STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175317	A. Building B. Wing	04/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Neodesha Care and Rehab	1626 N 8th Street Neodesha, KS 66757

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 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. Based on observation, interview and record review, the facility failed to provide eight consecutive hours of registered nurse staff on a daily basis for the residents of the facility. Findings included:- The 01/01/2026 Facility Assessment 2026, documentation included Staff/Personnel requirements, which documented:Nursing staffing consists of an equivalent of 24-hour licensed nurse coverage with at least 8 consecutive hours of Registered Nurse (RN) daily.On 04/12/26 at 09:15 AM, Licensed Nurse (LN) I confirmed there was not a Registered Nurse present in the building, and Administrative Nurse D was out of town. LN I identified herself as the only scheduled day shift nurse on location.The Daily Posting of Nursing Hours Sheet for Sunday, 04/12/26, lacked entries for RN coverage.Review of the Nursing schedule for Sunday 03/29/26 through 04/12/26 revealed a lack of scheduled RN coverage for the following dates:Monday, 03/30/26.Wednesday, 04/01/26.Monday, 04/06/26 26.Tuesday, 04/07/26.Wednesday, 04/08/26.Saturday, 04/11/26.Sunday 04/12/26. On 04/14/2026 at 02:35 PM, Administrative Nurse D confirmed the lack of scheduled RN coverage as noted above. She stated she often worked the weekend as the RN on duty for eight consecutive hours. Administrative Nurse D verified the facility lacked auditable or verifiable evidence of her working as the RN on duty for eight consecutive hours and confirmed she was not listed or identified as the RN on the schedule or staff postings for RN coverage. Additionally, she stated Administrative Nurse E worked on weekends on occasion to cover the daily RN eight consecutive hour mandate and confirmed she was not identified as such on the schedule. She reported she had not put her name on the schedule for the 8-hour RN coverage, as she just comes in. The facility policy Nursing Services. dated 04/2025, documentation included:The community provides adequate staffing with appropriate competencies and skill sets to provide nursing and related services to ensure resident safety and maintain the highest practicable physical, mental, and psychosocial well-being of each resident. facility to maintain adequate staffing on each shift to ensure that residents' needs and services are met, which includes eight consecutive hours of RN coverage daily. Identify any state minimum requirements for staff ratios and compare them to the current staffing.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175317	A. Building B. Wing	04/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Neodesha Care and Rehab	1626 N 8th Street Neodesha, KS 66757

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 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 reported a census of 38 residents and one main kitchen. Based on observation, interviews and record review the facility failed to store, prepare and serve food in a sanitary manner. Findings included:- During the initial kitchen tour on 04/12/26 at 09:18 AM, observation revealed the following concerns: 1. Dry goods storage: One open, undated container of cumin.One open, undated container of Everything Spice.One open, undated container of honey granules.One open, undated container of thyme.One open, undated container of cinnamon.A large non-skid mat was folded over in the middle of the dry storage room.2. Freezer:A sleeve of bagels and English muffins had no label or date.The freezer doors were dirty with fingerprints, food residue, and smudges on and around the handles.3. Preparation areaA tall metal cup with no lid that contained milk sat on the preparation area.An open-to-air, undated loaf of bread sat on a shelf.4. RefrigeratorOne open but undated gallon of milk.One opened undated and unlabeled bottle of Diet Coke.The refrigerator doors were dirty with fingerprints, food residue, and smudges on and around the handles.5. General kitchen areaOne box of cereal was open-to-air and undated on the bottom shelf of a table in front of the dishwashing area.The lower shelf under the steam table where steam table food containers were stored was dirty with crumbs, dried liquid, and sticky residue.The handwashing sink had dried brown and gray areas on the front and back of the sink. During an interview on 04/12/26 at 09:46 AM, Dietary DD stated all items are supposed to be dated. During an interview on 04/12/26 at 11:35 AM, Dietary BB stated it is her expectation that all food items are to be dated upon arrival into the kitchen and when opened. The facility policy Food Preparation and Service, dated 10/2025, states food service employees shall prepare and serve food in a manner that complies with safe food handling practices.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175317	A. Building B. Wing	04/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Neodesha Care and Rehab	1626 N 8th Street Neodesha, KS 66757

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. The facility reported a census of 38 residents. Based on observation, interviews, and record review, the facility failed to ensure staff served palatable meals to the residents when the staff served dry, burnt ham to the residents on 04/12/26 for the lunch meal. Findings included:- An observation on 04/12/26 at 12:50 PM revealed residents seated in the dining room eating lunch which included ham. The ham appeared dry and dark on the residents' plates. On 04/12/26 at 12:50 PM, Resident (R) 39 stated he had no issues with his meal, except for the dry, burnt ham he was served for lunch.On 04/12/26 at 12:55 PM, R33 also stated the ham on her plate at lunch was dry and burnt. During an observation of R3 eating lunch in his room on 04/12/26 at 01:11 PM, R3 coughed extensively while eating his lunch. He took a drink of his water while chewing a piece of the dry, burnt ham. He continued to cough until tears ran down his face, and his cough was dry and unproductive. The sips of water did not appear to help and R3 turned on his call light. At 01:20 PM, Certified Nursing Assistant (CNA) M answered R3's call and R3 was still coughing on and off and drinking water. CNA M asked R3 if he would like a sandwich and he said no. CNA M said the residents did complain that the ham was dry and hard to eat today. CNA M walked back down towards the kitchen with R3's lunch tray. On 04/12/26 at 01:24 PM, Dietary Staff BB said the ham was overcooked and it was dry but stated she served it anyway. On 04/12/26 at 03:30 PM, Administrator revealed she expected the staff to serve food that was cooked properly and palatable. Administrative Staff A reported Dietary Staff BB served the ham because she was worried that she would be in trouble if she did not follow the menu during the survey. The facility's Food Preparation and Service policy, dated October 2025, stated residents are provided with meals that are palatable and attractive.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175317	A. Building B. Wing	04/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Neodesha Care and Rehab	1626 N 8th Street Neodesha, KS 66757

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on interviews, observation and record review, the facility failed to ensure adequate hand hygiene during medication administration for Resident (R) 28, a tube feeding (administration of nutritionally balanced liquefied foods or nutrients through a tube) for R5, and for hands-on care for R30 and R3. Findings included:1. On 04/13/26 at 08:14 AM, Certified Medication Aide (CMA) R applied her gloves to her hands and applied a topical medication patch to R28's right shoulder. CMA R gathered an inhaler and a nasal spray container, removed her gloves, and without performing hand hygiene she took the medication keys out of her pocket, and opened the medication cart drawer, placed the items in the cart, removed another nasal spray medication bottle then handed that bottle to R28 who spayed the medication into each nostril then handed the nasal spray bottle back to CMA R who placed the bottle back into the cart and then performed hand hygiene. On 04/13/26 at 08:45 AM, CMA R reported that she realized she did not perform hand hygiene when she removed her gloves after the patch was applied and reported she should have sanitized the hands. 2. Observation on 04/13/26 at 09:49 AM, Administrative Nurse L and Certified Nurse Aide (CNA) N assisted R30 to the bathroom to complete incontinent care. CNA N removed R30's soiled brief and pants and bagged those items as Administrative Nurse L applied the wheelchair foot pedals that had laid on the bathroom floor to the wheelchair. Wearing the same gloves, Administrative Nurse L then took some peri wipes out of the packet, asked R30 to stand up from the toilet and cleansed R30 with the wipes using the same gloves she applied the wheelchair pedal to the wheelchair with. CNA N and Administrative Nurse L then assisted R30 to her bed. CNA N did not remove her gloves that she used to remove soiled brief and pants. R30's breakfast tray was delivered and CNA N took the tray from the staff and set up R30 by applying her neck napkin, unrolling the silverware and opened the fruit cup with the same gloves she had on in the bathroom. On 04/13/26 at 11:37 AM, CNA N reported that she did not realize she wore the same gloves that she used to assist R30 in the bathroom and reported she should have removed her gloves, washed her hands, and put on new gloves, especially before she set up the resident's food. 04/14/26 at 11:22 AM, Administrative Nurse L reported that she did not remove her gloves and wash her hands after she applied the foot pedals to R30's wheelchair, and reported that she should have removed those gloves, sanitized her hands, and applied new gloves before she completed peri-care to R30. 3. Observation on 04/13/26 at 10:50 AM, R5 sat in her wheelchair as Licensed Nurse (LN) G prepared items to complete her tube feeding. LN G aspirated about 30 milliliters of R5's stomach content with a piston syringe, then LN G attempted to take a test strip out of a bottle. She removed her glove from her left hand, and without performing hand hygiene she reached up and removed a new glove out of the box. She removed a pH (measures the acidity or alkalinity of an aqueous solution) test strip out of the container and placed that pH test strip on a barrier, she applied her glove on her left hand, and she placed a few drops off the stomach content to the pH test strip. LN G administered the stomach contents back into R5's stomach and proceeded to administer the tube feeding. On 04/13/26 at 11:20 AM LN G reported that she generally removed both gloves and got frazzled when she realized she did not take the test strip out before she removed the stomach contents. LN G reported she should have removed both gloves and sanitized her hands. 4. Observation of 04/14/26 at 08:30 AM, CNA M and CNA O completed catheter (a flexible tube inserted through a narrow opening into a body cavity, particularly the bladder, for removing fluid) care on R3. CNA M emptied R3's catheter bag and emptied the urine in the toilet, CNA M removed her gloves and without performing hand hygiene, applied new gloves. CNA M and CNA O positioned R3 onto his left side and CNA M cleansed his buttocks and rectum and applied a new brief and his pants. They assisted R3 onto a sling and transferred him to his wheelchair with a mechanical lift. CNA M grabbed her walkie talkie out of her pocket to communicate with other staff and placed the walkie talkie back into her pocket. CNA M used the same gloved hands that she used to cleanse his buttocks and rectum to wash off R3's eyeglasses, set R3 up for oral care then wiped off his face after he rinsed his mouth (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175317	A. Building B. Wing	04/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Neodesha Care and Rehab	1626 N 8th Street Neodesha, KS 66757

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	with mouthwash. On 04/14/26 at 09:06 AM, CNA M reported that she should have washed her hands after she removed her gloves when she emptied the urine. CNA M reported that she did not realize that she wore the same gloves after she washed his buttocks for the remainder of care and reported that she should have removed the gloves, performed hand hygiene, and applied new gloves. CNA M reported that the staff needed to answer the walkie talkie when they were called and did not even think about her hands when she grabbed the walkie talkie. On 04/14/26 at 12:28 PM, Administrative Nurse D revealed she expected the staff to perform hand hygiene prior to applying PPE and she expected the staff to perform hand hygiene when gloves were removed, before new gloves were applied. Administrative Nurse D revealed she expected the staff to remove both gloves not just one and perform hand hygiene. Administrative Nurse D revealed she expected the staff to remove soiled gloves and perform hand hygiene and apply new gloves when going from dirty areas to clean areas when providing hand on care to the residents. The facility's policy Handwashing/Hand Hygiene, dated 10/2025, documented the facility considers hand hygiene the primary means to prevent the spread of infections. Employees must wash their hands for at least twenty (20) seconds using antimicrobial or non-antimicrobial soap and water under the following conditions:Before and after direct resident contact (for which hand hygiene is indicated by acceptable professional practice), before and after assisting a resident with toileting (hand washing with soap and water), before moving from a contaminated body site to a clean body site during resident care, and after removing gloves. The use of gloves does not replace handwashing/hand hygiene.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175317	A. Building B. Wing	04/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Neodesha Care and Rehab	1626 N 8th Street Neodesha, KS 66757

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure the physician for Resident (R) 30 was informed when the resident had refused several medications which included an antibiotic for a urinary tract infection (UTI - an infection in any part of the urinary system). Findings included:- R30's Electronic Medical Record (EMR) revealed diagnoses of diabetes mellitus (DM - when the body cannot use glucose, not enough insulin is made, or the body cannot respond to the insulin), constipation (difficulty passing stools), and vascular dementia (a progressive mental disorder characterized by failing memory and confusion caused by a decreased blood flow to the brain) R30's Quarterly MDS dated [DATE], which documented a Brief Interview for Mental Status (BIMS) score of 10, indicating moderately impaired cognition. R30's MDS documented he required total assistance with toileting hygiene and R30 was always continent of bowel. R30's Care Plan instructed staff to administer medications as ordered, and monitor/document for side effects and effectiveness, dated 04/10/25. R30's Care Plan documented a new order for Macrobid (an antibiotic) administer 100 milligrams (mg) twice a day for 14 days for UTI, initiated on 03/23/2026 and revised on 04/01/26. R30's Electronic Medication Administration Record (EMAR) documented an order for Macrobid 100 mg twice a day for 14 days for UTI, ordered on 03/27/26. Review of R30's EMAR, dated from 03/27/26 through 04/09/26, documented refusals of Macrobid on 03/27/26 at 06:00 AM, 03/29/26 at 06:00 AM and 06:00 PM, and 03/03/26 at 06:00 AM. The EMAR lacked documentation that a provider was updated. Review of R30's Progress Notes, dated 03/27/26 through 04/02/26, lacked documentation that a provider was updated of Macrobid refusal and other ordered medications. R30's Provider Note, dated 04/03/26 at 08:00 AM, documented R30 continues to refuse to take most of her medications. On 04/13/26 at 10:11 AM, Licensed Nurse (LN) H entered R30's room with a medicine cup with three pills and some applesauce in another cup. LN H asked R30 if she would like applesauce with her medications. LN G scooped two pills up on the spoon and some applesauce. R30 reported she could not take any pills, but she took them. LN H reported that she took her pain pill and water pill and wanted to give her the anxiety pill. R30 agreed and did accept the pill. R30 then reported she was sick. The LN asked R30 if she was still sick to her stomach and she said always and that no one was doing anything when she reported she was nauseated. LN H reported she would get her medication to help her with her nausea. On 04/13/26 at 10:38 AM, LN H reported that she would try and go back to administer the remainder medications, however, R30 had refusing a lot of her medications for about a month. LN H reported that she would let the charge nurse know when a resident refused medications as she was just at the facility to pass medications. On 04/13/26 at 01:56 PM, Certified Medication Aide (CMA) R reported she would update the nurse in charge if a resident refused medications. On 04/14/26 at 10:48 AM, LN G reported that the staff would let the charge nurse know if a resident had refused their medications and that they would try to re-approach the resident to take their medications, she further stated that they generally wait until the provider comes to the facility for their weekly rounds to update them on residents. She also reported that she might text from her phone to update a provider. She reviewed R30's EMAR note and reported none of the medications which were refused had a note from the staff that the provider was updated. On 04/14/26 at 11:53 AM, Consultant Staff GG (Facility Provider) reported that the facility would generally wait to notify her of residents that refused medications. Consultant Staff GG reported that she was notified on 03/31/26 of R30 refusing most of her medications and reported that she had a discussion with R30's durable power of attorney (DPOA- a legal document that names a person to make healthcare decisions when the resident is no longer able to) and Administrative Nurse D to discuss palliative (treatment designed to relieve or reduce the intensity of uncomfortable symptoms) care after R30 had completed her antibiotic. Consultant Staff GG was unsure whether the staff should update the provider each time (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175317	A. Building B. Wing	04/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Neodesha Care and Rehab	1626 N 8th Street Neodesha, KS 66757

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	a resident refused their medications. On 04/14/26 at 12:45 PM, Administrative Nurse D reported it depended on the type of medication the resident refused as to when a provider should be updated. Administrative Nurse D reported that the resident should be educated when medication is refused. The facility's policy Refusal of Treatment, Discontinue Treatment documented the community staff shall honor a resident's request not to receive medical treatment as prescribed by his or her physician, as well as care routines outlined on the resident's assessment and plan of care. If a resident refuses treatment, the Unit Manager, Charge Nurse, or Director of Nursing Services will interview the resident to determine what and why the resident is refusing to try to address the resident's concerns and explain the consequences. Documentation pertaining to a resident's refusal of treatment shall include at least the date and time the staff tried to give medication or treatment was attempted. The date and time of when the physician was notified as well as the physician's response.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175317	A. Building B. Wing	04/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Neodesha Care and Rehab	1626 N 8th Street Neodesha, KS 66757

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility identified a census of 38 residents. The sample included 14 residents. Based on observation, interview, and record review, the facility failed to provide dependent Resident (R) 30 with activities of daily living (ADL) services, including shaving of facial hair. Findings included:- R30's Electronic Medical Record (EMR) revealed diagnoses of diabetes mellitus (DM-when the body cannot use glucose, not enough insulin is made, or the body cannot respond to the insulin), and vascular dementia (a progressive mental disorder characterized by failing memory and confusion caused by a decreased blood flow to the brain). R30's Annual Minimum Data Set (MDS), dated [DATE], documented a Brief Interview for Mental Status (BIMS) score of 13, indicating intact cognition. R30's MDS documented he required touching assistance with personal hygiene. R30's Functional Abilities (Self-Care and Mobility) Care Area Assessment (CAA), dated 04/10/25, documented R30 required assistance with some activities of daily living and would proceed to plan of care. R30's Quarterly MDS, dated [DATE], which documented a Brief Interview for Mental Status (BIMS) score of 10 indicating moderately impaired cognition. R30's MDS documented that she required moderate assistance with personal hygiene and R30 had no refusal behaviors. R30's Care Plan, dated 04/10/25, documented staff instructed R30 required setup assistance for personal hygiene tasks. R30 was able to ask for assistance if needed. R30's Progress Note on 04/08/26 at 10:19 PM documented palliative (treatment designed to relieve or reduce the intensity of uncomfortable symptoms) monitored care symptoms. R30 did not have signs of agitation, anxiety, or restlessness at the time of this assessment. R30 did not have signs of delirium at the time of the assessment and did not display signs of depression at this time. R30's Shower Sheets, reviewed from 03/09/26 through 04/13/26, documented R30 had 15 showers offered, and staff documented R30 was shaved on two days, 03/25/26 and 03/30/26. On 04/13/26 at 09:12 AM, Certified Nurse Aide (CNA) O assisted R30 back down to the hallway from the shower room in her wheelchair and she was dressed. R30 reported she was cold when she entered the room, then CNA O assisted R30 with applying a sweatshirt on her and situated her personal items and call light. On 04/13/26 at 09:15 AM, R30 reported she was waiting for her breakfast, and she was hungry. She rubbed her chin and reported that she had asked for these to come off, and she was noted with approximately 1/8 inch several stubbly white facial hairs. On 04/13/26 at 12:11 PM, CNA O reported that she would remove facial hair during the shower for a resident who could not shave themselves. She reported that R30 could not shave her facial hairs off her chin, and she refused at times. On 04/13/26 at 01:38 PM, Licensed Nurse (LN) H reported she expected the staff to remove facial hair for residents that required assistance with personal hygiene on their scheduled shower days and as needed. 04/14/26 at 03:15 PM, Administrative Nurse E reported she expected the staff to offer shaves and nail care to dependent residents on shower days and as needed. The facility's policy Quality of Life- Activities of Daily Living dated March 2026, documents dependent residents will receive the care and services to maintain good nutrition, grooming and personal and oral hygiene.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175317	A. Building B. Wing	04/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Neodesha Care and Rehab	1626 N 8th Street Neodesha, KS 66757

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to monitor and respond to Resident (R) 30's lack of bowel movements. Findings included:- R30's Electronic Medical Record (EMR) revealed diagnoses of diabetes mellitus (DM-when the body cannot use glucose, not enough insulin is made, or the body cannot respond to the insulin), constipation (difficulty passing stools), and vascular dementia (a progressive mental disorder characterized by failing memory and confusion caused by a decreased blood flow to the brain). R30's Annual Minimum Data Set (MDS), dated [DATE], documented a Brief Interview for Mental Status (BIMS) score of 13 indicating intact cognition. R30's MDS documented that he required total assistance with toileting hygiene, and he was always continent of bowel. R30's Functional Abilities (Self-Care and Mobility) Care Area Assessment (CAA), dated 04/10/25, documented R30 required assistance with some activities of daily living and would proceed to plan of care. R30's Urinary Incontinence and Indwelling Catheter CAA, dated 04/10/25, documented R30 had occasional bladder incontinence and required assistance with toileting and episodes of incontinence and would proceed to plan of care. R30's Quarterly MDS, dated [DATE], which documented a Brief Interview for Mental Status (BIMS) score of 10 indicating moderately impaired cognition. R30's MDS documented he required total assistance with toileting hygiene and R30 was always continent of bowel. R30's Care Plan, dated 04/10/25, documented staff instructed to Monitor for possible signs and symptoms of adverse drug reaction: falls, weight loss, fatigue, incontinence, agitation, lethargy, confusion, agitation, depression, poor appetite, constipation, gastric upsetting. R30's Care Plan, dated 04/13/26, lacked documentation regarding her constipation diagnosis and instructions for the staff. R30's Physician Orders documented Colace 100 milligrams (mg) capsule, administer one capsule two times a day, for constipation, date ordered 07/15/25. R30's Physician Orders documented bisacodyl rectal suppository 10 mg, insert one suppository rectally every 24 hours as needed for constipation, date ordered 04/05/26. Review of R30's bowel movement frequency in the EMR, dated 03/17/26 through 03/22/26, revealed the resident exceeded three days/72 hours without a bowel movement 03/17/26 through 03/22/26 (six consecutive days) with no response until 03/22/26. Review of R30's bowel movement frequency in the EMR, dated 03/29/26 through 04/03/26, revealed the resident exceeded three days/72 hours without a bowel movement 03/29/26 through 04/03/26 (six consecutive days) with no response until 04/04/26. R30's 03/22/26 at 01:30 PM Electronic Medication Administration Record Note (EMAR), documented Milk of Magnesia Concentrate Suspension Give 30 milliliters (ml) by mouth every 24 hours as needed for constipation for 14 days daily. R30 was on the no bowel movement list. R30 refused to take medication or prune juice. R30 had not voiced any abdominal pain or discomfort. Bowel sounds present. R30's 03/23/26 at 03:25 PM EMAR Note documented Milk of Magnesia Concentrate Suspension Give 30 milliliters (ml) by mouth every 24 hours as needed for constipation for 14 days. R30 refused Milk of Magnesia. R30 had not voiced any abdominal pain or discomfort. Bowel sounds present. R30's 04/04/26 at 12:20 PM EMAR Note documented Milk of Magnesia Concentrate SuspensionGive 30 ml's by mouth every 24 hours as needed for constipation for 14 days daily. Medication was administered as needed for no bowel movement. Review of R30's Providers Note 03/17/26 through 04/03/26 documented on 03/17/26, 03/24/26, 03/31/26, and 04/03/26 soft abdomen, and normal bowel sounds. On 04/13/26 at 09:12 AM, R30 was assisted back down to the hallway from the shower room in her wheelchair by Certified Nurse Aide (CNA) O. CNA O assisted R30 apply a sweatshirt on her and situated her personal items and call light. R30 reported she was sick to her stomach and CNA O reported she would let the certified medication aide know, then R30 commented that would not help as they don't believe her when she is sick. On 04/13/26 at 11:37 AM CNA N reported the staff would document in the EMR after a resident had a bowel movement. On 04/14/26 at 10:48 AM, Licensed Nurse (LN) reported that charge nurse was responsible for reviewing the 72-hour no bowel movement report from the computer (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175317	A. Building B. Wing	04/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Neodesha Care and Rehab	1626 N 8th Street Neodesha, KS 66757

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	program, along with offering as needed medications for no bowel movement. LN G reported that if a resident did not have an as needed order, an order would be obtained. LN G reported an abdominal assessment would be completed also. LN G reported if a resident does not have a bowel movement for several days the provider would be updated so further orders could be obtained. LN G reported the 72-hour bowel movement program report only would state that the resident did not have a bowel movement in three days it does not state anything higher than 72 hours. On 04/14/26 at 11:53 AM, Consultant Staff GG (Facility Provider) reported she expected the staff to document when a resident had a bowel movement. Consultant Staff GG reported that she expected the staff to administer as needed bowel medications, and follow-up and assess the resident. Consultant Staff GG reported she expected the staff to update her if a resident did not have a bowel movement for several days. 04/14/26 at 12:45 PM Administrative Nurse D reported she expected the staff to monitor bowel movements and administer medications as needed, to follow up and assess residents that have not had a bowel movement after 72 hours or longer. Administrative Nurse D revealed she expected the staff to communicate with the provider when a resident has not had a bowel movement for several days. The facility's policy Fecal Incontinence-Assessment and Management, dated 10/2025, lacked documentation of monitoring for bowel movements and management of constipation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175317	A. Building B. Wing	04/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Neodesha Care and Rehab	1626 N 8th Street Neodesha, KS 66757

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 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide for the safe, appropriate administration of IV fluids for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide adequate care and services for Resident (R) 22's peripherally inserted central catheter (PICC - a thin, flexible tube that is inserted into a vein in the upper arm and threaded into a large vein above the heart) when staff failed to perform the PICC dressing change every seven days. Findings included:- R22's Electronic Medical Record (EMR) included diagnosis of osteomyelitis (local or generalized infection of the bone and bone marrow) right femur (thigh bone). R22's Significant Change Minimum Data Set (MDS), dated [DATE], documented a Brief Interview of Mental Status (BIMS) score of 14, indicating intact cognition. R22's MDS documented she required total assistance with most of her activities of daily living (ADLs). R22's Functional Abilities Self-Care and Mobility Care Area Assessment (CAA), dated 11/25/25, documentedresident required increased level of assistance with ADLs related to recent fracture (broken bone) and surgical repair of right femur. R22's Quarterly MDS, dated [DATE], documented a BIMS score of 14 indicating intact cognition. R22's MDS documented she received antibiotics, had received intravenous (IV-administered directly into the bloodstream via a vein) medications, and had an intravenous catheter (IV-catheter placed in a vein in order to administer medications or fluids directly into the blood stream). R22's Care Plan documented staff instructed to change the PICC line dressing weekly per order, dated 03/23/26. R22's Physician Orders, dated 04/14/25, lacked an order to change the PICC line dressing weekly. R22's Progress Note, dated 03/16/26 at 09:43 PM, documented PICC line dressing changed as dressing was peeling up. R22's Progress Note, dated 03/29/26 at 02:31 PM, documented dressing changed to PICC line right arm as dressing was peeling up. Redness noted at insertion site of the PICC line, no warmth noted to right arm. On 04/12/26 at 11:30 AM, R22 was seated in her wheelchair with her oral care supplies in front of her on the table. R22 reported she was on an IV antibiotic and showed her PICC line as she held up her right arm. Observed a dressing on right upper arm, dated 04/05/26. R22 reported she could not remember if the staff changed the PICC line dressing every week. On 04/13/26 at 09:00 AM, R22 was seated up in her bed eating ice cream and reported she was just trying to wake up. Observed the PICC line dressing on right arm dated 04/05/26 and that the dressing was peeling up. On 04/13/26 at 03:20 PM Licensed Nurse (LN) G assessed R22's dressing on her right arm and commented that the dressing would need to be changed as it was peeling up. LN G reported that a PICC line dressing would be changed every seven days and as needed and reported that a Registered Nurse was required to change the dressing. LN G reported that a physician's order would be in a residents EMR. LN G opened R22's EMR and reported that R22 did not have a physician's orders to change the PICC line dressing, so it would not be on the electronic medication administration record (EMAR) to alert staff that she required a dressing change. LN G reported that the dressing that was currently on R22's right arm documented 04/05 and she believed she was the nurse that changed that dressing. LN G reported that the dressing should have been changed on 04/12/26. On 04/14/26 at 12:45 PM, Administrative Nurse D reported she expected the nurse to complete a dressing change every seven days and as needed. Administrative Nurse D expected all residents with PICC lines to have an order for a PICC line dressing change. The facility's policy Central Vascular Access Device Dressing Change, dated 06/01/24, documented staff were to perform sterile dressing changes at least weekly or if the integrity of the dressing had been compromised.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175317	A. Building B. Wing	04/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Neodesha Care and Rehab	1626 N 8th Street Neodesha, KS 66757

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 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. Based on observation, interview, and record review, the facility failed to accurately post daily nurse staffing information for Registered Nurses, Licensed Practical Nurses, Certified Nurse Aides, the resident census, and the total number of scheduled hours and actual hours worked by each category for each shift, as required. Findings included:- On 04/12/26 at 09:15 AM, entering the facility, Licensed Nurse (LN) I reported the census of 38 residents and verified she was the charge nurse on duty. The Daily Posting of Nursing Hours Sheet, for Sunday, 04/12/26, documentation included a census of 44 residents and lacked entries for total scheduled hours for all categories of nursing staff. Review of the Daily Posting of Nursing Hours Sheet for 04/2025 through 04/12/26 documentation revealed a daily census of 44 residents and lacked entries for total scheduled hours for each shift by all categories of nursing staff. On 04/14/2026 2:40 PM, Administrative Staff A confirmed the census of 38 residents and the lack of total hours for each shift and category of nursing staff. She reported that she had created another form for posting the daily hours but did not realize the scheduled hours were required to be posted. Additionally, she stated the actual hours were not revised on the daily posting to reflect actual hours worked but were revised at the end of the day. The facility policy F732 Posting Direct Care Daily Staffing Numbers, dated 04/2026, documentation included the facility will post the following, daily for each shift: Facility Name, census, current date, and the total number of actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care each shift to include Registered Nurses, Licensed Practical Nurses, and Certified Nurse Aides. At the beginning of each shift, compute the number of direct care staff and complete the form and post.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175317	A. Building B. Wing	04/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Neodesha Care and Rehab	1626 N 8th Street Neodesha, KS 66757

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 0814 Level of Harm - Potential for minimal harm Residents Affected - Many	Dispose of garbage and refuse properly. The facility reported a census of 38 residents. Based on observations, interview, and record review, the facility failed to maintain and/or dispose of kitchen garbage and refuse properly. Findings included: - During a tour of the kitchen on 04/13/26 at 04:35 PM, observation revealed the outside garbage receptacle had three of six lids open. During an interview on 04/13/26 at 04:38 PM, Maintenance U stated the lids are always flying open due to the strong winds and they are supposed to be closed. During an interview on 04/13/26 at 04:45 PM, Administrative Nurse D reported staff are always outside closing the lids to the garbage bins, but the wind is a significant issue. Administrative Staff A stated she was aware of the issue with the garbage receptacle lids, but people eat their lunch in the back of the facility during the day, but the lids should be closed. The facility's policy Food-Related Garbage and Rubbish Disposal, dated 10/2025, states all garbage containers will have tight-fitting and must be kept covered when not in continuous use.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175317	A. Building B. Wing	04/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Neodesha Care and Rehab	1626 N 8th Street Neodesha, KS 66757

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 0851 Level of Harm - Potential for minimal harm Residents Affected - Many	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. Based on observation, interview and record review, the facility failed to electronically submit complete and accurate staffing information through Payroll-Based Journaling (PBJ) related to weekend staffing. Findings included: - The PBJ Staffing Data Report revealed low weekend staffing for the following timeframes:Fiscal Year (FY) 2025, Quarter (Q) 2 (January 1 - March 31)FY 2025 Q3 (April 1 - June 30)FY 2025 Q4 (July 1 - September 30)FY 2026 Q1 (October 1 - December 31, 2025). On 04/14/2026 at 02:35 PM, Administrative Nurse D confirmed the inaccuracies of the PBJ data for the quarters identified above and stated she often worked the weekend as the RN on duty and said Administrative Nurse E works the weekends as well occasionally but she does not know if that time was accurately reported and reflected in the PBJ reports above quarters. On 04/14/2026 at 2:40 PM, Administrative Staff A reviewed the PBJ data submitted and confirmed the above noted reports flagged for low weekend staffing although she did not feel the report was accurate, due to the staffing they provided was consistent with the weekday staffing with few exceptions on the weekends. Administrative Staff A stated she did not understand why that report kept flagging even with adjustments to scheduling on the weekends. She stated she received reports that PBJ low weekend staffing was a coding issue at the corporate level and thought the issue had been resolved, however, she continues to get flagged for low weekend staffing and she is not sure why. The facility policy Payroll Based Journal F851 documentation, dated 04/2026, included community will submit payroll data in a uniform format to CMS including staffing information for community, agency, and contract staff. The submitted data should include the category of work for each person on direct care staff, including but not limited to whether the individual is a registered nurse, licensed practical nurse, certified nursing assistant, or other types of medical personnel.