Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046075	A. BUILDING: _____ B. WING _____	C 07/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PLAZA HEALTH SERVICES AT SANTA MARTA	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) COMPLETE DATE
S 000	INITIAL COMMENTS The following represents the findings of an abbreviated survey for complaints #196126, #192670, #192379, #192393, #191822, and #191277at the above named assisted living conducted on 06/30/25, 07/01/25, and 07/02/25.	S 000		
S3080 SS=D	26-41-201 (a) (b) Functional Capacity Screen on Admission a) On or before each individual ' s admission to an assisted living facility or residential health care facility, a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual ' s functional capacity and shall record all findings on a screening form specified by the department. The administrator or operator may integrate the department ' s screening form into a form developed by the facility, which shall include each element and definition specified by the department. (b) A licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services. This REQUIREMENT is not met as evidenced by: KAR 26-41-201(a) The facility reported a census of 70 residents with five residents included in the sample for focused reviews. Based on interview and record review the administrator failed to ensure licensed staff conducted a "Functional Capacity Screen" (FCS) Resident (R) 2 on or before admission to the facility.	S3080		

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

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S3080	Continued From page 1 Findings included: - Record review for R2 revealed an admission date of 09/30/24 with a diagnosis of dementia. On 07/02/25 at approximately 12:17 PM a completed "FCS" for R2 was requested which the facility failed to provide. The 09/30/24 "NSA" identified R2 was independent with bathing, dressing, toileting, and walking/mobility; services she received for transfers and bladder incontinence were described as "not applicable;" facility staff managed medications and provided cueing and reminders as needed for cognitive difficulties. Review of R2's electronic record revealed a "Forms" tab with a "FCS" listed. The state surveyor was unable to access an "FCS." On 07/02/25 at approximately 12:17 PM Administrative Nurse C confirmed state surveyor was unable to access R2's "FCS" and would provide one. The administrator failed to ensure evidence of documentation an "FCS" was conducted for R2 on or before admission to the facility.	S3080		