STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046086	A. BUILDING: _____ B. WING _____	03/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDINGTON PLACE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, KS 66206

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S 000	INITIAL COMMENTS The following represent the findings of an Abbreviated Complaint Survey with complaints 190513, 191799, 192975, 193352, 194125 for the above named assisted living facility conducted on 03/17/25, 03/18/25, an 03/19/25.	S 000		
S3101 SS=F	26-41-202 (h) NSA Signatures (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 REQUIREMENT is not met as evidenced by: KAR 26-41-202 (h) The facility reported a census of 50 residents (R). The sample included five residents. Based on interview and record review for five (R3, R4, R5, R6, R7) of five sampled residents, the executive director failed to ensure that everyone involved in the development of the Negotiated Service Agreement signed the agreement. Findings included: - R3's record revealed she moved into the facility on 07/27/24 with a diagnosis of dementia. R3's "Functional Capacity Screen" dated 02/28/25 revealed R3 required physical	S3101		

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

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S3101	Continued From page 1	S3101		

assistance with activities of daily living and had impaired decision-making ability.

R3's "Negotiated Service Agreement" dated 07/29/24 lacked signature of the resident's legal representative.

- R4's record revealed she moved into the facility on 10/20/21 with a diagnosis of dementia.

R4's current "Functional Capacity Screen" revealed R4 needed physical assistance with activities of daily living.

R4's "Negotiated Service Agreement" dated 01/16/24 lacked signature of the resident's legal representative.

- R5's record revealed she moved into the facility on 05/27/20 with a diagnosis of dementia.

R5's "Functional Capacity Screen dated 05/23/24 revealed she needed physical assistance with activities of daily living.

R5's "Negotiated Service Agreement" dated 07/19/24 lacked signature of the resident's legal representative.

- R6's record revealed she moved into the facility on 03/03/22 with a diagnosis of dementia.

R6's "Functional Capacity Screen" dated 03/04/25 revealed she needed physical assistance with activities of daily living and had impaired cognition.

R6's "Negotiated Service Agreement" dated

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S3101	Continued From page 2 07/29/24 lacked signature of the resident's legal representative. - R7's record revealed she moved into the facility on 10/08/19 with diagnosis of neurocognitive disorder. R7's "Functional Capacity Screen dated 03/04/25 revealed she needed physical assistance with activities of daily living and had impaired cognition. R7's "Negotiated Service Agreement" dated 06/07/24 lacked signature of the resident's legal representative. On 02/19/25 at 01:42 PM while surveyor looked through the notebook provided by Administrative Staff A that contained the "Negotiated Service Agreements" (NSA) contained 44 resident NSAs, and only one was signed by the resident's legal representative. At 01:44 PM Administrative Staff A reviewed NSAs with surveyor and confirmed the five sampled resident's NSA did not include the signature of their legal representative. The administrator failed to ensure all who participated in the development of residents' "Negotiated Service Agreement and Health Care Service Plan" signed it.	S3101		
S3305 SS=F	26-41-207 (a) (b) Infection Control (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the provision of a safe, sanitary, and comfortable environment for residents.	S3305		

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S3305	Continued From page 3 (b) Each administrator or operator shall ensure the development of policies and implementation of procedures to prevent the spread of infections. These policies and procedures shall include the following requirements: (1) Using universal precautions to prevent the spread of blood-borne pathogens; (2) techniques to ensure that hand hygiene meets professional health care standards; (3) techniques to ensure that the laundering and handling of soiled and clean linens meet professional health care standards; (4) providing sanitary conditions for food service; (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 (7) transferring a resident with an infectious disease to an appropriate health care facility if the administrator or operator is unable to provide the isolation precautions necessary to protect the health of other residents. This REQUIREMENT is not met as evidenced by: KAR 26-41-207 (b)(4) The facility reported a census of 50 residents. Based on observations and interview the	S3305		

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S3305	Continued From page 4	S3305		

operator failed to ensure sanitary conditions for food services related to the unsanitary handling of desert bowls.

Findings included:

- Observation on 03/19/25 at 12:15 observation of meal service preparations reveled Dietary Staff D was at the counter arranging fluted cups on a tray for the meal. He did not have on gloves and touched the inside of the bowls with his bare hands. He then put on gloves and proceeded to put red Jello desert in the cups. On 03/19/23 at 12:23 as Dietary Staff D plated food there was twice that he touched the food to keep it from falling off the plate with his gloved left hand that had also touched the bread and chip sacks off the shelf. After preparing the plates for memory care he proceeded to start to prepare for the main dining room. At 12:29 PM Dietary Staff D removed his gloves, rolled up the chips and got bowls off the shelf and proceeded to organize them on a serving tray touching the inside of the bowls with his bare hands.

Interview on 03/19/25 at 01:25 PM Dietary Staff D acknowledged he should have only touched the rim of the bowls and not the food surface areas.

Interview on 03/19/25 at 03:25 PM Administrative Staff A acknowledged during plating of the food, staff should only touch the edges of the bowls and plates, and not the food surface areas.

The administrator failed to ensure sanitary conditions for food service by the failure to ensure dietary staff did not touch food surface

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S3305	Continued From page 5 areas with bare hands.	S3305		