff A, but no policy relevant to the situation was provided. The facility failed to ensure the temperature of hot water in publicly accessible areas ranged between 98 degrees F and 120 degrees F for the safety of residents, staff and visitors.	S3420		