STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175569	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CUMBERNAULD VILLAGE	716 TWEED STREET , WINFIELD, Kansas, 67156

(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 A recertification survey was conducted on 04/08/26 to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. The facility census on the first day of the survey was 31. The sample size included 12 residents. Based on this survey, deficiencies were identified under 42 CFR Part 483, Requirements for Long Term Care Facilities.	F0000		
F0605 SS = D	Right to be Free from Chemical Restraints CFR(s): 483.10(e)(1),483.12(a)(2),483.45(c)(3)(d)(e) §483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including: §483.10(e)(1) The right to be free from any . . . chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms, consistent with §483.12(a)(2). §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must-. . .	F0605		

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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F0605 SS = D	Continued from page 1 §483.12(a)(2) Ensure that the resident is free from . . . chemical restraints imposed for purposes of discipline or convenience and that are not required to treat the resident's medical symptoms. . . . . §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. §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- (1) In excessive dose (including duplicate drug therapy); or (2) For excessive duration; or (3) Without adequate monitoring; or (4) Without adequate indications for its use; or (5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or (6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. §483.45(e) Psychotropic Drugs. 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;	F0605		

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F0605 SS = D	Continued from page 2 §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 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: Based on observation, interview, and record review, the facility failed to ensure Resident (R) 6 had a stop order for the use of as-needed (PRN) antianxiety (a class of medication that calms and relaxes people as required. Findings included: - R6's Electronic Medical Record (EMR) included diagnoses of Alzheimer's (progressive mental deterioration characterized by confusion and memory failure) disease with late onset, pain, and anxiety (mental or emotional reaction characterized by apprehension. R6's "Admission Minimum Data Set" (MDS), dated 01/30/26, documented that R6 had severe cognitive impairment, delusions (untrue persistent belief or perception held by a person although evidence shows it was untrue), and other behavioral symptoms not directed toward others, which occurred one to three days of the	F0605		

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F0605 SS = D	Continued from page 3 look-back period. R6 also received an antipsychotic (a class of medications used to treat major mental conditions that cause a break from reality), an antidepressant (a class of medications used to treat mood disorders), and opioids (a class of controlled drugs used to treat pain). The “Behavioral Symptom Care Area Assessment” (CAA), dated 02/03/26, documented that R6 had multiple episodes of behaviors indicating paranoia (a thought process believed to be heavily influenced by anxiety or fear to the point of irrational thinking regarding a family member and agitation. R6 had an increase in dose of Seroquel (an antipsychotic) and lorazepam (an antianxiety), one milligram (mg) as needed every four hours for anxiety. R6’s “Care Plan,” dated 02/04/26, documented that R6 had severely impaired cognition, a diagnosis of depression, and took antidepressant therapy and antipsychotic medications for anxiety and paranoid thoughts. The plan directed staff to redirect focus to other topics to prevent distress, review Black Box Warnings (BBW- the highest safety-related warning that medications can have assigned by the Food and Drug Administration), and monitor for signs of worsening depression. The “Physician Order,” dated 01/30/26 directed staff to administer lorazepam 1 milligram (mg)every four hours PRN for restlessness/agitation. The order lacked a stop date. The “Physician Order,” dated 02/19/26, directed staff to administer lorazepam 1 mg in the afternoon related to anxiety disorder. The “Physician Order,” dated 03/27/26, directed staff to administer topical lorazepam 2 mg/milliliter (ml), to be applied as 1 milliliter (ml) to the inner wrist, only if R6 refused the oral dose, every 4 hours PRN for restlessness or agitation. The order lacked a stop date. The “Consultant Pharmacist Review,” dated 02/09/26, documented a recommendation to the physician for anxiolytic medication usage, and if the physician orders a stop date for this medication, or a gradual dose reduction (GDR). The physician responded, “No,”	F0605		

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F0605 SS = D	Continued from page 4 and documented that R6 was receiving hospice services and pursuing a palliative course (treatment designed to relieve or reduce the intensity of uncomfortable symptoms) of care, and the medication was necessary for adequate symptom management to keep the resident comfortable. The rationale lacked a specific duration. On 04/06/26 at 03:38 PM, R6 was sitting in the commons area, with an alarm attached to the back of the wheelchair, looking out the windows with staff seated near and talking with the resident. On 04/08/26 at 09:08 AM, Certified Medication Aide (CMA) R reported that R6 was cooperative with taking her medications and had not exhibited behaviors. CMA R stated the charge nurse was responsible for administering PRN medications like Lorazepam and opioid pain medications if the resident required them. On 04/08/26 at 11:31 AM, Administrative Nurse E reported she was responsible for monitoring the psychotropic medication use for the residents. Administrative Nurse E verified R6's physician had declined a stop date for the use of PRN lorazepam and was uncertain of the need for a stop order for palliative care residents. The facility's "Unnecessary Drugs and Psychotropic Drugs" policy, dated 05/2025, documented that psychotropic medications require limiting the timeframe of PRN psychotropic medications, which are not antipsychotic medications, to 14 days, unless a longer timeframe is deemed appropriate by the attending physician or the prescribing practitioner.	F0605		
F0880 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.	F0880		

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F0880 SS = E	Continued from page 5 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 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.	F0880		

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F0880 SS = E	Continued from page 6 §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: Based on observation, interview, and record review, the facility failed to ensure adequate infection control practices related to urinary catheter care (a tube inserted into the bladder to drain the urine into a collection bag), peri-hygiene, and shared mechanical lift use. Findings included: - On 04/07/26 at 08:14 AM, Certified Nurse Aide (CNA) M assisted Resident (R) 2 with morning cares. R2 received antibiotic treatment for a urinary tract infection (UTI- an infection in any part of the urinary system). CNA M donned clean gloves and provided a brief change due to urine incontinence. CNA M removed the soiled brief and provided peri-hygiene care. CNA M then placed a clean brief on R2, used a gait belt which CNA M wore around her shoulder, assisted R2 into her wheelchair, opened the clothing cabinet, and pulled out three different dresses for R2 to choose from to wear for the day. CNA M then assisted R2 into the bathroom before removing soiled gloves. On 04/07/26 at 01:26 PM, CNA M verified knowing R2 was currently being treated for a urinary tract infection. CNA M reported she should have changed gloves after providing per-hygiene care and placing a clean brief for R2. On 04/07/26 at 01:45 PM, Licensed Nurse (LN) G, who had been present in R2's room while CNA M was providing care, verified that CNA M should have changed gloves and washed hands after removing the soiled brief and providing peri-hygiene. On 04/07/26 at 01:37 PM, R3 sat in his room, in an	F0880		

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F0880 SS = E	Continued from page 7 electric wheelchair. R3 had Enhanced Barrier Precautions (EBP-infection control interventions designed to reduce transmission of resistant organisms, which employ targeted gown and glove use during high contact care) relating to the suprapubic catheter, which had been attached to a leg bag under his clothing. CNA N donned gloves and emptied the leg bag's urine contents into a urinal for measurement. CNA N then cleaned the drain spicket with an alcohol pad and flushed the urine in the bathroom. CNA N had not donned a gown during contact with R3's urinary catheter system. R3 reported staff usually wore gloves and gowns while caring for him. On 04/08/26 at 11:31 AM, Administrative Nurse E verified CNA N should have donned both gloves and gown while caring for R3's urinary catheter. 04/06/2026 11:01 AM, the mechanical lift was utilized for resident care and was transported from rooms H14, H11, and H6 without being sanitized. On 04/07/26 at 09:13 AM, Certified Nurse Aide (CNA) O stated she was uncertain when the mechanical lifts were cleaned; possibly the housekeeping staff or night shift staff cleaned the lifts. On 04/08/26 at 01:30 PM, Administrative Nurse E stated her expectation of the staff was to cleanse the mechanical lifts between each resident's use and has ordered a device to attach to the lifts so that staff can utilize cleaning products between residents. The facility's "Infection Control Policy" dated 08/2025, documented that the facility would facilitate safe care of all residents and staff with known 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. Contact Precaution will be used for specific residents known to be suspected of being infected or colonized with microorganisms that can be transmitted by direct contact with the resident (and or skin-to-skin contact that occurs when performing resident-care activities that require touching the resident's skin) or indirect contact (touching) with environmental surfaces or resident care items in the resident's environment.	F0880		

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F0880 SS = E	Continued from page 8 Clean non-sterile gloves when entering the room, remove soiled gloves, wash hands, and change gloves after having contact with infectious material. If the common equipment or items are unavoidable, clean and disinfect them before use for another resident with a chemical agent approved for use on the identified microorganism.	F0880		