STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175355	A. Building B. Wing	02/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Evergreen Community of Johnson County	11875 S Sunset Drive, Suite 100 Olathe, KS 66061

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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. The facility identified a census of 79 residents with one kitchen and two kitchenettes. Based on observation, record review, and interviews, the facility failed to maintain sanitary dietary standards related to food storage. Findings included: - On 02/23/26 at 11:03 AM, during the kitchen initial tour, observation in the walk-in freezer revealed the following:One resealable bag of three fish fillets that was not labeled and dated.One opened bag of pepperoni, which was not labeled and dated. One opened bag of tater tots placed in a resealable bag; the bag was not dated. One opened bag of cauliflower florets, which was not labeled and dated. On 02/23/26 at 11:10 AM an observation in the kitchen's dry food storage room revealed one opened and undated bag of egg noodles. On 02/23/26 at 11:16 AM an observation in the kitchen's walk-in refrigerator revealed one metal bowl with plastic wrap covering the top. The bowl contained several slices of molded cheddar cheese. On 02/23/26 at 11:21 AM an observation in the kitchen's walk-in produce refrigerator revealed the following:One bag of broccoli with a manufacturer best if used by date of 12/21/25.Three bags of coleslaw mix. The coleslaw was soft, mushy, and appeared spoiled. One bag contained brown fluid in the corner of the bag.A plastic bin of eight jalapeno peppers. The peppers were moldy.A plastic bin of green bell peppers. The bin had six green bell peppers on top of the lid. The peppers on the lid were soft, wilted, and wrinkled.A plastic bin of red peppers. There were three peppers on top of the lid. The three peppers were soft, wilted, and wrinkled.A plastic bin of yellow peppers. There were six yellow peppers inside the bin that were soft, wilted and wrinkled. Three of the yellow peppers contained backend, moldy spots. On 02/23/26 at 11:36 AM in the kitchen's main area revealed one plastic container of choy noodles, not dated. On 02/23/26 at 11:50 AM an observation in a kitchenette refrigerator revealed two plastic bins of mixed fruit. The bins were not labeled or dated. On 02/23/26 at 11:50 AM an observation in a kitchenette cabinet revealed one opened bag of prunes and one opened bag of pretzels. The bags were not dated. On 02/23/26 at 11:58 AM an observation in a kitchenette resident refrigerator revealed a box of pizza. The pizza box was not dated or labeled with a resident's name. On 02/23/26 at 12:01 PM an observation in a kitchenette resident refrigerator revealed a plate with a hamburger and tater tots. The plate was covered in plastic wrap. The food was not dated or labeled with a resident's name. On 02/25/26 at 08:30 AM Dietary BB stated staff were expected to label and date any opened food items. He stated opened bags were to be placed in a resealable plastic bag, and the bag should have been labeled and dated. Dietary BB stated he, and the cooks, were supposed to go through the kitchen and check for spoiled foods. He further stated dietary aides often look at produce, such as the peppers, and places what they think are spoiled on top of the bins, instead of just throwing them away. He stated they left them there for him to look at. Dietary BB stated he had sent the dietary aides a message related to the spoiled peppers and stated it would be addressed in their next meeting. Dietary BB stated the dietary aides were responsible for checking the refrigerators in the kitchenettes after each meal to look for spoiled food and ensure food items were labeled and dated. He stated food placed in the resident refrigerators should have been wrapped, labeled, dated, and had the resident's name on them. The facility's Food Storage policy dated 02/12/26, documented sufficient storage facilities are provided to keep foods safe, wholesome, and appetizing. All Leftover (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175355	A. Building B. Wing	02/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Evergreen Community of Johnson County	11875 S Sunset Drive, Suite 100 Olathe, KS 66061

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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	food should be stored in a covered container or sealed Ziplock bag. Each Item Is clearly labeled with the product name and dated before being refrigerated. Leftover food Is used within 3 days or discarded. All foods should be stored in covered containers or sealed Ziplock bags, clearly labeled and dated. All foods will be checked to assure that foods (Including leftovers) will be consumed by their safe use by dates, or frozen (where applicable) or discarded.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175355	A. Building B. Wing	02/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Evergreen Community of Johnson County	11875 S Sunset Drive, Suite 100 Olathe, KS 66061

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)
F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility identified a census of 79 residents. The sample included 18 residents, with one resident reviewed for tube feeding (administration of nutritionally balanced liquefied foods or nutrients through a tube). Based on observation, record review, and interview, the facility failed to ensure R2's tube feeding was labeled with content in the feeding bag and dated with the date the feeding was given. Finding Included:- R2's electronic medical record (EMR), under the Diagnosis tab, recorded diagnoses of muscle weakness, difficulty in walking, hypertension (elevated blood pressure), dementia (a progressive mental disorder characterized by failing memory and confusion), and anxiety (mental or emotional reaction characterized by apprehension, uncertainty, and irrational fear). R2's Quarterly Minimum Data Set (MDS) dated [DATE] recorded a Brief Interview for Mental Status score of 15, which indicated intact cognition. The MDS documented R2 had impairment on both sides of her lower body. The MDS documented R6 was dependent on staff for toileting and bathing. The MDS documented R6 had a feeding tube and received 51percent of her calories through tube feedings. The Tube Feeding Care Area Assessment (CAA) dated 05/30/25 documented R6 was admitted to this long-term care from another facility, after being sent to the emergency room. The CAA documented R6 had adequate hearing and vision, her speech was clear, BIMS score 15, Foley catheter (a tube inserted into the bladder to drain urine into a collection bag), was always incontinent with bowels, frequent pain, no falls, and significant weight gain. The CAA documented R6 was dependent on assistance with all activities of daily living (ADLs). R2's Care Plan documented the following:05/08/25 - Staff to assist R2 with maintaining or improving nutritional status characterized by weight loss and inadequate intake.05/09/25 - Staff to check residual, if residual was over 150 milliliters (ml), nursing would hold her feeding and call the physician.05/09/25 - Staff to elevate R6's head of bed at a 30-45 degree prior to enteral feed.05/09/25 - R6's calorie intake would be monitored by a Registered Dietitian. Review of the EMR under Orders tab revealed physician orders:Enteral feeding, elevate head of the bed to 30-45 degrees while administering medication and tube feedings dated 05/07/25.Enteral feeding, check tube placement prior to administration of medication and tube feedings every shift dated 05/07/25.Enteral feeding, check and record residual. If residual was greater than 150ml hold feeding and call the physician dated 05/07/25.Enteral flush PEG tube with at least 30ml water before and after medication every shift dated 09/19/25.Enteral feeding flush peg tube with 50ml water prior to starting Nutren (nutritional supplement) 2.0 at 08:00 PM at bedtime dated 09/19/25.Enteral Feed at bedtime Nutren (nutritional supplement) 2.0 continuous feeding pump via PEG tube at 70mls/hour (hr) for 12hrs total, 840ml per day (08:00PM - 08:00AM), Flush tube with 60ml water every hour dated 10/03/25.Enteral feeding, change feeding syringe daily, label and name and date every shift dated 05/07/25.Enteral Feed every shift for medication pass: mlix/reconstitute each medication with 15ml water. Each medication should be prepared and administered separately, followed by 15ml water flush between each dose. Do not crush and combine multiple medications together dated 02/19/26. On 02/23/26 at 07:27 AM, R2 laid on her back in her bed, with her head elevated at 45 degrees. R2 watched TV. R2's enteral feeding bags were hung on her feeding pump. R2's enteral feeding bag was not marked with the contents in the bags, or the date and time the enteral feeding was started. On 02/24/26 at 07:35 AM R2 laid in her bed with her head elevated at 45 degrees. R2 was watching TV. R2's enteral feeding was hung via pump; the pump was running at 70 ml/hr. R2's feeding tube bags were not labeled with the contents in the bags or the date the enteral feeding was started. On 02/25/26 at 08:10 AM, Licensed Nurse (LN) G stated the night shift hangs the bags and was to label and date the feeding bags with the contents and the date. LN G stated we have had different nurses working the night shift. LNG stated the day shift would take the bags when the feeding had ended. On 02/25/26 at 01:23 PM, Administrative Nurse D stated the nurse that hangs (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175355	A. Building B. Wing	02/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Evergreen Community of Johnson County	11875 S Sunset Drive, Suite 100 Olathe, KS 66061

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)
F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	the bags would mark the back with the date and the contents inside the bag. She stated it was the night shift nurse's responsibility to ensure feeding bags were marked with the date, time, rate and formula when the bags were started. The facilities Administering Nutritional Formulas through an Enteral Tube policy, undated and documented, staff would label bag and tubing with date and time; hang bag on the pole and make sure bag was above the stomach; clamp tubing. The staff would check expiration date of formula; cleanse top of feeding container with a disinfectant before opening it (if using a canned formula); pour formula into feeding bag and allow solution to run through tubing (Prime the tube); close clamp. Staff would attach feeding setup to feeding tube, open clamp & regulate drip according to physician's order or allow feeding to run in over 30 minutes.