

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

PRINTED: 10/22/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175503		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/21/2019	
NAME OF PROVIDER OR SUPPLIER THE PLAZA HEALTH SERVICES AT SANTA MARTA				STREET ADDRESS, CITY, STATE, ZIP CODE 13875 W 115TH TERRACE OLATHE, KS 66062			
(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
F 000	INITIAL COMMENTS			F 000			
F 730 SS=E	The following citations represent the findings of a Health Resurvey. Nurse Aide Perform Review-12 hr/yr In-Service CFR(s): 483.35(d)(7) §483.35(d)(7) Regular in-service education. The facility must complete a performance review of every nurse aide at least once every 12 months, and must provide regular in-service education based on the outcome of these reviews. In-service training must comply with the requirements of §483.95(g). This REQUIREMENT is not met as evidenced by: The facility had a census of 45 residents. The sample included 15 residents. Based on record review and interview, the facility failed to ensure every Certified Nurse Aide (CNA) employed at the facility completed the minimum 12 hours of in-service education per year and lacked a system for appropriately tracking nurse aide education. Findings included: - The facility's employment records documented 45 nurse aides were employed at the facility for at least one year. The facility's in-service records documented all 45 nurse aides had not completed the required 12 hours of in-service education in the past year. On 10/16/19 at 02:30 PM, Administrative Staff A stated the facility had no system in place to monitor completion of in-service hours, and verified the CNAs had not obtained the required in-service education hours.			F 730			

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

TITLE

(X6) DATE

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 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.

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F 730	Continued From page 1 Upon request, the facility lacked a policy regarding CNA in-service education. The facility failed to ensure every CNA completed the minimum 12 hours in-service education per year and lacked an effective tracking system, placing the residents at risk for inadequate care.	F 730			