STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175301	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WICHITA PRESBYTERIAN MANOR	**4700 W 13TH STREET NORTH , WICHITA, Kansas, 67212**

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F0000	INITIAL COMMENTS The Risk-Based Survey Process was used to conduct a federal recertification survey. The following citations represent the findings of a Health Recertification Survey and complaint survey regarding allegations in 2784548 and 3166586. The census was 50. The sample included 7 residents.	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-. . . §483.12(a)(2) Ensure that the resident is free from . .	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 . 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 monitor side effects for Resident (R)2, for a psychotropic medication (medication used to psychological disorders). Findings included: - R2's Electronic Medical Record (EMR) documented a diagnosis of depression. R2's "Significant Change Minimum Data Set" (MDS), dated 11/14/2025, documented a Brief Interview for Mental Status (BIMS) score of nine, indicating moderately impaired cognition. She received antidepressant medication during the assessment period. R2's "Psychoactive Drug Use Care Area Assessment" (CAA), dated 11/14/2025, documented that she takes antidepressant medications. R2's "Quarterly MDS," dated 08/06/2026, documented a BIMS score of six, indicating severe cognitive impairment. She received antidepressant medication during the assessment period.	F0605		

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F0605 SS = D	Continued from page 3 R2's "Care Plan," revised 08/06/2026, instructed staff to monitor her for side effects of her antidepressant medication. R2's EMR included the following physician's orders: Risperidone (an antipsychotic medication), 0.5 milligrams (mg), by mouth (po), twice daily (BID), for a diagnosis of agitation, ordered 03/14/2026. Venlafaxine (an antidepressant medication), 75 mg, po, BID, for a diagnosis of anxiety, ordered 03/14/2026. R2's EMR lacked monitoring of the psychotropic medications. On 09/24/2026 at 12:50 PM, Licensed Nurse (LN) G stated that staff does not monitor the side effects of psychotropic medications. On 09/24/2026 at 01:00 PM, Administrative Nurse D stated it was the expectation for staff to monitor the side effects of psychoactive medications. The facility policy for “Psychoactive Psychopharmacological Medications”, reviewed 02/03/2025, included: Resident’s receiving psychoactive medications will be monitored and observed for improvement or decline in functional status, target behaviors and side effects.	F0605		
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 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	F0880		

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F0880 SS = D	Continued from page 4 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. §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.	F0880		

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F0880 SS = D	Continued from page 5 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 observations, record review, and interviews, the facility failed to provide adequate infection control practices when staff failed to follow contact precautions (safeguards designed to reduce the risk of transmission of microorganisms by direct or indirect contact) requiring gown and gloves, and failed to perform appropriate hand hygiene. Findings included: On 09/24/2026 at 09:52 AM, Resident (R) 1 had contact precaution supplies outside of the door and a sign requiring a gown and gloves. Certified Nurse Aide (CNA) M and CNA N both entered R1's room and donned gloves but did not wear gowns. They turned R1 and placed a draw sheet under him and pulled him up in bed, and changed his sheets. They turned him on his left side, then took R1's breakfast tray and left the room wearing the same gloves. Neither CNA removed their gloves or performed hand hygiene. On 09/24/2026 at 01:30 PM, CNA M stated that she would know if a room required personal protective equipment (PPE- gowns, face shields and/or eyeglasses/goggles, and gloves) as it would have a sign on the door outside of the room but she would have to ask the nurse why the resident was on precautions as they were not informed in shift report. CNA M said if there was a sign indicating precautions, it should be followed. On 09/24/2026 at 01:35 PM, Licensed Nurse (LN) G stated that there would be a sign outside a room if the resident required special precautions and PPE was available outside the room that required it; there was also a stop sign alert in their chart next to their name. LN G said staff should have the PPE required when providing direct patient care. On 09/24/2026 at 01:41 PM, Administrative Nurse D stated that if a resident was on precautions, it should be in the care plan and there would be a stop sign on their chart to alert staff. She stated if you hover on it, it would inform staff what the precautions were. Administrative Nurse D said staff should have performed hand hygiene after touching residents and before leaving the resident's room. On 09/24/2026 at 01:42 PM Administrative Staff A	F0880		

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F0880 SS = D	Continued from page 6 stated that if a resident was on precautions, it should be in the care plan and there would be PPE available outside the door along with a sign stating what PPE was required. The facility's "Infection Control" policy, revised 08/20/20/2026, directed 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 help prevent the development and transmission of communicable diseases and infections.	F0880		