STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175306	A. BUILDING _____ B. WING _____	09/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR OF THE PLAINS	200 CAMPUS DRIVE DODGE CITY, KS 67801

(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 Health Resurvey OX3Q11 and complaint KS00182213 and KS00179368. This 2567 was electronically sent to the facility on 09/27/23.	F 000		
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and	F 755		

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

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175306	A. BUILDING _____ B. WING _____	09/20/2023

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F 755	Continued From page 1	F 755		

§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.
This REQUIREMENT is not met as evidenced by:
The facility census totaled 29 residents with 12 included in the sample with five reviewed for medications. Based on observation, interview, and record review, the facility failed to follow the physician orders directing the nursing staff to notify the physician for blood sugars (BS) below 70 and above 350, for Resident (R)24.

Findings included:

- R24's signed physician orders dated 07/31/23, revealed the following diagnoses: diabetes mellitus (when the body cannot use glucose, not enough insulin is made or the body cannot respond to the insulin) and chronic kidney disease (inability of the kidneys to excrete wastes, concentrate urine and conserve electrolytes).

The "Admission Minimum Data Set" (MDS) dated 05/23/23 revealed a "Brief Interview for Mental Status" (BIMS) score of seven, indicating severe cognitive impairment. The resident received insulin during the 7-day observation period.

The "Quarterly MDS" dated 07/18/23 revealed a BIMS of four, indicating severe cognitive impairment. The resident received insulin during the observation period.

Review of the care plan dated 05/23/23, revealed R24 had the potential for hypo/hyper glycemia (low or high blood sugar) due to diabetes. Staff were to observe for any signs/symptoms of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175306	A. BUILDING _____ B. WING _____	09/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR OF THE PLAINS	200 CAMPUS DRIVE DODGE CITY, KS 67801

(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 755	Continued From page 2	F 755		

hypo/hyper glycemia such as altered level of consciousness, confusion, dry mouth, excessive sweating, irritability, thirst, hunger, sweet odor on breath, headache, nausea, vomiting, etc. Notify the physician as needed (PRN). Administer the insulin per the physician's order. R24 frequently fluctuated to extreme blood sugar values and experienced changes in alertness when blood sugar was high or low. Staff were to check the resident's blood sugar as ordered and notify the physician per orders.

Review of the "Physician Order" dated 07/31/23, revealed an order for Accuchecks (a way of testing blood sugar) four times a day, fasting, and post prandial (after meal). If R24's fasting BS in the morning was less than 100, the Licensed Nurse (LN) was to notify the physician. For all other accuchecks, staff was to notify the physician of BS less than 70 and more than 350.

Review of the Medication Administration Record from 08/01/23 thru 09/19/23, revealed 200 opportunities for blood sugars. Of those 200 blood sugars taken, 54 of those results were above the ordered parameters of 350. Of those 54 blood sugars, 38 were not reported to the physician, as ordered. The blood sugars that were reported were faxed to the physician office and not called to the physician.

Observation on 09/18/23 at 10:00 AM revealed the resident sat in her room watching out the window. The resident was able to carry on short conversations and answered questions with not always appropriate questions.

Observation on 09/19/23 at 3:00 PM revealed the resident lying in bed resting with eyes closed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175306	A. BUILDING _____ B. WING _____	09/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR OF THE PLAINS	200 CAMPUS DRIVE DODGE CITY, KS 67801

(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 755	Continued From page 3 On 09/20/23 at 11:00 AM, Certified Nursing Assistant (CNA) N reported the resident would come out early to the dining room to eat and go back to her room. The resident was cooperative with her care. During an interview on 09/20/23 at 11:30 AM, Licensed Nurse G reported she just sent a fax to the physician about the resident's blood sugars. Sometimes he would answer and most times he did not. Staff had a sliding scale the physician ordered, but the blood sugars had not changed that much even with the sliding scale. On 09/20/23 at 10:40 AM, Administrative Nurse D reported she would expect the nurses to be calling the physician when the blood sugars got high and out of the physician ordered parameters. Review of the facility's policy for "Notification of Parameters- Primary Care Providers" dated 10/13/21, revealed notification of primary care physicians in a timely, efficient, and effective manner can be accomplished when the facility had developed a specific system which is consistently followed by licensed nursing staff. Licensed nurses have the responsibility of contacting a physician any time a resident has developed a clinical problem requiring physician intervention. The facility failed to follow the physician orders directing the nursing staff to notify the physician for blood sugars (BS) below 70 and above 350.	F 755		
F 756 SS=D	Drug Regimen Review, Report Irregular, Act On CFR(s): 483.45(c)(1)(2)(4)(5)	F 756		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175306	A. BUILDING _____ B. WING _____	09/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR OF THE PLAINS	200 CAMPUS DRIVE DODGE CITY, KS 67801

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F 756	Continued From page 4 §483.45(c) Drug Regimen Review. §483.45(c)(1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. §483.45(c)(2) This review must include a review of the resident's medical chart. §483.45(c)(4) The pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon. (i) Irregularities include, but are not limited to, any drug that meets the criteria set forth in paragraph (d) of this section for an unnecessary drug. (ii) Any irregularities noted by the pharmacist during this review must be documented on a separate, written report that is sent to the attending physician and the facility's medical director and director of nursing and lists, at a minimum, the resident's name, the relevant drug, and the irregularity the pharmacist identified. (iii) The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record. §483.45(c)(5) The facility must develop and maintain policies and procedures for the monthly drug regimen review that include, but are not limited to, time frames for the different steps in the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident. This REQUIREMENT is not met as evidenced by:	F 756		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175306	A. BUILDING _____ B. WING _____	09/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR OF THE PLAINS	200 CAMPUS DRIVE DODGE CITY, KS 67801

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F 756	Continued From page 5	F 756		

The facility reported a census of 29 residents with 12 residents included in the sample, that included five residents reviewed for unnecessary medications. Based on observation, interview, and record review, the facility failed to ensure the Consulting Pharmacist identified and reported blood sugars out of parameters ordered by the physician for Resident (R)24, and the lack of an end date for as needed (PRN) psychotropic medications administered past the 14-day regulatory requirement for R1.

Findings included:

- R24's signed physician orders dated 07/31/23, revealed the following diagnoses: diabetes mellitus (when the body cannot use glucose, not enough insulin is made or the body cannot respond to the insulin) and chronic kidney disease (inability of the kidneys to excrete wastes, concentrate urine and conserve electrolytes).

The "Admission Minimum Data Set" (MDS) dated 05/23/23 revealed a "Brief Interview for Mental Status" (BIMS) score of seven, indicating severe cognitive impairment. The resident received insulin during the 7-day observation period.

The "Quarterly MDS" dated 07/18/23 revealed a BIMS of four, indicating severe cognitive impairment. The resident received insulin during the observation period.

Review of the care plan dated 05/23/23, revealed R24 had the potential for hypo/hyper glycemia (low or high blood sugar) due to diabetes. Staff were to observe for any signs/symptoms of hypo/hyper glycemia such as altered level of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175306	A. BUILDING _____ B. WING _____	09/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR OF THE PLAINS	200 CAMPUS DRIVE DODGE CITY, KS 67801

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F 756	Continued From page 6	F 756		

consciousness, confusion, dry mouth, excessive sweating, irritability, thirst, hunger, sweet odor on breath, headache, nausea, vomiting, etc. Notify the physician as needed (PRN). Administer the insulin per the physician's order. R24 frequently fluctuated to extreme blood sugar values and experienced changes in alertness when blood sugar was high or low. Staff were to check the resident's blood sugar as ordered and notify the physician per orders.

Review of the "Physician Order" dated 07/31/23, revealed an order for Accuchecks (a way of testing blood sugar) four times a day, fasting, and post prandial (after meal). If R24's fasting BS in the morning was less than 100, the Licensed Nurse (LN) was to notify the physician. For all other Accuchecks, staff was to notify the physician of BS less than 70 and more than 350.

Review of the Medication Administration Record from 05/01/23 through 08/06/23 revealed 424 opportunities for Accuchecks. Of those 424 opportunities 57 readings were above the 350 parameter ordered by the physician.

Review of the Consulting Pharmacist Monthly Medication Review revealed:

On 05/04/23- No recommendations.

On 06/02/23- No recommendations.

On 07/03/23- No recommendations.

On 08/06/23- No recommendations.

The Pharmacist failed to identify the blood sugars being out of the parameters ordered by the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175306	A. BUILDING _____ B. WING _____	09/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR OF THE PLAINS	200 CAMPUS DRIVE DODGE CITY, KS 67801

(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 756	Continued From page 7	F 756		

physician.

Observation on 09/18/23 at 10:00 AM revealed the resident sat in her room watching out the window. She had two bird feeders and a corn feeder for the squirrel. The resident was able to carry on short conversations and answered questions with not always appropriate questions.

On 09/20/23 at 10:40 AM Administrative Nurse D reported the pharmacist should be noting the blood sugars on his monthly report when he reviewed the resident's medication record. She reviewed the reports every month and the resident blood sugars were not mentioned on any of the reports.

On 09/21/23 attempts made to contact the Consulting Pharmacist and unable to get a response.

The facility failed to provide a policy regarding the consulting pharmacist.

The facility failed to ensure the Consulting pharmacist identified and reported blood sugars out of parameters ordered by the physician.

- Resident R1's signed physician orders dated 03/14/23 revealed the following diagnoses: chronic obstructive pulmonary disease- COPD (progressive and irreversible condition characterized by diminished lung capacity and difficulty or discomfort in breathing), anxiety (mental or emotional reaction characterized by apprehension, uncertainty, and irrational fear), hypertension (elevated blood pressure), and chronic pulmonary edema (accumulation of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175306	A. BUILDING _____ B. WING _____	09/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR OF THE PLAINS	200 CAMPUS DRIVE DODGE CITY, KS 67801

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F 756	Continued From page 8	F 756		

extravascular fluid in the lung tissues).

The "Admission Minimum Data Set" (MDS) dated 03/21/23 revealed a "Brief Interview for Mental Status" (BIMS) score of 11, indicating moderate cognitive impairment. The resident required limited assistance with all daily cares. R1 received pain medication on schedule and on an as needed (PRN) basis. The resident had shortness of air and received oxygen (O2) therapy. Medications included antipsychotic, antianxiety, antidepressant, medications seven days of the 7-day observation period.

The "Quarterly MDS" dated 06/20/23 revealed no changes in cognition, ADL's and added a hypnotic and diuretic medication to the daily medication regimen.

The " Psychotropic drug use Care Area Assessment" (CAA) dated 03/21/23 revealed the resident received scheduled administration of antipsychotic medication, scheduled administration of antidepressant medication and PRN use of anxiolytics (anxiety medications). A license nurse should monitor for signs and symptoms of adverse effects of psychotropic medications. A pharmacist would review medications monthly and the physician would review medications with each visit and more often if needed.

Review of the "Care Plan" dated 06/21/23, revealed the resident had a history of depression and had the potential for anxiety. R1 received Ativan 0.5 milligrams (mg), (anti-anxiety medication) every six hours, as needed for anxiety. Monitor for side effects. When the resident was anxious, staff to encourage R1 to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175306	A. BUILDING _____ B. WING _____	09/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR OF THE PLAINS	200 CAMPUS DRIVE DODGE CITY, KS 67801

(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 756	Continued From page 9	F 756		

focus on her breathing, because when she would experience being anxious, she became short of breath.

Review of the physician orders dated 03/23/23, revealed an order for Ativan 0.5 mg, every six hours PRN. The order lacked a 14 day stop date.

Review of the Medication Administration Record revealed the resident received the medication almost daily.

Review of the Consulting Pharmacist Medication Regimen review revealed:

1. On 04/02/23, the consulting pharmacist documented the facility needed a 14-day end date for Ativan 0.5 mg PO PRN. No response from the physician and resident continues with order ongoing.

2. On 05/04/23, the consulting pharmacist documented the facility needed a 14-day end date for clonidine HCL ordered PRN Ativan 0.5 mg PO PRN- No response from physician and resident continues with order ongoing.

No further recommendation documented for the Ativan and the 14- day stop date.

Observation on 09/19/23 at 10:10 AM revealed the resident sat in her recliner. The resident visited to a staff person with no visible signs of distress or problems breathing.

On 09/19/23 at 1:30 PM, Certified Nursing Assistant (CNA) M reported the resident required extensive assistance with cares. She required the use of O2 continuous, or she would get anxious if

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175306	A. BUILDING _____ B. WING _____	09/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR OF THE PLAINS	200 CAMPUS DRIVE DODGE CITY, KS 67801

(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 756	Continued From page 10	F 756		

she thought she could not breath.

On 09/20/23 at 11:00 AM, CNA N reported the resident spent much time in her room. She did go to the dining room (DR) for meals and exercise class before the noon meal but that was about all. She had to always have her O2 with her and would become anxious if she felt she could not get her breath. CNA N would report that to the nurse, and she would give her something to calm down.

On 09/20/23 at 11:10 AM, Licensed Nurse G reported the resident requested her Ativan a lot if she was "winded". She would want an Ativan when she walked from the dining room to her room.

On 09/20 23 at 11:28 AM, Administrative Nurse D reported the medical records staff member kept a book of all medications requiring an extension when the medication had an automatic end date, such as the Ativan that should have a 14 day stop date. She sent the form to the physician by fax to have him sign to extend the order another 14 days. But when Administrative Nurse D checked the book, she reported there was no sheet to update the resident's Ativan. The medication had no 14-day stop date with resident receiving it daily. She reported the medical records staff missed it because they were questioning the order, then forgot to send the form to the physician.

On 09/21/23 attempts made to contact the Consulting Pharmacist and unable to get a response.

The facility failed to provide a policy regarding the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175306	A. BUILDING _____ B. WING _____	09/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR OF THE PLAINS	200 CAMPUS DRIVE DODGE CITY, KS 67801

(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 756	Continued From page 11 consulting pharmacist. The facility failed to ensure the Consulting Pharmacist identified and reported the lack of an end date for as needed (PRN) psychotropic medications administered past the 14-day regulatory requirement.	F 756		
F 758 SS=D	Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5) §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic Based on a comprehensive assessment of a resident, the facility must ensure that--- §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record; §483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs; §483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order	F 758		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175306	A. BUILDING _____ B. WING _____	09/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR OF THE PLAINS	200 CAMPUS DRIVE DODGE CITY, KS 67801

(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 758	Continued From page 12	F 758		

unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and

§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.

§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication.
This REQUIREMENT is not met as evidenced by:
The facility census totaled 29 residents with 12 included in the sample, that included five residents reviewed for unnecessary medications. Based on observation, interview, and record review, the facility failed to have an appropriate end date for as needed anti-anxiety medication administered past the 14-day regulatory requirements for Resident (R1).

Findings included:

- Resident R1's signed physician orders dated 03/14/23 revealed the following diagnoses: chronic obstructive pulmonary disease- COPD (progressive and irreversible condition characterized by diminished lung capacity and difficulty or discomfort in breathing), anxiety (mental or emotional reaction characterized by apprehension, uncertainty, and irrational fear),

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175306	A. BUILDING _____ B. WING _____	09/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR OF THE PLAINS	200 CAMPUS DRIVE DODGE CITY, KS 67801

(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 758	Continued From page 13	F 758		

hypertension (elevated blood pressure), and chronic pulmonary edema (accumulation of extravascular fluid in the lung tissues).

The "Admission Minimum Data Set" (MDS) dated 03/21/23, revealed a "Brief Interview for Mental Status" (BIMS) score of 11 indicating moderate cognitive impairment. The resident required limited assistance with all daily care. R1 received pain medication on schedule and on an as needed (PRN) basis. The resident had shortness of air and received oxygen (O2) therapy. Medications included antipsychotic, antianxiety, antidepressant, medications seven days of the 7-day observation period.

The "Quarterly MDS dated 06/20/23 revealed no changes in cognition or ADL's and added a hypnotic and diuretic medication to the daily medication regimen.

The "Psychotropic Drug Use Care Area Assessment" (CAA) dated 03/21/23 revealed the resident had scheduled administration of antipsychotic medication, scheduled administration of antidepressant medication, and as needed (PRN) use of anxiolytics (anxiety medications). A license nurse was to monitor for signs and symptoms of adverse effects of psychotropic medication. A pharmacist reviewed medications monthly and the physician would review medications with each visit and more often if needed.

Review of the "Care Plan" dated 06/21/23, revealed the resident had a history of depression and had the potential for anxiety. R1 received Ativan 0.5 milligrams (mg) (anti-anxiety medication) every 6 hours, as needed for anxiety.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175306	A. BUILDING _____ B. WING _____	09/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 758	Continued From page 14	F 758		

Staff were to monitor for side effects.
When the resident became anxious, staff were to encourage R1 to focus on her breathing, because when she would become anxious, she became short of breath.

Review of the physician orders dated 03/23/23, revealed an order for Ativan 0.5 mg, every six hours. The order lacked a 14-day stop date.

Review of the Medication Administration Record, from 03/23/23 -08/31/23 revealed daily use of the medication.

Observation on 09/19/23 at 10:10 AM revealed the resident sat in her recliner. The resident visited with an unidentified staff and displayed no signs of anxiety or difficulties breathing.

On 09/20/23 at 11:00 AM, Certified Nursing Assistant (CNA) N reported the resident spent much time in her room. She had to always have her O2 with her and would become anxious if she felt she could not get her breath.

On 09/20/23 at 11:10 AM, Licensed Nurse G reported the resident requested her Ativan a lot if she was "winded". She would want an Ativan when she walked from the dining room to her room.

On 09/20 23 at 11:28 AM Administrative Nurse D reported the medical records staff member kept a book of all medications requiring an extension when the medication had an automatic end date, such as the Ativan that should have had a 14 day stop date. She sent the form to the physician by fax to have him sign to extend the order another 14 days. But when Administrative Nurse D

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175306	A. BUILDING _____ B. WING _____	09/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 758	Continued From page 15 checked the book, she reported there was no sheet to update the resident's Ativan. The medication had no 14-day stop date with resident receiving it daily. She reported the medical records staff missed it because they were questioning the order then forgot to send the form to the physician. Review of the facility policy named "Psychoactive Medications" dated 07/05/22 revealed PRN psychotropic medications limited to 14-days. The prescribing physician must evaluate the resident before writing a new order for a psychotropic medication. The facility failed to have an appropriate end date for as needed anti-anxiety medication administered past the 14-day regulatory requirements for Resident (R1), which increased the risk for unnecessary psychotropic medications administered.	F 758		
F 851 SS=C	Payroll Based Journal CFR(s): 483.70(q)(1)-(5) §483.70(q) Mandatory submission of staffing information based on payroll data in a uniform format. Long-term care facilities must electronically submit to CMS complete and accurate direct care staffing information, including information for agency and contract staff, based on payroll and other verifiable and auditable data in a uniform format according to specifications established by CMS. §483.70(q)(1) Direct Care Staff. Direct Care Staff are those individuals who, through interpersonal contact with residents or	F 851		

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	175306	A. BUILDING _____ B. WING _____	09/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR OF THE PLAINS	200 CAMPUS DRIVE DODGE CITY, KS 67801

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F 851	Continued From page 16	F 851		

resident care management, provide care and services to allow residents to attain or maintain the highest practicable physical, mental, and psychosocial well-being. Direct care staff does not include individuals whose primary duty is maintaining the physical environment of the long term care facility (for example, housekeeping).

§483.70(q)(2) Submission requirements.
The facility must electronically submit to CMS complete and accurate direct care staffing information, including the following:
(i) The category of work for each person on direct care staff (including, but not limited to, whether the individual is a registered nurse, licensed practical nurse, licensed vocational nurse, certified nursing assistant, therapist, or other type of medical personnel as specified by CMS);
(ii) Resident census data; and
(iii) Information on direct care staff turnover and tenure, and on the hours of care provided by each category of staff per resident per day (including, but not limited to, start date, end date (as applicable), and hours worked for each individual).

§483.70(q)(3) Distinguishing employee from agency and contract staff.
When reporting information about direct care staff, the facility must specify whether the individual is an employee of the facility, or is engaged by the facility under contract or through an agency.

§483.70(q)(4) Data format.
The facility must submit direct care staffing information in the uniform format specified by CMS.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175306	A. BUILDING _____ B. WING _____	09/20/2023

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F 851	Continued From page 17	F 851		

§483.70(q)(5) Submission schedule.
The facility must submit direct care staffing information on the schedule specified by CMS, but no less frequently than quarterly.
This REQUIREMENT is not met as evidenced by:
The facility reported a census of 29 residents. Based on interview and record review, the facility failed to submit complete and accurate staffing information to the federal regulatory agency through Payroll Based Journaling (PBJ,) when the facility failed to submit staffing hourly data for all nursing personnel by the required deadline.

Findings included:

- Review of the fiscal year (FY)- Quarter 3, 2022 (April 1 - June 30) revealed the following concerns:

The facility failed to have Licensed Nursing Coverage 24 Hours/Day for the following dates: On 05/15/22, Sunday (SU), 05/29/22, (SU), 06/04/22, Saturday (SA),06/25/22 (SA),06/26/22, (SA).

Review of FY- Quarter 4, 2022 (July 1 - September 30):

The facility failed to have Licensed Nursing Coverage 24 Hours/Day for the following dates: On 07/10/22, (SU), 08/06/22, (SA), 08/07/22 (SU), 08/14/22, (SU), 08/21/22, (SU), 09/24/22, (SA).

Review of FY Quarter 1, 2022 (October 1 - December 31)
The facility failed to have Licensed Nursing

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175306	A. BUILDING _____ B. WING _____	09/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR OF THE PLAINS	200 CAMPUS DRIVE DODGE CITY, KS 67801

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F 851	Continued From page 18 Coverage 24 Hours/Day for the following dates: 10/08 Saturday (SA); 10/13 Thursday (TH); 10/23 Sunday (SU); 10/25 Tuesday (TU); 10/26 Wednesday (WE); 10/30 (SU) 11/05 (SA); 11/20 (SU); 11/26 (SA); 11/27 (SU) 12/11 (SU); 12/17 (SA); 12/24 (SA) Review of FY Quarter 2, 2023 (January 1 - March 31) The facility failed to have Licensed Nursing Coverage 24 Hours/Day for the following dates: 01/14 (SA), 02/05 (SU); 02/26 (SU), 03/18 (SA); 03/19 (SU). Review of the nursing schedule and clocking sheets for the above dates revealed adequate hours to account for 24-hour nursing coverage, however the review of the PBJ documented the facility lacked those entered hours. Interview on 09/19/23 at 04:20 PM, Administrative Staff A reported the facility was having the corporate office report the facility hours for the PBJ. They have realized they were not reporting the licensed nursing hours accurately. After the discovery, the facility reports their own hours and have not had any more errors reported. Review of the Electronic Staffing Data Submission Payroll-Based Journal for Long Term Care Facility dated 06/22, revealed long term care facilities must electronically submit to Centers for Medicare and Medicaid Services (CMS) complete and accurate direct care staffing information, including information for agency and contract staff, based on payroll and other verifiable and auditable date in a uniform format according to specifications established by CMS.	F 851		

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	175306	A. BUILDING _____ B. WING _____	09/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR OF THE PLAINS	200 CAMPUS DRIVE DODGE CITY, KS 67801

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F 851	Continued From page 19 The facility failed to submit complete and accurate staffing information to the federal regulatory agency through Payroll Based Journaling (PBJ) when the facility failed to submit staffing hourly data for all nursing personnel by the required deadline.	F 851		
F 880 SS=D	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 §483.70(e) 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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	175306	A. BUILDING _____ B. WING _____	09/20/2023

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F 880	Continued From page 20	F 880		

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 census totaled 29 residents with 12 included in the sample. Based on observation, interview, and record review, the facility failed to

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	175306	A. BUILDING _____ B. WING _____	09/20/2023

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F 880	Continued From page 21	F 880		

ensure a clean sanitary environment for residents of the facility by the failure to change gloves when going from dirty to clean, and the lack of hand hygiene while assisting an incontinent resident to use the toilet for Resident (R) 20.

Findings included:

- On 09/19/23 at 10:00 AM, Certified Nursing Assistant (CNA) M placed a gait belt on the resident and assisted Resident (R)20 to stand up and then assisted her to sit in the wheelchair. Staff took the resident to her bathroom and instructed the resident to grab the bar to assist with transfer to the toilet. While the resident stood, CNA M pulled her pants down and removed the soiled brief. The resident then sat on the toilet and voided. While wearing the same gloves, CNA M left the bathroom, went to the resident's closet, and retrieved a clean brief. She then proceeded to put the brief on the resident. She then removed her gloves with no hand hygiene done prior to donning clean gloves. CNA M then did peri-care on the resident using wet wipes and the clean brief and pants were pulled up in place. CNA M removed her gloves and assisted the resident out of the bathroom and out of her room. CNA M failed to clean her hands.

On 09/19/23 at 10:10 AM, CNA M acknowledged she should have changed gloves and cleaned her hands during toileting the resident.

On 09/20/23 at 01:00 PM, Administrative Nurse D reported she expected the staff to have clean gloves and to clean hands when gloves removed.

The facility's policy for "Hand Hygiene" dated 09/22, revealed staff were to wear gloves when in

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	175306	A. BUILDING _____ B. WING _____	09/20/2023

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MANOR OF THE PLAINS	200 CAMPUS DRIVE DODGE CITY, KS 67801

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F 880	Continued From page 22 contact with body fluids. Change gloves during elder care if moving from a contaminated body site to clean body site. Wash hands after removing gloves. The facility failed to ensure a clean sanitary environment for residents by the failure to change gloves when going from dirty to clean and the lack of hand hygiene while assisting an incontinent resident to use the toilet.	F 880		