STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175300	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SALINA PRESBYTERIAN MANOR	2601 E CRAWFORD STREET , SALINA, Kansas, 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
F0000	INITIAL COMMENTS The following citations represent the findings of complaint investigation(s) 1571413 and 2563388. The 2567 was sent electronically on 08/25/25.	F0000		
F0726 SS = F	Competent Nursing Staff CFR(s): 483.35(a)(3)(4)(d) §483.35 Nursing Services The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.71. §483.35(a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. §483.35(a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident's needs. §483.35(d) Proficiency of nurse aides. The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.	F0726	"Past Noncompliance - no plan of correction required"	

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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F0726 SS = F	Continued from page 1 This REQUIREMENT is NOT MET as evidenced by: The facility identified a census of 53 residents. Based on record review and interview, the facility failed to ensure nursing staff possessed current licensure as required. This deficient practice placed all the residents in the facility at risk for not attaining or maintaining the highest practicable physical, mental, and psychosocial well-being. Findings included: - The “Kansas Nurse Aide Registry,” printed on 08/11/25, documented Certified Medication Aide (CMA) R license expired on 06/01/25 and CMA S license expired on 06/01/25. The “Facility’s Working Schedule” for the month of June 2025 documented CMA R worked six days in the facility and passed medications to residents after CMA R’s license had expired. CMA R was suspended and taken off the schedule until her license was reinstated. The “Facility’s Working Schedule” for the month of June 2025 documented CMA S worked two days in the facility and passed medications to residents after CMA S’s license had expired. CMA S was suspended and taken off the schedule until her license was reinstated. On 08/11/25 at 10:00 AM, Human Resources Staff V stated she was responsible for sending out the dates of the nursing staff’s license expiration to Administrative Nurse D, and they were both responsible for reviewing the license expirations to ensure staff were notified in plenty of time to renew their licensure. Human Resources Staff V stated this time, CMA R and CMA S fell through the cracks, and neither she nor Administrative Nurse D had caught the license expirations for CMA R and CMA S. On 08/11/25 at 10:15 AM, Administrative Nurse D stated they had devised and new procedure for monitoring staff licensure. All staff licensure expiration dates were placed on a spreadsheet, and Human Resources Staff V, the facility scheduler, and Administrative Nurse D would meet every Tuesday to go over staff licensure expiration dates, and staff would be notified of their licensure expiration date two months before the expiration and then weekly thereafter. If staff did not renew their license, they would be taken off the schedule until their license was renewed. Administrative Nurse D stated she expected all nursing staff to have current licensure to take care of	F0726		

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F0726 SS = F	Continued from page 2 residents in the facility. The facility's "Nursing Facility Nursing Service Policy," revised 05/02/19, documented the goal of nursing service is to provide each resident admitted to the health care center with the appropriate level of care to attain his/her optimum level of functioning. Nursing service is staffed, organized, and equipped to provide nursing care on a 24-hour-a-day basis. The health care center is licensed and certified in accordance with state and federal regulations governing long-term care. The facility identified the above deficient practices and implemented immediate corrective actions, which were all completed on 06/25/25 and included: CMA R and CMA S were suspended upon discovery of the expired certification. The facility implemented a tracking spreadsheet to alert administration staff when certifications were set to expire.	F0726		
F0835 SS = F	Administration CFR(s): 483.70 §483.70 Administration. A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is NOT MET as evidenced by: The facility identified a census of 53 residents. Based on record review and interview, the facility failed to ensure adequate administrative oversight when the facility failed to monitor and ensure all nursing staff practicing in the facility maintained active licenses as required to provide the residents residing in the facility with the care they needed to attain or maintain the highest practicable physical, mental, and psychosocial well-being. This deficient practice placed the residents residing in the facility at risk for a lack of quality nursing care. Findings included: - The "Kansas Nurse Aide Registry," printed on 08/11/25, documented Certified Medication Aide (CMA) R license expired on 06/01/25 and CMA S license expired on 06/01/25.	F0835	"Past Noncompliance - no plan of correction required"	

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F0835 SS = F	Continued from page 3 The “Facility’s Working Schedule” for the month of June 2025 documented CMA R worked six days in the facility and passed medications to residents after CMA R’s license had expired. CMA R was suspended and taken off the schedule until her license was reinstated. The “Facility’s Working Schedule” for the month of June 2025 documented CMA S worked two days in the facility and passed medications to residents after CMA S’s license had expired. CMA S was suspended and taken off the schedule until her license was reinstated. On 08/11/25 at 10:00 AM, Human Resources Staff V stated she was responsible for sending out the nursing staff’s dates of licensure expiration to Administrative Nurse D, and they were both responsible for reviewing the licensure expirations to ensure staff were notified in plenty of time to renew their licensure. Human Resources Staff V stated this time, CMA R and CMA S fell through the cracks, and neither she nor Administrative Nurse D had caught the license expirations for CMA R and CMA S. On 08/11/25 at 10:15 AM, Administrative Nurse D stated they had devised and new procedure for monitoring staff licensure. All staff licensure expiration dates were placed on a spreadsheet, and Human Resources Staff V, the facility scheduler, and Administrative Nurse D would meet every Tuesday to go over staff licensure expiration dates, and staff would be notified of their licensure expiration date two months before the expiration and then weekly thereafter. If staff did not renew their license, they would be taken off the schedule until their license was renewed. Administrative Nurse D stated she expected all nursing staff to have current licensure to take care of residents in the facility. The facility’s “Nursing Facility Nursing Service Policy,” revised 05/02/19, documented the goal of nursing service is to provide each resident admitted to the health care center with the appropriate level of care to attain his/her optimum level of functioning. Nursing service is staffed, organized, and equipped to provide nursing care on a 24-hour-a-day basis. The health care center is licensed and certified in accordance with state and federal regulations governing long-term care. The facility identified the above deficient practices and implemented immediate corrective actions, which were all completed on 06/25/25 and included: CMA R and CMA S were suspended upon discovery of the expired certification. The facility implemented a tracking	F0835		

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F0835 SS = F	Continued from page 4 spreadsheet to alert administration staff when certifications were set to expire.	F0835		