STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175303	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARSONS PRESBYTERIAN MANOR	3501 DIRR AVENUE , PARSONS, Kansas, 67357

(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 06/03/2026 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 27. The sample 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 obtain a stop date for an as needed (PRN) antianxiety medication for Resident (R)2 and R5's lorazepam (an antianxiety medication). Findings included: - R2's Electronic Medical Record (EMR) documented a diagnosis of anxiety (mental or emotional reaction characterized by apprehension, uncertainty, and irrational fear). R2's "Significant Change Minimum Data Set" (MDS), dated 03/02/2026, documented R2 had a Brief Interview for Mental Status (BIMS) score of 14, indicating intact cognition. She received antianxiety medication (a class of medications that calm and relax people) during the assessment period. R2's "Psychotropic Drug Use Care Area	F0605		

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F0605 SS = D	Continued from page 3 Assessment" (CAA), dated 03/02/2026, documented she had a diagnosis of anxiety and took antianxiety medication. R2's "Quarterly MDS," dated 01/09/2026, documented she had a BIMS score of 14, indicating intact cognition. She received antianxiety medication during the assessment period. R2's "Care Plan," revised 03/15/2026, instructed staff to monitor the resident for side effects of her antianxiety medication. R2's EMR under the "Orders" tab, revealed the following physician's order: Lorazepam 0.5 milligrams, by mouth, every four hours, PRN, for a diagnosis of anxiety, ordered 04/08/2026. The order lacked a stop date. On 06/03/2026 at 08:30 AM, Administrative Nurse D confirmed R2's order for PRN lorazepam lacked a stop date, as required. The facility policy for "Psychoactive Psychopharmacological Medications," revised 04/15/2025, included: PRN psychotropic medications shall be limited to no more than 14 days, unless the attending physician or prescribing practitioner believes it is appropriate to extend the order beyond the 14 days. The medical record should include documentation from the physician or prescriber for the rationale for the extended time period and indicate a specific duration. - R5's EMR documented a diagnosis of anxiety. R5's "Significant Change MDS," dated 04/16/2026, documented she had a BIMS score of six, indicating severe cognitive impairment. She did not receive antianxiety medication (a class of medications that calm and relax people) during the assessment period. R5's "Psychotropic Drug Use Care Area Assessment" (CAA), dated 04/16/2026, documented she took psychotropic medications.	F0605		

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F0605 SS = D	Continued from page 4 R5's "Quarterly MDS," dated 04/12/2026, documented she had a BIMS score of 11, indicating moderately impaired cognition. She did not receive antianxiety medication during the assessment period. R5's "Care Plan," revised 04/26/2026, instructed staff to monitor the resident for side effects of her antianxiety medication. R5's EMR under the "Orders" tab, revealed the following physician's order: Lorazepam 0.5 milligrams, by mouth, every four hours, PRN, for a diagnosis of anxiety, ordered 10/19/2025. The order lacked a stop date. On 06/03/2026 at 08:30 AM, Administrative Nurse D confirmed R2 and R5's order for PRN lorazepam lacked a stop date, as required. The facility policy for "Psychoactive Psychopharmacological Medications," revised 04/15/2025, included: PRN psychotropic medications shall be limited to no more than 14 days, unless the attending physician or prescribing practitioner believes it is appropriate to extend the order beyond the 14 days. The medical record should include documentation from the physician or prescriber for the rationale for the extended time period and indicate a specific duration.	F0605		
F0628 SS = D	Discharge Process CFR(s): 483.15(c)(2)(iii)(3)-(6)(8)(d)(1)(2); 483.21(c)(2) §483.15(c)(2) Documentation. When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider. (iii) Information provided to the receiving provider must include a minimum of the following: (A) Contact information of the practitioner	F0628		

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F0628 SS = D	Continued from page 5 responsible for the care of the resident. (B) Resident representative information including contact information (C) Advance Directive information (D) All special instructions or precautions for ongoing care, as appropriate. (E) Comprehensive care plan goals; (F) All other necessary information, including a copy of the resident's discharge summary, consistent with §483.21(c)(2) as applicable, and any other documentation, as applicable, to ensure a safe and effective transition of care. §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in paragraph (c)(5) of this section. §483.15(c)(4) Timing of the notice. (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged. (ii) Notice must be made as soon as practicable before transfer or discharge when- (A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section; (B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this	F0628		

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F0628 SS = D	Continued from page 6 section; (C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section; (D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or (E) A resident has not resided in the facility for 30 days. §483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following: (i) The reason for transfer or discharge; (ii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or discharged; (iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request; (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman; (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.	F0628		

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F0628 SS = D	Continued from page 7 §483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available. §483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l). §483.15(d) Notice of bed-hold policy and return- §483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies- (i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility; (ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any; (iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and (iv) The information specified in paragraph (e)(1) of this section. §483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. §483.21(c)(2) Discharge Summary	F0628		

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F0628 SS = D	Continued from page 8 When the facility anticipates discharge, a resident must have a discharge summary that includes, but is not limited to, the following: (i) A recapitulation of the resident's stay that includes, but is not limited to, diagnoses, course of illness/treatment or therapy, and pertinent lab, radiology, and consultation results. (ii) A final summary of the resident's status to include items in paragraph (b)(1) of §483.20, at the time of the discharge that is available for release to authorized persons and agencies, with the consent of the resident or resident's representative. (iii) Reconciliation of all pre-discharge medications with the resident's post-discharge medications (both prescribed and over-the-counter). This REQUIREMENT is NOT MET as evidenced by: Based on interview and record review, the facility failed to provide Resident (R) 31 with a written notification of transfer to the resident and/or his representative as soon as practicable and failed to send a copy of that notification to the ombudsman. Findings included: - R31's Electronic Medical Record (EMR) revealed a diagnosis of left femur fracture and cerebrovascular accident (CVA-stroke- sudden death of brain cells due to lack of oxygen caused by impaired blood flow to the brain by blockage or rupture of an artery to the brain). R31's "Admission Minimum Data Set" (MDS), dated 12/15/2025, documented R31 had a BIMS of 15, indicating intact cognition. R31's "Discharge MDS," dated 03/18/2026, documented R31 had an unplanned discharge on 03/18/2026. R31's "Health Status Note," dated 03/17/2026 at 04:07 PM, documented R31's daughter requested to have R31's medications and laundry ready to discharge the next day. R31's "Health Status Note," dated 03/18/2026 at 01:17 PM, documented R31's family took R31 home	F0628		

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F0628 SS = D	Continued from page 9 with her medications and belongings. R31's EMR lacked documentation of a written notification to the residents and/or the representative, which explained the reason for the transfer to the hospital, or that the ombudsman was notified of the transfer. During an interview on 06/02/2026 at 12:51 PM, Administrative Staff A did not find where the letter to the family was for R31's discharge on 03/18/2026 or the ombudsman notification was for this discharge. Another staff member was supposed to take over the ombudsman notifications for March and April and that staff member did not do it. The facility's policy "Discharge Policy" documented the facility shall notify the resident or representative of the transfer or discharge in writing and must send that notification to the ombudsman.	F0628		
F0677 SS = D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is NOT MET as evidenced by: Based on observation, interviews, and record review, the facility failed to provide grooming opportunities related to shaving of facial hair to maintain good personal hygiene and dignity for Resident (R)3. Findings included: - Review of R3's "Physician Orders" (POS), dated 05/01/2026, included diagnoses of vascular dementia (progressive mental deterioration characterized by confusion and memory failure), self-care care deficit, and major depressive disorder (MDD-major mood disorder which causes persistent feelings of sadness). R3's "Significant Change Minimum Data Set" (MDS), dated 02/26/2026 documented a Brief Interview for Mental Status (BIMS) score of eight, indicating moderate cognition impairment. She reported	F0677		

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F0677 SS = D	Continued from page 10 choosing her type of bath was very important. The resident was dependent on staff for bathing and personal hygiene. She did not exhibit behaviors of rejection of care. The “Functional Abilities (Self Care and mobility) Care Area Assessment,” (CAA), dated 03/11/2026, documented the resident had diagnoses that included vascular dementia, MDD, self-care care deficit due to periods of unsteadiness, impaired mobility, weakness, episodes of unsteady balance, poor safety, and cognitive impairment. The staff provided this dependent resident with bathing that included set-up assistance with hygiene/grooming tasks. She received “Dressing/Grooming Restorative Nursing Program.” R3’s "Care Plan," dated 05/29/2026, directed staff that the resident was able to perform hygiene/grooming task with set up assistance, initiated 01/29/2025. Her cognition and poor safety awareness deficit limited her ability to be independent. She required staff assistance for safety, initiated 04/11/2025. Staff should explain each procedure to R3 so she can participate in her activities of daily living (ADL) and maximize her abilities. Staff were to provide showers on Wednesday and Sunday evenings. She received restorative nursing program for dressing and grooming. A Restorative Nursing Assistant/Certified Nurse Aide (RNA/CNA) would encourage or involve the resident’s active participation with dressing/grooming tasks for 15 minutes while providing daily assistance in the morning and evening up to seven day a week Date, initiated 05/20/2025. Review of Electronic Medical Record (EMR) “Bathing Tasks” dated 05/01/2026 through 06/02/2026 and “Bath Sheets” revealed they lacked evidence that the staff offered or provided shaves with bathing and/or grooming on scheduled bath/shower days or as needed. On 06/01/2026 at 11:33 AM, R3 sat in lobby in a chair. She had chin hair approximately one-quarter inch present. On inquiry, R3 stated she would like staff assistance with removal of her facial hair. She inquired if the facial hair was visible. On 06/02/2026 at 11:18 AM, R3 sat in common	F0677		

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F0677 SS = D	Continued from page 11 area/lobby. Certified Nurse Aide (CNA) N applied a gait belt and positioned R3's walker then ambulated with R3 down the length of hall to her room. CNA N confirmed R3 had chin hair and needed shaving. CNA N stated the residents should be offered assistance with shaving as part of their bath and as needed. She reported that the resident refused her bath sometimes, but the staff should offer help with shaving when needed. CNA N asked the resident if she wanted her to shave her chin hair, R3 said "Yes." On 06/03/2026 at 08:49 AM, Administrative Nurse D reported that when residents were observed with chin hair, staff should offer to shave the residents when needed and when bathed as a part of grooming. She verified the lack of evidence that the resident had been offered an opportunity to have staff assist her with shaving. Administrative Nurse D reported the facility lacked a policy to address shaving as a part of ADL care. The facility did not provide a policy to address shaving as part of ADL care.	F0677		
F0688 SS = D	Increase/Prevent Decrease in ROM/Mobility CFR(s): 483.25(c)(1)-(3) §483.25(c) Mobility. §483.25(c)(1) The facility must ensure that a resident who enters the facility without limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and §483.25(c)(2) A resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. §483.25(c)(3) A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and record review,	F0688		

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(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
F0688 SS = D	Continued from page 12 the facility failed to perform restorative care for Resident (R) 6 who had a contracture (abnormal permanent fixation of a joint or muscle) to her right hand. Findings included: - R6's Electronic Medical Record (EMR) documented a diagnosis of hemiparesis/hemiplegia (weakness and paralysis on one side of the body). R6's "Annual Minimum Data Set" (MDS), dated 04/14/2026, documented she had a Brief Interview for Mental Status (BIMS) score of 12, indicating moderately impaired cognition. She had a limitation in range of motion (ROM) on one side of her upper and lower extremities. R6 did not receive restorative nursing care (care provided to maintain a person's highest level of physical, mental, and psychosocial function in order to prevent declines that impact quality of life) during the assessment period. R6's "Activities of Daily Living (ADL) Care Area Assessment" (CAA), dated 04/14/2026, documented the resident required staff assistance with ADLs due to left sided hemiplegia and limited mobility. R6's "Quarterly MDS," dated 01/12/2026, documented she had a BIMS score of 10, indicating moderately impaired cognition. She had limited ROM one side of her upper and lower extremities. R6 did not receive restorative nursing care during the assessment period. R6's "Care Plan," revised 04/14/2026, instructed staff to perform passive ROM (PROM-when staff manipulate the joint rather than the resident) restorative care to R6's left upper extremity daily; staff instructed to open and close R6's left hand, perform elbow extension (the straightening of a limb), and assist with shoulder raises for 15 minutes, up to seven days per week. R6's EMR from 05/04/2026 through 06/01/2026 (30 days), lacked documentation of PROM taking place with R6. On 06/01/2026 at 09:09 AM, R6 sat at the dining room table feeding herself breakfast with her right	F0688		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175303	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARSONS PRESBYTERIAN MANOR	**3501 DIRR AVENUE , PARSONS, Kansas, 67357**

(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
F0688 SS = D	Continued from page 13 hand. R6's left hand rested in her lap with her fingers curled inward into a fist. On 06/03/2026 at 09:45 AM, Certified Nurse Aides (CNA) O and CNA P transferred R6 from her wheelchair to her bed with the use of a full body lift. R6's left hand remained with her fingers curled inward into a fist. On 06/02/2026 at 08:57 AM, CNA O stated she would open the resident's left hand enough to clean her fingers and palm but R6 was not able to fully open her hand and move her fingers. CNA O stated she was unsure if R6 received restorative care. On 06/02/2026 at 01:27 PM, CNA M stated she did restorative care with the residents. CNA M stated R6 did not receive restorative care. On 06/02/2026 at 01:30 PM, Administrative Nurse E confirmed R6 should receive PROM to her left hand but had not been receiving the care. Administrative Nurse E was unsure why R6 was not receiving restorative care, as care planned, for her left-hand contracture. On 06/03/2026 at 08:30 AM, Administrative Nurse D confirmed R6 had not received restorative nursing cares, as care planned. The facility policy for "Nursing Restorative Care Program," revised 02/03/2025, included: The facility shall provide restorative nursing care to residents in order to maintain their optimal physical function and to prevent further impairment.	F0688		