

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046033	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/02/2016
NAME OF PROVIDER OR SUPPLIER THE FORUM AT OVERLAND PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 3501 W 95TH ST OVERLAND PARK, KS 66206		
(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 Health Resurvey at the above named facility.	S 000		
S1354 SS=E	26-40-305 (c)(1)(2) P E - Heating, Ventilation and A.C. (c) Heating, ventilation, and air conditioning systems. Each nursing facility ' s heating, ventilation, and air conditioning systems shall be initially tested, balanced, and operated to ensure that system performance conforms to the requirements of the plans and specifications. (1) Each nursing facility shall have a test and balance report from a certified member of the national environmental balancing bureau or the associated air balance council and shall maintain a copy of the report for inspection by department personnel. (2) Each nursing facility shall meet the minimum ventilation rate requirements in table 1a. If the building was licensed as a nursing facility on the effective date of this regulation, the minimum ventilation rate requirements shall be the levels specified in table 1b. This REQUIREMENT is not met as evidenced by: The facility reported a census of 26 residents and a sample of 11 residents was identified. Based on observation, interview, and record review the facility failed to have and maintain negative pressure exhaust in the beauty shop in 1 neighborhood for 3 of 4 days. Findings included: - During an observation on 2/23/16 at 9:16 A.M.	S1354		

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

TITLE

(X6) DATE

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S1354	Continued From page 1 the beauty shop lacked negative pressure exhaust to outside air. During an interview on 2/23/16 at 3:57 P.M. maintenance supervisor X said he/she looked at the ventilation system and the exhaust lacked negative pressure. He/she said he/she would do additional research to ensure the beauty shop was equipped with negative pressure exhaust. During an interview on 2/24/16 at 3:10 P.M. maintenance supervisor X said since remodeling, the exhaust ventilation in the beauty shop was either disconnected or blocked. During an interview on 2/25/16 at 11:51 A.M. maintenance supervisor X stated negative pressure exhaust physically was available but was not connected as they needed to do additional duct work for proper functioning. The facility would put together to correct the exhaust problem. During an interview on 2/29/16 at 8:13 A.M. maintenance supervisor X said the facility re-established the negative pressure exhaust ventilation to the beauty shop. The facility failed to ensure negative pressure exhaust was maintained to outside air in the beauty shop.	S1354		