

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  175300	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/11/2025
NAME OF PROVIDER OR SUPPLIER  Salina Presbyterian Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 2601 E Crawford Street Salina, KS 67401	
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> The facility identified a census of 53 residents. Based on record review and interview, the facility failed to ensure nursing staff possessed current licensure as required. This deficient practice placed all the residents in the facility at risk for not attaining or maintaining the highest practicable physical, mental, and psychosocial well-being. Findings included:- The Kansas Nurse Aide Registry, printed on [DATE], documented Certified Medication Aide (CMA) R license expired on [DATE] and CMA S license expired on [DATE].The Facility's Working Schedule for the month of [DATE] documented CMA R worked six days in the facility and passed medications to residents after CMA R's license had expired. CMA R was suspended and taken off the schedule until her license was reinstated.The Facility's Working Schedule for the month of [DATE] documented CMA S worked two days in the facility and passed medications to residents after CMA S's license had expired. CMA S was suspended and taken off the schedule until her license was reinstated.On [DATE] at 10:00 AM, Human Resources Staff V stated she was responsible for sending out the dates of the nursing staff's license expiration to Administrative Nurse D, and they were both responsible for reviewing the license expirations to ensure staff were notified in plenty of time to renew their licensure. Human Resources Staff V stated this time, CMA R and CMA S fell through the cracks, and neither she nor Administrative Nurse D had caught the license expirations for CMA R and CMA S.On [DATE] at 10:15 AM, Administrative Nurse D stated they had devised and new procedure for monitoring staff licensure. All staff licensure expiration dates were placed on a spreadsheet, and Human Resources Staff V, the facility scheduler, and Administrative Nurse D would meet every Tuesday to go over staff licensure expiration dates, and staff would be notified of their licensure expiration date two months before the expiration and then weekly thereafter. If staff did not renew their license, they would be taken off the schedule until their license was renewed. Administrative Nurse D stated she expected all nursing staff to have current licensure to take care of residents in the facility. The facility's Nursing Facility Nursing Service Policy, revised [DATE], documented the goal of nursing service is to provide each resident admitted to the health care center with the appropriate level of care to attain his/her optimum level of functioning. Nursing service is staffed, organized, and equipped to provide nursing care on a 24-hour-a-day basis. The health care center is licensed and certified in accordance with state and federal regulations governing long-term care.The facility identified the above deficient practices and implemented immediate corrective actions, which were all completed on [DATE] and included: CMA R and CMA S were suspended upon discovery of the expired certification. The facility implemented a tracking spreadsheet to alert administration staff when certifications were set to expire.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 175300
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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> The facility identified a census of 53 residents. Based on record review and interview, the facility failed to ensure adequate administrative oversight when the facility failed to monitor and ensure all nursing staff practicing in the facility maintained active licenses as required to provide the residents residing in the facility with the care they needed to attain or maintain the highest practicable physical, mental, and psychosocial well-being. This deficient practice placed the residents residing in the facility at risk for a lack of quality nursing care. Findings included:- The Kansas Nurse Aide Registry, printed on [DATE], documented Certified Medication Aide (CMA) R license expired on [DATE] and CMA S license expired on [DATE]. The Facility's Working Schedule for the month of [DATE] documented CMA R worked six days in the facility and passed medications to residents after CMA R's license had expired. CMA R was suspended and taken off the schedule until her license was reinstated. The Facility's Working Schedule for the month of [DATE] documented CMA S worked two days in the facility and passed medications to residents after CMA S's license had expired. CMA S was suspended and taken off the schedule until her license was reinstated. On [DATE] at 10:00 AM, Human Resources Staff V stated she was responsible for sending out the nursing staff's dates of licensure expiration to Administrative Nurse D, and they were both responsible for reviewing the licensure expirations to ensure staff were notified in plenty of time to renew their licensure. Human Resources Staff V stated this time, CMA R and CMA S fell through the cracks, and neither she nor Administrative Nurse D had caught the license expirations for CMA R and CMA S. On [DATE] at 10:15 AM, Administrative Nurse D stated they had devised and new procedure for monitoring staff licensure. All staff licensure expiration dates were placed on a spreadsheet, and Human Resources Staff V, the facility scheduler, and Administrative Nurse D would meet every Tuesday to go over staff licensure expiration dates, and staff would be notified of their licensure expiration date two months before the expiration and then weekly thereafter. If staff did not renew their license, they would be taken off the schedule until their license was renewed. Administrative Nurse D stated she expected all nursing staff to have current licensure to take care of residents in the facility. The facility's Nursing Facility Nursing Service Policy, revised [DATE], documented the goal of nursing service is to provide each resident admitted to the health care center with the appropriate level of care to attain his/her optimum level of functioning. Nursing service is staffed, organized, and equipped to provide nursing care on a 24-hour-a-day basis. The health care center is licensed and certified in accordance with state and federal regulations governing long-term care. The facility identified the above deficient practices and implemented immediate corrective actions, which were all completed on [DATE] and included: CMA R and CMA S were suspended upon discovery of the expired certification. The facility implemented a tracking spreadsheet to alert administration staff when certifications were set to expire.</p>		