STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175309	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/29/2026

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
F0000	INITIAL COMMENTS The Risk-Based Survey Process was used to conduct a federal recertification survey at Arkansas City Presbyterian Manor on 09/28/26 and 09/29/26 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 48. The sample size included six residents. Based on this survey, deficiencies were identified under 42 CFR Part 483, Requirements for Long Term Care Facilities.	F0000		
F0880 SS = F	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 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	F0880		

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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F0880 SS = F	Continued from page 1 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. 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 were in place when staff allowed the ice scoop to touch the inside of Resident's (R) 47's and R26's room cups. Additionally, the facility failed to ensure proper hand hygiene was performed when staff provided direct care to R2.	F0880		

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F0880 SS = F	Continued from page 2 Findings included: - 1. On 09/28/2026 at 09:37 AM, Certified Nurse Aide (CNA) P scooped ice out of the community ice chest with the ice scoop and then placed the scoop inside the cup that came from R47's room. The scoop contacted the inside of the cup that had been in R1's room. CNA P then placed the scoop back into the chest of ice, scooped out more ice, and placed the scoop inside of the cup; the scoop touched the inside of the cup while the ice was deposited into the cup. CNA P then placed the scoop back into the ice chest, scooped more ice out, and placed the same scoop inside R26's cup that was from her room. The scoop was then placed back into the ice chest by CNA P. On 09/28/2026 at 09:42 AM, CNA P said that she knew the ice scoop was not supposed to contact the inside or the outside of the resident's cup. On 09/28/2026 at 02:04 PM, Administrative Nurse E reported that it was expected that staff would not allow the ice scoop to touch the inside of the resident's cup. On 09/28/2026 at 02:08 PM, Administrative Nurse D reported it was the expectation for staff to not touch an ice scoop to a resident's cup when putting ice into it, and if they did, the cup should have been immediately sent to be washed, and the resident should have been provided with a clean cup. Administrative Nurse D also said the ice scoop should have been replaced with a clean scoop before more ice had been passed. 2. On 09/28/2026 at 03:05 PM, Licensed Nurse (LN) I, CNA MM, and CNA Q entered R2's room with a full body mechanical lift. LN I informed R2 that the staff was ready to get her up to check and change her brief and reposition her before supper. The resident agreed, and LN I removed her gloves, sanitized her hands, and left the room. CNA MM and CNA Q sanitized their hands and applied gloves. CNA I retrieved a clean brief and wipes from the closet in the room. CNA Q and CNA MM rolled R2 to her left side and removed her wet brief and provided peri-care. CNA Q and CNA MM removed their gloves and reapplied new gloves and did not perform hand hygiene. The CNAs then placed a new brief on R2 and repositioned her to place her pants on. CNA Q and CNA MM then removed their gloves and straightened the full body lift sling beneath R2 and did not perform hand hygiene. CNA Q and CNA MM both stated that they should have performed hand	F0880		

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F0880 SS = F	Continued from page 3 hygiene after removing their gloves and prior to applying new gloves. On 09/28/2026 at 03:32 PM, LN I stated that staff were to sanitize their hands after they removed gloves and prior to applying new gloves. On 07/28/2026 at 04:05 PM, CNA Q reported that she did not know she had to wash her hands after she removed her gloves during care; she said she thought she only had to do that at the end of all cares. On 09/28/2026 at 04:16 PM, Administrative Nurse D confirmed the above findings and stated she expected staff to sanitize their hands when removing gloves prior to applying new gloves to prevent cross contamination and prevent the spread of infection. The facility policy “Infection Control”, revised on 08/20/2026, documented that this community will facilitate safe care by establishing and maintaining an infection control program designed to provide a safe, sanitary environment to help prevent the development of and spread of communicable diseases and infections.	F0880		
F0676 SS = D	Activities Daily Living (ADLs)/Mntn Abilities CFR(s): 483.24(a)(1)(b)(1)-(5)(i)-(iii) §483.24(a) Based on the comprehensive assessment of a resident and consistent with the resident's needs and choices, the facility must provide the necessary care and services to ensure that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that such diminution was unavoidable. This includes the facility ensuring that: §483.24(a)(1) A resident is given the appropriate treatment and services to maintain or improve his or her ability to carry out the activities of daily living, including those specified in paragraph (b) of this section ... §483.24(b) Activities of daily living. The facility must provide care and services in accordance with paragraph (a) for the following activities of daily living:	F0676		

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F0676 SS = D	Continued from page 4 §483.24(b)(1) Hygiene -bathing, dressing, grooming, and oral care, §483.24(b)(2) Mobility-transfer and ambulation, including walking, §483.24(b)(3) Elimination-toileting, §483.24(b)(4) Dining-eating, including meals and snacks, §483.24(b)(5) Communication, including (i) Speech, (ii) Language, (iii) Other functional communication systems. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and record review, the facility failed to provide services to maintain Resident (R) 47's highest level of independence related to activities of daily living (ADL) when staff failed to provide adequate positioning devices or assistance related to R47 leaning to the left in her wheelchair. Findings included: - R47's Electronic Health Record (EHR) documented diagnoses of congestive heart failure (CHF-a condition with low heart output and the body becomes congested with fluid), atrial fibrillation (rapid, irregular heartbeat), scoliosis (curvature of the spine), spondylosis (age-related degeneration of the bone and discs of the spinal column), and depression (a mood disorder that causes a persistent feeling of sadness and loss of interest). R47's "Admission Minimum Data Set (MDS)," dated 01/29/2026, documented a Brief Interview for Mental Status (BIMS) score of 10, which indicated moderate cognitive impairment. R47 required a wheelchair for mobility. The MDS documented that R47 was dependent on staff for wheelchair locomotion of any distance and for putting on and taking off footwear. The MDS documented R47 required partial moderate assistance with toileting hygiene, showering or bathing, lower body dressing, personal hygiene and bed mobility, repositioning and transfers.	F0676		

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F0676 SS = D	Continued from page 5 R47's 01/29/2026 "Falls Care Area Assessment" (CAA) documented R47 had falls at home, with one of the falls resulting in a fracture to her right ankle. The CAA documented that R47 had no falls since admission and she was receiving physical therapy and occupational therapy to help increase her balance and ADL abilities. R47's "Quarterly MDS," dated 07/25/26, documented a BIMS score of 11, which indicated moderate cognitive impairment. R47 was independent with mobility in a wheelchair and had received partial/moderate and dependent assistance for most of her other ADLs. The MDS documented R47 had two non-injury falls. R47's "Care Plan," dated 02/13/2026 with a revision date of 08/07/2026, documented that she had impaired mobility with a self-care deficit as evidenced by her need for assistance with her ADL tasks. The plan documented that R47 preferred to use her wheelchair for locomotion. R47's "Rehab Progress Note," dated 01/26/2026, documented that a restorative program for transfer training and dressing/grooming had been initiated. R47's "Rehab Progress Note," dated 05/11/2026, documented a restorative dressing and grooming program was resolved, and a new program for transfer training and walking training had been initiated. R47's "Fall Risk Evaluation," dated 06/23/26, documented that she was a fall risk. R47's "Weekly Medicare Meeting Notes (Med B)," dated 07/01/2026 through 08/06/2026, documented physical therapy for transfers, ambulation, safe swallowing, and balance. It lacked evidence that therapy addressed wheelchair positioning. R47's "Progress Notes", dated 09/28/2026 at 09:35 AM, documented a request from Licensed Nurse (LN) H to R47's physician for physical therapy and occupational therapy to evaluate and treat R47 for wheelchair positioning related to her leaning to the left in her wheelchair. R47's "Electronic Health Record" (EHR), dated 09/28/2026, documented an order dated 09/28/2026 for occupational therapy to evaluate R47 for wheelchair positioning. On 09/28/2026 at 09:19 AM, R47 was in the dining room sitting in her wheelchair; R47 was leaning to	F0676		

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F0676 SS = D	Continued from page 6 the left with her left arm on the seat of her wheelchair next to her left leg. On 09/28/2026 at 01:27 PM, R47 sat in her wheelchair in her room. R47 was holding her coffee cup with her right hand; the coffee cup was tilting to the left, with the hot coffee close to the rim of the cup and almost spilling out and onto her lap. On 09/28/2026 at 09:22 AM, Certified Nurse Aide (CNA) M reported R47 leans to the left when sitting more frequently now. CNA M stated R47 had been leaning to the left in her chair for more than a month now. CNA M reported that sometimes staff would put a pillow on her left side, but normally she did not have anything in her chair to help her sit upright. On 09/26/2026 at 09:26 AM, LN H reported staff had never tried anything but pillows for R47 to help her be supported when sitting in her wheelchair. LN H reported staff tried to keep R47 in her recliner in her room because she was leaning to the left in her wheelchair. LN H reported she was sending a request to R47's physician right now to request an order for therapy services or for a brace to support R47 and help her sit up. On 09/28/2026 at 02:08 PM, Administrative Nurse D reported that staff had just requested therapy services for R47 and that staff should document, report, and provide interventions for changes in resident conditions. The facility's policy, "Lifting and Transferring Residents", which was reviewed by the facility on 02/03/2025, documented that the facility will provide a safe environment for resident care areas by providing and requiring the use of safety materials, equipment, and training designed to prevent injury.	F0676		