Kansas State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N018008	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARKANSAS CITY PRESBYTERIAN MANOR	1711 N 4TH STREET , ARKANSAS CITY, Kansas, 67005

(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
S0000	INITIAL COMMENTS The following citations represent the findings of a Health Licensure Resurvey.	S0000		
S3101 SS = D	NSA Signatures CFR(s): 26-41-202 (h) (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. This LICENSURE REQUIREMENT is NOT MET as evidenced by: KAR 26-41-202 (h) The facility reported a census of 13 residents with three residents included in the sample. Based on interview, and record review the Administrator failed to ensure the "Negotiated Service Agreement" (NSA) was signed by each individual involved in the development of the NSA for Resident (R) 1 and R3. Findings included: - Record review for R1 revealed an admission date of 06/06/24 with diagnoses of diabetes mellitus (DM-when the body cannot use glucose, not enough insulin is made, or the body cannot respond to the insulin), depression and osteoarthritis (degenerative changes to one or many joints characterized by swelling and pain) of right hip. R1's “Functional Capacity Screen” (FCS) dated 06/06/25 documented R1 required staff assistance with his medications and medical treatments. R1 required a walker for ambulation. R1's NSA dated 09/30/25 identified the facility would provide the following health services: licensed staff would follow orders of mediation management as defined on the "Medication Administration Record" (MAR), and a licensed staff member would provide all ordered medical	S3101		

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

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S3101 SS = D	Continued from page 1 treatments. The NSA was not signed by the required individuals until 11/04/25. R1's "Health Service Plan" (HSP) documented R1 required assistance with medication administration; ordering of medications; communication with pharmacy dated 06/22/2024. During an interview on 11/04/25 at 03:30 PM Director of Nursing B said she expected the signatures of each individual involved in the development of the NSA when the NSA is completed and confirmed R1's NSA was signed over a month late. The "Level of Care/Assistance Plan" the licensed nurse completing the Level of Care/Assistance Plan should sign and date the form and the level of care must be completed at admission including signature. - Record review for R3 revealed an admission date of 06/11/24 with a diagnosis of overactive bladder, and osteoarthritis (degenerative changes to one or many joints characterized by swelling and pain). R3's "Functional Capacity Screen" (FCS) dated 06/18/25 documented R3 required staff assistance with his medications and medical treatments. R3's unsigned NSA dated 06/18/25 identified the facility would provide the following health services: Staff to administer 7 – 12 medications daily; R3 will be able to maintain medication management with assistance and used a non-contracted pharmacy for medication management. R3's "Health Service Plan" (HSP) documented R3 would be able to maintain medication management with assistance dated 06/26/2024. During an interview on 11/04/25 at 03:30 PM Director of Nursing B stated she expected the signatures of everyone involved in the development of the NSA when the NSA was completed and confirmed R3's NSA was not signed. The "Level of Care/Assistance Plan" the licensed nurse completing the Level of Care/Assistance Plan should sign and date the form and the level of care must be completed at admission including signature.	S3101		
S3171 SS = D	Health Care Services Standards of Practice CFR(s): 26-41-204 (i)	S3171		

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S3171 SS = D	Continued from page 2 (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This LICENSURE REQUIREMENT is NOT MET as evidenced by: KAR 26-41-204 (i) The facility reported a census of 13 residents with three residents included in the sample. Based on observation, interview, and record review the Administrator failed to provide healthcare services for Resident (R) 1 in accordance with professional standards of practice when they failed to ensure a periodic review of R1's bed assist device to ensure R1's bed assist device posed no risk for entrapment, confirmed the device was not a restraint, included a description of the device, its purpose and special instructions on use and monitoring in R1's "Negotiated Service Agreement" (NSA), and documentation of periodic reassessments of R1's ability to use the bed assist device safely and document the findings in R1's resident record. Findings included: - Record review for R1 revealed an admission date of 06/06/24 with diagnoses of diabetes mellitus (DM-when the body cannot use glucose, not enough insulin is made, or the body cannot respond to the insulin), depression and osteoarthritis (degenerative changes to one or many joints characterized by swelling and pain) of right hip. R1's “Functional Capacity Screen” (FCS) dated 06/06/25 documented R1 required staff assistance with his medications and medical treatments. R1was independent with transfers and ambulation. R1 required a walker for ambulation. R1’s FCS lacked documentation for a bed assist device. R1's completed NSA dated 09/30/25 (signed on 11/04/25) identified the facility would provide the following health services: licensed staff would follow orders of mediation management as defined on the "Medication Administration Record" (MAR), and a licensed staff member would provide all ordered medical treatments. R1’s NSA lacked documentation for a bed assist device. R1’s “Health Service Plan” (HSP) documented R1 required assistance with medication administration; ordering of medications; communication with pharmacy dated 06/22/2024. R1’s HSP lacked documentation for a bed assist device.	S3171		

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S3171 SS = D	Continued from page 3 R1's EMR documented "Bed Rail Assessments" dated 10/19/24, 01/19/25, and 4/19/25 which all documented side rails/assist bar were not indicated or in use at that time. During an observation on 11/04/25 at 09:30 AM, a bed assist device was noted on R1's bed on the left side during initial tour. During an observation on 11/04/25 at 11:47 AM, R1 was seated in his recliner in his room. A bed assist device was noted on the left side of R1's bed. R1 reported his daughter purchased that bed assist device in October 2024 and reported he used that device to get in and out of bed. During an interview on 11/04/05 at 01:45 PM, Licensed Nurse (LN) C reported R1's bed assist device was the resident's choice and reported that it should be on his HSP. LN C confirmed it was not on R1's HSP. During an interview on 11/04/25 at 03:20 PM, Certified Medication Aide E reported that R1 had the bed assist device on his bed since sometime last year when he admitted. During an interview on 11/04/25 at 03:20 PM, LN D reported that R1's daughter purchased the bed assist device when R1 admitted October 2024 and the device had been on installed on R1's bed since he admitted. During an interview on 11/04/25 at 03:30 PM, Director of Nursing B reported she expected staff to document a bed assist device on the residents NSA, HSP and Bed Rail Assessment. She confirmed that R1's EMR lacked documentation for a bed assist device. The facility's policy "Assistive Device Used for Beds" dated 02/03/25 documented an assistive device for the bed refers to any item side rails, transfer poles, and mobility rail that is used by or in the care of a resident to promote, supplement, or enhance the resident's function and or safety in bed. Any assistive device used consistently required a licensed staff member to evaluate resident and use of device. For R1, the Administrator failed to provide healthcare services for Resident (R) 1 in accordance with professional standards of practice when they failed to ensure a periodic review of R1's bed assist device to ensure R1's bed assist device posed no risk for entrapment, confirmed the device was not a restraint, included a description of the device, its purpose and	S3171		

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S3171 SS = D	Continued from page 4 special instructions on use and monitoring in R1's "Negotiated Service Agreement" (NSA), and documentation of periodic reassessments of R1's ability to use the bed assist device safely and document the findings in R1's resident record.	S3171		
S3202 SS = E	Delegation of Medication Administration CFR(s): 26-41-205 (d) (4) (4) Any licensed nurse may delegate nursing procedures not included in the medication aide curriculum to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. This LICENSURE REQUIREMENT is NOT MET as evidenced by: KAR 26-41-205 (d) (4) The facility reported a census to 13 residents. The facility identified they managed medications for 13 residents, and two of those residents received insulin (a hormone that lowers the level of glucose in the blood). Based on interview and record review the Administrator failed to ensure a Licensed Nurse (LN) delegated the nursing procedure of checking a resident's blood sugar and setting up and dialing a resident's insulin pen to the correct ordered, which is not part of the Kansas Medication Aide curriculum, to a newly hired Certified Medication Aide (CMA) F date of hire 09/03/25. Findings included: - While reviewing newly hired employee records on 11/04/25 CMA F's record did not have evidence that a Licensed Nurse (LN) had reviewed and educated CMA F on the proper procedures for checking a resident's blood sugar or procedures for preparing and dialing a resident's insulin pen to the ordered dose. During an interview on 11/04/25 at 01:11 PM, Director of Nursing B reported she could not find nurse delegation for CMA F. LN B reported that she expected all CMA's to have completed the proper procedures for checking a resident's blood sugar or procedures for preparing and dialing a resident's insulin pen to the ordered dose. The "Medication Aide-Expanded Role in Assisted Living (Kansas Only" policy documented a licensed nurse assesses the resident's nursing needs and formulates a written plan before delegating a nursing task to a medication aide. The policy noted the nurse would	S3202		

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S3202 SS = E	Continued from page 5 orient and instruct the medication aide in the performance of the task, document in writing the medication aide's demonstration of competency and have medication aide sign documentation that they concur with competency.	S3202		
S3215 SS = D	Medication Storage CFR(s): 26-41-205 (h) (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the facility in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the facility in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the facility. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This LICENSURE REQUIREMENT is NOT MET as evidenced by: KAR 26-41-205 (h) The facility reported a census of 13 residents with three residents included in the sample. Based on observation, interview, and record review the Administrator failed to ensure the Licensed Nurse (LN) did not use a prefilled insulin (a hormone that lowers the level of glucose in the blood) pen beyond the manufacturers or pharmacy provider's recommended date of expiration for Resident (R)1 and failed to ensure all medications were labeled with name and date as	S3215		

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S3215 SS = D	Continued from page 6 required. Findings included: - During an observation on 11/04/25 at 09:52 AM during the initial facility tour in the facility's medication room, in the medication cart was a black nylon bag with a Lispro (fast acting insulin) 3 milliliter insulin pen with approximately 20 units of insulin in the pen. It was labeled with R1's name. The pen lacked a date the pen was opened. A clear storage bag with a bottle of Miralax (laxative) and four Dulcolax (laxative) tablets inside no resident's name or date was noted. During an interview on 11/04/25 at 09:52 AM, LN D confirmed and reported the insulin pen required a date when the insulin pen was opened and stored in the medication cart. During an interview on 11/04/25 at 03:30 PM, Director of Nursing B reported she expected all insulin pens stored in the medication cart to be labeled with a date opened. She reported she expected all medications stored in the medication cart to be labeled with resident's full name and date. Review of the manufacturer's recommendations revealed open or in use Lispro insulin pens should be thrown away after 28 days even if there is insulin left in the pen. The facility's "Medication Storage" dated 02/03/25 documented residents who have over the counter medications would be labeled by a pharmacist or LN to include full name and the date opened on the packaging or the bottle. The policy lacked documentation about insulin pen storage.	S3215		
S3280 SS = F	Disaster and Emergency Preparedness CFR(s): 26-41-104 (d) (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' s emergency	S3280		

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S3280 SS = F	Continued from page 7 management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This LICENSURE REQUIREMENT is NOT MET as evidenced by: KAR 26-41-104 (d)(3) The facility reported a census of 13 residents. Based on record review and interview for all residents and all facility employees, the Administrator failed to ensure disaster and emergency preparedness by ensuring the required quarterly reviews of the facility's emergency management plan with employees and residents. Findings included: - Record review on 11/04/24 of the facility provided "Resident Council" binder lacked documentation of a quarterly review with all staff and residents of the facility's emergency management plan that included all the following topics: fire, flood, severe weather, tornado, explosion, natural gas leak, lack of electrical or water service, missing residents, and any other potential emergency situations. During an interview on 11/04/25 at 01:05 PM, Social Service Designee (SSD) G reported that during resident council she would review only one disaster every quarter with the residents and provided a list that recorded fire safety was completed 08/26/25, tornado safety was completed on 05/13/25, violent intruder was completed on 11/2024, and bad weather was completed on 08/2024. SSD G pointed out this information in the meeting minutes in the “Resident Council” binder the topics that were discussed as above. During an interview on 11/04/25 at 01:37 PM, Administrator A confirmed the "Resident Council" Binder lacked documentation of a quarterly review with all staff of the facility's emergency management plan that included all of the following topics: fire, flood, severe weather, tornado, explosion, natural gas leak, lack of electrical or water service, missing residents, and any other potential emergency situations, and they further confirmed the lack of documentation of a quarterly review of the facility's emergency management plan with all residents. The facility provided policy titled "Emergency Preparedness Review" undated documented upon admission	S3280		

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S3280 SS = F	Continued from page 8 an overview of the emergency preparedness procedures was included in the resident handbook. Quarterly the executive director, director of environmental service, director of assisted living or life enrichment reviews emergency preparedness.	S3280		