Kansas State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046049	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAGE AT MISSION	7105 MISSION ROAD , PRAIRIE VILLAGE, Kansas, 66208

(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 represents the findings of a resurvey with attached complaint 1551131, 1551134, 1551149, 1551179, 1551366, 1551376, 2582136 and incidents 1551148, 1551153, 1551158, 1551187, 2583245, 2637586, and 2637793 at the above-named assisted living facility conducted 10/20/25-10/22/25.	S0000		
S3082 SS = E	Functional Capacity Screen Accurate CFR(s): 26-41-201 (d) d) Designated facility staff shall ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form. This LICENSURE REQUIREMENT is NOT MET as evidenced by: KAR 26-41-201(d) The facility reported a census of 77 residents with five included in the sample and four closed record reviews. Based on observation, interview, and record review the administrator failed to ensure designated facility staff documented the residents' functional capacity accurately on the functional capacity screening form for Resident (R) 2, R3 and R5. Findings included: - Record review for R2 revealed an admission date of 01/15/24 with diagnoses of Alzheimer's disease and bradycardia. The 09/27/25 Functional Capacity Screen (FCS) identified R2 required physical assistance with management of medications and treatments; supervision with bathing, dressing, toileting, and transferring; was independent with mobility and eating; was at risk for falls; was continent of bladder; and had short-term memory, long-term memory, memory/recall, and decision making difficulties.	S3082		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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S3082 SS = E	Continued from page 1 The 09/27/25 "Service Plan" which is the facility's combined Negotiated Service Agreement and Health Service Plan (NSA/HSP) identified R2 was independent with toileting and used incontinence products. The NSA/HSP bladder section documented R2 as frequently incontinent. The 10/01/25 "encounter" note by R2's provider documented urinary incontinence in medical history diagnoses. On 10/22/25 at approximately 01:22 PM R2 stated she has had "everything" done to her bladder except to remove it and "I leak all the time." On 10/22/25 at approximately 03:15 PM Administrative Staff C confirmed R2's FCS failed to identify her level of bladder incontinence. - Record review for R3 revealed an admission date of 11/26/24 with diagnoses of heart failure and bilateral hearing loss. The 05/26/25 FCS identified R3 required physical assistance with bathing, dressing, toileting, transferring, mobility, and management of medications and treatments; required supervision with eating; was continent of bladder; had impaired vision, hearing, and decision-making; and had short-term memory, long-term memory, memory/recall, and decision-making difficulties. The FCS failed to indicate R3 at risk of falls. The 05/26/25 NSA/HSP identified R3 used incontinence products and needed assistance to change the incontinent product. The NSA/HSP instructed staff to ensure R3's call device is within reach and encourage her to use it for assistance; invite and assist resident to attend activities to promote exercise, strength building, and balance; area around recliner were free from hazards; and assistive devices were in reach while in recliner. On 10/22/25 at 12:54 PM R3 stated she has fallen with the last one being a month ago.	S3082		

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S3082 SS = E	Continued from page 2 On 10/22/25 at 02:52 PM Administrative Nurse B stated staff had confirmed with her that R3 is incontinent mostly during the night. On 10/22/25 at approximately 03:15 PM Administrative Staff C confirmed R3's FCS failed to identify her level of bladder incontinence and risk for falls. - Record review for R5 revealed an admission date of 04/25/25 with a diagnosis of cerebrovascular disease. The 10/19/25 FCS identified R5 was unable to perform bathing, dressing, toileting, transferring, and mobility; required physical assistance with management of medications and treatments; required supervision with eating; was incontinent of bladder; and had no cognition difficulties. The FCS failed to accurately document R5's level of cognition. The 10/19/25 NSA/HSP failed to address R5's cognition difficulties. On 10/22/25 at 11:00 AM Administrative Staff B stated R5 has impaired short-term memory. On 10/22/25 at 11:11 AM R5 was unable to remember what she ate for breakfast or the current season. She stated her daughter helps with decision-making. On 10/22/25 at approximately 03:15 PM Administrative Staff C confirmed R5's FCS failed to identify her cognition levels. On 10/22/25 at 03:55 PM a policy regarding Functional Capacity Screens was requested which Administrative Staff A stated the facility did not have a policy regarding FCS. The administrator failed to ensure designated facility staff documented the residents' functional capacity accurately on the functional capacity screening form for Resident (R) 2, R3, and R5.	S3082		
S3101 SS = E	NSA Signatures	S3101		

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S3101 SS = E	Continued from page 3 CFR(s): 26-41-202 (h) (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 LICENSURE REQUIREMENT is NOT MET as evidenced by: KAR 26-41-202(h) The facility reported a census of 77 residents with five residents included in the sample and four closed chart reviews. Based on interview and record review the administrator failed to ensure that each individual involved in the development of the Negotiated Service Agreement (NSA) signed the agreement for Resident (R) 3 and R4. Findings included: - Record review for R3 revealed an admission date of 11/26/24 with diagnoses of heart failure and bilateral hearing loss. The 05/26/25 FCS identified R3 required physical assistance with bathing, dressing, toileting, transferring, mobility, and management of medications and treatments; required supervision with eating; was continent of bladder; had impaired vision, hearing, and decision-making; and had short-term memory, long-term memory, memory/recall, and decision-making difficulties. The 05/26/25 NSA/HSP identified staff assisted R3 with bathing, dressing, toileting, transfers, mobility, and management of medications; supervision with eating; assurance the call device is within reach and encourage her to use it for assistance to prevent falls; and to break tasks into smaller subtasks for cognition. The NSA lacked signature by R3 or her legal representative as well as facility staff who participated in the development. On 10/22/25 at 12:15 PM Administrative Nurse E confirmed R3's NSA lacked a signature page including all involved in development of the NSA.	S3101		

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S3101 SS = E	Continued from page 4 - Record review for R4 revealed an admission date of 02/28/23 with a diagnosis of Alzheimer's. The 08/27/25 FCS identified R4 required physical assistance with bathing, dressing, toileting, transferring, mobility, eating, and management of medications and treatments; required supervision with eating; was continent of bladder; had impaired vision and decision-making; was usually understandable and understood communication; was incontinent; and had short-term memory, long-term memory, memory/recall, and decision-making difficulties. The 08/27/25 NSA/HSP identified R4 was provided physical assistance by staff for bathing, dressing, toileting, transferring, mobility, eating, and management of medications and treatments. The NSA lacked signature by R4 or her legal representative as well as facility staff who participated in the development. On 10/22/25 at 12:15 PM Administrative Nurse E confirmed R4's NSA lacked a signature page including all involved in development of the NSA. On 10/22/25 at 03:55 PM a policy regarding Negotiated Service Agreements was requested which Administrative Staff A stated the facility did not have a policy regarding NSA. The administrator failed to ensure that each individual involved in the development of the NSA signed the agreement for R3 and R4.	S3101		
S3200 SS = D	Facility Administration of Medications CFR(s): 26-41-205 (d) (1-2) (d) Facility administration of resident ' s medications. If a facility is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the	S3200		

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S3200 SS = D	Continued from page 5 following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the facility has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This LICENSURE REQUIREMENT is NOT MET as evidenced by: KAR 26-41-205(d) The facility reported a census of 77 residents with five included in the sample and four closed record reviews. Based on interview and record review the administrator failed to ensure facility staff administered medications to Resident (R) 7 in accordance with her provider's orders. Findings included: - Record review for R7 revealed an admission date of 02/21/25 with a diagnosis of Parkinson's disease. The 02/24/25 Functional Capacity Screen (FCS) identified R7 was unable to perform management of medications. The 02/24/25 Negotiated Service Agreement for R7 identified facility staff administered medications. Review of R7's medication administration record (MAR) for March of 2025 revealed orders for carbidopa-levodopa 50 milligram-200 milligram (mg) one tablet to be given in the evening scheduled for 09:00 PM and carbidopa-levodopa (for Parkinson's disease) 25-100mg two tablets one time a day scheduled at 08:00 AM, one tablet to be given at bedtime scheduled at 11:59 PM, 1.5 tablets given in afternoon scheduled at 12:00 PM, and two tablets given in the evening scheduled at 05:00 PM. Further review revealed failure to administer the 08:00 AM dose and the 12:00 PM dose on 03/04/25. Review of "Medication Admin Audit Report" for March of 2025 for R7 revealed the 03/01/25 12:00 PM dose was administered at 06:40 PM, the 08:00 AM dose was given	S3200		

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S3200 SS = D	Continued from page 6 at 10:56 AM on 03/02/25, the 12:00 PM dose was given at 04:50 PM on 03/02/25, the 08:00 AM dose was given at 06:14 PM on 03/08/25, and the 08:00 AM dose was given at 03:35 PM on 03/10/25. On 10/21/25 at 05:04 PM Administrative Nurse E confirmed the "Audit Report" medication administration times. On 10/22/25 at 03:35 PM Administrative Nurse D confirmed R7's MAR had missed doses and the medication administration times on the "Audit Report" were outside the administration timeframe. The facility's undated "Medication Administration Policy for Senior Living" documented medications were administered according to the "five rights" which includes the right dose and time. Medication administration was to be documented immediately after each administration and any errors or omissions were documented and reported per facility policy. The administrator failed to ensure facility staff administered all medications to R7 in accordance with her medical care provider's order.	S3200		
S3211 SS = F	OVER THE COUNTER DRUGS CFR(s): 26-41-205 (g) (3) (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This LICENSURE REQUIREMENT is NOT MET as evidenced by: KAR 26-41-205(g)(3) The facility reported a census of 77 residents. Based on observation and interview the administrator failed	S3211		

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S3211 SS = F	Continued from page 7 to ensure a licensed pharmacist or licensed nurse placed the full names of residents on the original packages of eleven over the counter (OTC) medications in medication storage areas. Findings included: - Observation on 10/20/25 at 03:13 PM revealed the medication room in memory care contained the following OTC medications were not labeled with residents' full names: One bottle cranberry 500 milligram (mg) 150 caplets One bottle Naproxen 220 mg, 100 caplets One bottle coQ10 100 mg, 120 softgels On 10/20/25 at approximately 03:32 PM Administrative Nurse C confirmed the OTC medications were not labeled with residents' full names. - Observation on 10/20/25 at 03:35 PM revealed the medication cart in memory care contained one bottle vitamin d3 1,000 international units, 100 tablets, was not labeled with a resident's full name. On 10/20/25 at approximately 03:38 PM Administrative Nurse C confirmed the OTC medication was not labeled with a resident's full name and instructed Certified Medication Aide H to label the bottle. - Observation on 10/20/25 at 04:30 PM revealed the floor one medication cart contained the following OTC medications were not labeled with residents' full names: One bottle calcium carbonate 1000mg, 160 tablets One bottle docusate sodium 100mg, 400 tablets One bottle vitamin D3 1000 international units, 100 caplets One bottle Centrum multivitamin, 100 tablets One bottle acetaminophen 500mg, 200 caplets	S3211		

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S3211 SS = F	Continued from page 8 One bottle vitamin c 500mg, 100 caplets One bottle polyethylene glycol 3350 17.9 ounces On 10/20/25 at approximately 04:45 PM Administrative Nurse C confirmed the OTC medications were not labeled with residents' full names. On 10/20/25 at approximately 03:28 PM Administrative Nurse C stated the certified medication technicians are to label the medication bottles with residents' names, resident room number, and opened date. The facility's undated "Medication Administration Policy for Senior Living" stated all medications must be labeled correctly with the resident's name. The policy failed to instruct who is responsible for labeling the medications. The administrator failed to ensure a licensed pharmacist or licensed nurse placed the full names of residents on the original packages of eleven OTC medications.	S3211		
S3213 SS = E	Medication Labeling CFR(s): 26-41-205 (g) (2) (g) (2) Each prescription medication container shall have a label that was provided by a dispensing pharmacist or affixed to the container by a dispensing pharmacist in accordance with K.A.R. 68-7-14. This LICENSURE REQUIREMENT is NOT MET as evidenced by: KAR 26-41-205 (g)(2) The facility reported a census of 77 residents. Based on observation and interview the administratior failed to ensure each prescription medication container had a label provided by a dispensing pharmacist affixed to the container of insulin medications. Findings included: - Observation on 10/20/25 at 02:40 PM revealed the second floor medication cart contained the following prescription medications:	S3213		

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S3213 SS = E	Continued from page 9 One novolog pen, 300 units and one lantus pen, 300 units for R10 in a zippered bag with an illegible pharmacy label which has R10's last name hand written on label, One zippered bag with two pens of lantus insulin, 300 units, for R11 of which neither the bag nor either pen had a pharmacy affixed label, One zippered bag with a label for lispro which contained one pen lispro insulin 300 units and one pen novolog (aspart) insulin 300 units. On 10/20/25 at approximately 02:55 PM Licensed Nurse I confirmed the insulin pens were not labeled with a pharmacist affixed label. The facility's undated "Medication Administration Policy for Senior Living" stated all medications must be labeled correctly with the resident's name, dosage, and administration instructions. The administrator failed to ensure each prescription medication container had a label provided by a dispensing pharmacist affixed to the container.	S3213		
S3215 SS = E	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	S3215		

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S3215 SS = E	Continued from page 10 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: KAR 26-41-205(h) The facility reported a census of 77 residents. Based on observation and interview the administrator failed to ensure medications were stored in accordance with each pharmacy or manufacturer's recommendations or those of federal and state laws and regulations. Findings included: - Observation on 10/20/25 at 02:58 PM in the nurse's office revealed a refrigerator contained the following medications and were expired: Seven bags 10 milligram (mg) bisacodyl, 10 suppositories Two bags 10mg bisacodyl, 12 suppositories One bag 10mg bisacodyl, 30 suppositories One bag 10mg bisacodyl, 15 suppositories One bag 10mg bisacodyl, 5 suppositories Three bottles latanoprost ophthalmic solution 0.005%, 2.5 milliliters with expiration 06/16/25, 07/10/25, and 10/18/25 On 10/20/25 at approximately 03:10 PM Administrative Nurse C confirmed the medications were expired. - Observation on 10/20/25 at 03:13 PM in the memory care medication room revealed a cabinet with overflow medications which contained the following expired	S3215		

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S3215 SS = E	Continued from page 11 medications: One bottle multivitamin, 200 tablets expired 12/24 One bottle aspercreme 4.7-ounce expired 03/22 One bottle menthol 16% lozenges, 2.5 fluid ounce expired 10/21 One tube zinc oxide 40%, 4-ounce expired 09/25 One bottle loratadine 10mg, 90 tablets expired 08/17 One bag bisacodyl 10mg, suppositories 14 supp, expired 11/24 Two bags bisacodyl 10mg, 10 suppositories expired 07/25 One zippered bag polyethelyene glycol 3350, 14 individual packs expired 03/24 Two bottles milk of magnesia 1200mg, 16 fluid ounce, expired 08/25 and 10/25 On 10/20/25 at approximately 03:29 PM Administrative Nurse C confirmed the medications were expired. - Observation on 10/20/25 at 03:35 PM of the memory care medication cart revealed one bottle of vitamin D3 2000 international units, 300 softgels expired 08/25 and one bottle ketoconazole 2% expired 05/25. On 10/20/25 at approximately 03:38 PM Administrative Nurse C confirmed the medications were expired. - Observation on 10/20/25 at 04:30 PM of floor one's medication cart revealed one bottle of Eliquis 5mg, 60 tablets with pharmacy printed use by date 06/19/25, one bottle metoprolol succinate 25mg, 79 tablets expired 08/26/25, and hydroxyzine 25 mg, 16 tablets expired 07/20/25. On 10/20/25 at approximately 04:45 PM Administrative Nurse C confirmed the medications were expired. The facility's undated "Medication Administration Policy for Senior Living" read expired or discontinued	S3215		

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S3215 SS = E	Continued from page 12 medications would not be stored and were disposed of using proper procedure. The administrator failed to ensure medications were stored in accordance with each pharmacy or manufacturer's recommendations or those of federal and state laws and regulations.	S3215		
S3280 SS = F	Disaster and Emergency Preparedness CFR(s): 26-41-104 (d) (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 facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' 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 LICENSURE REQUIREMENT is NOT MET as evidenced by: KAR 26-41-104(d)(3) The facility reported a census of 77 residents. Based on interview and record review the administrator failed to provide evidence of documentation quarterly reviews of the facility's emergency management plan were completed with all residents and all staff. Findings included: - Review of the facility's emergency plan records lacked evidence of documentation quarterly reviews were completed with staff during the first and third quarters of 2025 and with residents during the first quarter of 2025. Furthermore, the reviews completed with residents failed to include all residents.	S3280		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046049	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAGE AT MISSION	7105 MISSION ROAD , PRAIRIE VILLAGE, Kansas, 66208

(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
S3280 SS = F	Continued from page 13 On 10/21/25 at 03:48 PM Maintenance Staff J stated she was responsible for training residents of the emergency management plan and went to their meetings three times a year. On 10/21/25 at approximately 03:55 PM Maintenance Staff J confirmed the facility's record lacked documentation reviews of the emergency management plan were completed quarterly with all residents. On 10/22/25 at 11:11 AM R5 denied ever being trained on the emergency management plan. The administrator failed to provide evidence of documentation quarterly reviews of the facility's emergency management plan were completed with residents and staff.	S3280		
S3310 SS = F	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: KAR 26-41-207(c) The facility reported a census of 77 residents with five included in the sample and four closed record reviews. Based on interview and record review the administrator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in KAR 26-39-105 for two residents and two newly hired staff which has the potential to affect all residents.	S3310		

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S3310 SS = F	Continued from page 14 Findings included: - Record review for Resident (R) 3 revealed an admission date of 11/26/24 with a diagnosis of heart failure. R3's record included administration dates of TB skin test on 02/01/25 and 02/24/25. The record lacked documentation of the read date proving the skin tests were read within 48-72 hours. - Record review for R5 revealed an admission date of 04/25/25 with a diagnosis of cerebrovascular disease. R5's record included administration dates of TB skin test on 04/26/25 and 04/30/25 (four days later). The record lacked documentation of the read date proving the skin tests were read within 48-72 hours. Furthermore, the induration was documented as 0.1 without indication of what unit of measurement (example: millimeters). On 10/22/25 at 02:48 PM Administrative Nurse C confirmed R5's administration dates for the TB skin tests were too close together, the read dates were not included in the record and the induration was not documented in millimeters. - Review of Certified Medication Aide (CMA) F's employee record revealed a hire date of 06/26/25. CMA F's record contained a TB skin test first step administered 06/21/25 and read 06/23/25. The second step was administered 06/30/25 and failed to document the date it was read. Furthermore, the result was documented with a check mark in the millimeters induration space on the form which did not indicate a size of induration. On 10/21/25 at 02:51 PM Administrative Staff B confirmed CMA F's record failed to include read dates and size of induration in millimeters. - Review of Licensed Nurse (LN) G's employee record revealed a hire date of 07/11/25.	S3310		

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S3310 SS = F	Continued from page 15 LN G's TB two step skin test and screening questionnaire were on the same page. The questionnaire section failed to be completed. On 10/21/25 at 02:51 PM Administrative Staff B confirmed LN G's record lacked evidence of completion of the TB screen. The June 2013 department's "Tuberculosis (TB) Guidelines for Adult Care Homes" documented each new employee shall have an initial TB symptom screen within seven days of employment. The procedure for TB testing instructs the test to be read within 48-72 hours of administration. If the first test is negative the second test should be administered one to three weeks later. Required documentation for the two-step skin test is date each test was administered and read and the results of each test in millimeters of induration. The administrator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105.	S3310		