

Kansas Department on Aging

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>N046070</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R-C</b><br><b>08/28/2025</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SILVERCREST AT DEER CREEK</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>13060 METCALF AVENUE</b><br><b>OVERLAND PARK, KS 66213</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 000}            | <p><b>INITIAL COMMENTS</b></p> <p>An offsite revisit survey was conducted on 08/28/25 for all previous deficiencies cited on 08/12/25. All deficiencies have been corrected as of the compliance date of 08/25/25, and no new noncompliance was found. The facility is in compliance with all regulations surveyed.</p> | {S 000}       |   |                    |

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

TITLE

(X6) DATE