STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175300	A. BUILDING _____ B. WING _____	06/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SALINA PRESBYTERIAN MANOR	2601 E CRAWFORD STREET SALINA, KS 67401

(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) COMPLETION DATE
F 000	INITIAL COMMENTS The following citations represent the findings of a Health Resurvey. The 2567 was electronically sent on 07/09/25.	F 000		
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without	F 550		

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

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interference, coercion, discrimination, or reprisal from the facility.

§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.
This REQUIREMENT is not met as evidenced by:
The facility had a census of 56 residents. The sample included 14 residents, with one reviewed for dignity. Based on observation, record review, and interview, the facility failed to provide dignity and quality of life for Resident (R) 159, by having an uncovered urinary collection leg bag visible to guests and other residents. This placed the residents at risk for embarrassment and an undignified living environment.

Findings included:

- R159's Electronic Medical Record (EMR) recorded diagnoses of hypertension (HTN - elevated blood pressure), urinary tract infection (UTI - an infection in any part of the urinary system), and gout (inflammation of the joints.)

R159's EMR documented, the resident was admitted to the facility on 06/13/25.

R159's "Care Plan" dated 06/20/25, documented the resident had an indwelling urinary catheter (a flexible tube inserted through a narrow opening into a body cavity, particularly the bladder, for removing fluid).

R159's EMR lacked a "Physician Order" for the

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F 550	Continued From page 2 Foley catheter. On 06/24/25 at 12:00 PM, observation revealed R 159 at the dining room table in a wheelchair. Continued observation revealed R159 had capri pants on with a urinary drainage leg bag secured to her right calf-half full of yellow urine. Observation revealed eight residents in the dining room and three staff members with residents, staff, and visitors walking down the Grand Central Station Hall, open to the dining room. On 06/24/25 at 01:00 PM, Administrative Nurse D stated the resident's urinary catheter bag should always be covered. The facility's "Catheter Care-Urinary Foley" policy, dated 02/03/25, documented catheter care would be performed appropriately by qualified nursing staff to prevent complications caused by the presence of an indwelling urethral catheter. The staff would provide privacy and explain the procedure to the resident, and if applicable, teach the resident his or her role in caring for the catheter. The staff would identify bags and collection units with the resident's name. The policy documented the collection bag must be stationed below the level of the bladder, off the floor to prevent infection, and covered to preserve the dignity of the resident.	F 550		
F 628 SS=E	Discharge Process CFR(s): 483.15(c)(2)(iii)(3)-(6)(8)(d)(1)(2); 483.21(c)(2)(i)-(iii) §483.15(c)(2) Documentation. When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this	F 628		

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section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider.
(iii) Information provided to the receiving provider must include a minimum of the following:
(A) Contact information of the practitioner responsible for the care of the resident.
(B) Resident representative information including contact information
(C) Advance Directive information
(D) All special instructions or precautions for ongoing care, as appropriate.
(E) Comprehensive care plan goals;
(F) All other necessary information, including a copy of the resident's discharge summary, consistent with §483.21(c)(2) as applicable, and any other documentation, as applicable, to ensure a safe and effective transition of care.

§483.15(c)(3) Notice before transfer.
Before a facility transfers or discharges a resident, the facility must-
(i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman.
(ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and
(iii) Include in the notice the items described in paragraph (c)(5) of this section.

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F 628	Continued From page 4 §483.15(c)(4) Timing of the notice. (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged. (ii) Notice must be made as soon as practicable before transfer or discharge when- (A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section; (B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section; (C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section; (D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or (E) A resident has not resided in the facility for 30 days. §483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following: (i) The reason for transfer or discharge; (ii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or discharged; (iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request;	F 628		

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F 628	Continued From page 5 (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman; (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act. §483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available. §483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l).	F 628		

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F 628	Continued From page 6 §483.15(d) Notice of bed-hold policy and return- §483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies- (i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility; (ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any; (iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and (iv) The information specified in paragraph (e)(1) of this section. §483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. §483.21(c)(2) Discharge Summary When the facility anticipates discharge, a resident must have a discharge summary that includes, but is not limited to, the following: (i) A recapitulation of the resident's stay that includes, but is not limited to, diagnoses, course of illness/treatment or therapy, and pertinent lab, radiology, and consultation results. (ii) A final summary of the resident's status to	F 628		

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include items in paragraph (b)(1) of §483.20, at the time of the discharge that is available for release to authorized persons and agencies, with the consent of the resident or resident's representative.
(iii) Reconciliation of all pre-discharge medications with the resident's post-discharge medications (both prescribed and over-the-counter).
This REQUIREMENT is not met as evidenced by:
The facility had a census of 56 residents. The sample included 15 residents, with five reviewed for hospitalization and one reviewed for unplanned discharge. Based on observation, record review, and interview, the facility failed to notify the Office of the Long-Term Care Ombudsman (LTCO - a public official who works to resolve resident issues in nursing facilities) for three sampled residents, Resident (R) 6, R19, R30, and failed to complete a recapitulation (a concise summary of the resident's stay and course of treatment in the facility) of R54's stay. This placed the residents at risk for impaired rights and at risk for receiving inadequate care.

Findings included:

- The electronic Medical Record (EMR) for R6 documented diagnoses of respiratory failure (a serious medical condition that occurs when the respiratory system cannot adequately provide oxygen to the bloodstream), hypertension (high blood pressure), vascular dementia (a progressive mental disorder characterized by failing memory and confusion caused by a decreased blood flow to the brain), and anxiety (mental or emotional reaction characterized by apprehension, uncertainty, and irrational fear).

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The "Annual Minimum Data Set" (MDS), dated 04/01/25, documented severely impaired cognition. R6 required partial staff assistance for toileting hygiene, transfers, ambulation, and substantial assistance for dressing.

The "Significant Change MDS," dated 06/11/25, documented R6 had severely impaired cognition. R6 was dependent upon staff for toileting hygiene, showers, and lower body dressing. R6 required substantial staff assistance for upper body dressing, mobility, transfers, and toileting.

R6's "Care Plan," dated 06/05/25, initiated on 08/22/24, directed staff to administer medications as ordered, monitor for lethargy, confusion, and adverse drug reactions, and shortness of breath.

R6's "Progress Note," dated 05/22/25 at 07:40 PM, documented R6 was admitted to the hospital for aspiration pneumonia (an inflammatory condition of the lungs caused by inhaling foreign material or vomit).

R6's clinical record lacked evidence that the Ombudsman was notified of the hospital transfer.

R6's "Progress Note," dated 05/28/25 at 12:11 PM, documented R6 returned from the hospital.

On 06/24/25 at 03:5 PM, R6 sat in her recliner, feet down, eyes closed.

On 06/25/25 at 11:45 AM, Social Service X stated she had not notified the Ombudsman of the hospital transfer and had not been aware that she needed to do that when a resident went to the hospital.

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On 06/26/25 at 12:30 PM, Administrative Nurse D stated the ombudsman should be notified when a resident was transferred to the hospital and stated Social Service X did send a list of hospital transfers to the Ombudsman that morning.

The facility's "Transfer/Discharge" policy, dated 10/01/96, documented, the community would provide and document sufficient preparation and orientation to residents to ensure safe and orderly transfer or discharge from the community. This orientation would be provided in a form and manner that the resident could understand. The resident/responsible party would be notified in writing of all discharges or transfers thirty (30) days before the transfer, unless the resident's medical condition warrants immediate transfer. A notice of the transfer was sent to the State Ombudsman.

- The Electronic Medical Record (EMR) for R19 documented diagnoses of hypertensive chronic kidney disease (a long-term condition characterized by the gradual and progressive loss of kidney function over time) stage four, dementia (a progressive mental disorder characterized by failing memory and confusion), chronic obstructive pulmonary disease (COPD - a progressive and irreversible condition characterized by diminished lung capacity and difficulty or discomfort in breathing), and atrial fibrillation (rapid, irregular heartbeat).

The "Annual Minimum Data Set" (MDS), dated 01/21/25, documented R19 had moderately impaired cognition. R19 required partial staff assistance with transfers, ambulation, personal hygiene, dressing, and toileting. R 19 was

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frequently incontinent of bladder and always continent of bowel.

The "Quarterly MDS," dated 04/16/25, documented R19 had moderately impaired cognition. R19 required partial staff assistance for toileting hygiene, transfers, ambulation, and dressing. R19 was frequently incontinent of bladder and occasionally incontinent of bowel.

R19's "Care Plan," dated 05/08/25, initiated on 08/28/24, directed staff to administer medications as ordered and monitor for diarrhea, cramping, and vomiting. The care plan directed staff to notify the physician as needed.

R19's "progress Note," dated 03/17/25 at 11:32 AM, documented R19 told the nurse that he felt like he was going to pass out and reported nausea. R19 was pale and cool to the touch. R19 was admitted to the hospital for diarrhea and hypotension.

R6's clinical record lacked evidence that the Ombudsman was notified of the hospital transfer.

R19's "Progress Note" dated 03/19/25 at 02:06 PM documented R19 was readmitted into the facility.

On 06/24/25 at 03:45 PM, R19 sat in his recliner and watched television.

On 06/25/25 at 11:45 AM, Social Service X stated she had not notified the Ombudsman of the hospital transfer and had not been aware that she needed to do that when a resident went to the hospital.

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On 06/26/25 at 12:30 PM, Administrative Nurse D stated the ombudsman should be notified when a resident was transferred to the hospital and stated Social Service X did send a list of hospital transfers to the Ombudsman that morning.

The facility's "Transfer/Discharge" policy, dated 10/01/96, documented, the community would provide and document sufficient preparation and orientation to residents to ensure safe and orderly transfer or discharge from the community. This orientation would be provided in a form and manner that the resident could understand. The resident/responsible party would be notified in writing of all discharges or transfers thirty (30) days before the transfer, unless the resident's medical condition warrants immediate transfer. A notice of the transfer was sent to the State Ombudsman.

- R30's Electronic Medical Record (EMR) documented diagnoses of diabetes mellitus (DM - when the body cannot use glucose, not enough insulin made or the body cannot respond to the insulin), bacteremia (presence of bacteria in the blood), and acute pyelonephritis (infection of the kidneys).

R30's EMR documented she was discharged to a hospital on 03/13/25 to 03/17/25 and again on 04/30/25 to 05/07/25.

Upon request, the facility lacked documentation the Long-Term Care Ombudsman (LTCO) had been notified of the discharges from the facility.

On 06/25/25 at 02:30 PM, Social Services Staff X verified she had not notified the LTCO of the March 2025 and April 2025 discharges to a hospital. She stated she only notified the

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ombudsman of the monthly admissions and discharges to home or another facility.

The facility's "Transfer/Discharge Notice" policy, dated 02/03/25, stated the facility would notify the resident or their responsible party of all discharges or transfers 30 days prior to the transfer unless the resident's medical condition warrants immediate transfer. Notice would be sent to the LTCO.
- R54's "Medical Record" revealed the resident was admitted to the facility 05/21/25 with diagnoses of acute kidney failure (a condition characterized by a relatively sudden onset of symptoms that are usually severe), hypertension (HTN - elevated blood pressure, atherosclerosis heart disease (ASHD a build up of fats, cholesterol and other substance on the artery wall causing the arteries to narrow, blocking blood flow), anemia (an inadequate number of healthy red blood cells to carry adequate oxygen to body tissues), and muscle weakness.

The "Admission Minimum Data Set (MDS)," dated 03/27/25, documented R54 had significant cognitive impairment. The MDS documented the resident was dependent upon staff for toilet use, shower and bathe self, required maximum staff assistance with personal hygiene, moderate staff assistance with eating, and oral hygiene. The MDS documented the resident expected to be discharged to the community.

R54's "Activity of Daily Living (ADL) Care Area Assessment" (CAA), dated 04/09/25, documented the resident was a new admit to the facility and was admitted to the hospital after a fall at an assisted living facility and was on the floor at the assisted living for a day before admitted to

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the hospital. The CAA documented the resident requires staff assistance to complete her ADLs due to weakness and had a diagnosis of COVID-19.

R54's "Care Plan" dated 03/21/25, documented the resident had a decline in endurance due to a recent diagnosis of COVID-19 (highly contagious respiratory virus). The care plan documented staff would assist the resident with turning and repositioning at least every two hours, more often as needed, or requested to prevent skin breakdown.

The "Nurse's Note," dated 04/10/25 at 09:46 AM, documented R54 was discharged from the facility to a skilled nursing facility out of town.

Review of the resident's "Medical Record" lacked a discharge summary, which included a recapitulation of the resident's stay.

On 06/26/25 at 10:00 AM, Administrative Nurse D verified the resident's medical record lacked a discharge summary with a recapitulation of the resident's stay.

The facility's "Transfer/Discharge Notice policy, dated 09/13/21, documented the facility would provide and document sufficient preparation and orientation to residents to ensure safe and orderly transfer and discharge from the community. The orientation would be provided in a form and manner that the residents can understand. The policy documented upon transfer/discharge from the facility community, the "Notice of Discharge Transfer" from a nursing community form would be completed by the designated community personnel. A copy would be kept in the chart, and

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F 628	Continued From page 14 a copy given or sent to the resident or responsible party. The staff would document in the medical record transfer/discharge notification in the interdisciplinary notes.	F 628		
F 757 SS=D	Drug Regimen is Free from Unnecessary Drugs CFR(s): 483.45(d)(1)-(6) §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- §483.45(d)(1) In excessive dose (including duplicate drug therapy); or §483.45(d)(2) For excessive duration; or §483.45(d)(3) Without adequate monitoring; or §483.45(d)(4) Without adequate indications for its use; or §483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or §483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. This REQUIREMENT is not met as evidenced by: The facility had a census of 56 residents. The sample included 15 residents, with six reviewed for unnecessary medications. Based on observation, record review, and interview, the facility failed to monitor physician-ordered blood pressures for one resident, Resident (R) 19, which placed the resident at risk for adverse	F 757		

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effects related to medication and physical decline.

Findings included:

- The Electronic Medical Record (EMR) for R19 documented diagnoses of hypertensive chronic kidney disease (a long-term condition characterized by the gradual and progressive loss of kidney function over time) stage four, dementia (a progressive mental disorder characterized by failing memory and confusion), chronic obstructive pulmonary disease (COPD - a progressive and irreversible condition characterized by diminished lung capacity and difficulty or discomfort in breathing), and atrial fibrillation (rapid, irregular heartbeat).

The "Quarterly Minimum Data Set" (MDS), dated 04/16/25, documented R19 had moderately impaired cognition. R19 required partial staff assistance for toileting hygiene, transfers, ambulation, and dressing. R19 received antipsychotic (a class of medication used to treat major mental conditions that cause a break from reality), antidepressant (a class of medication used to treat mood disorders), diuretic (a medication to promote the formation and secretion of urine), and opioid (a class of controlled drugs used to treat pain) medications daily.

R19's "Care Plan," dated 05/08/25, initiated on 09/03/24, documented R19 received medications with a Black Box Warning (BBW - the highest safety-related warning that medications can have assigned by the Food and Drug Administration). The care plan directed staff to monitor R19's pulse (a rhythmical throbbing of the arteries as blood is propelled through them, typically as felt in

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the wrists or neck) and blood pressure (the amount of force your blood uses to get through your arteries).

The "Physician's Order," dated 03/26/25, directed staff to administer metoprolol (an antihypertensive medication), 25 milligrams (mg), by mouth, twice per day. Call the physician if Systolic Blood Pressure (SBP - the top number, the force your heart exerts on the walls of your arteries each time it beats) was less than 90 millimeters of mercury (mmHg).

The "Blood Pressure Record" for May 2025 documented 55 out of 62 opportunities; R19's blood pressure was not obtained as ordered by the physician.

The "Blood Pressure Record" for June 2025 documented 38 out of 50 opportunities; R19's blood pressure was not obtained as ordered by the physician.

On 06/25/25 at 07:50 AM, Certified Medication Aide (CMA) T administered R19's medications without issue. CMA T stated R19's blood pressure had been obtained by Licensed Nurse (LN) G, and it was within the parameters.

On 06/26/25 at 10:30 AM, LN G stated she would obtain the blood pressure first thing in the morning and would document the information into the computer later in the day. LN G verified that there were days when blood pressures for R19 were not documented in the computer, so she was not sure if the blood pressure was taken.

On 06/26/25 at 08:15 AM, Administrative Nurse D stated staff were supposed to obtain the blood

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F 757	Continued From page 17 pressure twice per day. Administrative Nurse D stated she would fix the order in the Medication Administration Record (MAR) to have a space for staff to enter the blood pressure reading before medication administration. The facility's "Medication Administration" policy, dated 03/15/22, documented, medications are administered as prescribed by good nursing principles and practices and only by a person legally authorized to do so. It was the responsibility of the nursing professional to be aware of the clinical rationale for the medication, classification, action, correct dosage, and side effects of medication before administration and to monitor to determine if there is progress toward goals and/or emergence of adverse consequences. A primary care provider (PCP) order that included dosage route, frequency, duration, and other required considerations was required for the administration of medication.	F 757		
F 761 SS=E	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized	F 761		

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personnel to have access to the keys.

§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.
This REQUIREMENT is not met as evidenced by:
The facility had a census of 56 residents. The sample included 14 residents. Based on observation, interview, and record review, the facility failed to label Resident (R)158 and R37s' insulin (a hormone that lowers the level of glucose in the blood) flex pens when initially opened for use and when expired. This deficient practice placed the affected residents at risk for ineffective medications.

Findings included:

- On 06/24/25 at 08:05 AM, observation of R158's medication cabinet located on the wall in his room revealed R158's Tresiba (long-acting insulin) flex pen was not labeled with an opened date or an expired date.

On 06/24/25 at 08:15 AM, License Nurse H verified that the nurses should label and date the insulin flex pens with the date opened.

On 6/26/25 at 10:00 AM, Administrative Nurse D verified that the nurse should label and date the insulin flex pens with the date opened.

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Medlineplus.gov directs that open, unrefrigerated Tresiba can be used within 56 days; after that time, they must be discarded.

The facility's "Medication Storage" policy, dated 02/03/25, documented medications and biologicals are stored safely, securely, and properly following the manufacturer's recommendations or those of the supplier. Medications are accessible only to licensed nurses, pharmacy personnel, or staff members lawfully authorized to administer medications. Medications are labeled for individual residents and stored separately from floor stock medications when not in the medication cart.
- On 06/24/25 at 08:00 AM, observation in R37's room medication cabinet, one - On 06/24/25 at 08:00 AM, observation in R37's room medication cabinet, one Insulin Glargine (long-acting) insulin pen lacked an open and discard date.

On 06/24/25 at 08:05 AM, Licensed Nurse (LN) G verified the above findings and stated staff should place an open date on insulin pens when they open a new one.

On 06/26/25 at 12:30 PM, Administrative Nurse D stated she expected staff to place an open date on an insulin pen when they open a new one.

The facility's "Medication Storage" policy, reviewed 02/3/25, documented that medications and biologicals are stored safely, securely, and properly following manufacturers' recommendations or those of the supplier. Medications are accessible only to licensed nurses, pharmacy personnel, or staff members lawfully authorized to administer medications. Medications are labeled for individual residents

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F 761	Continued From page 20 and stored separately from floor stock medications when not in the medication cart.	F 761		
F 812 SS=F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: The facility had a census of 56 residents. The sample included 15 residents. Based on observation, record review, and interview, the facility failed to store, prepare, distribute, and serve food under sanitary conditions for the 56 residents in the facility, who receive their food from the kitchen. This deficient practice placed the residents at risk for foodborne illness. Findings included: - On 06/24/25 at 07:45 AM, during the initial tour	F 812		

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of the kitchen, the handles and door surfaces of the four-door refrigerator were sticky and had dried food substances on them. The ceiling tile above the food preparation table had dried, red in color, food splatter.

On 06/25/25 at 10:15 AM, the char broiler (a type of cooking appliance, typically used in commercial kitchens, that uses dry heat to cook food over a grill or grate) had blackish greasy buildup and dried food stuck to the grill. Dietary BB stated they did not use the char broiler but used the outside grill. The knobs of the char broiler were greasy and had food substances dried on them. Further observation revealed the small microwave had food splatter inside of it and an old dried-up hot dog on a plate. The large microwave also had a lot of food spatter and food debris inside it. The outside of the fryer had a significant amount of grease down the front of it and onto the floor, and the grease in the fryer was black in color. In the corner of the kitchen by the oven sat a five-gallon bucket with old grease, reddish orange in color, and no lid. The window behind the trash can had a greasy splatter halfway down the window. The flour, sugar, oatmeal, and cornmeal bins had trash and food debris behind and underneath them.

On 06/25/25 at 10:30 AM, Dietary BB stated the kitchen was cleaned every shift and verified the above findings.

The facility's "Sanitation & Infection Control" policy, dated 01/24, documented that the director of Dining Services had the responsibility to develop and maintain clean, sanitary work areas, storage areas, and equipment for the handling of supplies by state and local health department

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F 812	Continued From page 22 standards. The Director of Dining Services would prepare written standards and work procedures for daily operations. Procedures for the preparation and serving of food to minimize contamination by microorganisms or by chemicals that may result in food poisoning.	F 812		
F 880 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	F 880		

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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
(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 56 residents. The sample included 15 residents. Based on observation, interview, and record review, the

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facility failed to ensure staff used Enhanced Barrier Precautions (EBP) when providing care with close contact to residents with an open wound or an indwelling device. This deficient practice placed all residents at risk for infection.

Findings included:

- Resident (R) 40's "Electronic Medical Record" documented diagnoses of Parkinson's Disease (slowly progressive neurologic disorder characterized by resting tremor, rolling of the fingers, masklike faces, shuffling gait, muscle rigidity and weakness), diabetes mellitus (DM-when the body cannot use glucose, not enough insulin made or the body cannot respond to the insulin), and obesity (excessive body fat).

The "Admission Minimum Data Set" (MDS), dated 06/04/25, documented a Brief Interview for Mental Status (BIMS) score of 13, indicating intact cognition. The MDS documented R40 required moderate staff assistance for toileting, dressing, and mobility. R40 had no skin issues.

The "Pressure Ulcer Care Area Assessment" (CAA), dated 06/04/25, documented R40 had shearing (the separation of skin layers caused by friction or trauma) to his bottom and an open area to his right lower leg.

The "Skin Care Plan," dated 05/29/25, documented R40 had an actual impairment to his skin integrity of the bottom related to shearing to bottom. The care plan updates initiated 06/01/2025 directed staff to remove the old dressing, cleanse the area to the left buttock with wound cleanser, and pat dry. Apply Aquacel Ag, cover with a foam dressing, change every three

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days, and as needed (PRN). Provide a pressure-relieving cushion to protect the skin while up in a chair, pressure relieving mattress to protect the skin while in bed, and Prostat (ready-to-drink concentrated liquid protein) daily for wound healing, 30 cubic centimeters (cc) daily.

Resident (R) 40 was admitted to the facility on 05/29/25 with an area of shearing to his left buttock, which measured 3.58 centimeters (cm) by 3.27 cm. The treatment included cleansing the left buttock area with wound cleanser and patting dry, applying Aquacel Ag (hydrofiber dressing with ionic silver to manage and prevent wound infections), cover with a foam dressing, and change every three days and as needed (PRN).

The "Skin/Wound Assessment Note," dated 06/20/25, documented R40 continued with areas to his left buttocks with slight serosanguineous (thin watery fluid that is a mix of serous fluid and blood) drainage.

On 06/24/25 at 03:50 PM, observation revealed R40 in his recliner. Licensed Nurse (LN) J brought wound dressing supplies to his room, washed his hands, and gloved. LN J and Certified Nurse Aide (CNA) M did not don a gown for EBP precautions. LN J and CNA M assisted R40 to stand with a gait belt and walker, and they toileted him. After providing incontinent care, they assisted him to bed. LN J cleansed the open wound approximately 1 cm by 0.3 cm on his left buttock. LN J applied a 1 x 1 inch square of Aquacel AG dressing to the open area, then a large foam Aquacel dressing to cover both buttocks.

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On 06/25/25 at 10:39 AM, CNA M and CNA N assisted R40 to the toilet without first donning EBP gowns. LN I came in to change the buttocks dressing without an EBP gown and left to get gowns. Administrative Nurse D came back with her and stated that since the resident had reported the issue on his buttocks to be a skin tear from a scratch, she did not feel that it met the criteria for EBP.

On 06/25/25 at 12:39 PM, CNA N and CMA S attempted to assist 40 from his recliner to his wheelchair without wearing EBP gowns. When he was unable to stand well, they placed him back in the recliner. A 1 x 2-inch sign on his door frame stated EBP, and there was a small cart just outside his room with EBP supplies. Staff did not wear EBP for the transfers.

On 06/25/25 at 10:10 AM, Administrative Nurse D verified that staff should don an EBP gown and gloves for wound care of an open wound.

The facility's "Infection Control" policy, dated 02/03/2025, stated Enhanced Barrier Precautions (EBP) would be used in conjunction with standard precautions and expand the use of PPE to include donning of gown and gloves during high contact resident care activities that provide opportunities for transfer of infections to staff hands or clothing. EBP was indicated for residents with wounds or indwelling medical devices, even if not known to be infected. Wounds generally included chronic wounds (not skin breaks or tears covered by a Band-Aid or similar dressing.
- R159's Electronic Medical Record (EMR) recorded diagnoses of hypertension (HTN-elevated blood pressure), urinary tract infection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175300	A. BUILDING _____ B. WING _____	06/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SALINA PRESBYTERIAN MANOR	2601 E CRAWFORD STREET SALINA, KS 67401

(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) COMPLETION DATE
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(UTI- an infection in any part of the urinary system), and gout (inflammation of the joints).

R159's EMR documented, the resident was admitted to the facility on 06/13/25

R159's "Care Plan" dated 06/20/25, documented the resident had an indwelling urinary catheter (a flexible tube inserted through a narrow opening into a body cavity, particularly the bladder, for removing fluid).

R159's EMR lacked a "Physician Order" for the Foley catheter.

On 06/24/25 at 12:00 PM, observation revealed R159 at the dining room table in a wheelchair, continued observation revealed R159 had capri pants on with a urinary drainage leg bag secured to her right calf, half full of yellow urine. Observation revealed eight residents in the dining room and three staff members with residents, staff, and visitors walking down the Grand Central Station Hall open to the dining room.

On 06/24/25 at 12:40 PM, observation revealed two physical therapy staff assisting the resident from the bed to the wheelchair. Continued observation revealed that therapy did not don gloves or a gown during the resident transfer.

On 06/25/25 at 09:00 AM, Administrative Nurse D verified the staff should wear Personal Protective Equipment (PPE) for Enhanced Barrier Protection (EBP) when providing cares for R16. They verified they had the PPE equipment outside of the resident's room but lacked a sign to designate who should wear PPE and when. Administrative Nurse D verified they would go and

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	175300	A. BUILDING _____ B. WING _____	06/26/2025

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F 880	Continued From page 28	F 880		

do some education with the staff in regard to the EBP and wearing PPE for the resident's care. Administrative Nurse D verified she would post the necessary signage in the resident's room regarding the use of the PPE for a resident on EBP.

The facility's "Infection Control" policy, dated 05/15/24, documented the facility would facilitate safe care of all residents and staff with gown or suspected communicable disease by establishing and maintaining 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. The Infection Preventionist, Director of Nursing, is responsible for overseeing the Infection Control program, including but not limited to surveillance of infections and tracking and trending infections in the community. The facility will have Enhanced Barrier Precautions (EBP), which refers to an infection control intervention designed to reduce transmission of multi-resistant organisms that employs targeted gown and gloves used during high contact resident care activities. EBP are used in conjunction with standard precautions and expand the use of PPE to include donning of gowns and gloves during high contact resident care activities that provide an opportunity for transfer of MDROs to staff hands and clothing. EBP was indicated for residents with any of the following:
Infection or colonized with a CDC-targeted MDRO, and Contact Precautions do not otherwise apply; or wounds and/or indwelling medical devices, even if the resident is not known to be infected or colonized with an MDRO. Indwelling medical device examples include

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F 880	Continued From page 29 central lines, urinary catheters, and feeding tubes. Enhanced Barrier Precautions include gloves and gowns to be worn when entering the room, and to wash hands with antimicrobial soap or alcohol-based gel before entering and after leaving the room. Trash and linens will be double bagged at the resident's door, and linens will be double bagged into a color-coded bag. The person on the outside of the door must wear a gown, gloves, and a mask.	F 880		