| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 175531 | A. Building<br>B. Wing | 02/12/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Atchison Senior Village Rehabilitation and Nursing | 1419 N 6th Street<br>Atchison, KS 66002 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>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.<br><br>The facility had a census of 45 residents. Based on observation, interview, and record review, the facility failed to provide Registered Nurse (RN) coverage eight hours a day, seven days a week. Findings included:- The Payroll Based Journal (PBJ-a required detail of staffing information submitted by nursing homes to the Centers of Medicare and Medicaid Services [CMS]) lacked RN eight-hour coverage for September 27, 2025, September 28, 2025, and December 20, 2025. On 02/12/26 at 08:58 AM, Administrative Nurse D verified that the two days in September and one day in December lacked eight consecutive RN hours. The facility's Consistent RN Coverage policy, dated 03/2025, documented it was the policy of the facility to ensure adequate RN coverage. The facility must provide licensed nurse coverage 24 hours a day and an RN on duty for at least eight consecutive hours daily, seven days a week, unless a state-approved waiver applies. |

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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| F 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.<br><br>The facility had a census of 45 residents. The sample included 12 residents. Based on observation, record review, and interview, the facility failed to store, distribute, and serve food by professional standards for food service safety in the facility's kitchen. Findings included:- On 02/10/26 at 07:17 AM, observation in the nutrition center two-door refrigerator/freezer had the following: An unlabeled, undated crab salad sandwich wrapped in aluminum foil. An unlabeled, undated plastic bag with 6 cookie dough batters. An 40 ounce (oz) unlabeled, undated, plastic bag of onion rings, approximately a quarter full. An unlabeled, undated, and uncovered cup of ice cream, with the top uncovered and open to the air. The February 2026 refrigerator/ freezer temperature log had missing documentation for morning and evening shifts on February 2, 3, 4, 7, and 8. On 02/10/26 at 07:20 AM, Dietary Staff (DS) BB and Licensed Nurse (LN) G verified the above findings. DS BB stated that dietary staff and activity staff were responsible for labeling and dating food items placed in the nutritional refrigerator/freezer. LN G removed the items and discarded them in a trash can. On 02/10/26 at 07:25 AM, observation in the kitchen revealed the following: The walk-in refrigerator had two, approximately 1/4 full, unlabeled and undated packages of sliced yellow cheese. The two-door refrigerator/freezer and the walk-in refrigerator/freezer temperature logs had missing documentation for the evening shift on 02/08/26 and 02/09/26. On 02/10/26 at 07:30 AM, Certified Dietary Manager (CDM) CC verified the above observations in the kitchen and stated staff should label and date food before placing it in the refrigerator or freezer. CDM CC stated staff should document refrigerator and freezer temperatures twice a day. CDM CC removed the cheese and discarded it in a trash can. On 02/10/26 at 11:30 AM, observation revealed DS BB touched the refrigerator counter and dining tables with ungloved hands and without washing her hands, DS BB picked up R38's roll, with her right hand, placed it in her left hand, and buttered R38's roll. On 02/10/26 at 12:30 PM, CDM CC stated staff should wash their hands and place gloves on when providing help with the resident's food. The facility's Food Procurement and Storage Policy, revised 03/25, documented that education would be provided on proper labeling and dating of each food item. Staff should cover, label, and date refrigerated food items and indicate an expiration date for all items. The policy documented that staff would document the temperatures of external and internal refrigerator gauges. |

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| F 0761<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.<br><br>The facility identified a census of 45 residents. The sample included 12 residents with two medication rooms and three medication carts. Based on observation, record review, and interviews, the facility failed to appropriately store medications and biologicals when staff failed to ensure the tuberculin (a sterile liquid used to diagnose tuberculosis) test serum was dated after opened, and further failed to ensure safe medication administration when staff prepped two residents' medications in medication cups, unlabeled in the medication cart.Findings included: On 02/10/26 at 08:34 AM, a medication room refrigerator contained one vial of tuberculin test serum. The tuberculin serum was opened and undated.<br><br>On 02/10/26 at 08:37 AM LN H stated all tuberculin test serum that was opened should have a date. She stated the serum was good for 30 days after the vial had been opened. LN H stated the person who opened the serum should have dated the vial.<br><br>On 02/10/26 at 08:05 AM, Administrative Nurse D stated all nurses should ensure there was no medication outdated or unlabeled. Administrative Nurse D stated it was the assistant director of nursing's responsibility to audit the medication rooms to ensure there were no outdated or undated medications.<br><br>The facility Medication Labels and Storage policy dated 03/24 documented medications were labeled in accordance with the facility requirements and stated and federal laws. The policy documented only the pharmacy provider modifies or changes prescription labels.<br><br>- On 02/10/26 at 07:34 AM, during the initial tour of the facility, the medication cart located in the 100 hallways had two medication cups with multiple colors and sizes of medications in clear plastic containers in the top drawer. Licensed Nurse (LN) H identified the cup of medication as R9 and R47 medications.<br><br>On 02/10/26 at 04:00 PM, Administrative Nurse D verified that medications should not be prepared ahead of time until the resident is ready to take them.<br><br>The facility's Medication Administration policy, dated 10/2025, documented that only licensed medical and nursing personnel or other lawfully authorized staff members may prepare, administer, and record the administration of medications and/or fluids. Medications may not be set up in advance, and scheduled medications must be administered within the facility's time frame. |

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| F 0883<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Develop and implement policies and procedures for flu and pneumonia vaccinations.<br><br>The facility identified a census of 45 residents. The sample included 12 residents, with five reviewed for immunization status. Based on record reviews and interviews, the facility failed to administer Resident (R)2's Pneumococcal Conjugate Vaccine (PCV20- vaccination for bacterial pneumonia infections) vaccination that R2 consented to receive.Findings included: - Review of R2's clinical record revealed no documented PCV20, and the last documented influenza vaccine was 10/29/25. R2's consent form for PCV20 was dated 08/30/25.R2's Electronic Medical Record (EMR) lacked documentation R2 received the PCV20.On 02/12/26 at 08:22 AM, Administrative Nurse F stated consent forms for immunizations were signed as refused or consented at admission. She stated it was the floor nurse's responsibility to give the vaccination, if possible. Administrative Nurse F stated R2 signed a consent for PCV20, but the vaccine was not given. She stated it was her responsibility to give the vaccine if the vaccine was not given on admission.On 02/12/26 at 08:05 AM, Administrative Nurse D stated the assistant director of nursing was responsible for immunization auditing. She stated the immunization forms were included in the admission packet, and the floor nurse would ensure a consent was signed or a vaccination was refused. Administrative Nurse D stated the assistant director of nursing was to ensure the vaccine was given.The facility's Immunizations revised 03/25 documented it was the policy of the facility to offer and administer influenza, and pneumococcal, and COVID-19 (highly contagious respiratory virus) immunizations to eligible residents after providing education on the risks and potential side effects of the vaccines and obtaining consent. Eligibility to receive the vaccines may include, but was not limited to current vaccine status, season and time of the year, medical contradictions or resident preferences and choices. |