

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175423	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/02/2025
NAME OF PROVIDER OR SUPPLIER Holiday Resort of Salina		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. (continued on next page)

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: 175423	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/02/2025
NAME OF PROVIDER OR SUPPLIER Holiday Resort of Salina		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility had a census of 40 residents. The sample included five residents, with five reviewed for unnecessary medications. Based on observation, record review, and interview, the facility failed to provide the physician ordered medications for one of five sampled residents, Resident (R) 1. This deficient practice placed R1 at risk for ineffective treatment of HIV (Human Immunodeficiency virus, a virus that attacks the body's immune system, leading to a weakened immune system and increase in the risk for cancers and infections). Findings included:- R1's electronic health record (EHR) documented diagnoses of HIV, chronic obstructive pulmonary disease (COPD- a progressive and irreversible condition characterized by diminished lung capacity and difficulty or discomfort in breathing), osteoporosis (abnormal loss of bone density and deterioration of bone tissue with an increased fracture risk), fractured sternum (a long flat T-shaped bone located in the center of the chest wall that protects the heart and other organs), and multiple fractured vertebra (fracture affecting the spinal column). R1's admission Minimum Data Set (MDS), dated [DATE], recorded the resident had a Brief Interview for Mental Status (BIMS) score of 13, indicating intact cognition. The MDS documented R1 received an antidepressant (a class of medications used to treat mood disorders), an anticonvulsant (a class of medications used to control or prevent seizures), and an opioid (a class of controlled drugs used to treat pain). The Activities of Daily Living (ADL) Care Area Assessment (CAA), dated 06/30/25, recorded R1 had a motor vehicle accident with head injuries, fractured vertebrae, and a fractured sternum. R1 worked with physical therapy and occupational therapy to regain his strength and ability to care for himself. The ADL CAA documented R1 needed assistance with all areas of ADLs and had some limitations in mobility due to the fractures and the associated pain.R1's Back Box Warning Medication Care Plan, dated 06/23/25, recorded R1 had medications with black box warnings that were located in the Medication Administration Record and the Treatment Administration Record. The Physician's Order dated 06/18/25 directed staff to administer Biktarvy (a medication used to attack the HIV and lower the amount of HIV in the blood. The med combines three antiviral medications to lower the HIV in your body), oral tablet 50-200-25 milligrams (mg), one tablet by mouth once daily for HIV.Review of the Medication Administration Record (MAR) revealed the following dates the facility did not have the medication available to the resident:On 06/18/25 at 10:50 PM, Nurses Notes documented waiting on delivery. On 06/19/25 at 07:46 AM, Nurses notes documented waiting on delivery. On 06/20/25 at 08:38 AM, Nurses Notes documented waiting on delivery. On 06/21/25 at 10:08 AM, Nurses Notes documented waiting to receive from pharmacy.On 06/22/25 at 07:49 AM, Nurses Notes documented on order.On 06/23/25 at 08:05 AM, Nurses Notes documented waiting on delivery.On 06/24/25 at 06:34 AM, Nurses Notes documented waiting on delivery.On 06/25/25 at 11:57 AM, Nurses Notes documented waiting for medication from pharmacy.On 06/26/25 at 07:59 AM, Nurses Notes documented waiting on delivery.On 06/27/25 at 09:10 AM, Nurses Notes documented waiting on delivery.On 06/28/25 at 10:23 AM, Nurses Notes documented waiting on delivery. On 06/29/25 at 09:58 AM, Nurses Notes documented waiting on delivery.On 06/30/25 at 07:31 AM, Nurses Notes documented waiting for medication from pharmacy.On 07/01/25 at 06:33 AM, Nurses Notes documented awaiting delivery. R1 discharged from the facility to home on [DATE].On 09/02/25 at 02:20 PM, License Nurse (LN) G verified she was aware R1 did not receive his physician-ordered Biktarvy while a resident at the facility. LN G stated she was aware the resident had a grant to cover the cost of the medication, and the facility could call the family, and they would have brought the medication into the facility to administer to the resident. On 09/02/25 at 02:38 PM, Pharmacy Consultant Staff GG verified the pharmacy received an order form the facility to fill the medication Biktarvy on 06/18/25. The pharmacy filled the prescription and attempted to get paid/preapproval through the resident's insurance, and it was denied. The pharmacy would then get approval from the facility for them to cover the charges, so they emailed the facility on 06/18/25 to get the approval with no response, then emailed the facility again on 06/19/25, and Administrative Nurse D stated she was sorry she did not get back with the pharmacy yesterday; however, she would contact them with a response on 06/20/25. The pharmacy was still awaiting a response from the facility. Pharmacist Consultant Staff GG stated they would not email the facility again due to the fact that Administrative Nurse D stated she would get back with them regarding a response on 06/20/25. Pharmacist Consultant Staff GG stated the medication was \$4600.00 a month, and if any medication was over \$250.00, they would email the facility for approval before sending the medication to the facility because the facility would be responsible for paying the charge out of pocket. On 09/02/25 at</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175423	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/02/2025
NAME OF PROVIDER OR SUPPLIER Holiday Resort of Salina		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility had a census of 40 residents. The sample included five residents. Based on the interview and record review, the facility failed to correctly transcribe physician orders to provide medication to Resident (R) 1 and R2, upon admission to the facility. This deficient practice caused R1 to not receive his prescription medication for 13 days and R2 to not receive the prescribed medication for four weeks. Findings included: - R1's electronic health record (EHR) documented diagnoses of HIV (Human Immunodeficiency virus, a virus that attacks the body's immune system, leading to a weakened immune system and increase in the risk for cancers and infections), chronic obstructive pulmonary disease (COPD- a progressive and irreversible condition characterized by diminished lung capacity and difficulty or discomfort in breathing), osteoporosis (abnormal loss of bone density and deterioration of bone tissue with an increased fracture risk), fractured sternum (a long flat T-shaped bone located in the center of the chest wall that protects the heart and other organs), and multiple fractured vertebra (fracture affecting the spinal column).</p> <p>R1 's admission Minimum Data Set (MDS), dated [DATE], recorded the resident had a Brief Interview for Mental Status (BIMS) score of 13, indicating intact cognition and received an antidepressant (a class of medications used to treat mood disorders), anticonvulsant (a class of medication used to control or prevent seizures), and opioid (a class of controlled drugs used to treat pain).</p> <p>The Activities of Daily Living (ADL) Care Area Assessment (CAA), dated 06/30/25, recorded R1 had a motor vehicle accident with head injuries, fractured vertebrae, and a fractured sternum. R1 was working with physical therapy and occupational therapy to regain his strength and ability to care for himself. The ADL CAA documented R1 needed assistance with all areas of ADLs and had some limitations in mobility due to the fractures and the associated pain.</p> <p>R1's &ldquo;Back Box Warning Medication Care Plan, dated 06/23/25, recorded R1 had medications with black box warnings that were located in the medication Administration record and the Treatment administration record.</p> <p>The Physician's Order dated 06/18/25 directed staff to administer Biktarvy (a medication used to attack the HIV and lower the amount of HIV in the blood. The med combines three antiviral medications to lower the HIV in your body), oral tablet 50-200-25 milligrams (mg), one tablet by mouth once daily for HIV.</p> <p>Review of the &ldquo;Medication Administration Record (MAR) revealed the following dates the facility did not have the medication available to the resident:</p> <p>On 06/18/25 at 10:50 PM, &ldquo;Nurses Notes&rdquo; documented &ldquo;waiting on delivery.&rdquo;</p> <p>On 06/19/25 at 07:46 AM, &ldquo;Nurses notes&rdquo; documented &ldquo;waiting on delivery.&rdquo;</p> <p>On 06/20/25 at 08:38 AM, &ldquo;Nurses Notes documented &ldquo;waiting on delivery.&rdquo;</p> <p>On 06/21/25 at 10:08 AM, &ldquo;Nurses Notes&rdquo; documented &ldquo;waiting to receive from pharmacy.&rdquo;</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175423	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/02/2025
NAME OF PROVIDER OR SUPPLIER Holiday Resort of Salina		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 06/22/25 at 07:49 AM, &ldquo;Nurses Notes&rdquo; documented &ldquo;on order.&rdquo;</p> <p>On 06/23/25 at 08:05 AM, &ldquo;Nurses Notes&rdquo; documented &ldquo;waiting on delivery.&rdquo;</p> <p>On 06/24/25 at 06:34 AM, &ldquo;Nurses Notes&rdquo; documented &ldquo;waiting on delivery.&rdquo;</p> <p>On 06/25/25 at 11:57 AM, &ldquo;Nurses Notes&rdquo; documented &ldquo;waiting for medication from pharmacy.&rdquo;</p> <p>On 06/26/25 at 07:59 AM, &ldquo;Nurses Notes&rdquo; documented &ldquo;waiting on delivery.&rdquo;</p> <p>On 06/27/25 at 09:10 AM, &ldquo;Nurses Notes&rdquo; documented &ldquo;waiting on delivery.&rdquo;</p> <p>On 06/28/25 at 10:23 AM, &ldquo;Nurses Notes&rdquo; documented &ldquo;waiting on delivery.&rdquo;</p> <p>On 06/29/25 at 09:58 AM, &ldquo;Nurses Notes&rdquo; documented &ldquo;waiting on delivery.&rdquo;</p> <p>On 06/30/25 at 07:31 AM, &ldquo;Nurses Notes&rdquo; documented &ldquo;waiting for medication from pharmacy.&rdquo;</p> <p>On 07/ 01/25 at 06:33 AM, &ldquo;Nurses Notes&rdquo; documented &ldquo;awaiting delivery.&rdquo;</p> <p>R1 was discharged from the facility to home on [DATE]</p> <p>On 09/02/25 at 02:20 PM, License Nurse (LN) D verified she was aware R1 did not receive his physician-ordered Biktarvy while a resident at the facility. LN D stated she was aware the resident had a &ldquo;grant&rdquo; to cover the cost of the medication, and the facility could call the family, and they would have brought the medication into the facility to administer to the resident.</p> <p>On 09/02/25 at 02:38 PM, Pharmacy Consultant Staff GG verified the pharmacy received an order form the facility to fill the medication Biktarvy on 06/18/25. The pharmacy filled the prescription and attempted to get paid/preapproval through the residents' insurance, and it was denied. The pharmacy would then get approval from the facility for them to cover the charges, so they emailed the facility on 06/18/25 to get the approval, with no response. Then, I emailed the facility again on 06/19/25. Administrative Nurse D stated she was sorry she did not get back with the pharmacy yesterday. However, she would contact them with a response on 06/20/25. The pharmacy is still awaiting a response from the facility. Pharmacist Consultant Staff GG stated they would not email the facility again due to the fact that Administrative Nurse D stated she would get back with them regarding a response on 06/20/25. Pharmacist Consultant Staff GG stated the medication was \$4600.00 a month, and if any medication was over \$250.00, they would email the facility for approval before sending the medication to the facility, because the facility would be responsible for paying the charge out of pocket.</p> <p>On 09/02/25 at 02:45 PM, Consultant HH verified she was the pharmacy business manager, she had emailed the facility to get a response to have the non-covered medication paid for on 06/18/25 and again on 06/19/25 and as stated above was told by Administrative Nurse D she would get back with the pharmacy on 06/20/25 and she failed to contact them with an approval or denial for payment.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175423	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/02/2025
NAME OF PROVIDER OR SUPPLIER Holiday Resort of Salina		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 09/02/25 at 03:15 PM, Social Service Staff X stated an out-of-town hospital had contacted the facility on 06/11/25 to accept R1 as a patient when he was discharged from their facility on 06/18/25 and told the facility he had a diagnosis of HIV and required the medication Biktarvy. The hospital stated the medication would be covered by &ldquo;[NAME] Funding Care Management,&rdquo; so there would not be an out-of-pocket expense for the facility for the medication. Social Service Staff X stated that both Administrative Nurse D and Administrative Nurse E were included in the email from the hospital that indicated R1 medication and how to get the medication paid for. Social Service Staff X verified she did not do anything further before the resident was admitted to the facility, assuming Administrative Nurse D or Administrative Nurse E would have pursued the [NAME] grant/funding, but apparently stated that was not followed through. She was unaware R1 had not received the medication at the facility.</p> <p>On 09/02/25 at 03:30 PM, Administrative Staff A verified he was unaware of R1 not receiving the physician ordered Bitkarvy and stated before a resident is admitted to the facility the facility should have gotten the medication pre-approved and if they we unable to do that they should have denied the resident's admission to the facility if they were unable to provide the resident with the required care and services. Administrative Staff A verified he had called and texted Administrative Nurse D every thirty minutes since we were in the building and had inquired about the resident medication and did not have a return call or response from Administrative Nurse D. Administrative Staff A verified Administrative Nurse D worked the night shift and got off at 06:00 AM on 09/02/25 and was probably sleeping and should be back at the facility at 06:00 PM tonight and would ask that she would call the surveyor regarding the concern.</p> <p>On 09/02/25 at 10:02 PM, the Administrative Nurse D was unable to be reached.</p> <p>The facility's &ldquo;Medication Administration&rdquo; policy undated, documented the facility maintains equipment and supplies necessary for the preparation and administration of medication to residents. Medications are administered in accordance with written orders of the attending physician, and at the time they are prepared. The policy documents if the resident refuses medication, document refusal on the Medication Administration Record (MAR), and notify the provider per facility protocol. The staff would document in the MAR the administration of medication, the specific time of administration, refusal, holding of dose, and dosing parameters such as vital signs and lab values.</p> <p>- R2's &ldquo;Electronic Medical Record (EMR)&rdquo; documented R2 was admitted to the facility 02/24/25 and included diagnoses of protein-calorie malnutrition (inadequate intake of both protein and calories), diabetes mellitus (DM- when the body cannot use glucose, not enough insulin made or the body cannot respond to the insulin), atrial fibrillation (rapid, irregular pulse) and cerebral infarction (stroke).</p> <p>R2's &ldquo;admission Minimum Data Set (MDS),&rdquo; dated 03/03/25, documented a Brief Interview for Mental Status (BIMS) score of six, indicating severely impaired cognition. The MDS documented R2 required partial staff assistance for activities of daily living and received insulin (a hormone that lowers the level of glucose in the blood).</p> <p>R2's &ldquo;Care Plan,&rdquo; dated 02/24/25, directed staff to administer her medication as prescribed by her physician.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175423	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/02/2025
NAME OF PROVIDER OR SUPPLIER Holiday Resort of Salina		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R2's hospital discharge orders, dated 02/24/25, listed prescribed medications to continue, including Mounjaro (injectable prescription medicine for adults with type 2 diabetes), 5 milligrams (mg)/0.5 milliliters (ml) weekly.</p> <p>R2's Medication Administration Record (MAR) for February and March 2025 lacked documentation of the Mounjaro order.</p> <p>R2's EMR lacked documentation the physician ordered Mounjaro was discontinued.</p> <p>On 09/02/25 at 10:55 AM, Licensed Nurse (LN) H verified Mounjaro was included in the hospital discharge orders for R2 and should have been continued at the facility.</p> <p>On 09/02/25 at 02:43 PM, Consultant Pharmacist GG stated the facility staff sent R2's physician-ordered medication list to the pharmacy after they entered it in the computer system. She verified that what they received did not include Mounjaro.</p> <p>On 09/02/25 at 02:55 PM, LN I verified R2's physician ordered Mounjaro 0.5 mg upon her admission to the facility on [DATE] and had not discontinued the order.</p> <p>On 09/02/25 at 03:15 PM, Administrative Staff A verified that nursing staff should have transcribed the physician orders correctly.</p> <p>The facility's "Medication Administration" policy, dated 01/2021, stated medications were administered in accordance with written orders of the physician.</p>		