

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175224	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2025
NAME OF PROVIDER OR SUPPLIER Moran Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 3940 US Hwy 54 Moran, KS 66755	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility reported a census of 36 residents with 14 residents sampled, including two residents reviewed for dignity. Based on observation, interview, and record review, the facility failed to ensure dignified care for Resident (R)28, when staff failed to cover the resident while receiving care when staff entered and exited his room. This placed the resident at risk for embarrassment and decreased psychosocial well-being.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - A review of R28's Electronic Medical Record (EMR) revealed a diagnosis of Parkinson's disease (a slowly progressive neurologic disorder characterized by resting tremors, rolling of the fingers, masklike faces, shuffling gait, muscle rigidity, and weakness). <p>The Annual Minimum Data Set (MDS), dated [DATE], documented the resident had a Brief Interview for Mental Status (BIMS) score of 11, indicating moderately impaired cognition. The MDS noted he required staff assistance with toileting.</p> <p>R28's Urinary Incontinence/Indwelling Catheter Care Area Assessment dated 04/17/25 documented the resident required staff assistance with toileting needs due to weakness and cognitive loss.</p> <p>The Quarterly MDS, dated 01/17/25, documented R28 had a BIMS score of five indicating severe cognitive impairment. The MDS noted he required staff assistance with toileting.</p> <p>R28's Care Plan, revised 06/02/25, instructed staff to provide catheter (a flexible tube inserted through a narrow opening into a body cavity, particularly the bladder, for removing fluid) care every shift.</p> <p>On 06/03/25 at 09:07 AM, Licensed Nurse (LN) G provided peri-care for R28. The resident lay on top of his bed, uncovered; he was naked from the waist down. While LN G provided care, Certified Nurse Aide (CNA) N knocked on the resident's door and entered without awaiting a response from LN G. CNA N entered R28's room which exposed the resident to any residents, staff, and visitors who may have been outside of his door.</p> <p>On 06/03/25 at 09:35 AM, CNA N confirmed she entered the resident's room without awaiting a response which caused the resident to be exposed to anyone in the hall.</p> <p>(continued on next page)</p>

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 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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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 06/03/25 at 09:37 AM, LN G stated staff should not enter and exit a resident's room during care.</p> <p>On 06/04/25 at 09:41 AM, Administrative Nurse D stated she expected staff not to enter a resident's room while the resident was not covered during care.</p> <p>Review of the facility policy Promoting/Maintaining Resident Dignity, implemented 01/21/25, included: The facility shall promote and protect each resident's rights with respect and dignity.</p>		

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<p>F 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident when there is a significant change in condition</p> <p>The facility identified a census of 36 residents. The sample included 14 residents with one sampled for dialysis (a procedure where impurities or wastes were removed from the blood) review. Based on observation, interview, and record review, the facility failed to complete a Significant Change Minimum Data Set assessment for Resident (R) 31 when the resident started dialysis. This deficient practice placed the resident at risk for unidentified care needs after a significant change in health status.</p> <p>Findings:</p> <ul style="list-style-type: none"> - R31's Electronic Medical Record (EMR) documented a diagnosis of end-stage renal disease (ESRD-a terminal disease of the kidneys) and dependence on dialysis. <p>R31's 02/21/25 admission Minimum Data Set (MDS) documented a Brief Interview for Mental Status (BIMS) score of 13, indicating intact cognition. The MDS documented R31 was not on dialysis services at that time.</p> <p>R31's 05/09/25 Quarterly MDS documented a BIMS of 13. The MDS noted R31 was on dialysis services at that time.</p> <p>R31's Care Plan, dated 05/09/25, documented R31 had dialysis treatment and instructed staff to coordinate care in collaboration with the dialysis center. The plan directed staff to communicate with the dialysis center regarding medications, diet, and lab results. The plan documented R31 had a central venous catheter (CVC-a thin, flexible tube inserted into a large vein, usually in the neck, chest, or groin, and threaded up to a vein near the heart) located in his upper left chest. R31's Care Plan instructed staff to keep it clean and dry; change R31's dressing as directed by the dialysis center and monitor for signs and symptoms of infection. The plan directed staff that dressing changes were done by the dialysis nurse on a routine basis; staff were to reinforce loose dressings.</p> <p>R31's EMR under the Physician Orders documented the following orders:</p> <p>Dialysis: Change dressing as directed by dialysis and reinforce loose dressings. Dressing will be changed at dialysis on Monday, Wednesday, and Friday. Call the dialysis site with questions. Change when soiled, ordered 05/20/25.</p> <p>Dialysis: If dressing is in place change as needed when soiled. Ordered on 05/20/25.</p> <p>Dialysis: Monday Wednesday, and Friday at 02:00 PM. Complete the Pre/Post Dialysis Assessment under the assessment tab on dialysis days. Send a snack with R31. Ordered on 05/20/25.</p> <p>Dialysis: Monitor the dialysis catheter in the left chest area for signs of infection, every shift. Ordered on 05/20/25.</p> <p>Dialysis Precautions: No lab draws, or blood pressure taken on the left arm ordered on 5/28/25.</p> <p>R31's EMR revealed the following:</p> <p>(continued on next page)</p>		

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<p>F 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R31's Pre/Post Dialysis Evaluation was not completed on 04/11/25, 04/14/25, 04/16/25, 04/18/25, 04/23/25, 05/05/25, and 05/23/25.</p> <p>R31's Dialysis Communication Form was not provided for 04/14/25, 04/21/25, and 05/21/25.</p> <p>R31's Dialysis Communication Form from 04/18/25 had a note from the dialysis center that instructed staff to please keep the CVC dressing clean, dry, and intact.</p> <p>During an observation on 06/03/25 at 08:12 AM, R31 lay in bed. His CVC dressing over his dialysis catheter port was soiled with light red areas and areas of dried dark blood. The dressing was not tightly secured to his chest. R31's chest was exposed and appeared to have a light red area to his chest. R31 had a drink that appeared to be the same light pink color on the dressing and his chest.</p> <p>During an interview on 06/04/25 at 12:35 PM, LN H and Consultant Staff GG stated they expected the MDS to be correct and timely. They acknowledged a Significant Change MDS should have been completed following the start of R31's dialysis.</p> <p>During an interview on 06/04/25 at 01:30 PM, Administrative Nurse D stated that she expected the MDS to be completed timely and accurately.</p> <p>The MDS policy documented the facility will conduct initial and periodic comprehensive, accurate, standardized reproducible assessments. The Resident Assessment Instrument (RAI- is a comprehensive, standardized tool used in long-term care facilities to assess residents, guide care planning, and monitor quality of care.) will be used as a basis for assessment and care planning. A comprehensive assessment will be completed within 14 days of a significant change that is not likely to resolve itself.</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>The facility reported a census of 36 residents with 14 residents selected for review. Based on observation, interview, and record review, the facility failed to accurately complete the Minimum Data Set for Resident (R) 2. This placed the resident at risk for unidentified care needs.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - R2's Electronic Medical Record (EMR) documented diagnoses of post-traumatic stress disorder (PTSD-mental disorder characterized by an acute emotional response to a traumatic event or situation involving severe environmental stress), anxiety (class of medications that calm and relax people), depressive disorder (major mood disorder which causes persistent feelings of sadness), obsessive-compulsive disorder (OCD-an anxiety disorder characterized by recurrent and persistent thoughts, ideas, and feelings of obsessions severe enough to cause marked distress, consume considerable time, or significantly interfere with the resident's occupational, social, or interpersonal functioning), and dementia (a progressive mental disorder characterized by failing memory and confusion). <p>R2's 10/28/24 Annual Minimum Data Set (MDS) documented R2 had a Brief Interview for Mental Status (BIMS) of 15, indicating intact cognition, and a PHQ-9 severity score of zero indicating no depression. The MDS noted R2 had no behaviors and took an antidepressant (a class of medications used to treat mood disorders). The MDS inaccurately documented that R2 did not take an antipsychotic medication (a class of medications used to treat major mental conditions that cause a break from reality).</p> <p>The 10/28/24 Psychotropic Drug Use Care Area Assessment (CAA) documented R2 took psychotropic medications to manage psychiatric illness/condition and a licensed nurse monitored for side effects every shift. The CAA noted a pharmacist consultant will review medications monthly and the physician will review medications with each visit.</p> <p>R2's 05/07/25 Quarterly MDS documented a BIMS of 15. The MDS noted R2 took an antidepressant, antianxiety, and an antipsychotic medication.</p> <p>R2's Care Plan dated 11/22/18 noted R2 received psychotropic medications and instructed staff to monitor her every shift for targeted behaviors. R2 has a diagnosis of anxiety, depression, and obsessive-compulsive disorder. R2's Care Plan instructed staff to re-direct the resident when behaviors were present. The plan notified staff that R2 received antipsychotic medication.</p> <p>R2's Physicians Orders documented:</p> <p>A discontinued order for Seroquel (antipsychotic) 25 milligrams (mg), take two tablets three times a day for depression and anxiety. This was started on 12/22/23 and was discontinued on 01/24/25.</p> <p>Seroquel 25 milligrams mg, take one tablet by three times a day for obsessive-compulsive disorder. This was started on 04/30/25.</p> <p>During an observation on 06/02/25 at 12:33 PM, R2 sat in her recliner in her room. She stated she was unhappy with her medications. She said she just did not feel like the medications were helping.</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 06/04/25 at 12:35 PM, LN H and Consultant Staff GG stated they expected the MDS to be correct and timely. They acknowledged the MDS should have been coded with the antipsychotic medication to properly assess the resident.</p> <p>During an interview on 06/04/25 at 01:30 PM, Administrative Nurse D stated she expected the MDS and CAAs to be completed accurately. Administrative Nurse D said the MDS should have been coded that R2 was taking the antipsychotic medication.</p> <p>The MDS policy documented the facility will conduct initial and periodic comprehensive, accurate, standardized reproducible assessments. The Resident Assessment Instrument (RAI- is a comprehensive, standardized tool used in long-term care facilities to assess residents, guide care planning, and monitor quality of care) will be used as a basis for assessment and care planning.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility reported a census of 36 residents with 14 residents sampled including one resident reviewed for positioning. Based on observation, interview, and record review, the facility failed to ensure appropriate wheelchair positioning for Resident (R)23, regarding the positioning of her feet on the foot pedals. This placed the resident at risk for accidents and decreased comfort.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of R23's Electronic Medical Record (EMR) revealed a diagnosis of Parkinson's disease (a slowly progressive neurologic disorder characterized by resting tremors, rolling of the fingers, masklike faces, shuffling gait, muscle rigidity, and weakness). <p>R23's Annual Minimum Data Set (MDS), dated [DATE], documented the resident had a Brief Interview for Mental Status (BIMS) score of six, indicating severe cognitive impairment. The MDS noted R23 was independent with mobility in her wheelchair and had no limitation in range of motion (ROM).</p> <p>The Functional Abilities Care Area Assessment (CAA), dated 07/01/24, documented the resident required staff assistance for the completion of activities of daily living (ADL).</p> <p>The Quarterly MDS, dated 03/27/25, documented the resident had a BIMS score of eight, indicating moderately impaired cognition. The MDS noted she was independent with mobility in her wheelchair and had no limitations in ROM.</p> <p>R23's Care Plan, revised 05/30/25, instructed staff the resident required limited assistance with mobility in her wheelchair.</p> <p>R23's EMR, from 05/06/25 through 06/03/25, revealed the resident required partial/moderate staff assistance to total dependence on staff for mobility in her wheelchair.</p> <p>Observation on 06/02/25 at 07:15 AM revealed R23 sat in her wheelchair in the front common area. The resident wore shoes. The center of the resident's feet rested on the distal (far) edge of the wheelchair's foot pedals with her heels several inches above the foot pedals and the toe of her shoes pointed down towards the floor.</p> <p>On 06/03/25 at 07:41 AM, R23 sat in her wheelchair at the dining table. The resident wore shoes. The center of the resident's feet rested on the distal edge of the wheelchair's foot pedals with her heels several inches above the foot pedals and the toe of her shoes pointed down towards the floor.</p> <p>On 06/03/25 at 08:47 AM, Certified Nurse Aide (CNA) M propelled the resident in her wheelchair to her room. Her feet remained in the same position as earlier.</p> <p>On 06/03/25 at 08:57 AM, CNA M confirmed R23's feet did not sit flatly on the foot pedals of the wheelchair.</p> <p>On 06/03/25 at 09:01 AM, CNA N stated R23's feet would often come off the foot pedals because her feet did not fit properly on the foot pedals.</p> <p>(continued on next page)</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 06/04/25 at 09:45 AM, Licensed Nurse (LN) G stated R23's feet had never fit properly on the foot pedals of her wheelchair.</p> <p>On 06/04/25 at 10:17 AM, Administrative Nurse D stated the resident's feet did not fit the foot pedals of her wheelchair properly.</p> <p>The facility did not provide a policy for wheelchair positioning.</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>The facility identified a census of 36 residents. The sample included 14 residents with one sampled for dialysis (a procedure where impurities or wastes were removed from the blood) review. Based on observation, interview, and record review, the facility failed to provide the necessary dialysis assessment, care, and services for Resident (R) 31. This deficient practice had the risk of adverse outcomes and dialysis complications for R31.</p> <p>Findings:</p> <ul style="list-style-type: none"> - R31's Electronic Medical Record (EMR) documented a diagnosis of end-stage renal disease (ESRD-a terminal disease of the kidneys) and dependence on dialysis. <p>R31's 02/21/25 admission Minimum Data Set (MDS) documented a Brief Interview for Mental Status (BIMS) score of 13, indicating intact cognition. The MDS documented R31 was not on dialysis services at that time.</p> <p>R31's 05/09/25 Quarterly MDS documented a BIMS of 13. The MDS noted R31 was on dialysis services at that time.</p> <p>R31's Care Plan, dated 05/09/25, documented R31 had dialysis treatment and instructed staff to coordinate care in collaboration with the dialysis center. The plan directed staff to communicate with the dialysis center regarding medications, diet, and lab results. The plan documented R31 had a central venous catheter (CVC-a thin, flexible tube inserted into a large vein, usually in the neck, chest, or groin, and threaded up to a vein near the heart) located in his upper left chest. R31's Care Plan instructed staff to keep it clean and dry; change R31's dressing as directed by the dialysis center and monitor for signs and symptoms of infection. The plan directed staff that dressing changes were done by the dialysis nurse on a routine basis; staff were to reinforce loose dressings.</p> <p>R31's EMR under the Physician Orders documented the following orders:</p> <p>Dialysis: Change dressing as directed by dialysis and reinforce loose dressings. Dressing will be changed at dialysis on Monday, Wednesday, and Friday. Call the dialysis site with questions. Change when soiled, ordered 05/20/25.</p> <p>Dialysis: If dressing is in place change as needed when soiled. Ordered on 05/20/25</p> <p>Dialysis: Monday Wednesday, and Friday at 02:00 PM. Complete the Pre/Post Dialysis Assessment under the assessment tab on dialysis days. Send a snack with R31. Ordered on 05/20/25.</p> <p>Dialysis: Monitor the dialysis catheter in the left chest area for signs of infection, every shift. Ordered on 05/20/25.</p> <p>Dialysis Precautions: No lab draws, or blood pressure taken on the left arm ordered on 5/28/25.</p> <p>R31's EMR revealed the following:</p> <p>(continued on next page)</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R31's Pre/Post Dialysis Evaluation was not completed on 04/11/25, 04/14/25, 04/16/25, 04/18/25, 04/23/25, 05/05/25, and 05/23/25.</p> <p>R31's Dialysis Communication Form was not provided for 04/14/25, 04/21/25, and 05/21/25.</p> <p>R31's Dialysis Communication Form from 04/18/25 had a note from the dialysis center that instructed staff to please keep the CVC dressing clean, dry, and intact.</p> <p>R31's EMR, reviewed on 06/04/25, lacked evidence that the doctor or dialysis center was notified of the soiled dressing on 06/03/25.</p> <p>During an observation on 06/03/25 at 08:12 AM, R31 lay in bed. His CVC dressing over his dialysis catheter port was soiled with light red areas and areas of dried dark blood. The dressing was not tightly secured to his chest. R31's chest was exposed and appeared to have a light red area to his chest. R31 had a drink that appeared to be the same light pink color on the dressing and his chest.</p> <p>During an interview on 06/04/25 at 12:10 PM, Licensed Nurse (LN) G stated that prior to dialysis the nurse filled out the Dialysis Communication Form, obtained vital signs, and assessed the resident. LN G said after dialysis, facility staff did not assess R31 because R31 typically came back from dialysis and went straight to supper.</p> <p>During an interview on 06/04/25 at 01:30 PM, Administrative Nurse D stated that she expected staff to follow the orders and the policy for dialysis for residents including following orders and doing an assessment on the residents before and after each dialysis treatment. Administrative Nurse D said she also expected the catheter area to be assessed and clean and dry. Administrative Nurse D stated that the dialysis nurses changed the dressing.</p> <p>The facility's Hemodialysis policy, dated 01/21/25, documented the facility would provide the necessary care and treatment consistent with professional standards of practice, physician's orders and the residents care plan. The facility will coordinate and collaborate with the Dialysis Center. The facility will monitor and document the status of the resident's access site upon their return from a treatment.</p>

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<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>The facility reported a census of 36 residents. Based on record review and interview, the facility failed to display accurate and identifiable staffing information, which contained the actual nursing hours worked.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of the facility's Daily Staffing Sheets, from 05/01/25 through 06/02/25, revealed the actual hours worked had not been completed on the daily staffing sheets. <p>On 06/04/25 at 07:11 AM, Administrative Nurse D verified the actual hours worked had not been filled in on the daily staffing sheets, as required.</p> <p>The facility did not provide a policy regarding the accurate completion of the Daily Staffing Sheets.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>The facility reported a census of 36 residents with one kitchen. Based on observation, interview, and record review, the facility failed to provide sanitary conditions for food storage to prevent the spread of food borne illness to the residents of the facility. This placed the residents at risk for food-borne illness.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Initial tour of the kitchen on 06/02/35 at 02:51 PM with Dietary Manager BB, revealed the following areas of concern: <p>The stand-up freezer in the kitchen area contained BBQ ribs open to air and undated. There were frozen vegetables in a bag, opened and not dated.</p> <p>The stand-up refrigerator in the kitchen contained salad opened to air and not dated. It also contained cottage cheese, sour cream, and cream opened but not dated.</p> <p>The dry storage area had a freezer with frozen peas that was open to air.</p> <p>The kitchen area had a cutting board with deep grooves and scratches on it.</p> <p>During an interview on 06/02/25 at 03:05 PM, Dietary Manager BB reported she expected all food to be dated and covered. Dietary Manager BB further stated all equipment should have cleanable surfaces with no scratches. Dietary Manager BB immediately discarded the cutting board.</p> <p>During an interview on 06/04/25 at 01:53 PM, Administrative Staff A reported that once the food was open, it had to be labeled and dated. Administrative Staff A said that after three days of storage, food should be thrown out. Administrative Staff A also reported that utensils were to be replaced if damaged or contaminated.</p> <p>The facility's Food Safety Requirements policy dated 01/21/25 documented that all foods in the kitchen would be labeled and include the name of the food and expiration date. Additionally, all items were to be covered or in airtight containers. All equipment used in the kitchen will be cleaned and sanitized.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175224	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2025
NAME OF PROVIDER OR SUPPLIER Moran Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 3940 US Hwy 54 Moran, KS 66755	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>The facility reported a census of 36 residents. The sample included 14 residents. Based on interviews, record reviews and observation, the facility failed to maintain an effective pest control program to ensure the kitchen was free from insects and/or pests. This deficient practice placed the residents at risk for contaminated food, illness and discomfort.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - During an observation on 06/02/25 at 02:51 PM, there was an abundance of flies throughout the kitchen area. Further observation revealed no methods to prevent or eradicate the insects. <p>During an observation on 06/03/25 at 12:20 PM, observation revealed flies throughout the kitchen and dining room area.</p> <p>During an observation on 06/04/25 at 09:13 AM, the west door that led from outside into the kitchen would not close completely without force.</p> <p>During an observation on 06/04/25 at 09:20 AM, the east dining room door that led directly into the courtyard had a significant gap at the bottom large enough to allow pests and/or rodents to enter the dining room.</p> <p>During an observation on 06/04/25 at 09:25 AM, an outer screen on the east kitchen wall had the top metal frame bent, and the screen was not sealed to the window.</p> <p>A review of the Facility Pest Control Service Agreement, with service start date of 10/2023, indicated that pest control vendor provided monthly service to the facility for pests and as needed for rodent control. The agreement further indicated that the service would not provide service/treatments for termites, bed bugs or flying insects.</p> <p>During an interview on 06/04/25 at 08:15 AM, Administrative Staff A reported that the kitchen and facility should have been free and clear of pests and rodents. Administrative Staff A said if there was an issue with either, she expected that the pest control service provider would be contacted to implement a plan to combat the pest issue.</p> <p>During an interview on 06/04/25 at 08:47 AM, Maintenance U reported that a private pest control vendor provided monthly pest and rodent control inside and outside of the facility. Maintenance U said if there was a pest or rodent issue that arose beyond the monthly service, staff would contact the pest control vendor to provide additional services.</p> <p>The facility policy Pest Control Program, dated 01/21/25 indicated that the facility would maintain a written agreement with a qualified outside pest control service that would provide pest control services on a regularly scheduled basis. The policy also indicated that the facility would utilize a variety of methods that were deemed appropriate by the outside pest control service for controlling seasonal pests such as flies.</p>		