

Division of Public Health  
Curtis State Office Building  
1000 SW Jackson St., Suite 330  
Topeka, KS 66612-1365



Phone: 785-296-0127  
Fax: 785-559-4250  
[www.kdheks.gov/bhfr](http://www.kdheks.gov/bhfr)

Lee A. Norman, M.D., Acting Secretary

Laura Kelly, Governor

*April 9, 2019*

*Comprehensive Health of Planned Parenthood Great Plains  
44001 West 109<sup>th</sup> Street, Suite 100  
Overland Park, Kansas 66211*

*Medical Care Facility License Approval for April 2019  
Ambulatory Surgery Center State I.D. Number: S-046-001*

*Dear Mr. Brandon Hill, PhD,*

*This is a correction letter for the Medical Care Facility Approval Letter dated March 15, 2019 which listed your facility State I.D. Number: S-045-011, please use this corrected letter.*

*The Health Facilities Program has received the Medical Care Facility Annual Report for the Ambulatory Surgery Center. The state agency has amended our records according to the licensure application received for April 2019. The ASC new effective dates are April 1, 2019 through April 1, 2020. Please maintain a copy of this letter for individuals who may request the effective dates of this ASC license.*

*As a medical care facility, you will continue to be required to complete an annual report each year.*

*Your license includes a statement that indicates the provisions of KSA 65-425 through 65-441 applies, unless sooner revoked or suspended for failure to comply with the requirements of said law. Your license shall remain in effect upon filing the next annual report as prescribed by law.*

*A new license will be issued upon a change in the name on the face of the license or change in the address.*

*We appreciate your cooperation with Health Facilities Program during the annual renewal process and if our office can be of any assistance to you, do not hesitate to contact us.*



*Thank you,*

*Marilyn St Peter*

*Marilyn St Peter, RN, Director Health Facilities Program  
Kansas Department of Health and Environment  
Bureau of Community Health Systems  
1000 SW Jackson St., Ste. 330  
Topeka, KS 66612  
[Marilyn.St.Peter@ks.gov](mailto:Marilyn.St.Peter@ks.gov)*

**Americans  
United  
for Life**

Jim Perkins, Director  
Health Facilities Program  
1000 SW Jackson, Suite 330  
Topeka, KS 66612-1365



Jim.perkins@ks.gov  
Phone: 785-296-0131  
Fax: 785-559-4250  
[www.kdheks.gov/bhfr/index.html](http://www.kdheks.gov/bhfr/index.html)

Susan Mosier, MD, Secretary

Department of Health & Environment

Sam Brownback, Governor

March 16, 2017

Comprehensive Health of Planned Parenthood  
Great Plains  
44001 West 109<sup>th</sup> Street, Suite 100  
Overland Park, Kansas 66211

Medical Care Facility License Approval Letter for April 2017  
Kansas State ID No.: S-046-001

Dear Ms. McQuade,

The Health Facilities Program has received the Medical Care Facility Annual Report for the Ambulatory Surgery Center. The license application is approved for April 2017. The new effective dates are April 1, 2017 through April 1, 2018. Please maintain a copy of this letter for individuals who may request the effective dates of the ASC license.

As a medical care facility, you will continue to be required to complete an annual report each year.

Your license includes a statement that indicates the provisions of KSA 65-425 through 65-441 applies, unless sooner revoked or suspended for failure to comply with the requirements of said law. Your license shall remain in effect upon filing the next annual report as prescribed by law.

A new license will be issued upon a change in the name on the face of the license or change in the address.

We appreciate your cooperation with Health Facilities Program during the annual renewal process and if our office can be of any assistance to you, do not hesitate to contact us.

Thank you,

Jim Perkins, Director  
Health Facilities Program



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for Life**

Health Facilities Program  
1000 SW Jackson, Suite 330  
Topeka, KS 66612-1365



Phone: 785-296-0127  
Fax: 785-291-3419  
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Susan Mosier, MD, Secretary

Department of Health & Environment

Sam Brownback, Governor

March 24, 2016

Comprehensive Health of Planned Parenthood  
of Kansas & Mid-Missouri  
44001 West 109<sup>th</sup> Street, Suite 100  
Overland Park, Kansas 66211

Medical Care Facility License Approval Letter for April 2016  
Kansas State ID No.: S-046-001

Dear Ms. McQuade,

Health Facilities Program received the renewal application for the ambulatory surgery center license. The application has been reviewed and approved for 2016. The new effective dates will be from April 1, 2016 until April 1, 2017. I would suggest you maintain a copy of this letter for individuals requesting the effective dates of the ASC license.

As a medical care facility, you will continue to be required to complete an annual report each year.

Your license includes a statement that indicates the provisions of KSA 65-425 through 65-441 applies, unless sooner revoked or suspended for failure to comply with the requirements of said law. Your license shall remain in effect upon filing the next annual report as prescribed by law. A new license will be issued upon a change in the name on the face of the license or change in the address.

Your compliance with this licensing agency is appreciated. If my staff can be of any assistance to you, do not hesitate to contact our office.

Thank you,

A handwritten signature in cursive script that reads "Ashley Goss".

Ashley Goss  
Bureau Director



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for Life**

Joyce Smith, Director  
Health Facilities Program  
1000 SW Jackson, Suite 330  
Topeka, KS 66612-1365



Phone: 785-296-0131  
Fax: 785-291-3419  
jsmith@kdheks.gov  
www.kdheks.gov/bhfr/index.html

Susan Mosier, MD, Interim Secretary

Department of Health & Environment

Sam Brownback, Governor

April 22, 2015

Comprehensive Health of Planned Parenthood  
of Kansas and Mid-Missouri  
4401 West 109<sup>th</sup> Street, Suite 100  
Overland Park, Kansas 66211-3170

Medical Care Facility License Approval for May 2015  
Kansas State ID No.: S-046-001

Dear Ms. McQuade,

Health Facilities Program received the renewal application for the ambulatory surgery center license. The application has been reviewed and approved for 2015. The new effective dates will be from May 1, 2015 until May 1, 2016. I would suggest you maintain a copy of this letter for individuals requesting the effective dates of the ASC license.

As a medical care facility you will continue to be required to complete an annual report each year.

Your license includes a statement that indicates the provisions of KSA 65-425 through 65-441 applies, unless sooner revoked or suspended for failure to comply with the requirements of said law. Your license shall remain in effect upon filing the next annual report as prescribed by law. A new license will be issued upon a change in the name on the face of the license or change in the address.

Your compliance with this licensing agency is appreciated. If my staff can be of any assistance to you, do not hesitate to contact our office.

Thank you,

Joyce Smith, Director  
Health Facilities Program



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Joyce Smith, Director  
Health Facilities Program  
1000 SW Jackson, Suite 330  
Topeka, KS 66612-1365



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Susan Mosier, MD, Interim Secretary

Department of Health & Environment

Sam Brownback, Governor

June 3, 2015

Comprehensive Health of P P K M, Inc  
44001 West 109<sup>th</sup> Street, Suite 100  
Overland Park, Kansas 66211

Medical Care Facility License Approval Letter for April 2015  
Kansas State ID No.: S-046-001

Re: This is a revision letter for the letter dated April 22, 2015. This letter is to correct the new effective dates for the ASC license.

Dear Ms. McQuade,


Health Facilities Program received the renewal application for the ambulatory surgery center license. The application has been reviewed and approved for 2015. The new effective dates will be from April 1, 2015 until April 1, 2016. I would suggest you maintain a copy of this letter for individuals requesting the effective dates of the ASC license.

As a medical care facility you will continue to be required to complete an annual report each year.

Your license includes a statement that indicates the provisions of KSA 65-425 through 65-441 applies, unless sooner revoked or suspended for failure to comply with the requirements of said law. Your license shall remain in effect upon filing the next annual report as prescribed by law. A new license will be issued upon a change in the name on the face of the license or change in the address.

Your compliance with this licensing agency is appreciated. If my staff can be of any assistance to you, do not hesitate to contact our office.

Thank you,

  
Joyce Smith, Director  
Health Facilities Program



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**for Life**

Jim Perkins, Director  
Health Facilities Program  
1000 SW Jackson, Suite 330  
Topeka, KS 66612-1365



Jim.perkins@ks.gov  
Phone: 785-296-0131  
Fax: 785-559-4250  
[www.kdheks.gov/bhfr/index.html](http://www.kdheks.gov/bhfr/index.html)

Susan Mosier, MD, Secretary

Department of Health & Environment

Sam Brownback, Governor

June 19, 2017

South Wind Women's Center  
5107 East Kellogg Drive  
Wichita, Kansas 67218

Medical Care Facility License Approval Letter for July 2017  
Kansas State ID No.: S-087-025

Dear Ms. Burkhart,

The Health Facilities Program has received the Medical Care Facility Annual Report for the Ambulatory Surgery Center. The license application is approved for July 2017. The ASC new effective dates are July 1, 2017 through July 1, 2018. Please maintain a copy of this letter for individuals who may request the effective dates of the ASC license.

As a medical care facility, you will continue to be required to complete an annual report each year.

Your license includes a statement that indicates the provisions of KSA 65-425 through 65-441 applies, unless sooner revoked or suspended for failure to comply with the requirements of said law. Your license shall remain in effect upon filing the next annual report as prescribed by law.

A new license will be issued upon a change in the name on the face of the license or change in the address.

We appreciate your cooperation with Health Facilities Program during the annual renewal process and if our office can be of any assistance to you, do not hesitate to contact us.

Thank you,

A handwritten signature in black ink, appearing to read "Jim Perkins".

Jim Perkins, Director  
Health Facilities Program



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Joyce Smith, Director  
Health Facilities Program  
1000 SW Jackson, Suite 330  
Topeka, KS 66612-1365



Phone: 785-296-0131  
Fax: 785-291-3419  
jsmith@kdheks.gov  
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Susan Mosier, MD, Interim Secretary

Department of Health & Environment

Sam Brownback, Governor

June 18, 2015

South Wind Women's Center  
5107 East Kellogg Drive  
Wichita, Kansas 67218

Medical Care Facility License Approval Letter for July 2015  
Kansas State ID No.: S-087-025

Dear Ms. Burkhart,

Your application for the ambulatory surgery center has been received and approved for July 2015. The new effective dates will be from July 1, 2015 until July 1, 2016. I would suggest you maintain a copy of this letter for individuals requesting the effective dates of the ASC license.

As a medical care facility you will continue to be required to complete an annual report each year.

Your license includes a statement that indicates the provisions of KSA 65-425 through 65-441 applies, unless sooner revoked or suspended for failure to comply with the requirements of said law. Your license shall remain in effect upon filing the next annual report as prescribed by law. A new license will be issued upon a change in the name on the face of the license or change in the address.

Your compliance with this licensing agency is appreciated. If my staff can be of any assistance to you, do not hesitate to contact our office.

Thank you,

Joyce Smith, Director  
Health Facilities Program



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Curis State Office Building  
1000 SW Jackson St., Suite 330  
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Lee A. Norman, M.D., Secretary

Laura Kelly, Governor

June 21, 2019

South Wind Women's Center  
5107 East Kellogg Drive  
Wichita, Kansas 67218

Re: Medical Care Facility License Approval for July 2019  
Ambulatory Surgery Center Facility State I.D. Number: S-078-025

Dear Julie Burkhart,

The Kansas Department of Health and Environment/ Health Facilities Program received the Medical Care Facility Annual Report for the Ambulatory Surgery Center. The state agency has amended or records according to the ASC licensure application for July 2019. The ASC new effective dates are July 1, 2019 through July 1, 2020. Please maintain a copy of this letter for individuals who may request the effective dates of this ASC license.

As a medical care facility, you will continue to be required to complete an annual report each year.

Your license includes a statement that indicates the provisions of KSA 65-425 through 65-441 applies, unless sooner revoked or suspended for failure to comply with the requirements of said law. Your license shall remain in effect upon filing the next annual report as prescribed by law.

A new license will be issued upon a change in the name on the face of the license or change in the address.

We appreciate your cooperation with Health Facilities Program during the annual renewal process and if our office can be of any assistance to you, do not hesitate to contact us.

Thank you,

Marilyn St Peter

Marilyn St Peter, RN, Director Health Facilities Program  
Kansas Department of Health and Environment  
Bureau of Community Health Systems  
1000 SW Jackson St. Ste. 330  
Topeka, KS 66612  
[Marilyn.St.Peter@ks.gov](mailto:Marilyn.St.Peter@ks.gov)



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Kansas Department of Health and Environment

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>S046001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/27/2015</b>
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**COMPREHENSIVE HEALTH OF P P GREAT PPI**

**4401 WEST 109TH STREET SUITE 100  
OVERLAND PARK, KS 66211**

(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 00	Initial Comments  The following citations represent the findings of ASC complaint survey (#QSJD11)  Emailed 5/28/15	S 00		
S 140	28-34-52a(7) PATIENT RIGHTS  At a minimum, each facility shall ensure that each patient has a right to the following: (7) be informed of the facility's policies regarding patient rights. This REQUIREMENT is not met as evidenced by: The Ambulatory Surgical Center (ASC) reported an average of 133 procedures per month. Based on medical record review, document review and staff interview the ASC failed to provide patients with notice of patient rights and advance directives for 12 of 12 sampled patients (Patient #'s 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11 and 12). The ASC's failure to provide patients with their Bill of Rights and Advance Directives had the potential to not meet their needs or encourage them to take an active role in their health care.  Findings include:  - Policy titled "Bill of Patient Right " reviewed on 5/27/15 at 8:30am directed "...The Health Center Manager is responsible for ensuring staff and patients are familiar with these choices, rights, and responsibilities ..."  - Policy titled "Advanced Directive Policy" reviewed on 5/27/15 at 9:00am directed "... all adult patients will be provided the opportunity to learn about and/or make a valid advance directive ..."	S 140		

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

TITLE

STATE FORM

6899

QSJD11

If continuation sheet 1 of 9



Kansas Department of Health and Environment

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>S046001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/27/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>COMPREHENSIVE HEALTH OF P P GREAT PP</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4401 WEST 109TH STREET SUITE 100 OVERLAND PARK, KS 66211</b>
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(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 140	<p>Continued From page 1</p> <ul style="list-style-type: none"> <li>- Patient #1's medical record reviewed on 5/27/15 at 1:00pm revealed an admission date of 5/26/15 for a surgical abortion. The medical record lacked evidence the ASC provided advanced directives and patient rights.</li> <li>- Patient #2's medical record reviewed on 5/27/15 at 1:15pm revealed an admission date of 12/20/14 for a surgical abortion. The medical record lacked evidence the ASC provided advanced directives and patient rights.</li> <li>- Patient #3's medical record reviewed on 5/27/15 at 1:30pm revealed an admission date of 12/22/14 for a surgical abortion. The medical record lacked evidence the ASC provided advanced directives and patient rights.</li> <li>- Patient #4's medical record reviewed on 5/27/15 at 1:45pm revealed an admission date of 1/24/15 for a surgical abortion. The medical record lacked evidence the ASC provided advanced directives and patient rights.</li> <li>- Patient #5's medical record reviewed on 5/27/15 at 2:00pm revealed an admission date of 4/30/15 for a surgical abortion. The medical record lacked evidence the ASC provided advanced directives and patient rights.</li> <li>- Patient #6's medical record reviewed on 5/27/15 at 2:30pm revealed an admission date of 12/30/14 for a surgical abortion. The medical record lacked evidence the ASC provided advanced directives and patient rights.</li> <li>- Patient #7's medical record reviewed on 5/27/15 at 1:00pm revealed an admission date of 5/26/15 for a surgical abortion. The medical record lacked evidence the ASC provided</li> </ul>	S 140		

Kansas Department of Health and Environment

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>S046001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/27/2015</b>
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**COMPREHENSIVE HEALTH OF P P GREAT PPI**

**4401 WEST 109TH STREET SUITE 100  
OVERLAND PARK, KS 66211**

(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 140	<p>Continued From page 2</p> <p>advanced directives and patient rights.</p> <ul style="list-style-type: none"> <li>- Patient #8's medical record reviewed on 5/27/15 at 1:15pm revealed an admission date of 11/1/14 for a surgical abortion. The medical record lacked evidence the ASC provided advanced directives and patient rights.</li> <li>- Patient #9's medical record reviewed on 5/27/15 at 1:30pm revealed an admission date of 11/8/14 for a surgical abortion. The medical record lacked evidence the ASC provided advanced directives and patient rights.</li> <li>- Patient #10's medical record reviewed on 5/27/15 at 1:45pm revealed an admission date of 11/11/14 for a surgical abortion. The medical record lacked evidence the ASC provided advanced directives and patient rights.</li> <li>- Patient #11's medical record reviewed on 5/27/15 at 2:00pm revealed an admission date of 11/6/14 for a surgical abortion. The medical record lacked evidence the ASC provided advanced directives and patient rights.</li> <li>- Patient #12's medical record reviewed on 5/27/15 at 2:15pm revealed an admission date of 12/16/14 for a surgical abortion. The medical record lacked evidence the ASC provided advanced directives and patient rights.</li> <li>- Staff A interviewed on 5/27/15 at 3:15pm acknowledged the ASC lacked evidence of advanced directives and receipt of patient rights in the medical records for patient #'s 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, and 12.</li> <li>- Staff B interviewed on 5/27/15 at 2:30pm</li> </ul>	S 140		



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Kansas Department of Health and Environment

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>S046001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/27/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>COMPREHENSIVE HEALTH OF P P GREAT PPI</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4401 WEST 109TH STREET SUITE 100 OVERLAND PARK, KS 66211</b>
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(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 140	Continued From page 3  confirmed the ASC thought patient rights were "intertwined in the many other consents patients must sign" . Staff B acknowledged the ASC did not provide a separate Bill of Rights and Advance Directives to patients.	S 140		
S 375	28-34-55a(g) HUMAN RESOURCES  The ambulatory surgical center shall maintain personnel records on each employee that shall include the job application, professional and credentialing information, health information, and annual performance evaluations.  This REQUIREMENT is not met as evidenced by: The Ambulatory Surgery Center (ASC) reported an average census of 133 procedures per month. Based on document review and staff interview, the ASC lacked annual performance evaluations for three of four personnel records requiring an annual performance evaluation (staff E, F, and G) and initial medical exams for six of six personnel records reviewed (staff A, B, D, E, F, and G).  Findings include:  - Staff A's personnel record reviewed on 5/26/15 at 4:45 pm revealed a hire date of 4/6/15. Staff A's personnel record lacked evidence of an initial medical exam.  - Staff B's personnel record reviewed on 5/27/15 at 11:30 am revealed a hire date of 9/15/06. Staff A's personnel record lacked evidence of an initial medical exam.	S 375		

Kansas Department of Health and Environment

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>S046001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/27/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>COMPREHENSIVE HEALTH OF P P GREAT PPI</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4401 WEST 109TH STREET SUITE 100 OVERLAND PARK, KS 66211</b>
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(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 375	Continued From page 4  - Staff D's personnel record reviewed on 5/26/15 at 4:45 pm revealed a hire date of 12/8/14. Staff D's personnel record lacked evidence of an initial medical exam.  - Staff E's personnel record reviewed on 5/26/15 at 4:45 pm revealed a hire date of 4/27/11. Staff E's personnel record lacked evidence of an annual performance evaluations and initial medical exam.  - Staff F's personnel record reviewed on 5/26/15 at 4:45 pm revealed a hire date of 8/22/05. Staff F's personnel record lacked evidence of an annual performance evaluation and initial medical exam.  - Staff G's personnel record reviewed on 5/26/15 at 4:45 pm revealed a hire date of 2/2/05. Staff G's personnel record lacked evidence of an annual performance evaluation and initial medical exam.  - Human Resources (HR) staff C interviewed on 5/26/16 at 4:45pm acknowledged personnel records for staff A, B, D, E, F and G are missing required annual performance evaluations and initial medical exams.  - The ASC failed to develop a policy directing staff to include performance evaluations and health information in the personnel files for employees of the ASC.	S 375		
S 575	28-34-58a(b) INFECTION CONTROL  Upon employment, each individual shall have a medical examination consisting of examinations	S 575		

Kansas Department of Health and Environment

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>S046001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/27/2015</b>
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**COMPREHENSIVE HEALTH OF P P GREAT PPI**

**4401 WEST 109TH STREET SUITE 100  
OVERLAND PARK, KS 66211**

(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 575	<p>Continued From page 5</p> <p>appropriate to the duties of the employee, including a tuberculin skin test. Subsequent medical examinations or health assessments shall be given periodically in accordance with the facility's policies. . . .</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>The Ambulatory Surgery Center (ASC) reported an average census of 133 procedures per month. Based on document review and staff interview, the ASC lacked evidence of a medical exam and TB skin test for six of six personnel records reviewed (staff A, B, D, E, F, and G).</p> <p>Findings include:</p> <ul style="list-style-type: none"> <li>- Staff A's personnel record reviewed on 5/26/15 at 4:45 pm revealed a hire date of 4/6/15. Staff A's personnel record lacked evidence of a medical exam and TB skin test.</li> <li>- Staff B's personnel record reviewed on 5/27/15 at 11:30 am revealed a hire date of 9/15/06. Staff A's personnel record lacked evidence of a medical exam and TB skin test.</li> <li>- Staff D's personnel record reviewed on 5/26/15 at 4:45 pm revealed a hire date of 12/8/14. Staff D's personnel record lacked evidence of a medical exam and TB skin test.</li> <li>- Staff E's personnel record reviewed on 5/26/15 at 4:45 pm revealed a hire date of 4/27/11. Staff E's personnel record lacked evidence of a medical exam and TB skin test.</li> <li>- Staff F's personnel record reviewed on 5/26/15 at 4:45 pm revealed a hire date of 8/22/05. Staff</li> </ul>	S 575		



Kansas Department of Health and Environment

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>S046001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/27/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>COMPREHENSIVE HEALTH OF P P GREAT PPI</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4401 WEST 109TH STREET SUITE 100 OVERLAND PARK, KS 66211</b>		
(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 575	Continued From page 6  F's personnel record lacked evidence of a medical exam and TB skin test.  - Staff G's personnel record reviewed on 5/26/15 at 4:45 pm revealed a hire date of 2/2/05. Staff G's personnel record lacked evidence of a medical exam and TB skin test.  - Human Resources (HR) staff C interviewed on 5/26/16 at 4:45pm acknowledged personnel records for staff A, B, D, E, F and G are missing the required medical exam upon hire and evidence of TB skin test.  - The ASC failed to develop a policy directing staff to require a medical exam upon hire appropriate to the duties of the employee and evidence of a TB skin test in the personnel files for employees of the ASC.	S 575			
S 580	28-34-58a(b) INFECTION CONTROL  Each ambulatory surgical center shall develop policies and procedures for the control of communicable diseases, including maintenance of immunization histories and the provision of educational materials for patient care staff. Cases of employees with tuberculin skin test conversion shall be reported to the Kansas department of health and environment.  This REQUIREMENT is not met as evidenced by: The Ambulatory Surgery Center (ASC) reported an average census of 133 procedures per month. Based on document review and staff interview, the ASC lacked evidence of immunization	S 580			



Kansas Department of Health and Environment

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>S046001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/27/2015</b>
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**COMPREHENSIVE HEALTH OF P P GREAT PPI**

**4401 WEST 109TH STREET SUITE 100  
OVERLAND PARK, KS 66211**

(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 580	<p>Continued From page 7</p> <p>histories for six of six personnel records reviewed (staff A, B, D, E, F, and G).</p> <p>Findings include:</p> <ul style="list-style-type: none"> <li>- Staff A's personnel record reviewed on 5/26/15 at 4:45 pm revealed a hire date of 4/6/15. Staff A's personnel record lacked evidence of immunization histories.</li> <li>- Staff B's personnel record reviewed on 5/27/15 at 11:30 am revealed a hire date of 9/15/06. Staff B's personnel record lacked evidence of immunization histories.</li> <li>- Staff D's personnel record reviewed on 5/26/15 at 4:45 pm revealed a hire date of 12/8/14. Staff D's personnel record lacked evidence of immunization histories.</li> <li>- Staff E's personnel record reviewed on 5/26/15 at 4:45 pm revealed a hire date of 4/27/11. Staff E's personnel record lacked evidence of immunization histories.</li> <li>- Staff F's personnel record reviewed on 5/26/15 at 4:45 pm revealed a hire date of 8/22/05. Staff F's personnel record lacked evidence of immunization histories.</li> <li>- Staff G's personnel record reviewed on 5/26/15 at 4:45 pm revealed a hire date of 2/2/05. Staff G's personnel record lacked evidence of immunization histories.</li> <li>- Human Resources (HR) staff C interviewed on 5/26/16 at 4:45pm acknowledged personnel</li> </ul>	S 580		



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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>S046001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/27/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>COMPREHENSIVE HEALTH OF P P GREAT PP</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4401 WEST 109TH STREET SUITE 100 OVERLAND PARK, KS 66211</b>		
(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 580	Continued From page 8  records for staff A, B, D, E, F and G lacked evidence of immunization histories.  - The ASC failed to develop a policy directing staff to maintain evidence of immunization histories in the personnel files for employees of the ASC.	S 580			