

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175180	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/24/2026
NAME OF PROVIDER OR SUPPLIER Overland Park Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 5211 W 103rd Street Overland Park, KS 66207	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility identified a census of 124 residents. The sample included five residents with three residents reviewed for wound care. Based on observation, record review, and interviews, the facility failed to transcribe and follow the wound care physician's orders for Resident (R) 1 related to her diabetic foot ulcer (an open wound on the foot caused by poor circulation, nerve damage, and high blood sugar). Findings included:- R1 admitted to the facility on [DATE]. R1's Electronic Medical Record (EMR) documented diagnoses of type two diabetes mellitus (DM-when the body cannot use glucose, not enough insulin is made, or the body cannot respond to the insulin) with foot ulcer, difficulty in walking, and generalized muscle weakness. The Annual Minimum Data Set (MDS) dated 09/05/25, documented R1 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated intact cognition. R1 had no wounds. The Quarterly MDS dated 12/01/25, documented R1 had a BIMS score of 15, which indicated intact cognition. R1 had a diabetic foot ulcer. The Pressure Ulcer/Injury Care Area Assessment (CAA) dated 09/09/25, documented R1 had a diabetic foot ulcer for pressure ulcers due to decreased mobility and incontinence. R1's 11/12/25 Care Plan documented R1 had a diabetic foot ulcer to her left foot, and she was at risk for complications related to decreased mobility and delayed healing. The Care Plan documented the following interventions, which directed that:11/12/25 - Staff administered pain medications as ordered.11/12/25 - Staff administered treatments as ordered.11/12/25 - Staff obtained labs as ordered and reported abnormal findings to R1's physician.11/12/25 - Staff monitored/documentated the wound's size and depth and documented the progress in wound healing on an ongoing basis.11/12/25 - Staff observed and reported signs of infections, such as fever, drainage, foul odor, swelling, redness, pain, or warmth.11/12/25 - Staff referred R1 to the dietitian as indicated.11/12/25 - Staff administered supplements per R1's physician's orders.11/12/25 - Staff utilized enhanced barrier precautions during high-contact resident care activities.11/12/25 - R1 visited weekly with the wound care provider.11/12/25 - The facility obtained a wound consult as indicated. R1's EMR revealed the following: Consultant GG's Physician Orders Details on 12/10/25, documented an order for R1 to use pneumatic compression pumps (medical device used to improve blood circulation and reduce swelling by using an electric pump to inflate sleeves, boots, or garments applied to the limbs) two to three times daily for one hour increments as tolerated. Consultant GG's Physician Orders Details on 01/07/26, documented an order for R1 to use pneumatic compression pumps two to three times daily for one hour increments as tolerated. Consultant GG's Physician Orders Details on 01/28/26, documented a left foot wound care order with instructions to soak gauze with Dakin's (wound cleanser) solution and place on the wound for three to five minutes; apply vitamin A and vitamin D (A&D) ointment around the wound; weave InterDry (specialized moisture-wicking textile infused with antimicrobial silver) between toes; apply Hydrofera Blue (a type of moist wound dressing that provides wound protection and addresses bacteria and yeast) to wound; apply Drawtex (highly absorbent, non-adherent dressing designed for moderate to heavy drainage)</p> <p>(continued on next page)</p>

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 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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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>dressing and abdominal pad (ABD) pad to wound; and wrap with CoFlex calamine multi-layer compression wrap (two layer compression kit designed to treat patients with multiple wounds or other skin conditions). The wound care order directed the dressing change frequency as daily except on days R1 presented to the wound care center. The orders included an order for R1 to use pneumatic compression pumps two to three times daily for one hour increments as tolerated. A Nurse's Note on 01/28/26 at 06:42 PM documented R1 returned from the wound care provider with new lab orders and wound care orders. The note did not document what the wound care orders were. An order with a start date of 01/30/26 for left foot wound care with instructions to cleanse the wound with Dakin's solution, let soak for three to five minutes, pat dry, apply A&D ointment to dry skin, cover wound bed with Hydrofera Blue and cover with Drawtex then ABD pad, wrap with CoFlex calamine multi-layer compression wrap every Monday, Wednesday, and Friday. An order with a start date of 02/05/26 to apply lymphatic pumps to bilateral lower legs one time daily at night for 60 minutes with the set pressure of 35 per wound care. Upon request, the facility obtained and provided the wound care provider progress notes for February 2026 which revealed the following: Consultant GG's Progress Note Details on 02/04/26, documented R1 reported the facility did not utilize the Dakin's solution for wound cleansing as ordered. The note documented the durable medical equipment (DME) company confirmed R1's lymphedema (swelling caused by accumulation of lymph) pumps were delivered to the facility, but staff had not used them. Consultant GG ordered daily dressing changes to be completed at R1's facility, but R1 reported the facility continued two to three times a week dressing changes. The note documented a left foot wound care order with instructions to soak gauze with Dakin's solution and place on the wound for three to five minutes; apply A&D ointment around the wound; weave InterDry between toes; apply Hydrofera Blue to wound; apply Drawtex dressing and ABD pad to wound; and wrap with CoFlex calamine multi-layer compression wrap. The wound care order directed the dressing change frequency as daily except on days R1 presented to the wound care center. The orders included an order for R1 to use pneumatic compression pumps two to three times daily for one hour increments as tolerated. The note documented Consultant GG left several messages with the facility without a response. Upon request, the facility was unable to provide an order from the wound care provider for the compression pumps at the current frequency of nightly. On 02/24/26 at 01:18 PM, R1 sat in her wheelchair in her room and ate lunch. She wore a white compression stocking on her right leg, a brown colored compression wrap to her left leg, blue non-skid socks on both feet, and a tennis shoe on her right foot with no shoe worn on her left foot. R1 stated the facility did not change her left foot dressing daily like wound care ordered. She stated she was told by the facility that since she received a compression dressing, the dressing can stay on for a couple of days. R1 stated wound care wanted her to wear the compression pumps at a minimum of one hour a day and she heard about the pumps prior to the appointment on 01/28/26 but it took a while to schedule the set up with the facility. On 02/24/26 at 11:25 AM, Administrative Nurse D stated sometimes the wound care provider sent a progress note to the facility with wound care orders that same day. She stated R1's compression pumps were delivered, but the facility did not know they had been delivered until they were found at the front of the building. On 02/24/26 at 11:34 AM, Administrative Nurse E stated R1 received orders for compression pumps and the DME company representative stated when the pumps arrived, he would go to the facility to in-service the staff on how to use them. She stated the representative showed the nurses working that day how to use the pumps and the day nurses educated the night nurses. Administrative Nurse E stated most of the time, the nurses had to reach out to the wound care provider to request the wound care orders. She stated the wound care provider had to send an order to the DME company for the compression pumps. On 02/24/26 at 02:14 PM,</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Licensed Nurse (LN) G stated the wound care provider usually sent wound care orders back with R1 but sometimes they did not, and he called the wound care provider to get them. He stated when he received new wound care orders, he put them in the EMR. LN G stated R1's left foot dressing change was scheduled for Monday, Wednesday, and Friday. He confirmed from the Physician Orders Details on 01/28/26 that R1's dressing changes should be daily except on Wednesday when she went to the wound care provider. On 02/24/26 at 02:22 PM, Administrative Nurse E stated the DME representative read the settings off for the compression pumps and told her the frequency. On 02/24/26 at 02:25 PM, Administrative Nurse E stated R1's dressing changes were scheduled Monday, Wednesday, Friday, and as needed (PRN). She stated she received a paper from the wound care provider on 01/29/26 and she changed the order. She stated R1 saw the wound care provider on 01/28/26 and the nurses note documented R1 came back with new orders. Administrative Nurse E confirmed from the Physician Orders Details on 01/28/26 that R1's dressing changes should be daily except on days that R1 went to the wound care clinic. She stated the dressing change frequency did not get updated. She said the floor nurses put the orders in, and she normally went through the orders to verify them. On 02/24/26 at 02:41 PM, Administrative Nurse D stated when a resident returned from an appointment, the floor nurse put the new orders in. She stated the administrative team went over appointments in clinical, but the facility will be adding a second check on orders. She confirmed from the Physician Orders Details on 01/28/26, that R1's dressing changes should be daily except on days that R1 went to the wound care clinic. She stated if the wound care provider ordered compression pumps, the facility found out about it through the wound care notes like the Physician Orders Details. Administrative Nurse D stated she believed the wound care provider contacted the DME company about the compression pumps who then contacted Administrative Nurse E to set up the training. She stated the facility should have followed up with the wound care provider if they wanted the pumps started in December 2025. The facility's Wound Care policy, revised October 2010, directed in preparation for wound care, the facility they had a physician's order for the procedure. The facility's Medication and Treatment Orders policy, revised July 2016, directed the facility administered medications only upon the written order of a person duly licensed and authorized to prescribe such medications. The policy did not address order transcription after appointments.</p>		