STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175310	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLAY CENTER PRESBYTERIAN MANOR	924 8TH STREET , CLAY CENTER, Kansas, 67432

(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 The following citations represent the findings of a Health Recertification Survey. The facility census on the first day of the survey was 29. The sample size included 12 residents.	F0000		
F0812 SS = F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and record review, the facility failed to serve food in a sanitary manner for the 29 residents who received food from the facility kitchen. Findings included: - On 07/06/2026 at 12:25 PM, observation revealed	F0812		

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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F0812 SS = F	Continued from page 1 Certified Nurse Aide (CNA) M brought her ponytail to the front of her body and stroked it up and down with both hands approximately three times, then flung the ponytail to the back of her head and did not wash hands or use hand gel. Continued observation revealed CNA M delivered a resident plate of food to the table, then returned to the kitchenette and obtained another plate of food and delivered that plate to another resident. Continued observation revealed CNA M tied her scrub pants with both hands and did not wash hands or use hand gel and delivered a plate of food from the kitchenette, then returned to the kitchenette and got a small glass of thickened liquid and grabbed it by the top of the cup and touched the lip surface with her hand before she delivered the cup to the resident. CNA M grabbed a rolling stool and pushed it next to a resident and assisted her to eat a few bites of pureed food. Continued observation revealed at 12:40 PM, CNA M brought her ponytail to the front of her body and stroked it up and down with both hands approximately two times, then flung the ponytail to the back of her head and did not wash hands or use hand gel. She obtained a clothing protector and delivered it to another CNA to place on a resident before they ate their lunch. Continued observation of the meal service revealed CNA M did not wash her hands or use hand gel throughout the meal service. On 07/07/26 at 01:40 PM, Administrative Nurse D verified staff should not touch their hair or scrubs while assisting the residents with their meal service or while delivering plates of food to the table. Administrative Nurse D stated she would hold an in-service immediately regarding proper hand hygiene and servicing of meals. The facility's "Serving Basic" policy, undated, documented staff would ensure safe serving practices to prevent contamination, and all team members would follow safe serving practices. The policy documented staff would ensure clean hands and utensils are used during dining service, and staff would not touch the food contact surface, handle by the edges, handles, or bottom or middle of the service ware.	F0812		
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.	F0605		

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F0605 SS = D	Continued from page 2 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-. . . §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	F0605		

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F0605 SS = D	Continued from page 3 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; §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.	F0605		

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F0605 SS = D	Continued from page 4 §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 a 14-day stop date or a specified duration with rationale for Resident (R)3's ongoing as needed (PRN) antianxiety (class of medications that calm and relax people) medications. Findings include: - R3's Electronic Health Record (EHR) revealed diagnoses of anxiety (mental or emotional reaction characterized by apprehension, uncertainty, irrational fear) and hypertension (HTN-elevated blood pressure). R3's "Significant Change" Minimum Data Set (MDS) dated 06/25/2026, recorded R3 had intact cognition. The MDS recorded that she required staff assistance with bed mobility and transfers. The MDS documented R3 received an antianxiety medication during the observation period. R3's "Activities of Daily Living Care Plan," dated 06/26/2026, recorded R3 required assistance with activities of daily living (ADL) care. R's "Psychotropic Drug Use Care Plan" dated 06/26/26, dated 06/26/26, documented the resident received psychotropic medication with the potential for drug related complications related to pain and anxiety. The care plan documented R3 received Xanax (antianxiety medication) daily but lacked that she received a PRN dose, and the care plan lacked mention that R3 received lorazepam (antianxiety medication) as needed for anxiety. The care plan documented a pharmacy consultation would review R3's medications monthly. R3's "Physician's Order," dated 06/15/2026, directed the staff to administer lorazepam 1.0 milliliters (ml) every eight hours as needed for anxiety PRN. The order lacked a stop date.	F0605		

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F0605 SS = D	Continued from page 5 R3's "Physician's Order," dated 05/05/2026, directed staff to administer Xanax 0.25 milligrams (mg) every six hours as needed for anxiety PRN. The order lacked a stop date. R3's EMR lacked evidence of a specified duration, which included a physician's rationale for the extended use of the PRN lorazepam and the PRN Xanax. On 07/07/2026 at 08:00 AM, R3 sat up in her bed, and Certified Medication Aide (CMA) R administered the resident's morning medication, which included a scheduled Xanax. On 07/07/2026 at 01:30 PM, Administrative Nurse D verified the resident received lorazepam PRN, with a physician order date of 06/15/2026 and received a Xanax PRN, with a physician order date of 05/05/2026. Administrative Nurse D verified the facility failed to obtain the 14-day stop date or a reason for the continued use with the appropriate rational. The "Psychoactive Psychopharmacological Medications," policy dated 04/15/2025, documented psychotropic medications would be used only when a practitioner determines that the medication is appropriate to treat a resident's specific diagnosed and documented condition and the medication(s) are beneficial to the resident as demonstrated by monitoring and documentation of the resident's response to the medication. Psychoactive medications would be monitored by an interdisciplinary team (IDT) through the care planning process. Benefits and side effects of these medications would be discussed with the Primary Care Provider (PCP), so drug selection and dosages are adjusted as necessary to provide the best therapeutic effect for residents. Individualized behavioral interventions would also be addressed through the care planning process and documented on the electronic health record. The policy documented psychotropic medications used on a PRN basis must have a diagnosed specific condition and indication for the PRN use documented in the resident's medical record and subject to the limitations as noted: PRN orders for psychotropic medications, excluding antipsychotics, 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	F0605		

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F0605 SS = D	Continued from page 6 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. PRN orders for antipsychotic medications only shall be limited to 14 days with no exception. If the attending physician or prescribing practitioner believes it is appropriate to write a new order for the PRN antipsychotic, they must first evaluate the resident to determine if the new order for the PRN antipsychotic is appropriate. The policy documented a drug regimen review would be conducted and documented monthly by a licensed nurse, pharmacist, or PCP. Drug irregularities, discrepancies, or non-compliance with regulatory guidelines is brought to the attention of the director of nursing, medical director, and attending PCP.	F0605		
F0756 SS = D	Drug Regimen Review, Report Irregular, Act On CFR(s): 483.45(c)(1)(2)(4)(5) §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	F0756		

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F0756 SS = D	Continued from page 7 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: Based on observation, interview, and record review, the facility failed to ensure a 14-day stop date or a specified duration with rationale for Resident (R)3's ongoing as needed (PRN) antianxiety (class of medications that calm and relax people) medications. Findings include: - R3's Electronic Health Record (EHR) revealed diagnoses of anxiety (mental or emotional reaction characterized by apprehension, uncertainty, irrational fear) and hypertension (HTN-elevated blood pressure). R3’s “Significant Change” Minimum Data Set (MDS) dated 06/25/2026, recorded R3 had intact cognition. The MDS recorded that she required staff assistance with bed mobility and transfers. The MDS documented R3 received an antianxiety medication during the observation period. R3's "Activities of Daily Living Care Plan," dated 06/26/2026, recorded R3 required assistance with activities of daily living (ADL) care. R's "Psychotropic Drug Use Care Plan" dated 06/26/2026, documented the resident received psychotropic medication with the potential for drug related complications related to pain and anxiety. The care plan documented R3 received Xanax (antianxiety medication) daily but lacked that she received a PRN dose, and the care plan lacked mention that R3 received lorazepam (antianxiety medication) as needed for anxiety. The care plan documented a pharmacy consultation would review R3’s medications monthly. R3's "Physician's Order," dated 06/15/2026,	F0756		

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F0756 SS = D	Continued from page 8 directed the staff to administer lorazepam 1.0 milliliters (ml) every eight hours as needed for anxiety PRN. The order lacked a stop date. R3's "Physician's Order," dated 05/05/2026, directed staff to administer Xanax 0.25 milligrams (mg) every six hours as needed for anxiety PRN. The order lacked a stop date. R3's EMR lacked evidence of a specified duration, which included a physician's rationale for the extended use of the PRN lorazepam and the PRN Xanax. The Consultant Pharmacist monthly review for R3 completed on 05/05/2026, 06/02/2026, and 07/02/2026 lacked evidence that the CP identified the PRN lorazepam with no stop date, or the PRN Xanax with no stop date. On 07/07/2026 at 08:00 AM, R3 sat up in her bed, and Certified Medication Aide (CMA) R administered the resident's morning medication, which included a scheduled Xanax. On 07/07/2026 at 01:30 PM, Administrative Nurse D verified the resident received lorazepam PRN, with a physician order date of 06/15/2026, and received a Xanax PRN, with a physician order date of 05/05/2026. Administrative Nurse D verified the facility failed to obtain the 14-day stop date or a reason for the continued use with the appropriate rational. Administrative Nurse D verified the Consultant Pharmacist had sent monthly reviews to the facility and lacked a recommendation for the 14 days stop date or rational for continued use of the medication. The "Psychoactive Psychopharmacological Medications," policy dated 04/15/2025, documented psychotropic medications would be used only when a practitioner determines that the medication is appropriate to treat a resident's specific diagnosed and documented condition and the medication(s) are beneficial to the resident as demonstrated by monitoring and documentation of the resident's response to the medication. Psychoactive medications would be monitored by an interdisciplinary team (IDT) through the care planning process. Benefits and side effects of these	F0756		

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F0756 SS = D	Continued from page 9 medications would be discussed with the Primary Care Provider (PCP), so drug selection and dosages are adjusted as necessary to provide the best therapeutic effect for residents. Individualized behavioral interventions would also be addressed through the care planning process and documented on the electronic health record. The policy documented psychotropic medications used on a PRN basis must have a diagnosed specific condition and indication for the PRN use documented in the resident's medical record and subject to the limitations as noted: PRN orders for psychotropic medications, excluding antipsychotics, 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 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. PRN orders for antipsychotic medications only shall be limited to 14 days with no exception. If the attending physician or prescribing practitioner believes it is appropriate to write a new order for the PRN antipsychotic, they must first evaluate the resident to determine if the new order for the PRN antipsychotic is appropriate. The "Drug Regimen Review," policy, dated 02/03/25, documented the resident's medication regimen would be reviewed monthly and as needed by a licensed pharmacist. A Drug Regimen Review (DRR) is completed at admission by clinical staff. DRR is a thorough evaluation of resident's medication in order to improve outcome and minimize adverse outcomes or risks. A DRR would be conducted by the Pharmacist on day of admission, monthly, and as needed. A DRR would include medication reconciliation, medication review of all current medications, and the medications would be reviewed to identify irregularities and to identify clinically significant risks and/or actual or potential adverse consequences which may result from or be associated with medications. The drug regimen would identify limitations of PRN prescriptions of psychotropic drugs, including anti-psychotic drugs for longer than 14 days.	F0756		
F0880 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	F0880		

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F0880 SS = D	Continued from page 10 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 §483.71 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.	F0880		

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F0880 SS = D	Continued from page 11 §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: Based on observation, record review, and interview, the facility failed to ensure a sanitary and comfortable environment to help prevent the development and transmission of communicable diseases and infections when staff failed to store Resident (R)21 and R3's oxygen tubing and nasal cannula in a sanitary manner. Findings included: 1. On 07/07/2026 at 03:02 PM, observation revealed R21's unbagged oxygen tubing and nasal cannula coiled up and placed on the back of her wheelchair, located in the hall by her room. On 07/07/2026 at 03:03 PM, Licensed Nurse (LN) G verified the above observation and stated staff was to place R21's oxygen tubing and nasal cannula in a plastic bag when not in use. 2. On 07/08/2026 at 09:35 AM, observation revealed R3's uncovered oxygen tubing coiled up and placed on the top of the resident's wheelchair back. On 07/08/2026 at 09:39 AM, Administrative Nurse D verified R2's uncovered oxygen tubing on R2's wheelchair back with the cannula and tubing touching the wheelchair. Administrative Nurse D stated she would expect staff to store the residents' oxygen tubing and nasal cannula in a plastic bag when not in use.	F0880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175310	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLAY CENTER PRESBYTERIAN MANOR	924 8TH STREET , CLAY CENTER, Kansas, 67432

(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
F0880 SS = D	Continued from page 12 The facility's "Oxygen Therapy Policy," revised 02/03/2025, documented when the oxygen device is not in use, store in a plastic or other bag to keep the tubing and device off the floor. Label bag with resident name, date, time, and staff initial.	F0880		