STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175241	A. Building B. Wing	01/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sabetha Manor	1441 Oregon Street Sabetha, KS 66534

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)
F 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician. The facility had a census of 24 residents and one kitchen. The sample included 12 residents. Based on observation, interview, and record review, the facility failed to employ a full-time Certified Dietary Manager for the residents who reside in the facility and receive their meals from the kitchen.Findings included:- On 01/20/26 at 07:30 AM, during the initial tour of the kitchen, Dietary Staff (DS) BB was present in the kitchen preparing breakfast. DS BB identified herself as the Dietary Manager. DS BB stated she was not certified.On 01/21/26 at 11:45 AM, DS BB chopped lettuce and prepared the pureed meal for one resident.On 01/21/26 at 12:57 PM, Administrative Staff A reported that the facility checked with an institute regarding DS BB becoming certified, but DS BB had not been enrolled in the course.The facility's Dietary Service-Staffing policy, reviewed 01/22/26, documented that the facility employs sufficient staff with the appropriate competencies and skill sets to carry out the functions of the Food and Nutrition Services, taking into consideration resident reassessments, individual plan of care, and the number, acuity, and diagnoses of the facility's resident population in accordance with the facility assessment. The facility will employ a qualified dietitian or other clinically qualified nutrition professional on a full-time, part-time, or consultant basis.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. The facility had a census of 24 residents. The sample included 12 residents. Based on observation, interview, and record review, the facility failed to store, prepare, and serve food in a sanitary manner for the residents who reside in the facility and receive meals from the facility kitchen.Findings included:- On 01/20/26 at 07:30 AM, during the initial tour of the kitchen, Dietary Staff (DS) BB was preparing breakfast and wore a hair net covering with approximately six inches of brown hair hanging out of the hairnet on each side of the face.On 01/21/26 at 11:45 AM, DS BB assisted in preparing lunch, chopping lettuce and pureeing entrees, without hair being contained in a hairnet on each side of her face six inches on each side of her face. DS CC also prepared the lunch meal. DS CC put on clean gloves, touched the facial mask to adjust it with the palm of his hands, then retrieved a tub of shredded cheese to top the main course of Shepard's Pie. DS CC had not changed gloves, touched the refrigerator handle, removed the container of shredded cheese, opened the oven door, pulled the pan from the oven with a potholder, then reached into the shredded cheese container and spread cheese on top of the main dish. DS CC used unclean gloves to obtain baked rolls from a pan and placed the rolls on the plate of the residents during plating the meal items. The kitchen had two fans mounted on the wall above the ice machine and the food prep area, stove, and grill. The fan pointing at the meal prep area was on and blowing. Both fans had brown, grey debris that was present on the fan's blade covers.On 01/21/26 at 12:57 PM, DS BB and Administrative Staff A verified hair should be contained in the hair covering, fans should be clean and free of debris, and DS CC should have changed gloves between tasks and touched the face mask.The facility's Dietary Employee Personal Hygiene policy, dated 01/22/26, required the facility to utilize the following as guidelines for employee personal hygiene to prevent contamination of food by foodservice employees. Gloves were to be worn and changed appropriately to reduce the spread of infection. All dietary staff must wear hair restraints to prevent hair from contacting food.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. The facility had a census of 24 residents. The sample included 12 residents. Based on observation, interview, and record review, the facility failed to store drugs and biological medications appropriately in the medication cart and medication room.Findings included:- On 01/20/26 at 10:08 AM, the medication storage observation in the medication room of stock medications with Certified Medication Aide (CMA) S contained an opened bottle of Folic Acid 400 micrograms (mcg) with an expired date of 02/25 and Vitamin E 180 milligrams (mg) with an expired date of 09/25. CMA S verified the expired dates on the bottles of Folic Acid and Vitamin E.On 01/20/26 at 10:10 AM, Licensed Nurse (LN) H reported that the CMAs kept track of the expired medications on the medication cart. LN H stated that stock medications were reviewed for expiration dates by nursing administration.On 01/21/26 at 03:10 PM, Consultant GG stated that the consultant pharmacist helped check for expired medications. Consultant GG reported that the medication room should be checked weekly.The facility's Medication Storage policy, reviewed 01/22/26, documented that the facility ensures all medications housed on the premises would be stored in the pharmacy and/or medication rooms according to the manufacturer's recommendations and sufficient to ensure proper sanitation, temperature, light, ventilation, moisture control, segregation, and security. The pharmacy and all medication rooms are routinely inspected by the consultant pharmacist for discontinued, outdated, defective, or deteriorated medications with worn, illegible, or missing labels. These medications are destroyed in accordance with the Destruction of Unused Drug Policy.