STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175386	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCHOWALTER VILLA	**200 W CEDAR , HESSTON, Kansas, 67062**

(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 census was 97. The sample included 20 residents.	F0000		
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. 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;	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 = E	Continued from page 1 (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 observations, record review, and interviews, the facility failed to ensure an effective infection prevention and control program was maintained to prevent the potential spread of communicable diseases. Facility staff did not clean or disinfect multi-resident transfer lifts after they were used to transfer Resident (R) 14, R32, and R9. Facility staff failed to change gloves and perform hand hygiene between glove changes when performing cares on residents. Findings included: On 10/12/2026 at 09:08 AM, Certified Nurse Aide	F0880		

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F0880 SS = E	Continued from page 2 (CNA) M entered R14's room with the mechanical lift to assist R14 to the bedside commode. CNA M placed her gloves on and removed R14's soiled brief as he had a bowel movement and used the wipes to clean him. CNA M placed a clean brief on R14 and did not change her gloves or perform hand hygiene. She then used the sit-to-stand to assist R14 back to the recliner and disposed of her gloves and removed the mechanical lift from the room and placed it in the clean storage area without cleaning it. CNA M stated that this was where the lifts were placed when staff were finished with them, but she was not sure when they were cleaned. On 10/13/2026 at 08:38 AM, CNA N entered R32's room with the mechanical lift and assisted R32 from the bed to the wheelchair with assistance from Certified Medication Aide (CMA) R. CMA R removed the Hoyer lift from R32's room and took it to R9's room without cleaning the lift. On 10/13/2026 at 08:49 AM, CMA S and CMA R entered R9's room with the mechanical lift after donning gowns and gloves for enhanced barrier precautions (EBP) per the sign on the door. R9 was transferred from the bed to the recliner. CMA R removed her gown and gloves and performed hand hygiene before removing the mechanical lift from the EBP room, took it to the clean storage area without cleaning it, and walked away to tend to other residents. On 10/13/2026 at 09:10 AM, CMA S stated that the mechanical lift should be cleaned after each use and immediately after it was used in an EBP room. On 10/13/2026 09:12 AM, CMA T stated that the mechanical lifts were kept in the clean storage areas out of the hallways for resident safety and were to be cleaned at least once a day, usually by night shift, but she was never told to clean them after each resident use. On 10/13/2026 09:14 AM, CMA R stated that the mechanical lifts were cleaned once a day by night shift. The lifts were not cleaned after each resident use unless they were on droplet precautions. On 10/13/2026 at 12:43 PM, Licensed Nurse (LN) I stated that the mechanical lifts were to be cleaned after each resident use to prevent the spread of infections. On 10/13/2026 03:48 PM, Administrative Nurse D stated that mechanical lifts were to be cleaned after each resident use and deep cleaned at night.	F0880		

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F0880 SS = E	Continued from page 3 On 10/14/2026 at 08:23 AM, Administrative Nurse E stated that the mechanical lifts were to be cleaned after each resident use. He said that staff were trained on that with a skills check-off when they were hired and again yearly. The mechanical lifts were deep cleaned at night and were to be cleaned after each resident use. Administrative Nurse E said that staff were to use hand hygiene after changing briefs and to change gloves before applying a clean brief; hand hygiene was to be performed when going in and out of a resident room. The facility's "Infection Control" policy, revised 08/24/2026, directed 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. Standard Precautions, which include Universal Precautions, will be used in the care of all residents to prevent or limit the spread of infections. The facility's “Mechanical Sit-to-Stand Lift Transfer” policy, revised 03/31/2026, directed staff to clean the lift after use and put the sling in laundry if visibly soiled. The facility's “Mechanical Full Lift Transfer” policy, revised 03/31/2026, directed staff to clean the lift after use.	F0880		
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 responsible for the care of the resident. (B) Resident representative information including	F0628		

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F0628 SS = D	Continued from page 4 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 section; (C) The resident's health improves sufficiently to	F0628		

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F0628 SS = D	Continued from page 5 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. §483.15(c)(6) Changes to the notice. If the information in the notice changes prior to	F0628		

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F0628 SS = D	Continued from page 6 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 When the facility anticipates discharge, a resident must have a discharge summary that includes, but is not limited to, the following:	F0628		

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F0628 SS = D	Continued from page 7 (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 observation, record review and interview, the facility failed to ensure the notice of transfer form provided to Resident (R) 7 or their representative contained the required information regarding the right to appeal and the ombudsman information when sent to the hospital for an emergency transfer. Findings included: - R7's EMR documented a "Discharge Return Anticipated Minimum Data Set (MDS)" dated 04/11/2026 in the MDS tab for an unplanned discharge to an acute hospital. R7's EMR documented in the MDS tab a "Discharge Return Anticipated y MDS" dated 09/04/2026 for an entry from an acute hospital. On 10/13/2026 at 10:46 AM, the bed hold and written notification of transfer were requested from the facility for R7's transfer to the hospital on 04/11/2026 and 08/22/2026. The facility provided a transfer notice and bed hold agreement dated 04/11/2026 and 08/22/2026 for R7 on 10/13/2026 at 11:09 AM. The transfer notice form provided by the facility for R7's discharges to the hospital on 04/11/2026 and 08/22/2026 lacked the required information about the resident/representatives right to appeal and the entity contact information as required per the regulation. The transfer notice also lacked the ombudsman contact information as required per the regulation. On 10/14/2026 at 11:37 AM, Social Services X stated that a bed hold and transfer form was completed by	F0628		

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F0628 SS = D	Continued from page 8 nursing staff upon a resident's transfer out to the hospital. The form would then be given to her the next day, and the form would be mailed to the residents representative. Social Services X stated the bed hold form did contain the information that the ombudsman would be notified, but she was not aware that the notice of transfer form needed to contain information about the right to appeal and who to contact or that the ombudsman contact information also needed to be included. Social Services X asked where in the SOM that information may be found and stated that she would speak to the administrator about it and the form would be revised and implemented immediately. On 10/14/2026 at 11:49 AM, Administrative Staff A stated that himself and Social Services X had reviewed the SOM for the information about the transfer notice and the form has now been revised to include the required information per the regulation and will be used going forward. The facility's "Emergency Transfer" policy, last revised on 06/10/2026 documented This policy establishes procedure for the emergency transfer of residents to acute care facilities, ensuring compliance with federal and state regulations. Prior to a hospital transfer or a therapeutic leave, the resident and/or the resident representative will be provided with a written copy of the bed hold policy. Copies of notices for emergency transfers must also be sent to the ombudsman, but they may be sent when practicable. The policy lacked information regarding the right to appeal, and the entity contact information as well as the ombudsman contact information.	F0628		