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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>175305  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                              | (X3) DATE SURVEY COMPLETED<br><br>02/18/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Lawrence Presbyterian Manor  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1429 Kasold Dr<br>Lawrence, KS 66049 |  |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |   |  |
| <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> The facility identified a census of 37 residents. The sample included 12 residents with one resident reviewed for activities of daily living (ADL). Based on observation, record review, and interview, the facility failed to ensure staff assisted Resident (R) 25 with grooming and shaving and further failed to ensure R25's clothing was clean, and without dried food stains. Findings Included: - R25's Electronic Medical Record (EMR) from the Diagnosis tab documented diagnoses of Alzheimer's disease (progressive mental deterioration characterized by confusion and memory failure), major depressive disorder (major mood disorder that causes persistent feelings of sadness), hypertension (elevated blood pressure), lack of coordination, and need assistance with person care. The Quarterly Minimum Data Set (MDS) dated [DATE] documented a Brief Interview for Mental Status (BIMS) score of 12, which indicated moderately impaired cognition. The MDS documented R25 needed setup or clean up assistance with eating, supervision or touch assistance with oral hygiene, partial/moderate assistance with toileting, and substantial/maximal assistance from staff for bathing. R25's Functional Abilities (Self-Care and Mobility) Care Area Assessment (CAA) dated 10/29/25 documented R25 triggered for further development/review of his functional abilities due to a BIMS score greater than five and requiring more assistance with ADLs. The CAA documented R25 required assistance for eating and noted he used a wheelchair. R25's Care Plan documented the following: 11/05/25 - R25 required maximum assistance with his four wheeled walker, with the wheelchair to follow due to endurance when ambulating. 08/08/25 - R25 was dependent on one staff with bathing two times a week, R25 refused baths, and staff were to offer bathing at different times, or offer a bed bath. 02/05/25 - R25 required moderate assistance with personal hygiene and set up assistance for oral care. R25 liked to be shaved daily and had his own teeth. 02/05/25 - R25 required moderate assistance by one staff member to dress. 02/05/26 - R25 had an activity of daily living (ADLs) self-care performance deficit related to activity intolerance and Alzheimer's. 02/05/25 - R25 would decline showers for no reason when he was asked. 02/05/25 - R25 would take at least one bath weekly in the next 90 days. R25's EMR under Task under Bathing documented the resident received a bath on 02/02/25, bathing was not applicable on 02/04/26, received a bath on 02/09/26, and refused a bath on 02/12/26. On 02/16/26 at 01:22 PM R25 sat in his grey reclining chair looking out the window, with his TV on. R25's hair appeared greasy, he had a three-to-four-day hair growth on his face, and his blue shirt had two large food stains on the front of his shirt. On 02/16/26 at 01:22 PM R25 stated he liked his face shaved every day. R25 stated the food stains on his shirt were from the supper meal on 02/15/26 and staff had not changed his shirt. R25 stated he could not remember when his last bath was. On 02/18/26 at 11:12 AM Certified Nurses Aide (CNA) NN stated the CNAs asked residents if they would like their bath on their scheduled bath days. She stated if the resident refused a bath, the aide would let the nurse on duty know and ask the resident if they would like a bed bath. She stated bathing was the resident's choice. CNA NN stated if the resident refused the bed bath, the aide was</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE                   | (X6) DATE  |
| FORM CMS-2567 (02/99)<br>Previous Versions Obsolete                   | Event ID:<br><br>175305 | Facility ID:<br><br>175305<br><br>If continuation sheet<br>Page 1 of 2 |

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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>to change residents' clothes, brief, apply deodorant, and lotions. On 02/18/26 at 08:03 AM Licensed Nurse (LN) I stated the CNAs were to ask the resident twice, if the resident would like a bath or shower. She stated if the CNA stated the resident refused, it was the policy for the nurse to ask the resident, if the nurse could not get the resident to take a bath or bed bath, the nurse would chart this information in the resident's progress notes. On 02/18/26 at 08:09 AM Administrative Nurse D stated it was the facility's process to give each resident at least one shower a week. She stated there were times two showers a week were not given. Administrative Nurse D stated she expected CNAs to wash the residents and change the resident's clothes anytime the resident appeared unclean, or the residents' clothing was soiled. Administrative Nurse D stated CNAs were to shave residents anytime the resident wished to be shaved. The facility's Resident Right and Responsibility policy dated 04/22/19 documented the community would ensure the resident right to dignified existence, self determination and person-centered care with access to persons and services inside and outside the community. The community would protect and promote the rights of each resident.</p> |   |  |