

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  175361	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/29/2025
NAME OF PROVIDER OR SUPPLIER  Topside Manor Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  210 Kansas Avenue Goodland, KS 67735	

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** 43204</b></p> <p>The facility identified a census of 45 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 residing in the facility at risk for not attaining or maintaining the highest practicable physical, mental, and psychosocial well-being.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- The Kansas State Board of Nursing License Verification, printed on [DATE], documented Licensed Nurse (LN) G's Licensed Practical Nursing (LPN) license expired on [DATE].</li> </ul> <p>The Facility's Working Schedule for the month of [DATE], documented LN G worked eight days out of twenty-three days as an LPN after LN G's license had expired. LN G was the only Licensed Nurse on the evening shift, 06:00 PM to 06:00 AM, on [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], and [DATE]. On [DATE], LN G was suspended and taken off the schedule until her license was reinstated.</p> <p>On [DATE] at 10:30 AM, Administrative Nurse D stated LN G had come to her on [DATE] to tell her that she had forgotten to renew her nursing license by [DATE] when the nursing license expired. Administrative Nurse D stated LN G was immediately taken off the schedule and she notified Administrative Staff A</p> <p>On [DATE] at 11:00 AM, Administrative Staff A stated she expected licensed nursing staff to be aware of when their nursing license expired and take care of renewing their license. Administrative Staff A stated the facility did not have any system ensuring licensed nursing staff employed by the facility maintained their licensure at the time of the incident. Administrative Staff A stated the facility's business office manager will run a monthly report to ensure staff renew their licenses on a timely basis. No employee would be allowed to work in a registered, licensed, or certified position without proof of active license status.</p> <p>The facility's Staffing, Sufficient and Competent Nursing, revised [DATE], documented the facility provided sufficient number of nursing staff with the appropriate skills and competency necessary to provide nursing and related care and services for all residents in accordance with resident care plans and the facility assessment. All nursing staff must meet the specific competency requirements of their respective licensure and certification requirements by state law.</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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The facility identified and implemented immediate corrective actions, which were completed on [DATE] and included: the facility's business office manager will run a monthly report to ensure staff renew their licenses on a timely basis. No employee will be allowed to work in a registered, licensed, or certified position without proof of active license status.</p> <p>Due to the corrective action completed before the onsite survey, the citation was deemed past noncompliance at an F scope and severity.</p>		

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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> 43204</p> <p>The facility identified a census of 45 residents. Based on record review and interview, the facility failed to ensure adequate administrative oversight when the facility failed to monitor and ensure all nurses practicing in the facility maintained active license 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 lack of quality nursing care.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- The Kansas State Board of Nursing License Verification, printed on [DATE], documented Licensed Nurse (LN) G's Licensed Practical Nursing (LPN) license expired on [DATE].</li> </ul> <p>The Facility's Working Schedule for the month of [DATE], documented LN G worked eight days out of twenty-three days as an LPN after LN G's license had expired. LN G was the only Licensed Nurse on the evening shift, 06:00 PM to 06:00 AM, on [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], and [DATE]. On [DATE], LN G was suspended and taken off the schedule until her license was reinstated.</p> <p>On [DATE] at 10:30 AM, Administrative Nurse D stated LN G had come to her on [DATE] to tell her that she had forgotten to renew her nursing license by [DATE] when the nursing license expired. Administrative Nurse D stated LN G was immediately taken off the schedule and she notified Administrative Staff A.</p> <p>On [DATE] at 11:00 AM, Administrative Staff A stated she expected licensed nursing staff to be aware of when their nursing license expired and take care of renewing their license. Administrative Staff A stated the facility did not have any system ensuring licensed nursing staff employed by the facility maintained their licensure at the time of the incident. Administrative Staff A stated the facility's business office manager will run a monthly report to ensure staff renew their licenses on a timely basis. No employee would be allowed to work in a registered, licensed, or certified position without proof of active license status.</p> <p>The facility's Staffing, Sufficient and Competent Nursing, revised [DATE], documented the facility provided sufficient number of nursing staff with the appropriate skills and competency necessary to provide nursing and related care and services for all residents in accordance with resident care plans and the facility assessment. All nursing staff must meet the specific competency requirements of their respective licensure and certification requirements by state law.</p> <p>The facility identified and implemented immediate corrective actions, which were completed on [DATE] and included: the facility's business office manager will run a monthly report to ensure staff renew their licenses on a timely basis. No employee will be allowed to work in a registered, licensed, or certified position without proof of active license status.</p> <p>Due to the corrective action completed before the onsite survey, the citation was deemed past noncompliance at an F scope and severity.</p>		