STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175541	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TALLGRASS CREEK, INC	13760 METCALF AVENUE , OVERLAND PARK, Kansas, 66223

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F0000	INITIAL COMMENTS The following citations represent the findings of a Health Recertification Survey.	F0000		
F0605 SS = D	Right to be Free from Chemical Restraints CFR(s): 483.10(e)(1),483.12(a)(2),483.45(c)(3)(d)(e) §483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including: §483.10(e)(1) The right to be free from any . . . chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms, consistent with §483.12(a)(2). §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must-. . . §483.12(a)(2) Ensure that the resident is free from . . . chemical restraints imposed for purposes of discipline or convenience and	F0605		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

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F0605 SS = D	Continued from page 1 that are not required to treat the resident's medical symptoms. . . . . §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic. §483.45(d) Unnecessary drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used- (1) In excessive dose (including duplicate drug therapy); or (2) For excessive duration; or (3) Without adequate monitoring; or (4) Without adequate indications for its use; or (5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or (6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. §483.45(e) Psychotropic Drugs. Based on a comprehensive assessment of a resident, the facility must ensure that-- §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record; §483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;	F0605		

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F0605 SS = D	Continued from page 2 §483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and §483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order. §483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is NOT MET as evidenced by: The facility had a census of 41 residents. The sample included 12 residents, with five reviewed for unnecessary medications. Based on observation, interview, and record review, the facility failed to ensure an appropriate indication, or a documented physician rationale for the continued use of Resident (R) 13's antipsychotic (a medication used to treat any major mental disorder characterized by a gross impairment testing) medication. This placed R13 at risk for unintended effects related to psychotropic (alters mood or thought) drug medications. Findings included: - R13's Electronic Medical Record (EMR) recorded diagnoses of dementia (a progressive mental disorder characterized by failing memory and confusion) mood disturbance (category of mental health problems, feelings of sadness, helplessness, guilt, and wanting to die were more intense and persistent than what may normally be felt from time to time) and anxiety (mental or emotional reaction characterized by apprehension, uncertainty, and irrational fear). R13's "Quarterly Minimum Data Set" (MDS), dated 02/12/26, recorded R13 had severely impaired cognition.	F0605		

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F0605 SS = D	Continued from page 3 The MDS recorded R13 required staff assistance with most activities of daily living (ADL). The MDS recorded the resident received antipsychotic medication during the observation period. The "Psychotropic Drug Use Care Area Assessment" (CAA), dated 05/28/25, recorded R13 received antipsychotic medication and had diagnosis of depression and dementia with behaviors. R13's "Care Plan," dated 12/09/25, recorded the nurse would administer medications as prescribed and monitor for side effects. The "Physician's Order," order dated 12/08/25, directed the staff to administer Seroquel 25 milligrams (mg), one half tablet (12.5 mg) once daily for a diagnosis of mood disorder and Seroquel 25 mg at hour of sleep for a diagnosis of mood disorder. The EMR documented an indication for the use of Seroquel as R13 had excessive aggression during cares, and the non-pharmacological interventions directed staff to try again at a different time or utilize a different caregiver. On 02/24/26 at 09:10 AM observation revealed R13 sat up in bed and License Nurse (LN) G, administered the residents' morning medication which included Seroquel 12.5 milligrams (mg). On 02/24/26 at 11:00 AM, Administrative Nurse D verified the resident received Seroquel, an antipsychotic medication, with a diagnosis of mood disorder. Administrative Nurse D verified the facility would contact the physician for appropriate diagnoses for the resident on antipsychotic medications. The facility's "Psychoactive Medications" policy dated 4/2025, recorded the intent of the policy is to provide guidance to clinical team members on the use of psychoactive medication regimens with residents in Continuing Care (CC). The policy recorded Psychoactive Medications would only be ordered by a provider to treat a specific condition as diagnosed and documented in the medical record. The decision to order psychoactive medications would include the relative benefits and risks, including black box warnings, while also considering the treatment preference. Where required by state specific regulation, an informed	F0605		

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F0605 SS = D	Continued from page 4 consent would be completed and filed in the resident's medical record. The use of non-pharmacological approaches include behavioral interventions would be attempted, unless clinically contraindicated to 1) minimize the need for psychoactive medications, 2) administer the lowest possible dose, 3) to potentially discontinue the use of psychoactive medications.	F0605		
F0756 SS = D	Drug Regimen Review, Report Irregular, Act On CFR(s): 483.45(c)(1)(2)(4)(5) §483.45(c) Drug Regimen Review. §483.45(c)(1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. §483.45(c)(2) This review must include a review of the resident's medical chart. §483.45(c)(4) The pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon. (i) Irregularities include, but are not limited to, any drug that meets the criteria set forth in paragraph (d) of this section for an unnecessary drug. (ii) Any irregularities noted by the pharmacist during this review must be documented on a separate, written report that is sent to the attending physician and the facility's medical director and director of nursing and lists, at a minimum, the resident's name, the relevant drug, and the irregularity the pharmacist identified. (iii) The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record. §483.45(c)(5) The facility must develop and maintain policies and procedures for the monthly drug regimen review that include, but are not limited to, time frames for the different steps in the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the	F0756		

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F0756 SS = D	Continued from page 5 resident. This REQUIREMENT is NOT MET as evidenced by: The facility had a census of 41 residents. The sample included 12 residents, with eight reviewed for unnecessary medications. Based on observation, interview and record review, the facility failed to ensure the Consult Pharmacist identified and reported the lack of appropriate indication, or a required physician documentation, for Resident (R) 13's use of an antipsychotic (a class of medication used to treat any major mental disorder characterized by a gross impairment testing) medication. This placed R13 at risk for unintended effects related to psychotropic (alters mood or thoughts) drug medication. Findings include: - R13's Electronic Medical Record (EMR) recorded diagnoses of dementia (a progressive mental disorder characterized by failing memory and confusion) mood disturbance (category of mental health problems, feelings of sadness, helplessness, guilt, and wanting to die were more intense and persistent than what may normally be felt from time to time) and anxiety (mental or emotional reaction characterized by apprehension, uncertainty, and irrational fear). R13's "Quarterly Minimum Data Set" (MDS), dated 02/12/26, recorded R13 had severely impaired cognition. The MDS recorded R13 required staff assistance with most activities of daily living (ADL). The MDS recorded the resident received antipsychotic medication during the observation period. The "Psychotropic Drug Use Care Area Assessment" (CAA), dated 05/28/25, recorded R13 received antipsychotic medication and had diagnosis of depression and dementia with behaviors. R13's "Care Plan," dated 12/09/25, recorded the nurse would administer medications as prescribed and monitor for side effects. The "Physician's Order," order dated 12/08/25, directed the staff to administer Seroquel 25 milligrams (mg), one half tablet (12.5 mg) once daily for a diagnosis of mood disorder and Seroquel 25 mg at hour of sleep for a diagnosis of mood disorder. The EMR documented the indication for the use of Seroquel was R13 had excessive aggression during cares, and the	F0756		

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F0756 SS = D	Continued from page 6 non-pharmacological interventions directed staff to try again at a different time or utilizing a different caregiver. The monthly Pharmacist Consultant Reviews on 12/10/25, 01/14/26, and 02/13/26 did not request an approved diagnosis or indication for the use of 13's Seroquel. On 02/24/26 at 09:10 AM observation revealed R13 sat up in bed and License Nurse (LN) G, administered the residents' morning medication which included Seroquel 12.5 milligrams (mg). On 02/24/26 at 11:00 AM, Administrative Nurse D verified the resident received Seroquel, an antipsychotic medication, with a diagnosis of mood disorder. Administrative Nurse D verified the facility would contact the physician for appropriate diagnoses for the resident on antipsychotic medications. The facility's "Psychoactive Medications" policy, dated 4/2025, recorded the intent of the policy is to provide guidance to clinical team members on the use of psychoactive medication regimens with residents in Continuing Care (CC). The policy applies to all business lines within CC. The policy recorded Psychoactive Medications would only be ordered by a provider to treat a specific condition as diagnosed and documented in the medical record. The decision to order psychoactive medications would include the relative benefits and risks, including black box warnings, while also considering the treatment preference. Where required by state specific regulation, an informed consent would be completed and filed in the resident's medical record. The use of non-pharmacological approaches include behavioral interventions would be attempted, unless clinically contraindicated to 1) minimize the need for psychoactive medications, 2) administer the lowest possible dose, 3) to potentially discontinue the use of psychoactive medications. The facility's "Pharmacy Services" policy, dated 5/2021, documented in order to meet the needs of each resident the Continuing Care (CC) accurately and safely provides or obtains pharmaceutical services, including provisions of routine and emergency medications, and the services of a licensed pharmacist. The facility contracts with a preferred pharmacy vendor to provide all pharmaceutical services to include the licensed	F0756		

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F0756 SS = D	Continued from page 7 pharmacy consultant would complete a Medication Regimen Review upon admission and monthly for skilled nursing/long term care.	F0756		
F0880 SS = E	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and	F0880		

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F0880 SS = E	Continued from page 8 (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is NOT MET as evidenced by: The facility had a census of 41 residents. The sample included 12 residents. Based on observation, record review, and interview, the facility failed to ensure a sanitary and comfortable environment to help prevent the development and transmission of communicable diseases and infections when the facility failed to ensure Enhanced Barrier Precautions (EBP - infection control interventions designed to reduce transmission of resistant organism which employ targeted gown and glove use during high contact care) were used for Resident (R) 18, who had a Foley catheter (a tube inserted into the bladder to drain urine into a collection bag). Findings included: - On 02/24/26 at 10:30 AM, observation revealed Certified Nurse Aide (CNA) N donned clean gloves, placed a chuck (a disposable absorbent pad) on the floor, and placed a plastic container on top of it. She	F0880		

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F0880 SS = E	Continued from page 9 emptied the catheter bag and started to pick up the plastic container that was full of urine when CNA M told her to set it back down on the floor and handed her a yellow disposable gown. CNA N stated that she did not realize she needed a gown, but it was better late than never. Both CNA M and CNA N put on yellow gowns. CNA M did not tie hers in the back. CNA N emptied the urine into the toilet, went back, and drained more urine from the catheter bag. CNA M told R18 that she was going to do her catheter and peri-care, and as she started peri-care, her gown fell from her shoulders, and she tried to adjust it but did not tie it. After CNA M finished catheter care, she removed her soiled gloves, sanitized her hands, and donned clean gloves. CNA M asked R18 to roll to her right side so she could finish her personal care, and again the gown fell off of her shoulders. CNA M finished cares, removed the gloves, sanitized her hands, and donned clean gloves. CNA M and CNA N put a pair of clean pants on R18. CNA M removed her yellow gown, grabbed the sling to the full mechanical lift, and had R18 roll to her right side so she could put the sling under her. CNA M attached the sling to the lift, and she transferred R18 into her wheelchair. CNA M removed R18's pajama top and put a clean shirt on her while CNA N put R18's shoes on. CNA M left the resident room to get a towel to wash her face as CNA N combed her hair. On 02/24/26 at 10:50 AM, CNA M stated she was unaware that she had to keep the gown on, as she thought she only needed to wear it during catheter care. On 02/24/26 at 01:23 PM, Administrative Nurse E stated she had provided education to staff regarding EBP use and would provide further education. Administrative Nurse E stated she had pamphlets that she could give to staff to provide further education related to EBP and when they should wear it. The facility's "Enhanced Barrier Precautions Standard Operating Procedure," dated 08/22, documented procedures to prevent the potential spread of Multi-Drug-Resistant Organisms (MDRO) during high-contact care activities of residents with increased risk. The following pertain to residents residing in neighborhoods licensed as Skilled Nursing. Enhanced Barrier Precautions expand the use of personal protective equipment (PPE-gowns, face shields, and/or eyeglasses/goggles, and gloves) and are used during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and	F0880		

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F0880 SS = E	Continued from page 10 clothing. High-contact care activities include dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs, assisting with toileting, urinary catheter, and wound care. Enhanced barrier signage should also clearly indicate the high-contact resident care activities that require the use of a gown and gloves. Discard PPR after removal, before exiting the room, or before providing care for another resident in the same room. Trash cans should be available in or near the resident's room. Hand hygiene should be performed before and after resident contact.	F0880		