

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046048	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/23/2025
NAME OF PROVIDER OR SUPPLIER PEGASUS LANDING OF OVERLAND PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 9201 FOSTER STREET OVERLAND PARK, KS 66212		
(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 the licensure resurvey with attached complaint numbers 193040, 189009, 188620, 188402, 1866445, and 186446, for the above named facility conducted on 10/20/25, 10/21/25, 10/22/25, and 10/23/25.	S 000		
S3026 SS=D	26-41-101 (f) (1) Staff Treatment of Residents ANE (f)The administrator or operator shall ensure that all of the following requirements are met: (1) No resident shall be subjected to any of the following: (A) Verbal, mental, sexual, or physical abuse, including corporal punishment and involuntary seclusion; (B) neglect; or (C) exploitation. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-101 (f) (1) (B) The facility reported a census of 79 residents. The sample included 6 "Residents" (R)'s and 3 closed record reviews. Based on record review and interview the Administrator failed to protect R3 from neglect when staff failed to follow R3's Negotiated Service Agreement and R3 remained on the floor over night without staff assistance. Findings included:	S3026		

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

TITLE

(X6) DATE

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S3026	Continued From page 1 - Record review for R3 revealed an admission date of 05/10/24 with diagnoses of cystitis with hematuria, deaf in the right ear, hard of hearing, kidney failure, physical debility, atrial fibrillation, hypertension, and type two diabetes mellitus. Review of R3's FCS dated 07/23/25 revealed R3 required supervision with bathing, and physical assistance with management of his medications and medical treatments. R3 had impaired short-term memory, impaired memory/recall, and impaired decision making. R3 could sometimes make himself understood and he sometimes understood others. R3 used a walker mobility device. Review of R3's combined NSA/HSP dated 07/23/25 instructed facility staff to provide stand by assistance with bathing, provide periodic checks through the night for safety, and manage R3's medications. Review of R3's electronic "Medical Record" under the "Resident Notes" tab was the following notes; On 06/06/24 at 11:46 AM the Licensed Nurse documented that R3 had been found on the floor by one of the facility's "Certified Nurse Aides" (CNA)'s. R3's Foley catheter was unattached, R3 had no injuries. On 06/06/24 at 04:28 PM the Physical Therapist documented per the family translation R3 did not fall on 06/06/24, she stated that the resident reported he could not sleep so he laid down on the floor.	S3026		

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S3026	Continued From page 2 Review of the facility provided document titled Subjective, Objective, Assessment, Plan (SOAP) note dated 06/09/24 and signed by R3's medical provider revealed R3's family translated for him during the exam and that he reported the events on 06/06/24, that he could not sleep so he laid himself on the floor and still could not sleep and was unable to get himself up off of the floor. He stated he did not use the call pendant for help because he was told to use it for emergencies, and he did not feel like the situation was an emergency. Review of the facility provided document titled "Witness Statement Form "dated 06/06/24 and was signed by CNA C wrote that R3 reported to her that he had been sitting on the floor all night. Review of the facility provided Self Report to the department dated 06/17/24 revealed that R3 was to be checked on three times throughout the night. The self-report further revealed that CNA confirmed she did not do the required checks on R3 through the night. The Administrator failed to protect R3 from neglect when staff failed to follow R3's Negotiated Service Agreement and R3 remained on the floor over night without staff assistance.	S3026		
S3080 SS=D	26-41-201 (a) (b) Functional Capacity Screen on Admission a) On or before each individual ' s admission to an assisted living facility or residential health care facility, a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual '	S3080		

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S3080	Continued From page 3 s functional capacity and shall record all findings on a screening form specified by the department. The administrator or operator may integrate the department ' s screening form into a form developed by the facility, which shall include each element and definition specified by the department. (b) A licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-201 (a) The facility reported a census of 79 residents. The sample included 6 "Residents" (R)'s and 3 closed record reviews. Based on record review and interview the Administrator failed to ensure a screening was done prior to or at the time of admission for R5 that determined his functional ability. Findings included: - Record review for R5 revealed an admission date of 04/12/25 with diagnoses of edema, malignant neoplasm of connective tissue of head, neck, and face, atrial fibrillation, hypertension, and chronic kidney disease stage three. Review of R5's "Functional Capacity Screen" (FCS) dated 05/22/25 revealed R5 was independent with bathing, dressing, toileting, transferring, mobility, management of his	S3080		

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S3080	Continued From page 4 mediations, and he was continent. R5 was cognitively intact and was able to make himself understood and he understood others. R5 had impaired hearing and used no mobility device. Review of R5's combined "Negotiated Service Agreement" (NSA)/"Health Service Plan" (HSP) dated 05/22/25 instructed facility staff to monitor R5 for any changes in ability to maintain independence and cognition. Interview on 10/23/25 at approximately 01:45 PM with Administrator A and Licensed Nurse B confirmed R5 admitted to the facility on 04/12/25 and his FCS was dated 05/22/25. The Administrator failed to ensure a screening was done prior to or at the time of admission for R5 that determined his functional ability.	S3080		
S3165 SS=F	26-41-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-204 (d) The facility reported a census of 79 residents. The sample included 6 "Residents" (R)'s and 3 closed record reviews. Based on record review and interview the Administrator failed to ensure	S3165		

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S3165	Continued From page 5 the name of the "Licensed Nurse" (LN) responsible for the supervision and implementation of the "Health Service Plan" (HSP) was included in the "Negotiated Service Agreements" (NSA)'s for R's 1, 2, 3, 4, 5, and 6. Findings included: - Record review for R1 revealed an admission date of 09/30/19 with diagnoses of anemia, cognitive communication deficit, dysphagia, hypertension, generalized muscle weakness, muscle wasting, and attention to cystostomy. Review of R1's "Functional Capacity Screen" (FCS) dated 05/27/25 revealed R1 required physical assistance with bathing, dressing, toileting, transferring and walking/mobility. R1 lacked the ability to manage her own medications, was incontinent, and was rarely able to make herself understood and she rarely understood others. R1 had impaired short-term memory, long-term memory, memory/recall and impaired decision making. R1 used a wheelchair mobility device. Review of R1's combined "Negotiated Service Agreement" (NSA)/"Health Service Plan" (HSP) dated 05/27/25 instructed facility staff to provide physical assistance with bathing, dressing, toileting, transferring and walking/mobility. R1's family would manage R1's medications, and the local home health agency would manage the suprapubic catheter. R1's combined NSA/HSP dated 05/27/25 lacked documentation of the name of the nurse	S3165		

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S3165	Continued From page 6 responsible for the supervision and implantation of R1's HSP. - Record review for R2 revealed an admission date of 07/31/25 with diagnoses of incontinence, cerebral infarction, hypertension, dementia, and insulin dependent diabetes mellitus type two. Review of R2's FCS dated 07/31/25 revealed R2 required physical assistance with bathing, dressing, transferring, and walking/mobility. R2 required supervision with toileting. R2 lacked the ability to manage her own medications and medical treatments. R2 was incontinent and she could sometimes make herself understood and she sometimes understood others. R2 had impaired short-term memory, long-term memory, memory/recall and impaired decision making. R2 used a wheelchair mobility device. R2 was marked at risk for falls, impaired vision, impaired hearing, and impaired decision making. Review of R2's combined NSA/HSP dated 07/31/25 instructed facility staff to provide physical assistance with bathing, toileting, transferring, mobility, and management of her medications. R2's combined NSA/HSP dated 05/27/25 lacked documentation of the name of the nurse responsible for the supervision and implantation of R2's HSP. Record review for R3 revealed an admission date of 05/10/24 with diagnoses of cystitis with hematuria, deaf in the right ear, hard of hearing, kidney failure, physical debility, atrial fibrillation,	S3165		

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S3165	Continued From page 7 hypertension, and type two diabetes mellitus. - Review of R3's FCS dated 07/23/25 revealed R3 required supervision with bathing, and physical assistance with management of his medications and medical treatments. R3 had impaired short-term memory, impaired memory/recall, and impaired decision making. R3 could sometimes make himself understood and he sometimes understood others. R3 used a walker mobility device. Review of R3's combined NSA/HSP dated 07/23/25 instructed facility staff to provide stand by assistance with bathing, provide periodic checks through the night for safety, and manage R3's medications. R3's combined NSA/HSP dated 05/27/25 lacked documentation of the name of the nurse responsible for the supervision and implantation of R3's HSP. - Record review for R4 revealed an admission date of 03/29/24 with diagnoses of atrial fibrillation, cardiomyopathy, congestive heart failure, coronary artery disease, history of stroke, hypertension, and dementia. Review of R4's FCS dated 07/25/25 revealed R4 required physical assistance with bathing, dressing, toileting, mobility, and two staff assistance with transferring. R4 lacked the ability to manage her own medications and could sometimes make herself understood and she sometimes understood others. R4 had impaired short-term memory, long-term memory, memory	S3165		

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S3165	Continued From page 8 recall and impaired decision making. R4 used a wheelchair mobility device. Review of R4's combined NSA/HSP dated 07/25/25 instructed facility staff to provide physical assistance with bathing, dressing, toileting, mobility, transferring, and managing R4's medications. R4's combined NSA/HSP dated 05/27/25 lacked documentation of the name of the nurse responsible for the supervision and implantation of R4's HSP. - Record review for R5 revealed an admission date of 04/12/25 with diagnoses of edema, malignant neoplasm of connective tissue of head, neck, and face, atrial fibrillation, hypertension, and chronic kidney disease stage three. Review of R5's FCS dated 05/22/25 revealed R5 was independent with bathing, dressing, toileting, transferring, mobility, management of his medications, and he was continent. R5 was cognitively intact and was able to make himself understood and he understood others. R5 had impaired hearing and used no mobility device. Review of R5's combined NSA/HSP dated 05/22/25 instructed facility staff to monitor R5 for any changes in ability to maintain independence and cognition. R5's combined NSA/HSP dated 05/27/25 lacked documentation of the name of the nurse responsible for the supervision and implantation of R5's HSP.	S3165		

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S3165	Continued From page 9 - Record review for R6 revealed an admission date of 10/06/22 with diagnoses of frail and elderly, muscle weakness, history of falls, hypertension, atrial fibrillation, and aortic stenosis, agitation, anxiety disorder, dementia, delusions, depression, and sundowning. Review of R6's FCS dated 08/22/25 revealed R6 required physical assistance with bathing, dressing, and mobility. R6 required supervision with toileting and transferring. R6 lacked the ability to manage her own medications and was occasionally incontinent. R6 had impaired short-term memory, long-term memory, memory/recall and decision making. R6 could sometimes make herself understood and she sometimes understood others. R6 was at risk for falls, and had impaired vision, and impaired decision making. R6 used a wheelchair mobility device. Review of R6's combined NSA/HSP dated 08/12/25 instructed facility staff to provide physical assistance with dressing, bathing, toileting, mobility, transferring, and management of R6's medications. R6's combined NSA/HSP dated 05/27/25 lacked documentation of the name of the nurse responsible for the supervision and implantation of R6's HSP. Interview on 10/24/25 at approximately 01:45 PM with Administrator A and LN B confirmed the NSA's for R's 1, 2, 3, 4, 5, and 6 lacked documentation of the name of the nurse responsible for the supervision and implementation of the HSP's.	S3165		

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S3165	Continued From page 10 The Administrator failed to ensure the name of the LN responsible for the supervision and implementation of the HSP was included in the NSA's for R's 1, 2, 3, 4, 5, and 6.	S3165		
S3171 SS=E	26-41-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-204 (i) The facility reported a census of 79 residents. The sample included 6 "Residents" (R)'s and 3 closed record reviews. Based on record review and interview the Administrator failed to ensure all health care services were provided within professional standards of practice for R4 when a periodic re-assessment of her bed assist device was not performed. The Administrator continued to fail to ensure all health care service were provided within professional standards of practice for R's 1 and 3 when assessments were not performed ensuring the bed assist devices posed no risk fo and R3's ability to safely use the bed assist devices, and ensuring the bed assist devices were not a restraint. The Administrator further failed to ensure the health care services for R6 were provided within acceptable standards of practice when an observation of a clear piece of tape was on the back of the	S3171		

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S3171	Continued From page 11 Alprazolam 0.125 card pill number 25. Findings included: - Record review for R1 revealed an admission date of 09/30/19 with diagnoses of anemia, cognitive communication deficit, dysphagia, hypertension, generalized muscle weakness, muscle wasting, and attention to cystostomy. Review of R1's "Functional Capacity Screen" (FCS) dated 05/27/25 revealed R1 required physical assistance with bathing, dressing, toileting, transferring and walking/mobility. R1 lacked the ability to manage her own medications, was incontinent, and was rarely able to make herself understood and she rarely understood others. R1 had impaired short-term memory, long-term memory, memory/recall and impaired decision making. R1 used a wheelchair mobility device. In the "Comments" section of R1's FCS it was handwritten "bedrail". Review of R1's combined "Negotiated Service Agreement" (NSA)/"Health Service Plan" (HSP) dated 05/27/25 instructed facility staff to provide physical assistance with bathing, dressing, toileting, transferring and walking/mobility. R1's family would manage R1's medications, and the local home health agency would manage the suprapubic catheter. Under the section titled "Assistive Devices" "Service" it instructed facility staff of the following:	S3171		

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S3171	Continued From page 12 R1 required a one person assist for all transfers and mobility. R1 used a wheelchair for mobility. R1's combined NSA/HSP lacked a description of the bed assist device, it purpose of the bed assist device, and any special instructions on use and monitoring of the bed assist device. Review of R1's medical record revealed it lacked an assessment of R1's bed assist device confirming the device was not a restraint, an assessment to determine R1's ability to safely use the device and an assessment to ensure the device posed no risk for entrapment. Observation on 10/24/25 at approximately 01:00 PM of R1's bed revealed the head of the bed sat on the west wall of the room, and on the south side of the bed an inverted "U" shaped device that measured approximately 21 inches in height and 14 inches in width that had a nylon pocket covering the large, opened area. The device slid under the mattress and was securely attached to the bed. - Record review for R3 revealed an admission date of 05/10/24 with diagnoses of cystitis with hematuria, deaf in the right ear, hard of hearing, kidney failure, physical debility, atrial fibrillation, hypertension, and type two diabetes mellitus. Review of R3's FCS dated 07/23/25 revealed R3 required supervision with bathing, and physical assistance with management of his medications and medical treatments. R3 had impaired short-term memory, impaired memory/recall, and impaired decision making. R3 could sometimes make himself understood and he sometimes	S3171		

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S3171	Continued From page 13 understood others. R3 used a walker mobility device. The "Comments" section of R3's FCS lacked documentation of the bed assist device. Review of R3's combined NSA/HSP dated 07/23/25 instructed facility staff to provide stand by assistance with bathing, provide periodic checks through the night for safety, and manage R3's medications. R3's combined NSA/HSP lacked a description of the bed assist device, its purpose of the bed assist device, and any special instructions on use and monitoring of the bed assist device. Review of R3's medical record revealed it lacked an assessment of R3's bed assist device confirming the device was not a restraint, an assessment to determine R3's ability to safely use the device and an assessment to ensure the device posed no risk for entrapment. Observation on 10/23/25 at approximately 01:00 PM of R3's bed revealed the head of the bed sat in the southwest corner of the room and on the east side of the bed an inverted irregular "U" shaped device that measured approximately 16 inches at the top of the device, approximately 14 inches in the middle of the device, and approximately 20 inches in height. There was no covering on the open area of the device. - Record review for R4 revealed an admission date of 03/29/24 with diagnoses of atrial fibrillation, cardiomyopathy, congestive heart failure, coronary artery disease, history of stroke,	S3171		

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S3171	Continued From page 14 hypertension, and dementia. Review of R4's FCS dated 07/25/25 revealed R4 required physical assistance with bathing, dressing, toileting, mobility, and two staff assistance with transferring. R4 lacked the ability to manage her own medications and could sometimes make herself understood and she sometimes understood others. R4 had impaired short-term memory, long-term memory, memory recall and impaired decision making. R4 used a wheelchair mobility device. The "Comments" section of R4's FCS lacked documentation of a bed assist device. Review of R4's combined NSA/HSP dated 07/25/25 instructed facility staff to provide physical assistance with bathing, dressing, toileting, mobility, transferring, and managing R4's medications. R4's combined NSA/HSP lacked a description of the bed assist device, it purpose of the bed assist device, and any special instructions on use and monitoring of the bed assist device. Review of R4's medical record revealed a document titled "Bed Side Rails, Enabler & Transfer Pole Assessment/Evaluation Form" dated 04/12/24. R4's medical record laced a periodic reassessment for R4's bed assist device confirming the device was not a restraint, an assessment to determine R4's ability to safely use the device and an assessment to ensure the device posed no risk for entrapment.	S3171		

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S3171	Continued From page 15 Observation on 10/23/25 at approximately 01:00 PM of R4's bed revealed on the bilateral sides a device that was a circle at the top that measured approximately 13.5 inches that had no large openings, and a single leg that measured approximately 24 inches in height that were securely attached to the bed frame. Interview on 10/23/25 at approximately 01:45 PM with Administrator A and LN B confirmed R1, R3, and R4's medical records lacked documentation of assessments and periodic reassessments of the bed assist devices ensuring the bed assist devices posed no risk for entrapment, the resident's ability to safely use the bed assist devices, and ensuring the bed assist devices were not a restraint. - Record review for R6 revealed an admission date of 10/06/22 with diagnoses of frail and elderly, muscle weakness, history of falls, hypertension, atrial fibrillation, and aortic stenosis, agitation, anxiety disorder, dementia, delusions, depression, and sundowning. Review of R6's FCS dated 08/22/25 revealed R6 required physical assistance with bathing, dressing, and mobility. R6 required supervision with toileting and transferring. R6 lacked the ability to manage her own medications and was occasionally incontinent. R6 had impaired short-term memory, long-term memory, memory/recall and decision making. R6 could sometimes make herself understood and she sometimes understood others. R6 was at risk for falls, and had impaired vision, and impaired decision making. R6 used a wheelchair mobility device.	S3171		

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S3171	Continued From page 16 Review of R6's combined NSA/HSP dated 08/12/25 instructed facility staff to provide physical assistance with dressing, bathing, toileting, mobility, transferring, and management of R6's medications. Observation on 10/20/25 at approximately 02:10 PM of the medication cart in the secured memory care unit revealed a card of Alprazolam 0.125 milligrams labeled with R6's pharmacy label. On the back of the card, number 25 had a clear piece of tape of the disrupted pharmacy packaging. Interview on 10/20/25 at approximately 02:10 PM with "Certified Medication Aide" (CMA) E stated that the facility nurse placed the tape on the back of the card. CMA E further confirmed the tape lacked initials and a date of who place the clear plastic tape on the card. Review of the facility provided policy titled "Medication Distribution and Packaging" dated as revised on 08/26/21 revealed the following; "6. All packaging cannot appear to have been tampered with. If the resident's medications are in bubble packaging, the back of the bubble pack cannot have been torn or have tape on the bubbles with medication in them." The Administrator further failed to ensure the health care services for R6 were provided within acceptable standards of practice when an observation of a clear piece of tape was on the back of the Alprazolam 0.125 card pill number 25.	S3171		

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S3280	Continued From page 17	S3280		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-104 (d) (3) The facility reported a census of 79 residents. Based on record review and interview the Administrator failed to ensure a quarterly review of the facility's emergency management plan with employees. Findings included: - Review of the facility provided documents titled "Transcripts" revealed the "Organization -	S3280		

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S3280	Continued From page 18 Specific Emergency Policies and Plans" are provided at the time of employment and quarterly. Interview on 10/23/25 at approximately 01:45 PM with Administrator A confirmed she could not provide the documentation of the quarterly reviews of the facility's emergency management plan with all employees. The Administrator failed to ensure a quarterly review of the facility's emergency management plan with employees.	S3280		
S3310 SS=E	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)	S3310		

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S3310	Continued From page 19 The facility reported a census of 79 residents. The sample included 6 "Residents" (R)'s, 3 closed record reviews and 5 newly hired employees. Based on record review and interview the Administrator failed to ensure the facility's compliance with the department's "Tuberculosis" (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 for R1 and R2. Findings included: - Record review for R1 revealed an admission date of 09/30/19 with diagnoses of anemia, cognitive communication deficit, dysphagia, hypertension, generalized muscle weakness, muscle wasting, and attention to cystostomy. Review of R1's medical record revealed a document titled "TB Screening Questionnaire" dated 05/01/22 and a document titled "Mantoux/Vaccine Test" dated 10/17/22. The Mantoux Vaccine Test document revealed R1 received the first step of the required two step TB test on 10/17/22 and it read negative on 10/20/22. The second step of the required two step TB skin test was administered on 10/24/22 and it read negative on 10/26/22. R1's medical record lacked documentation of the required annual TB Screening Questionnaire being performed annually. Interview on 10/23/25 at approximately 01:45 PM with Administrator A and Licensed Nurse B confirmed R1's medical record lacked documentation of the required annual TB	S3310		

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S3310	Continued From page 20 Screening Questionnaire being performed at least annually. - Record review for R2 revealed an admission date of 07/31/25 with diagnoses of incontinence, cerebral infarction, hypertension, dementia, and insulin dependent diabetes mellitus type two. Review of R2's medical record revealed a document titled "TB Screening Questionnaire" dated 10/15/25. R2's medical record lacked documentation of the required two step TB skin test being administered within seven days of admission to the facility. Interview on 10/23/25 at approximately 01:45 PM with Administrator A and Licensed Nurse B confirmed R2's medical record lacked documentation of the required annual TB Screening Questionnaire being performed within seven days of admission and they further confirmed R2's medical record lacked documentation of the required two step TB skin test being administered within seven days of admission to the adult health care facility. The Administrator failed to ensure the facility's compliance with the department's "Tuberculosis" (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 for R1 and R2.	S3310		