

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  175232	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/04/2025
NAME OF PROVIDER OR SUPPLIER  Pleasant Valley Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  623 E Elm Sedan, KS 67361	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34056</p> <p>The facility reported a census of 40 residents with 12 residents sampled, including three residents reviewed for dignity. Based on observation, interview and record review, the facility failed to show respect and dignity to one Resident (R)13, regarding staff dressing her in tops which were to large for her and hung on her, exposing her bare skin.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Review of Resident (R)13's electronic medical record (EMR) revealed a diagnosis of dementia (progressive mental disorder characterized by failing memory, confusion).</li> </ul> <p>The Annual Minimum Data Set (MDS), dated [DATE], documented the resident had a Brief Interview for Mental Status (BIMS) score of three, indicating severe cognitive impairment. She required substantial/maximal staff assistance with upper body dressing.</p> <p>The Functional Abilities Care Area Assessment (CAA), dated 07/21/24, did not trigger.</p> <p>The Quarterly MDS, dated [DATE], documented the resident had a BIMS score of three, indicating severe cognitive impairment. She required substantial/maximal staff assistance with upper body dressing.</p> <p>The Care Plan for Activities of Daily Living (ADL), revised 10/22/24, instructed staff the resident required assistance with dressing.</p> <p>Review of the resident's EMR, from 01/01/25 through 01/29/25, revealed the resident required substantial/maximal to dependent staff assistance with dressing.</p> <p>On 01/29/25 at 02:55 PM, the resident sat at the dining room table with two male peers. Her improperly fitting dress fell off of the left shoulder, exposing bare skin.</p> <p>On 01/29/25 at 03:45 PM, the resident continued to sit in the dining room with her bare left shoulder exposed.</p> <p>On 01/30/25 at 08:57 AM, the resident sat in her wheelchair in the therapy room with several other peers. The collar of her t-shirt hung down low, exposing much of the resident's bare chest.</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 01/30/25 at 11:51 AM, the resident sat in the dining room awaiting lunch. Her t-shirt collar continued to hang low, exposing much of her bare chest.</p> <p>On 01/30/25 at 01:33 PM, Certified Nurse Aide (CNA) M confirmed the resident's clothing was too large and would sag down exposing her bare skin.</p> <p>On 02/03/25 at 07:29 AM, CNA P stated the resident had lost weight and her clothes no longer fit her properly and would, at times, slide down and expose her skin.</p> <p>On 01/30/25 at 01:43 PM, Licensed Nurse (LN) H stated the resident had lost weight and her clothing did not fit her well.</p> <p>On 02/03/25 at 09:43 AM, Administrative Nurse D stated it was the expectation for resident's clothing to fit them properly and not expose too much of their skin. Administrative Nurse D stated the facility will look into getting the resident clothing that fit properly.</p> <p>The facility policy for Quality of Life--Dignity, undated, included: Staff will promote, maintain and protect the bodily privacy of all residents.</p> <p>The facility failed to dress this dependent resident in well-fitted clothing, instead of too large of clothing which was sliding down and exposing the resident's bare skin.</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34056</p> <p>The facility reported a census of 40 residents with 12 residents sampled, including 2 residents reviewed for Activities of Daily Living (ADLS). Based on observation, interview, and record review, the facility failed to ensure two Residents (R)8, regarding staff not dressing the resident in clean clothing and R 13, regarding not assisting the resident at meal times, as care planned.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Review of Resident (R)8's electronic medical record (EMR) revealed a diagnosis of Parkinson's disease (slowly progressive neurologic disorder characterized by resting tremor, rolling of the fingers, masklike faces, shuffling gait, muscle rigidity and weakness).</li> </ul> <p>The Annual Minimum Data Set (MDS), dated [DATE], documented the resident had a Brief Interview or Mental Status (BIMS) score of four, indicating severe cognitive impairment. She required substantial/maximal staff assistance for dressing her upper portion.</p> <p>The Functional Abilities Care Area Assessment, (CAA), dated 01/20/25, did not trigger.</p> <p>The Quarterly MDS, dated [DATE], documented the resident had a BIMS score of nine, indicating moderately impaired cognition. She was dependent on staff for dressing of her upper portion.</p> <p>The care plan for Activities of Daily Living (ADL), revised 11/19/24, instructed staff the resident required one staff assistance with dressing.</p> <p>Review of the resident's EMR, from 01/01/25 through 01/29/25, revealed the resident required substantial/maximal to dependent staff assistance with dressing.</p> <p>On 01/29/25 at 10:17 AM, the resident sat in her recliner in her room. The resident wore a blue sweatshirt which had dried liquid and food on the front.</p> <p>On 01/29/25 at 12:37 PM, the resident sat at the dining room table with her peers. The resident continued to wear the dirty sweatshirt.</p> <p>On 01/29/25 at 03:13 PM, the resident sat in her recliner in her room and continued to wear the dirty sweatshirt.</p> <p>On 01/30/25 at 09:00 AM, Certified Nurse Aide (CNA) N stated staff should change resident's clothing when they are dirty.</p> <p>On 01/30/25 at 01:14 PM, CNA M stated the resident's should have clean clothing on at all times.</p> <p>On 02/03/25 at 09:43 AM, Administrative Nurse D stated it was the expectation for staff to ensure resident's were always dressed in clean clothing.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility policy for Quality of Life--Dignity, undated, included: Each resident shall be cared for in a manner that promotes and enhances quality of life, dignity, respect and individuality.</p> <p>The facility failed to ensure this dependent resident was dressed in clean clothing at all times.</p> <p>- Review of Resident (R)13's electronic medical record (EMR) revealed a diagnosis of dementia (progressive mental disorder characterized by failing memory, confusion).</p> <p>The Annual Minimum Data Set (MDS), dated [DATE], documented the resident had a Brief Interview for Mental Status (BIMS) score of three, indicating severe cognitive impairment. She had no swallowing disorder and was independent with eating.</p> <p>The Nutritional Care Area Assessment (CAA), dated 07/21/24, documented the resident had a history of malnutrition (lack of proper nutrition) and a poor appetite.</p> <p>The Functional Abilities CAA, dated 07/21/24, did not trigger.</p> <p>The Quarterly MDS, dated [DATE], documented the resident had a BIMS score of three, indicating severe cognitive impairment. She had no swallowing disorders and required setup or clean-up assistance with eating.</p> <p>The nutrition care plan, revised 01/15/25, instructed staff the resident required staff to feed her at mealtimes.</p> <p>Review of the resident's EMR, from 01/06/25 through 02/03/25, revealed the resident required setup to dependent assistance with eating.</p> <p>Review of the resident's EMR, revealed the following physician's order:</p> <p>Regular diet, pureed texture, regular liquids, ordered 01/08/25.</p> <p>On 01/30/25 at 12:25 PM, staff served lunch to the resident which consisted of pureed beef stew, pureed biscuit, and pureed peas. The resident made no attempt to feed herself. At 12:29 PM, Administrative Nurse D placed a spoon in the resident's hand and encouraged her to feed herself. The resident made multiple attempts to feed herself but was unable to get the food from her plate to her mouth with the spoon. At 12:32 PM, Certified Nurse Aide (CNA) N asked the resident to try the beef stew, but CNA N did not offer assistance to the resident. At 12:37 PM, Consultant staff II asked Administrative Nurse D to assist the resident with eating. Administrative Nurse D fed the resident, and the resident ate well with no difficulty swallowing. The resident consumed approximately 75% of her meal.</p> <p>On 02/03/25 at 07:29 AM, CNA P stated the resident will eat well when staff feed her.</p> <p>On 01/30/25 at 01:43 PM, Licensed Nurse (LN) H stated the resident required assistance from staff to feed her since her recent decline.</p> <p>On 01/30/25 at 12:37 PM, Administrative Nurse D stated the resident would usually feed herself and was unsure of why the resident required staff assistance for the noon meal.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility policy for Quality of Life--Dignity, undated, included: Each resident shall be cared for in a manner that promotes and enhances quality of life, dignity, respect, and individuality.</p> <p>The facility failed to feed this dependent resident who required staff assistance at mealtimes.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34056</p> <p>The facility reported a census of 40 residents with 12 residents selected for review, including three residents reviewed for accidents. Based on observation, interview, and record review, the facility failed to safely transfer Resident (R)8.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Review of Resident (R)8's Electronic Medical Record (EMR) revealed a diagnosis of Parkinson's disease (slowly progressive neurologic disorder characterized by resting tremor, rolling of the fingers, masklike faces, shuffling gait, muscle rigidity and weakness).</li> </ul> <p>The Annual Minimum Data Set (MDS), dated [DATE], documented the resident had a Brief Interview for Mental Status (BIMS) score of four, indicating severe cognitive impairment. She had functional limitation in range of motion (ROM) on both sides of her lower extremity and required substantial to maximal staff assistance for chair-to-bed-to-chair transfers.</p> <p>The Functional Abilities Care Area Assessment (CAA), dated 01/20/25, did not trigger.</p> <p>The Quarterly MDS, dated [DATE], documented the resident had a BIMS score of nine, indicating she had moderately impaired cognition. She had limited ROM on both sides of her lower extremity and was dependent on staff for chair-to-bed-to-chair transfers.</p> <p>The Care Plan, revised 11/29/24, instructed staff the resident required two staff and the use of a gait belt when transferred.</p> <p>Review of the resident's EMR, from 01/01/25 through 01/29/25, revealed the resident required substantial/maximal assistance to dependent with all transfers.</p> <p>On 01/30/25 at 09:00 AM, Certified Nurse Aide (CNA) N and Administrative Nurse D transferred the resident from her wheelchair to her recliner in her room. The resident, wearing appropriate footwear, was only able to bear minimal weight during the transfer.</p> <p>On 01/30/25 at 01:14 PM, CNA N and CNA O transferred the resident from her wheelchair to her recliner in her room. The resident, wearing appropriate footwear, was unable to bear weight during the transfer.</p> <p>On 01/30/25 at 09:00 AM, CNA N stated some days the resident could bear weight during transfers and other days she could not, it depended on the day. When the resident did bear weight, it was on her tip toes as she was not able to put her foot down flat on the floor due to the contractures in both of her legs.</p> <p>On 01/30/25 at 01:14 PM, CNA O stated the resident was not usually able to bear her full weight during transfers.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 02/03/25 at 07:31 AM, CNA P stated the resident required extensive assistance of two staff and the gait belt for transfers. CNA P stated the resident was not always able to bear her full weight.</p> <p>On 02/03/25 at 11:03 AM, Consultant Staff GG stated he would not consider a transfer to be safe if the resident could only bear minimal weight.</p> <p>On 02/03/25 at 09:07 AM, Administrative Nurse E stated staff would use a gait belt and two staff assist when transferring the resident. The resident was not always able to bear her weight during transfers.</p> <p>On 01/30/25 at 09:00 AM, Administrative Nurse D stated the resident was not always able to bear weight during transfers.</p> <p>On 01/30/25 at 09:00 AM, Administrative Nurse D stated the resident will bear weight at times on her [NAME] toes but was not always able to bear her full weight during transfers.</p> <p>The facility policy for Safe Resident Handling/Transfers, undated, included: The facility shall ensure residents are handled and transferred safely to prevent or minimize risks for injury and provide a safe, secure, and comfortable experience for the resident.</p> <p>The facility failed to safely transfer this dependent resident.</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>34056</p> <p>The facility reported a census of 40 residents. Based on observation, record review and interview, the facility failed to prepare and serve food to the residents, under sanitary conditions, to prevent the potential for food borne bacteria.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- During an initial tour of the kitchenette area between the dining room and kitchen on 01/29/25 at 10:47 AM, the following areas of concern were noted:</li> <li>1. The pop machine had standing liquid in the spill tray.</li> <li>2. A trash can was over-flowing with trash and had dried-on liquid and food debris on the top and sides of the trash can.</li> <li>3. The bags of syrup for the pop machine were kept in a cabinet underneath the pop machine. The bags had spilled syrup which had dried on several areas of the shelves on which they rested.</li> <li>4. The cabinet and drawer doors had multiple areas of dried-on food and fluids.</li> </ul> <p>During an initial tour of the dining room on 01/29/25 at 10:47 AM, the following areas of concern were noted:</p> <ul style="list-style-type: none"> <li>1. The inside of microwave had a heavy build-up of dried on food on the top and all sides of the microwave oven.</li> <li>2. The juice machine had dried-on juice on the back splash of the machine and in the spill tray.</li> <li>3. There were several areas of dried-on food on the counter.</li> </ul> <p>During an initial tour of the kitchen on 01/29/25 at 10:47 AM, the following areas of concern were noted:</p> <ul style="list-style-type: none"> <li>1. The two-door reach-in refrigerator had dried-on food on the front of the doors, the inside of the doors, the vents of the machine and in the handles of the doors.</li> <li>2. The bottom of the reach-in had dried-on spilled liquid and food debris.</li> <li>3. Four open gallons of milk lacked open dates.</li> <li>4. A gallon pitcher of a vanilla supplement lacked a date.</li> </ul> <p>(continued on next page)</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>5. The three-door reach-in refrigerator had a sandwich bag with half of a red bell pepper, an open bottle of an orange salad dressing, an open gallon of milk, a partially uncovered container of fruit cocktail, an open quart bottle of BBQ sauce and an open gallon of dill pickle slices, all lacking open dates.</p> <p>6. A one-gallon container of a white salad dressing lacked an open date and had a large glob of dressing, which had turned into a brownish color, dried to the side of the container.</p> <p>7. The bottom of the reach-in had a heavy build-up of food debris.</p> <p>8. The front left corner of the bottom of the reach-in had an area of dried blood.</p> <p>9. The counter which held the coffee maker had multiple areas of dried-on coffee.</p> <p>10. The bottom shelves of two food prep tables had food debris.</p> <p>11. A covered trash can in the dish washing area had dried on food and liquids on all sides as well as the lid to the trash can.</p> <p>12. Five plastic containers holding cold cereal had a dried-on, sticky food substance on the lids.</p> <p>13. A three-tiered plastic cart used to stack clean dishes had food debris on all three tiers.</p> <p>14. A plastic container holding sharp knives had a build-up of dust and debris on the top.</p> <p>15. The trash can by the oven was overflowing and had dried-on food and liquid on all sides and the lid of the trash can.</p> <p>16. The wire carts holding clean pots and pans had a build-up of food debris.</p> <p>17. The dry storage room had three open bags of chips lacking an open date.</p> <p>18. The three-doored freezer had a build-up of food debris on the bottom.</p> <p>19. The bread shelf had a sticky build-up on all shelves.</p> <p>On 01/30/25 at 01:30 PM, Administrative Staff A stated the above issues needed to be taken care of immediately.</p> <p>The facility policy for Dietary Cleaning Procedures, undated, included: The facility will store, prepare, distribute, and serve food under sanitary conditions to ensure proper sanitation and food handling practices to prevent the outbreak of foodborne illnesses was attained continuously. The dietitian and/or the dietary manager would review documentation of cleaning tasks and perform quality assurance process tracking and trending with team members at least once a month.</p> <p>The facility failed to prepare and serve food under sanitary conditions for the residents of the facility appropriately to prevent the potential for food borne bacterial.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>51334</p> <p>The facility reported a census of 40 residents Based on observation, interview, and record review the facility failed to maintain an effective infection control program related to the failure of staff to sanitize the glucometer between use and the failure to perform proper hand hygiene. This deficient practice had the potential to spread possible infections to the residents in the facility.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- During an observation on 01/30/25 at 10:30 AM Certified Medication Aide (CMA) S gathered supplies to complete a glucose check. CMA S went to the therapy room to find R1 and completed a glucose check. CMA S then removed her gloves without performing hand hygiene, she opened a door and walked to the nurses' station and threw away her gloves and retrieved other gloves, without performing hand hygiene. CMA S also did not sanitize the glucometer (instrument used to calculate blood glucose). CMA S walked through another hallway to R37's room, knocked on the door, performed hand hygiene, applied gloves, and checked R37's blood sugar. She removed her gloves and walked to the nurses' station to report the blood sugar reading.</li> </ul> <p>During an interview on 01/30/25 at 10:30 AM, CMA S reported she was not aware that the glucometers needed to be sanitized after use and prior to using on another resident. CMA S also verified she should perform hand hygiene after removing her gloves.</p> <p>During an interview on 02/03/25 at 09:05 AM, Administrative Nurse D expected staff to sanitize the glucometer with sanitizing wipes after every use. Administrative Nurse D expected staff to preform hand hygiene before gloves were applied and after staff removed gloves when glucose checks were completed.</p> <p>During an interview on 02/03/25 at 11:05 AM, ADON Administrative Nurse E reported she expected staff to sanitize the glucometer after each use. She stated she planned to reeducate. Also expected staff to preform hand hygiene before and after glucose checks were preformed after removal of gloves. Also, before the gloves were put on and right after they were taken off, before doing anything else.</p> <p>The facility's Infection Control Policy reviewed 12//2024 revealed hand hygiene was to be performed before and after contact with a resident, immediately after removing gloves, after touching objects and medical equipment in immediate resident care areas.</p> <p>The facility's Glucometer Disinfection policy dated 10/2022 revealed the glucometer was to be cleaned and disinfected after each use. The process for using the glucometer included wash hands, apply gloves, obtain the sample according to the facility policy, remove and discard gloves and preform hand hygiene prior to leaving the room, reapply gloves if there was visible signs of blood or if the resident had HIV, Hepatitis (inflammatory condition of the liver) B or C. Use two disinfectant wipes, the first to clean, the second to disinfect.</p> <p>The facility failed to maintain an effective infection control program related to the failure of staff to sanitize the glucometer between use and the failure to perform proper hand hygiene. This deficient practice had the potential to spread possible infections to the residents in the facility.</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>34056</p> <p>The resident reported a census of 40 residents. Based on observation, interview, and record review, the facility failed to provide a safe, functional, sanitary, and comfortable environment for all residents and staff.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- During the initial tour of the kitchen areas on 01/29/25 at 10:27 AM, the following area of concern was noted:</li> </ul> <p>The floor throughout the kitchen had a heavy build-up of a blackish substance at the end of all table legs and legs of the kitchen equipment.</p> <p>The floor in the kitchenette area had a dried-on red liquid.</p> <p>The floor of the dry storage room had a sticky substance throughout.</p> <p>On 01/30/25 at 01:30 PM, Administrative Staff A stated it was the expectation for the floors to be kept mopped and cleaned at least daily.</p> <p>The facility policy for Dietary Cleaning Procedures, undated, included: The dietary staff will keep the kitchen floor clean and free of debris.</p> <p>The facility failed to provide a safe, functional, sanitary, and comfortable environment for all residents and staff.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  175232	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/04/2025
NAME OF PROVIDER OR SUPPLIER  Pleasant Valley Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  623 E Elm Sedan, KS 67361	
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>34056</p> <p>The facility reported a census of 40 residents. Based on observation, interviewed and record review, the facility failed to maintain an effective pest control program to ensure the facility remained free of pests, specifically cockroaches, and affected all residents in the facility.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- During an initial tour of the kitchenette area between the dining room and kitchen on 01/29/25 at 10:47 AM, the following areas of concern were noted:</li> <li>1. The pop machine had standing liquid in the spill tray.</li> <li>2. A trash can was over-flowing with trash and had dried-on liquid and food debris on the top and sides of the trash can.</li> <li>3. The bags of syrup for the pop machine were kept in a cabinet underneath the pop machine. The bags had spilled syrup which had dried on several areas of the shelves on which they rested.</li> <li>4. The cabinet and drawer doors had multiple areas of dried-on food and fluids.</li> </ul> <p>During an initial tour of the kitchen on 01/29/25 at 10:47 AM, the following areas of concern were noted:</p> <ul style="list-style-type: none"> <li>1. The two-door reach-in refrigerator had dried-on food on the front of the doors, the inside of the doors, the vents of the machine and in the handles of the doors.</li> <li>2. The counter which held the coffee maker had multiple areas of dried-on coffee.</li> <li>3. The bottom shelves of two food prep tables had food debris.</li> <li>4. A covered trash can in the dish washing area had dried on food and liquids on all sides as well as the lid to the trash can.</li> <li>5. Five plastic containers holding cold cereal had a dried-on, sticky food substance on the lids.</li> <li>6. A three-tiered plastic cart used to stack clean dishes had food debris on all three tiers.</li> <li>7. The trash can by the oven was overflowing and had dried-on food and liquid on all sides and the lid of the trash can.</li> <li>8. The wire carts holding clean pots and pans had a build-up of food debris.</li> <li>9. The bread shelf had a sticky build-up on all shelves.</li> </ul> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Pleasant Valley Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  623 E Elm Sedan, KS 67361	
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(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>On 01/29/25 at 09:57 AM, Resident (R) 41 stated the facility had roaches in the kitchen and the dining room. The residents were able to see them crawling on the walls in the dining room. The facility has someone come out every month and spray for the bugs.</p> <p>On 01/29/25 at 11:13 AM, R14 stated there were roaches in the kitchen and dining room.</p> <p>On 01/29/25 at 01:13 PM, R37 stated there had been roaches in the dining room for quite a while and he could see them crawling on the walls.</p> <p>On 01/29/25 at 12:43 PM, Certified Medication Aide (CMA) R stated the facility had a problem with roaches in the kitchen.</p> <p>On 01/30/25 at 09:00 AM, Certified Nurse Aide (CNA) N, stated there had been roaches in the dining room and kitchen. CNA N stated when you go into the kitchen you could see them around the dish washer area.</p> <p>On 01/30/25 at 01:14 PM, CNA M stated the kitchen and dining room had roaches. The CNA said you could see them on the walls in the dining room.</p> <p>On 02/03/25 at 07:31 AM, CNA P stated the facility had roaches in the kitchen.</p> <p>On 02/03/25 at 11:41 AM, Consultant HH stated the facility was sprayed monthly for roaches. It would be difficult to get rid of roaches when there was a food supply within easy access to the roaches.</p> <p>On 02/03/25 at 12:05 PM, Administrative Staff A stated the facility was having problems with roaches in the kitchen and dining room. Administrative Staff A stated the facility had a contract with pest control company since, February 2014, and they would come in to spray monthly. Administrative Staff A stated they were unsure how the facility developed a roach problem when the facility was sprayed every month.</p> <p>The facility policy for Pest Control Program, undated, included: It was the policy of the facility to maintain an effective pest control program which eradicated and contained common household pests and rodents.</p> <p>The facility failed to maintain an effective pest control program to ensure the facility was free of pests, specifically roaches, and affected all residents in the facility.</p>		