STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175423	A. Building B. Wing	10/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Holiday Resort of Salina	2825 Resort Drive 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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43204 The facility had a census of 44 residents. The sample included eleven residents with eleven residents reviewed for residents right to dignity. Based on observation, record review, and interview, the facility failed to protect Resident (R) 1's dignity when R1 put on his call light because he had to have a bowel movement and a Certified Nurse's Aide (CNA) came into his room turned off his call light, stated she would be right back, and did not return to R1's room for two hours. R1 was incontinent of bowel in bed. This deficient practice placed the R1 at risk for impaired dignity and psychosocial impairment. Findings included: - R1's Electronic Medical Record (EMR) documented R1 had diagnoses of spinal stenosis (degenerative condition of the spine that could cause weakness and loss of use of extremities), diabetes mellitus (DM-when the body cannot use glucose, not enough insulin made or the body cannot respond to the insulin), and severe obesity. The Quarterly Minimum Data Set (MDS), dated [DATE], documented R1 had a Brief Interview for Mental Status (BIMS) score of 15 which indicated intact cognition. The MDS documented R1 had impairment on both sides of his lower extremities and was dependent on staff for toileting hygiene, dressing, and transfer and required substantial assistance from staff for bed mobility and bathing. The Care Area Assessment (CAA), dated 06/10/24, documented R1 was dependent on staff for most care and mobility. R1's Care Plan lacked any direction regarding R1's ADL's. On 10/02/24 at 09:15 AM, observation revealed R1 sat in his wheelchair and had an overgrowth of beard and his shirt was unclean with white dander all over the front. (Refer to F677) On 10/02/24 at 09:20 AM, R1 stated that he had been humiliated at the facility because one day he used his call light to call for help because he had to have a bowel movement. A staff came in, turned his call light off, and said she would be right back and then did not come back for two hours. R1 stated he pooped his pants and he was humiliated. R1 stated that he was a grown man and to sit in his refuse really made him very angry because he paid good money to get the care that he needed. (continued on next page)

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
	175423	A. Building B. Wing	10/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Holiday Resort of Salina	2825 Resort Drive 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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 10/02/24 at 10:30 AM, Certified Medication Aide (CMA) R stated the staff were not taking care of the residents the way they were supposed to be taken care of. CMA R stated lack of staffing for the reason for the lack of care. On 10/02/24 at 11:00 AM, Certified Nurse's Aide (CNA) M stated she was sick about how the residents in the facility were being treated. CNA M stated lack of staffing and more residents requiring two assistants was the cause of the lack of care. On 10/02/24 at 11:30 AM, Licensed Nurse (LN) G stated she was glad the state was in the building so hopefully something would be done about the lack of care the residents were receiving. LN G stated lack of staffing was the reason care was not being completed. On 10/02/24 at 02:30 PM, Administrative Nurse D stated she was sorry if that happened to R1 and said a resident's dignity should always be maintained and care should be provided timely. The Resident Rights Policy, dated 10/01/23, documented that each resident residing in the facility has the right and will be afforded the right to a dignified existence, self-determination, and communication with and access to person and services inside and outside the facility without interference, coercion, discrimination or reprisal. The facility failed to provide care in a manner that promoted R1's dignity. This deficient practice placed the R1 at risk for impaired dignity and psychosocial impairment.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175423	A. Building B. Wing	10/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Holiday Resort of Salina	2825 Resort Drive 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)
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** 43204 The facility had a census of 44 residents. The sample included eleven residents reviewed for activities of daily living (ADLs). Based on observation, record review, and interview, the facility failed to ensure staff provided consistent bathing and/or showers for three residents, Resident (R)1, R3, and R11. This deficient practice placed the residents at risk for impaired dignity, infection, and alteration in skin integrity. Findings included: - R1's Electronic Medical Record (EMR) documented that R1 had diagnoses of spinal stenosis (degenerative condition of the spine that could cause weakness and loss of use of extremities), diabetes mellitus (DM-when the body cannot use glucose, not enough insulin made or the body cannot respond to the insulin), and severe obesity. The Quarterly Minimum Data Set (MDS), dated [DATE], documented R1 had a Brief Interview for Mental Status (BIMS) score of 15 which indicated intact cognition. The MDS documented R1 had impairment on both sides of his lower extremities and was dependent on staff for toileting hygiene, dressing, and transfer and required substantial assistance from staff for bed mobility and bathing. The Care Area Assessment (CAA), dated 06/10/24, documented that R1 was dependent on staff for most care and mobility. R1's Care Plan lacked any direction regarding R1's ADL's. The Bathing Schedule Sheets, documented R1 was scheduled to have showers every Monday and Friday in the afternoon. R1's EMR documented R1 only had four showers from 09/03/24 through 10/02/24. Review of the Skin and Body Assessment bath sheets revealed On 10/02/24 at 09:15 AM, observation revealed R1 had an overgrowth of beard, and his shirt was unclean with white dander all over the front. On 10/02/24 at 09:20 AM, R1 stated that he had not been getting his showers the way he was scheduled, and he felt dirty and unclean. R1 stated he was used to showering every day and to wait 10-14 days for a shower was not acceptable to him. R3's EMR documented R3 had diagnoses of diabetes mellitus, heart failure (a condition with low heart output and the body becomes congested with fluid), and severe obesity. The Quarterly MDS, dated [DATE], documented R3 had a BIMS score of 15 which indicated intact cognition. The MDS documented R3 required partial/moderate assistance from staff for toileting hygiene, shower/bathing, and dressing. The CAA, dated 05/10/24, documented R3 required stand-by assistance with transferring and bathing. R3's Care Plan lacked any directions to staff regarding bathing/showering. The Bathing Schedule Sheet documented R3 was to receive showers/bathing every Sunday and Wednesday afternoon. The EMR documented R3 had only received four showers from 09/03/24 through 10/02/24. On 10/02/24 at 09:00 AM, observation revealed R3 up in the recliner. R3 had unkempt hair that had white specks of dandruff throughout her hair. On 10/02/24 at 09:00 AM, R3 stated she had not been getting her showers the way she was supposed to. R3 stated she felt dirty and smelly. R3 stated staff did not have enough time to get her in the shower for bathing. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175423	A. Building B. Wing	10/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Holiday Resort of Salina	2825 Resort Drive 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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R11's EMR documented diagnoses of hemiplegia on the right dominant side, anxiety, and diabetes mellitus. The Quarterly MDS, dated [DATE], documented the BIMS evaluation was not able to be completed and R11 had severely impaired cognition. The MDS documented R11 had impairment on one side of her upper extremity and impairment on one side of her lower extremity. The MDS documented R11 was dependent on staff for toileting hygiene, bathing, dressing, personal hygiene, and transfer. The CAA, dated 05/29/24, documented R11 was incontinent of urine. R11's Care Plan directed staff to bathe R11 two times a week in the morning. The Bathing Schedule Sheet documented R11 was scheduled to receive a shower/bath every Tuesday and Friday morning. The EMR documented R11 had only received three showers/baths from 09/03/24 through 10/02/24. On 10/02/24 at 09:45 AM, observation revealed R11 lay in bed. R11's hair was oily, and she had a distinct odor of urine about her. On 10/02/24 at 10:30 AM, Certified Medication Aide (CMA) R stated the staff were not taking care of the residents the way they were supposed to be taken care of. CMA R stated the residents were not getting showered and bathed and were lucky if they got one every ten days. CMA R stated lack of staffing for the reason for the lack of care. On 10/02/24 at 11:00 AM, Certified Nurse's Aide (CNA) M stated she was sick about how the residents in the facility were being treated. She verified baths were not being done in the facility. CNA M stated lack of staffing and more residents requiring two assistants was the cause of the lack of care. On 10/02/24 at 11:30 AM, Licensed Nurse (LN) G stated she was glad the state was in the building so hopefully something would be done about the lack of care the residents were receiving. LN G verified showers and baths were not being completed as they were scheduled. LN G stated lack of staffing was the reason care was not being completed. On 10/02/24 at 02:30 PM, Administrative Nurse D stated she did not think the showers/baths were not being completed but rather they were not being documented by staff. Administrative Nurse D stated the CNAs were just initialing in the bath book baths had been completed and she was initiating training with staff to ensure they understood how to document. The facility's Activities of Daily Living Policy, revised 04/27/18, documented the residents will be given the appropriate treatment and services to maintain or improve his/her ability to carry out the activities of daily living. The facility will provide care and services based on the comprehensive assessment of the resident and consistent with his/her needs or choices for the following: Hygiene (bathing, dressing, grooming, and oral care), Mobility (transfer and ambulation), Elimination (toileting), Dining (eating including snacks and meals), and Communication (speech, language, functional communication systems). Residents who are unable to carry out activities of daily living and are dependent on staff will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. The facility failed to ensure staff provided consistent bathing and/or showers for three residents. This deficient practice placed the residents at risk for impaired dignity, infection, and alteration in skin integrity.