STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046103	A. BUILDING: _____ B. WING _____	02/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLONIAL VILLAGE	12500 W 137TH ST OVERLAND PARK, KS 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) COMPLETE DATE
S 000	INITIAL COMMENTS The following citations represent the findings of a Re-Licensure Survey with complaint investigation 184701 for the above named facility conducted on 02/17/25 and 02/19/25.	S 000		
S 225 SS=D	26-39-102 (a) Admission Policy (a) Each licensee, administrator, or operator shall develop written admission policies regarding the admission of residents. The admission policy shall meet the following requirements: (1) The administrator or operator shall ensure the admission of only those individuals whose physical, mental, and psychosocial needs can be met within the accommodations and services available in the adult care home. (A) Each resident in a nursing facility or nursing facility for mental health shall be admitted under the care of a physician licensed to practice in Kansas. (B) The administrator or operator shall ensure that no children under the age of 16 are admitted to the adult care home. (C) The administrator or operator shall allow the admission of an individual in need of specialized services for mental illness to the adult care home only if accommodations and treatment that will assist that individual to achieve and maintain the highest practicable level of physical, mental, and psychosocial functioning are available. (2) Before admission, the administrator or operator, or the designee, shall inform the prospective resident or the resident ' s legal representative in writing of the rates and charges for the adult care home's services and of the resident's obligations regarding payment. This	S 225		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046103	A. BUILDING: _____ B. WING _____	02/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLONIAL VILLAGE	12500 W 137TH ST OVERLAND PARK, KS 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) COMPLETE DATE
S 225	Continued From page 1 information shall include the refund policy of the adult care home.(3) At the time of admission, the administrator or operator, or the designee, shall execute with the resident or the resident ' s legal representative a written agreement that describes in detail the services and goods the resident will receive and specifies the obligations that the resident has toward the adult care home. (4) An admission agreement shall not include a general waiver of liability for the health and safety of residents. (5) Each admission agreement shall be written in clear and unambiguous language and printed clearly in black type that is 12-point type or larger. This REQUIREMENT is not met as evidenced by: KAR 26-39-102(a)(3) The facility reported a census of 39 residents(R). The sample included three residents and one closed record. Based on interview and record review for one (R5) of three sampled residents, the executive director failed to execute with the resident or the resident's representative a written admission agreement that described in detail the services the resident would receive and the specifics as to the resident's obligation/liability to the facility at the time of admission. Findings included: - Review of R5's "Electronic Medical Record" (EMR) revealed he moved into the Assisted	S 225		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046103	A. BUILDING: _____ B. WING _____	02/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLONIAL VILLAGE	12500 W 137TH ST OVERLAND PARK, KS 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) COMPLETE DATE
S 225	Continued From page 2 Living facility on 07/17/24 with a diagnosis of Parkinson's disease. Review of R3's EMR did not include an admission agreement. On 02/19/25 at 12:13 PM Administrative staff A provided an Admission agreement via E-mail he stated was R5's admission agreement. Review of the agreement provided, indicated it was for the "Skilled Nursing Admission Agreement" and was signed by all parties on 01/17/24. An Interview on 02/19/25 at 02:04 Administrative Staff A reported he had reviewed R5's record and staff failed to complete an admission agreement when R5 moved from Skilled Nursing to Assisted Living. The executive director failed to execute a written admission agreement for R5 at the time of admission to the Assisted Living.	S 225		
S3085 SS=E	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will	S3085		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046103	A. BUILDING: _____ B. WING _____	02/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLONIAL VILLAGE	12500 W 137TH ST OVERLAND PARK, KS 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) COMPLETE DATE
S3085	Continued From page 3	S3085		

receive;
(2) identification of the provider of each service; and
(3) identification of each party responsible for payment if outside resources provide a service.

This REQUIREMENT is not met as evidenced by:
KAR 26-41-202 (a)(1)(2)(3)

The facility reported a census of 39 residents. The sample included three residents and one closed record review. Based on interview, and record review the executive director failed to ensure designated staff developed three (R3, R4, R5) of three sampled residents, "Negotiated Service Agreements" based on the "Functional Capacity Screen" and service needs. The "Negotiated Service Agreement failed to identify services provided, who provided the service, and who is responsible for payment of service when it is provided by an outside resource.

Findings included:

- R3's "Electronic Medical Record" (EMR) revealed he moved into the facility on 10/31/23 with a diagnosis of type II diabetes mellitus.

R3's "Functional Capacity Screen" dated 10/24/24 revealed he needed physical assistance with management of medications and medical treatments and was otherwise independent with Activities of Daily Living (ADL).

R3's "Negotiated Service Agreement" (NSA)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046103	A. BUILDING: _____ B. WING _____	02/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLONIAL VILLAGE	12500 W 137TH ST OVERLAND PARK, KS 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) COMPLETE DATE
S3085	Continued From page 4	S3085		

dated 10/24/24 identified the facility staff provided medication management but failed to identify a description of services related to management of medical treatments. The NSA included a list of Outside Providers but failed to include podiatry services, and who was responsible for payment for services provided by an outside provider.

R3's "Service Plan" provided by Administrative Licensed Nurse B on 02/20/25 identified licensed and certified staff would administer his medications but also failed to identify who managed his medical treatments. The "Service Plan' also failed to identify R3 checked his own blood sugars and failed to identify Certified Medication Aides prepared and dialed his insulin pen and then he self-injected it.

R3's EMR included multiple progress notes from a local podiatry service identifying R3 received podiatry services from an outside provider.

Interview on 02/19/25 at 03:35 PM Administrative Licensed Nurse B reported they had a podiatrist who came into the facility to provide services. She reviewed R3's NSA and Service Plan and acknowledged they did not include the podiatrist and did not identify who was responsible for payment of services when provided by an outside resource. Administrative licensed Nurse B also acknowledged the NSA did not include a description of services related to the need for assistance with medical treatments.

Review of the facility's "Negotiated Service Agreement- K.A.R. 26-42-202" policy dated 12/2020 revealed the "Negotiated Service

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046103	A. BUILDING: _____ B. WING _____	02/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLONIAL VILLAGE	12500 W 137TH ST OVERLAND PARK, KS 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) COMPLETE DATE
S3085	Continued From page 5	S3085		

Agreement" shall provide a description of the services the resident will receive, identification of the provider of each service, and identification of each party responsible for payment if outside resources provide a service.

The executive director failed to ensure designated staff developed R3's NSA based upon his FCS and service needs related to outside services and also medical treatments.

- R4's "Electronic Medical Record" (EMR) revealed he moved into the facility on 01/05/23 with a diagnosis of coronary artery disease.

R4's "Functional Capacity Screen" dated 10/27/24 revealed he needed physical assistance with bathing, dressing, and management of medications and medical treatments.

R4's "Negotiated Service Agreement" (NSA) dated 06/07/24 and his signed "Service Plan" dated 06/07/24 revealed Licensed Nurses and Certified Medication Aides administered medications. Both the NSA and the "Service Plan" failed to include a description of services related to medical treatments, podiatry services, as well as payment source for other services provided by an outside resource.

Interview on 02/19/25 at 03:51 PM Administrative Licensed Nurse B acknowledged R4's NSA and signed "Service Plan" did not include a description of services related to medical treatments, podiatry services, or the payment source for all services provided by an outside resource.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046103	A. BUILDING: _____ B. WING _____	02/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLONIAL VILLAGE	12500 W 137TH ST OVERLAND PARK, KS 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) COMPLETE DATE
S3085	Continued From page 6 The executive director failed to ensure designated staff developed R4's NSA based upon his FCS and service needs related to outside services and medical treatments. - Review of R5's "Electronic Medical Record" (EMR) revealed he moved into the facility on 07/17/24 with a diagnosis of Parkinson's disease. R5's "Functional Capacity Screen" (FCS) dated 07/17/24 identified he needed physical assistance with management of medications and medical treatments. R5's "Negotiated Service Agreement" (NSA) dated 07/17/24 failed to include a description of services related management of medical treatments, did not identify he received podiatry services or the payment source for services provided by outside resources. Interview on 02/19/25 at 04:02 PM Administrative Licensed Nurse B acknowledged R5's NSA and signed "Service Plan" did not include a description of services related to medical treatments, podiatry services, or the payment source for all services provided by an outside resource. The executive director failed to ensure designated staff developed R5's NSA based upon his FCS and service needs related to outside services and medical treatments.	S3085		
S3092 SS=E	26-41-202 (d) Negotiated Service Agreement Revisions	S3092		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046103	A. BUILDING: _____ B. WING _____	02/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLONIAL VILLAGE	12500 W 137TH ST OVERLAND PARK, KS 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) COMPLETE DATE
S3092	Continued From page 7 (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements:(1) At least once every 365 days; (2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly, if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, facility staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by: KAR 26-41-202 (d)(2) The facility reported a census of 39 residents(R). The sample included three residents and one closed record review. Based on observation, interview, and record review the executive director failed to ensure designated staff reviewed and revised the "Negotiated Service Agreement" for two (R4, R5) of three sampled residents when the resident had a significant change in service needs related to skilled therapy. Findings included: - R4's "Electronic Medical Record" (EMR) revealed he moved into the facility on 01/05/23 with a diagnosis of coronary artery disease.	S3092		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046103	A. BUILDING: _____ B. WING _____	02/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLONIAL VILLAGE	12500 W 137TH ST OVERLAND PARK, KS 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) COMPLETE DATE
S3092	Continued From page 8 R4's "Functional Capacity Screen" dated 10/27/24 revealed he needed physical assistance with bathing, dressing, and management of medications and medical treatments. R4's "Negotiated Service Agreement" (NSA) dated 06/07/24 and included a local Home Health agency for "Therapy" services. R4's signed "Service Plan' dated 06/07/24 did not include any Home Health services. R4's EMR failed to include revisions to his NSA identifying when he had changes to his service needs related to physical and occupation therapy. Review of R4's therapy record provided by therapy services, revealed R4 received the following therapy services: 11/01/23 to 12/18/23 R4 received physical therapy. 04/29/24 to 05/16/24 R4 received physical therapy. 06/11/24 to 08/09/24 R4 received physical and occupational therapy. 09/18/24 to current, R4 is receiving physical therapy through private pay. Interview on 02/19/25 at 04:00 PM Administrative Licensed Nurse B reported she had just received approval from corporate office to complete addendums for therapy services. The executive director failed to ensure designated staff reviewed/revised R4's NSA	S3092		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046103	A. BUILDING: _____ B. WING _____	02/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLONIAL VILLAGE	12500 W 137TH ST OVERLAND PARK, KS 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) COMPLETE DATE
S3092	Continued From page 9	S3092		

when he started and stopped Home Health Services related to physical and occupational therapy.

- Review of R5's "Electronic Medical Record" revealed he moved into the facility on 07/14/24 with diagnosis of Parkinson's disease.

R5's "Functional Capacity Screen" identified he was independent with activities of daily living but needed physical assistance with management of medications and medical treatments.

R 5's "Negotiated Service Agreement" (NSA) dated 07/17/24 identified R5 received Therapy services from a local Home Health agency.

R5's EMR lacked review and revision of his NSA to identify changes in services provided to meet his needs.

Review of R5's therapy record provided by therapy services, revealed R4 received the following therapy services:
09/03/24 to 10/05/24 received physical and occupational therapy
02/07/25 to current receiving physical and occupational therapy services.

Interview on 02/19/25 at 04:00 PM Administrative Licensed Nurse B reported she had just received approval from corporate office to complete addendums for therapy services.

The executive director failed to ensure designated staff reviewed/revised R5's NSA when he started and stopped Home Health Services related to physical and occupational

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046103	A. BUILDING: _____ B. WING _____	02/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLONIAL VILLAGE	12500 W 137TH ST OVERLAND PARK, KS 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) COMPLETE DATE
S3092	Continued From page 10 therapy.	S3092		
S3175 SS=E	26-41-205 (a) (1) Self Administration of Medication (a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family member or friend providing this service gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance. (1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(a)(1) The facility reported a census of 39 residents (R). The sample included three residents and one closed record review. Based on observation, interview, and record review, the executive director failed to ensure a licensed nurse completed an assessment for self-injection of medications for one (R3) of three sampled residents and failed to ensure staff completed the assessments to self-administer medications a	S3175		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046103	A. BUILDING: _____ B. WING _____	02/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLONIAL VILLAGE	12500 W 137TH ST OVERLAND PARK, KS 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) COMPLETE DATE
S3175	Continued From page 11	S3175		

least annually for R3 and R4.

Findings included:

- R3's "Electronic Medical Record" (EMR) revealed he moved into the facility on 10/31/23 with a diagnosis of type II diabetes mellitus.

R3's "Functional Capacity Screen" dated 10/24/24 revealed he needed physical assistance with management of medications and medical treatments.

R3's "Negotiated Service Agreement" dated 10/24/24 identified the facility staff provided medication management.

R3's "Service Plan" provided by Administrative Licensed Nurse B on 02/20/25 identified licensed and certified staff would administer his medications. did not include the resident self-administered any of his medications.

R3's EMR included medication self-administration assessments completed on 10/31/23 and 12/09/24. Neither assessment included assessing R3 for his ability to safely and accurately self-inject his insulin and staff had not completed it annually.

Interview on 02/19/25 at 09:50 AM Certified Medication Aide (CMA) C reported the CMAs prepared R3's insulin pen, dialed it to the ordered dosage and then handed it to him to self-inject.

Interview on 02/19/25 at 09:06 AM Administrative Licensed Nurse B acknowledged the medication

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046103	A. BUILDING: _____ B. WING _____	02/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLONIAL VILLAGE	12500 W 137TH ST OVERLAND PARK, KS 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) COMPLETE DATE
S3175	Continued From page 12	S3175		

Self-administration assessments were to be completed before they started a medications and then annually. She reviewed R3's assessment and acknowledged it did not identify if he was able to safely and accurately self-inject his insulin after staff prepared the pen.

Review of the "Medication Management-K.A.R. 26-42-205" policy dated 12/2020 revealed a resident could self-administer medications if a licensed nurse had performed an assessment and determined the resident could safely and accurately perform the function without staff assistance. It also reported an assessment shall be completed annually.

The executive director failed to ensure a Licensed Nurse assessed R3 for ability to safely and accurately self-inject his insulin and completed it annually.

- R4's "Electronic Medical Record" (EMR) revealed he moved into the facility on 01/05/23 with a diagnosis of coronary artery disease.

R4's "Functional Capacity Screen" dated 10/27/24 revealed he needed physical assistance with management of medications and medical treatments.

R4's "Negotiated Service Agreement" and his "Service Plan" both dated 06/07/24 identified medications administration was provided by licensed and certified staff.

Observation on 02/19/25 at 11:24 AM of R4s medications in his room revealed in the bathroom cabinet contained a bottle of refresh eye gtts and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046103	A. BUILDING: _____ B. WING _____	02/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLONIAL VILLAGE	12500 W 137TH ST OVERLAND PARK, KS 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) COMPLETE DATE
S3175	Continued From page 13 a couple other medications and then he said he kept his nasal spray in the other cabinet. Resident opened the cabinet to show the nasal spray and then shut it right away. On the sink counter was a tube of Voltaren gel (pain gel) and he said that was all. He shut the cabinet doors before the surveyor was able to observe all of the medications he had in his bathroom. R4's EMR included medication self-administration assessments completed on 06/14/23 and 12/04/24. Interview on 02/19/25 at 03:58 PM Administrative Licensed Nurse B reviewed R4's medication self-administration assessments and acknowledged they had not been completed annually. Review of the "Medication Management-K.A.R. 26-42-205" policy dated 12/2020 revealed a resident could self-administer medications if a licensed nurse had performed an assessment and determined the resident could safely and accurately perform the function without staff assistance. It also reported an assessment shall be completed annually. The executive director failed to ensure a Licensed Nurse assessed R4 for his ability to safely and accurately self-administer his medications annually.	S3175		
S3186 SS=E	26-41-205 (b) Administration of Selected Medications (b) Administration of select medications. Any resident who self-administers medication may	S3186		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046103	A. BUILDING: _____ B. WING _____	02/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLONIAL VILLAGE	12500 W 137TH ST OVERLAND PARK, KS 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) COMPLETE DATE
S3186	Continued From page 14	S3186		

select some medications to be administered by a licensed nurse or medication aide. The negotiated service agreement shall reflect this service and identify who is responsible for the administration and management of selected medications.

This REQUIREMENT is not met as evidenced by:
KAR 26-41-205 (b)

The facility reported a census of 39 residents(R). The sample included three residents and one closed record review. Based on observation, interview, and record review the executive dierctor failed to ensure two (R3 and R4) of three sampled residents Negotiated Service Agreement included the selected medications the resident chose to administer.

Findings included:

- R3's "Electronic Medical Record" (EMR) revealed he moved into the facility on 10/31/23 with a diagnosis of type II diabetes mellitus.

R3's "Functional Capacity Screen" dated 10/24/24 revealed he needed physical assistance with management of medications and medical treatments and was otherwise independent with Activities of Daily Living (ADL).

R3's "Negotiated Service Agreement" (NSA)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046103	A. BUILDING: _____ B. WING _____	02/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLONIAL VILLAGE	12500 W 137TH ST OVERLAND PARK, KS 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) COMPLETE DATE
S3186	Continued From page 15	S3186		

dated 10/24/24 identified the facility staff provided medication management but failed to identify what medications the resident chose to self administer and what ones the facility staff administered for him

R3's signed "Service Plan" provided by Administrative Licensed Nurse B on 02/20/25 identified licensed and certified staff would administer his medications but failed to identify what medications he self administered.

Review of R3's Feburary Medication Administration record revealed he self administered his Metamucil (fiber supplement), and his Mupirocin ointment.

Interview on 02/19/24 at 03:56 PM Administrative Licensed Nurse B reported what medications a resident self-administered was on the self-administration assessment. She stated she did not realize the NSA needed to identify what medications qualified staff administered and what medications the resident chose to self-administer.

The executive director failed to ensure designated staff identified what select medications R3 chose to self-administer in his NSA.

- R4's "Electronic Medical Record" (EMR) revealed he moved into the facility on 01/05/23 with a diagnosis of coronary artery disease.

R4's "Functional Capacity Screen" dated 10/27/24 revealed he needed physical assistance with management of medications and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046103	A. BUILDING: _____ B. WING _____	02/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLONIAL VILLAGE	12500 W 137TH ST OVERLAND PARK, KS 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) COMPLETE DATE
S3186	Continued From page 16 medical treatments. R4's "Negotiated Service Agreement" (NSA) dated 06/07/24 and his signed "Service Plan" dated 06/07/24 revealed Licensed Nurses and Certified Medication Aides administered medications. Both the NSA and the "Service Plan" failed to include what medications R4 chose to self administer and what medications qualified staff administered. Review of R4's February 2025 medication administration record revealed he self-administered the following medications: Fluticasone Propionate Nasal spray (steroid spray), Voltaren External Gel (anti-inflamatory gel), Refresh liquigel, Biofreez professional external gel (for arthritic pain). Observation on 02/19/25 at 11:24 AM R4 reported he had some medications in his bathroom that he did himself. He opened a cabinet in the bathroom that contained a bottle of refresh eye gtts, another cabinet where he kept his Flonase, and had a tube of Voltaren gel on the bathroom counter. R4 said all of his other medications the staff give to him. Interview on 02/19/24 at 03:56 PM Administrative Licensed Nurse B reported she documented the medications a resident self-administered was on the self-administration assessment. Administrative Licensed Nurse B stated she did not realize the NSA needed to identify what medications qualified staff administered and what medications the resident chose to self-administer.	S3186		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046103	A. BUILDING: _____ B. WING _____	02/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLONIAL VILLAGE	12500 W 137TH ST OVERLAND PARK, KS 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) COMPLETE DATE
S3186	Continued From page 17 The executive director failed to ensure designated staff identified what select medications R4 chose to self-administer in his NSA.	S3186		
S3261 SS=E	26-41-105 (f) (11) Resident Record Documentation of Incidents (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 REQUIREMENT is not met as evidenced by: KAR 26-41-105(f)(11) The facility reported a census of thirty-four residents(R). The sample included three residents, one closed record review. Based on interview and record review the executive director failed to ensure three (R3, R4, R5) of three sampled residents record contained documentation of all incidents, symptoms, and other indications of illness or injury, what action was taken, and the results of action taken. Findings included: - R3's "Electronic Medical Record" (EMR) revealed he moved into the facility on 10/31/23 with a diagnosis of type II diabetes mellitus. R3's "Functional Capacity Screen" dated 10/24/24 revealed he needed physical	S3261		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046103	A. BUILDING: _____ B. WING _____	02/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLONIAL VILLAGE	12500 W 137TH ST OVERLAND PARK, KS 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) COMPLETE DATE
S3261	Continued From page 18 assistance with management of medications and medical treatments and was otherwise independent with Activities of Daily Living (ADL). R3's "Negotiated Service Agreement" (NSA) dated 10/24/24 identified the facility staff provided medication management but failed to identify a description of services related to management of medical treatments. Review of R3's electronic "Progress Notes" (nursing and medical provider) from 01/2024 to current revealed the following: 01/05/24 - Medical Provider wrote new order to increase Levemir insulin and start Trazadone (antidepressant) at bedtime for insomnia. The record lacked prior documentation that R3 had symptoms of insomnia or facility nurse follow up as to the results of the changes in medications. 01/16/24 - new order to increase the morning dose of Levemir. The record lacked nursing documentation of the results of increasing R3's morning insulin. 02/26/24 - Provider progress note identified he was seen on his request for sleep issues and increased urination at night. The note identified R3 reported not sleeping despite Trazadone, Melatonin and Tylenol at night. Noted will discontinue Melatonin and Tylenol and increase Trazadone. The record lacked nursing documentation of the results related to medication changes. 03/12/24 - Medical Provider note included R3 had a new wound to his right Achilles area for a few weeks now and R3 thought it was due to rubbing on footrest of recliner. Provider noted the area was dry and measured approximately	S3261		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046103	A. BUILDING: _____ B. WING _____	02/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLONIAL VILLAGE	12500 W 137TH ST OVERLAND PARK, KS 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) COMPLETE DATE
S3261	Continued From page 19 5milimeters in diameter and wound care orders provided to nursing. R3's EMR lacked documentation of a nurse assessing R3's Achilles area including a description of the wound, and effectiveness of treatment plan. 03/18/24 Medical Provider note identified R3 still not sleeping well. 03/26/24 - New Orders to start Mybetriq daily for overactive bladder. The record lacked nursing follow up as to the results of starting Mybetriq. 04/12/24 - Medical Provider increased Trazadone at bedtime for insomnia. The record lacked nursing documentation for follow up as to the results of increasing the Trazadone. 04/22/24 - New order to increase Mybetriq and start Senna for constipation. The record lacked nursing documentation for follow up as to the results of medication changes. 04/30/24 - New order to discontinue Mybetriq and start Aldactone (diuretic) for edema and hypertension (high blood pressure). The record lacked nursing documentation as to the results of medication changes. 05/09/24 - New order to increase senna for constipation. The record lacked nursing documentation as to the results in increasing the Senna. 06/24/24 - New order Amoxicillin (antibiotic) status post tooth extraction. The record lacked nursing follow up status post tooth extraction or follow up on antibiotic for results or adverse effects. 08/09/24 - Medical Provider note that R3 wished to have injection today to right knee related to	S3261		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046103	A. BUILDING: _____ B. WING _____	02/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLONIAL VILLAGE	12500 W 137TH ST OVERLAND PARK, KS 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) COMPLETE DATE
S3261	Continued From page 20	S3261		

bursitis, administered.
The record lacked nursing documentation assessing site of injection and the results of the injection.
08/22/24 - Medical Provider note identified R3 complained of problems with stools even with Metamucil daily. Will change to Miralax.
The record lacked nursing documentation related to changes in medications related to R3's stools.
10/09/24 - New Order for Ozempic (antihyperglycemic) every Wednesday morning.
The record lacked nursing documentation of how the resident tolerated starting of Ozempic.
12/18/24 - Medical Provider note indicated R3 stopped taking Ozempic due to nausea, appetite loss and weakness.
The record lacked nursing documentation of the resident choosing to not take the Ozempic or any nausea with it.
01/03/24 - Returned from hospital status post gallbladder surgery.
The record lacked nursing documentation of assessments post gallbladder surgery.
01/16/25 - Medical Provider notes identified she saw R3 due to a sore on his bottom. New order to apply zinc barrier cream to area.
The record lacked nursing documentation of the resident having a sore and results of treatment.

Interview on 02/19/25 at 03:39 PM Administrative Licensed Nurse B reported she tries to make a nurses note on everything, especially changes in the resident. Administrative Licensed Nurse B reported a lot of times R3 would not tell her of not sleeping or other concerns he would have. However, she acknowledged she knew of the changes in medications once the provider wrote an order and she had not followed up on the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046103	A. BUILDING: _____ B. WING _____	02/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLONIAL VILLAGE	12500 W 137TH ST OVERLAND PARK, KS 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) COMPLETE DATE
S3261	Continued From page 21 results in medication changes or skin concerns. The executive director failed to ensure designated staff documented all incidents, symptoms, and other indications of illness or injury including action taken and results of the action. - R4's "Electronic Medical Record" (EMR) revealed he moved into the facility on 01/05/23 with a diagnosis of coronary artery disease. R4's "Functional Capacity Screen" dated 10/27/24 revealed he needed physical assistance with bathing, dressing, and management of medications and medical treatments. R4's "Negotiated Service Agreement" (NSA) dated 06/07/24 and his signed "Service Plan" dated 06/07/24 revealed Licensed Nurses and Certified Medication Aides administered medications. Review of R4's electronic "Progress Notes" From 04/17/24 to current revealed the following: 04/15/24 - Medical Provider note indicated an acute follow up related to back pain. R4 reported he had an epidural in past that helped and his Tramadol (narcotic analgesic) sometimes helps but other times not at all. The record lacked nursing documentation related to his back pain or pain medications. 04/21/24 - Medical Provider noted seen today at request of nursing for vomiting and diarrhea. Resident with significant weakness and fatigue, encourage to drink more and if unable	S3261		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046103	A. BUILDING: _____ B. WING _____	02/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLONIAL VILLAGE	12500 W 137TH ST OVERLAND PARK, KS 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) COMPLETE DATE
S3261	Continued From page 22 recommend emergency room visit. The record lacked documentation of the resident having any symptoms of vomiting and/or diarrhea. It also lacked follow up if the vomiting and diarrhea continued or was resolved. 05/09/24 - Medical Provider noted resident seen today at request of nursing for fall and right hip pain. The record lacked documentation the resident had a fall as well as nurse follow up post fall if the pain continued or resolved. 05/13/24 - Medical provider note identified R4 seen today for hip pain. R4's Xray showed no acute bony fracture. R4 reported he is walking but still has pain in his right hip. 05/16/24 -- Pt seen today for repeated falls with fall last week with negative Xray of hip and was ambulating, but nursing reported the resident has had other falls. Resident reported fall on 05/11/24. Nursing reported R4 had fallen multiple times and the resident will get back up on his own and then tell staff later he fell or tell family he fell. Family reported he had three falls in the past 24 hours. Plan for resident to go to emergency room for evaluation to rule out stroke. 05/16/24 - Provider here to see resident and received order to send resident to emergency room to evaluate and treat to rule out stroke. Call placed to 911 and family to inform of transport. Resident stated that he had fall this AM and did not notify staff. Stated that he is having increased incontinence. The record lacked documentation of the resident having falls or nurse assessing resident for injuries post falls The record also failed to include documentation of R4 returning to assisted living after a stay in skilled nursing.	S3261		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046103	A. BUILDING: _____ B. WING _____	02/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLONIAL VILLAGE	12500 W 137TH ST OVERLAND PARK, KS 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) COMPLETE DATE
S3261	Continued From page 23 06/10/24 - Medical Provider noted R4 seen today after readmission to assisted living from skilled nursing after hospitalization and rehab stay for repeated falls thought to be r/t his neuropathy and severe back issues. 08/05/24 --- Pt seen today for repeated falls with 4 falls that occurred over weekend all-in 24-hour period. One fall resident was not able to get back up and staff found him on the floor. He is scheduled for knee replacement later this month. The record lacked nursing documentation related to falls and possible injuries post falls. 08/7/24 - Medical Provider note R4 decided to not have knee replacement surgery and at one point mentioned moving to long term care but he says he is not yet ready for this. 09/16/24 - Pt seen today for readmission to AL after stay in long term care but moved back to assisted living per his wishes. The record lacked documentation of R4 moving to long term care or returning to assisted living. 09/25/24 - Medical Provider noted R4 seen today for pain at his request. Pt reports tramadol is not controlling his chronic pain in back and knees. Will change Tylenol to 1000 milligrams (mg) twice a day and add as needed Norco every six hours and discontinue the as needed Tramadol. The record lacked documentation related to follow up with pain medication changes. 10/02/24 - Patient went to outside provider who recommended to increase Gabapentin to 600mg and increased Cymbalta (antidepressant) to 30mg for his back pain. Will increase Gabapentin slowly. The record lacked documentation related to the results of medication changes for pain. 11/21/24 - Medical Provider noted R4 seen today for chronic pain and R4 reported he goes to pain	S3261		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046103	A. BUILDING: _____ B. WING _____	02/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLONIAL VILLAGE	12500 W 137TH ST OVERLAND PARK, KS 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) COMPLETE DATE
S3261	Continued From page 24	S3261		

clinic next week for epidural injection.
11/25/24 - noted R4's epidural scheduled on 12/3/24
The record lacked documentation post epidural, and results related to pain.
01/07/24 - Medical Provider noted R4 seen today at request of nursing for diarrhea. The record lacked nursing documentation of R4 having symptoms of diarrhea.
02/05/25 - Medical Provider noted R4 seen today for pain and diarrhea. R4 reported he has had diarrhea for several days and that he had his epidural last week.
The record lacked documentation related to the residents diarrhea or nursing assessment and follow up post epidural.

Interview on 02/19/25 at 04:00 PM Administrative Licensed Nurse B reviewed R4's notes and acknowledged she had not documented all symptoms and concerns R4 had reported or followed up on medication changes and results of those changes.

The executive director failed to ensure designated staff documented all incidents, symptoms and other indications of illness, what action was taken and results of the action.

- Review of R5's "Electronic Medical Record" (EMR) revealed he moved into the facility on 07/17/24 with a diagnosis of Parkinson's disease.

R5's "Functional Capacity Screen" (FCS) dated 07/17/24 identified he needed physical assistance with management of medications and medical treatments.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046103	A. BUILDING: _____ B. WING _____	02/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLONIAL VILLAGE	12500 W 137TH ST OVERLAND PARK, KS 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) COMPLETE DATE
S3261	Continued From page 25	S3261		

R5's "Negotiated Service Agreement" (NSA) dated 07/17/24 identified licensed and certified staff would administer medications.

Review of R5's electronic "Progress Notes" (included nursing and medical provider ntoes) revealed the following:
07/26/2024 - UA results in and faxed to Alissa Smith NP. Received the following verbal order. Macrobid 100mg BID for 10 days. Order updated in PCC and sent to pharmacy to deliver.
The record lacked any symptoms to initiate urine analysis and lacked follow for results of the antibiotic.
07/31/2024 -new order to change antibiotics related to sensitivity.
The record lacked follow up on results of antibiotic changes.
08/19/24 - Medical Provider noted R5 seen today for urinary frequency and incontinence. .
08/19/2024 - new order for Mybetriq 25mg daily for overactive blader.
The record lacked documentation related to results from starting Mybetriq.
11/20/24 Medical provider noted R4 seen at his request for a lump to right groin area.
The record lacked nursing documentation related to follow up of have a lump in right groin.
01/03/25 - Resident on floor when staff went into his room. Resident unable to tell staff what happened, vitals taken, nurse, provider and family notified. Resident sent to emergency room for evaluation and returned noting he had stitches to scalp laceration.
The record lacked nursing documentation related to resident going to skilled nursing after hospitalization or his return to assisted living.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046103	A. BUILDING: _____ B. WING _____	02/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLONIAL VILLAGE	12500 W 137TH ST OVERLAND PARK, KS 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) COMPLETE DATE
S3261	Continued From page 26 Interview on 04/19/25 at 04:02 PM Administrative Licensed Nurse B reported she tries to document when changes are made but acknowledged she had not documented all incidents, actions taken, and results of those actions. The executive director failed to ensure R5's medical record included documentation including all incidents, symptoms, and other indications of illness or injury, what action was taken, and the results of action taken.	S3261		
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: K.A.R 26-41-207(c) The facility reported a census of 39 residents	S3310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046103	A. BUILDING: _____ B. WING _____	02/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLONIAL VILLAGE	12500 W 137TH ST OVERLAND PARK, KS 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) COMPLETE DATE
S3310	Continued From page 27 (R). The sample included three residents and five newly hired staff. Based on interview and record review for two (R3, R5) of three sampled residents and two of five newly hired employees revealed the executive director failed to ensure the facility remained in compliance with the department's TB guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings included: - Review of Certified Medication Aide D's (CMA) employee record revealed she had a hire date of 08/13/24 and failed to answer the questions for TB screening. - Review of CMA E's employee record revealed she had a hire date of 12/03/24 and failed to answer the questions for TB screening. Interview on 02/17 /25 at 1:55 PM Administrative Staff F reported CMA d did not think she needed to answer the questions since she had a chest x-ray and acknowledged she missed that CMA E had not answered the questions either. The operator failed to ensure designated staff completed a TB symptom screen for CMA D and CMA E within seven days of hire date. - Review of R3's "Electronic Medical Record" (EMR) revealed he moved into the facility on 10/31/23 with a diagnosis of type II diabetes mellitus. R3's EMR indicated he received a two-step TB skin test, but it failed to include the date either test was read.	S3310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046103	A. BUILDING: _____ B. WING _____	02/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLONIAL VILLAGE	12500 W 137TH ST OVERLAND PARK, KS 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) COMPLETE DATE
S3310	Continued From page 28 - Review of R5's EMR revealed he moved into the facility on 07/17/24 with a diagnosis of Parkinson's disease. R5's EMR indicated he received a two-step TB skin test, but it failed to include the date either test was read. Interview on 02/19/25 at 03:30 PM Administrative Licensed Nurse B reviewed R3 and R5's EMR and acknowledged neither record include a date that staff read the results of the TB skin tests. Review of the departments "Tuberculosis (TB) Guidelines for Adult Care Homes" June 2013 revealed required documentation for TB skin testing included: Two-Step TST (TB skin test)- 1. Name and address of entity where testing took place. 2. Date each TST was administered. 3. Date each TST was read. 4. Results of each TST in millimeters (mm) of induration. 5. Signature of representative verifying the two-step TST was administered and read. The operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105by the failure to ensure designated staff included the date each TB skin test was read.	S3310		