STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N029005	A. BUILDING: _____ B. WING _____	04/24/2025

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) COMPLETE DATE
S 000	INITIAL COMMENTS The following citations represent the findings of the licensure resurvey for the above named facility conducted on 04/22/25, 04/23/25 and 04/24/25.	S 000		
S3201 SS=D	26-41-205 (d) (3) Facility Administration of Medication (3) A licensed nurse or medication aide shall perform the following: (A) Administer only the medication that the licensed nurse or medication aide has personally prepared; (B) identify the resident before medication is administered; (C) remain with the resident until the medication is ingested or applied; and (D) document the administration of each resident ' s medication in the resident ' s medication administration record immediately before or following completion of the task. If the medication administration record identifies only time intervals or events for the administration of medication, the licensed nurse or medication aide shall document the actual clock time the medication is administered. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-205 (d) (3) (D) The facility reported a census of 12 residents. The sample included 3 "Residents'" (R)'s 1, 2, and 3. Based on interview and record review the Administrator failed to ensure the "Licensed	S3201		

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

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S3201	Continued From page 1	S3201		

Nurse" (LN) or the "Certified Medication Aide" (CMA) documented the administration of each resident's medication in the resident's medication administration record immediately before or following completion of the task for R2.

Findings included:

- Record review for R2 revealed an admission date of 10/29/24 with diagnoses of panic disorder, chronic gastritis without bleeding, acquired absence of the right leg above the knee and chronic kidney disease.

Review of R2's "Functional Capacity Screen" (FCS) dated 10/29/24 revealed R2 required physical assistance with bathing and management of medications and medical treatments.

Review of R2's combined "Negotiated Service Agreement" (NSA)/"Health Service Plan" (HSP) dated 10/31/24 identified the facility staff would provide the following health services: Under the category titled "Health Care Services" R2 was able to keep some as needed medications at the bedside. R2 preferred "staff manage her scheduled and as needed medications."

Review of R2's "electronic Medication Administration Record" (eMAR) for the month of 04/25, it revealed the following;

On 04/22/25 Pregabalin Oral Capsule 75 "milligram" (mg) give one capsule by mouth two times a day for Radiculopathy cervical region. The record lacked documentation at "hour of

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S3201	Continued From page 2 sleep" as administered or refused. On 04/22/25 Promethazine HCl oral tablet 25 mg give one tablet by mouth three times a day for nausea. The record lacked documentation at 09:00 PM as administered or refused. On 04/22/25 Tramadol HCl oral tablet 50 mg give one tablet by mouth three times a day related to chronic pain. The record lacked documentation at 09:00 PM as administered or refused. Interview on 04/24/25 at approximately 11:30 AM with R2 and LN A, R2 reported to LN A that on the evening prior the CMA did not administer all of her medications, and R2 did not know why all medications were not administered. Interview on 04/24/25 at approximately 11:45 AM with LN A, Administrator B, and Regional Nurse C confirmed R2's "eMAR" lacked documentation for some of the medications administered by the facility on 04/22/25. The Administrator failed to ensure the LN or the CMA documented the administration of each resident's medication in the resident's medication administration record immediately before or following completion of the task for R2.	S3201		
S3261 SS=D	26-41-105 (f) (11) Resident Record Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action	S3261		

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S3261	Continued From page 3	S3261		

This REQUIREMENT is not met as evidenced by:
K.A.R. 26-41-105 (f) (11)

The facility reported a census of 12 residents. The sample included 3 "Residents'" (R)'s 1, 2, and 3. Based on interview and record review the Administrator failed to ensure the documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken and results of the action for R3.

Findings included:

- Record review for R3 revealed an admission date of 03/30/25 with diagnoses of unspecified anemia, dependence on supplemental oxygen, essential hypertension and depression.

Review of R3's "Functional Capacity Screen" (FCS) dated 03/31/25 revealed R3 was independent with bathing, dressing, toileting, transferring, walking, eating, and she required physical assistance with the management of her medications. R3 was cognitively intact, she was able to make herself understood and she understood others. R3 used a walker assistive mobility device for short distances and a wheelchair with staff assistance for long distances.

Review of R3's combined "Negotiated Service Agreement/Health Service Plan" (NSA/HSP)

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S3261	Continued From page 4 dated 03/30/25 identified the facility staff would provide the following health services; assistance with evacuation from the building and administer medications per the provider orders. Review of R3's "electronic Medical Record" under the "Progress Notes" tab revealed the following entries; On 04/02/25 at 08:48 PM a "Health Status Note" revealed R3 reported having chills and nausea. Resident did not want to be seen in the local emergency room. R3 was checked on again and R3 reported feeling better. On 04/21/25 at 06:56 PM a "Health Status Note" revealed that R3 had "readmitted" to the facility from the hospital and would have a hospice evaluation on 04/22/25. The record lacked documentation of all symptoms and other indications of illness, including the date, time of occurrence, and actions taken when R3 was hospitalized for approximately 18 days. Interview with on 04/24/25 at approximately 11:55 AM with LN A, Administrator B, and Regional Nurse C confirmed R3's record lacked the documentation of all symptoms and other indications of illness, including the date, time of occurrence, and actions taken. The Administrator failed to ensure the documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken and results of the action for R3.	S3261		

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