

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175554	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/08/2026
NAME OF PROVIDER OR SUPPLIER Citizens Medical Center Ltcu		STREET ADDRESS, CITY, STATE, ZIP CODE 1625 S Franklin Avenue Colby, KS 67701	
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 0730 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Observe each nurse aide's job performance and give regular training. Based on observation, interview, and record review, the facility failed to ensure the required annual performance reviews were completed for four randomly selected nurse aides reviewed. Findings included:- A review of the facility nurse aide performance evaluations revealed that Certified Nurse Aide (CNA) O, with an employment date of 10/23/24, CNA P, with an employment date of 03/12/24, CNA Q, with an employment date of 10/05/10, and CNA R with an employment date of 12/06/23, randomly selected employees who had been employed for over a year, lacked an annual performance review. On 07/07/2026 at 02:30 PM, Administrative Staff A reported that the CNAs lacked annual performance reviews. The facility had changed the platform system, and the performance reviews had not been completed for the past two years. On 07/08/2026 at 10:56 AM, Administrative Nurse D verified that annual performance reviews had not been completed. The facility's Personnel Policies and Code of Conduct policy, dated 01/01/2024, documents that the facility views performance management as a continuous process. Each associate creates goals. Throughout the year, the associate provides an update on their goals and completes a self-assessment. Leaders meet with each associate throughout the year to review progress toward achieving goals, review the self-assessment, and provide feedback. The performance year runs January through December, and final performance documentation is due by December 31. Annual goal setting and look-back occur in January.		

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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement policies and procedures to prevent abuse, neglect, and theft. Based on record review and interview, the facility failed to implement a policy to screen potential employees for a history of abuse, neglect, exploitation, or misappropriation when the facility failed to obtain a criminal background check and license verification upon hire of a Licensed Nurse (LN) I. Findings included:- Upon request, a randomly selected LN I, who had an employee start date of 02/14/2022, the facility was unable to provide documentation of criminal background and nurse registry check. On 07/07/2026 at 02:30 PM, Administrative Staff A reported a change in the system which had the verification of criminal background check and licensing verification documentation. Administrative Staff A reported the facility was unable to locate the information which would have the licensed and registry checks through the human resources department. On 07/08/2026 at 10:56 AM, Administrative Nurse D reported the facility's human resources department was responsible for the criminal background and license verification checks. The facility's Personnel Policies and Code of Conduct, dated 01/01/24, states that all individuals to whom conditional offers of employment are made will be subject to a job-related background check. Current associates may be subject to a background check that includes prior employment verification requirements. A background check may consist of prior employment verification, professional reference checks, education confirmation, criminal history checks, credit checks, and other inquiries based on job requirements.		

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure a 14-day stop date or a specified duration with a rationale for Resident (R) 11's ongoing as-needed (PRN) antianxiety medication (a class of medications that calm and relax people). Findings included:- R11's Electronic Medical Record (EMR) revealed diagnoses of anxiety (mental or emotional reaction characterized by apprehension, uncertainty, and irrational fear), malignant neoplasm of the colon (a disease that forms in the tissues of the colon [the longest part of the large intestine]), pain, and dementia (a progressive mental disorder characterized by failing memory and confusion).The Quarterly Minimum Data Set (MDS), dated [DATE], documented R11 had severely impaired cognition. R11 was dependent on staff for lower-body dressing, mobility, and transfers, and required substantial staff assistance for showers, upper-body dressing, and personal hygiene. The MDS further documented R11 received antianxiety and antidepressant (a class of medication used to treat mood disorders) medications daily.The Significant Change MDS, dated 06/19/2026, documented R11 had severely impaired cognition. R11 was dependent upon staff assistance for toileting, hygiene, showers, dressing, transfers, and substantial staff assistance for personal hygiene and mobility. The MDS further documented R11 had inattention, disorganized thinking that fluctuated, and did not receive any medications.R11's 04/01/2026 Care Plan included the following interventions:06/08/2026- R11 had a terminal diagnosis (a progressive medical condition that cannot be cured and is expected to result in death, usually within a timeline of months or less), administer medication as ordered, and adjust provision of activities of daily living (ADL) to compensate for R11's changing abilities.R11's Physician's Order dated 06/08/2026, directed the staff to administer Ativan (antianxiety) 2 milligram (mg)/per milliliter (ml) 0.25 ml, every four hours as needed for anxiety. The order lacked a stop date.R11's EMR lacked evidence of a specified duration, which included a physician's rationale for the extended use of the PRN Ativan.On 07/06/2026 at 09:00 AM, R11 lay in bed with her eyes closed.On 07/07/2026 at 08:00 AM, Certified Nurse Aide (CNA)N stated R11 had not had any periods of anxiety or behaviors.On 07/07/2026 at 08:10 AM, Licensed Nurse (LN) H stated R11 only received pain and anxiety medication as she was on comfort care and had PRN Ativan if she was having anxiety.On 07/08/2026 at 10:45 AM, Administrative Nurse D stated that when they get the initial order for Ativan, they put an automatic 14-day stop date. The physician reassessed the resident for continued need of the medication and would then put a stop date on the medication. Administrative Nurse D stated that they did not think about putting stop dates on residents who were on comfort care.The facility's Psychotropic Drug Use policy, dated 09/18/25, documented that prn orders for psychotropic drugs were limited to fourteen (14) days unless the resident's provider believed that it was appropriate for the prn order to be extended beyond 14 days. The provider must document their rationale for continuation in the resident's medical record and indicate the duration for the prn order.		

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to ensure Resident (R) 2 and R17 and their representatives were provided with a bed hold policy. The facility failed to ensure R2 and R17 and their representatives were provided with a written notification of transfer that included a statement of the right to appeal and the state ombudsman information, upon their transfer to the hospital as soon as practicable upon their transfer to the hospital. The facility failed to ensure the long-term care ombudsman (LTCO) was notified of R2 and R17's transfer to the hospital as soon as practicable. Findings included:- 1. R2's Electronic Medical Record (EMR) recorded a Discharge Minimum Data Set dated [DATE], which documented an unplanned discharge to an acute hospital with a return anticipated.R2's Entry MDS dated [DATE] documented a re-entry to the facility from an acute hospital.R2's Resident Documents in the EMR lacked documentation that a bed hold that included the facility's per diem rate to hold a bed. The EMR lacked documentation that R2 and their representatives were provided with a written notification of transfer that included a statement of the right to appeal and the state ombudsman information, upon their transfer to the hospital as soon as practicable upon their transfer to the hospital on [DATE]. The facility was unable to provide the documentation upon request.On [DATE] at 12:00 PM, the facility provided the monthly list of notifications to the ombudsman for discharges and transfers for 2026. The lists lacked R2's discharge to the hospital on [DATE] on the ombudsman notifications for [DATE]. - 2. R17's EMR recorded a Discharge Minimum Data Set dated [DATE], which documented an unplanned discharge to an acute hospital with a return anticipated.R17's Entry MDS dated [DATE] documented a re-entry to the facility from an acute hospital.R17's Resident Documents in the EMR lacked documentation that a bed hold that included the facility's per diem rate to hold a bed. The EMR lacked documentation that R17 and their representatives were provided with a written notification of transfer that included a statement of the right to appeal and the state ombudsman information, upon their transfer to the hospital as soon as practicable upon their transfer to the hospital [DATE]. The facility was unable to provide the documentation upon request.On [DATE] at 12:00 PM, the facility provided the monthly list of notifications to the ombudsman for discharges and transfers. The lists lacked R17's discharge to the hospital on [DATE] for the [DATE] notification to the ombudsman.On [DATE] at 12:04 PM, Administrative Staff A stated that the facility had dropped the ball on the bed holds, notification to the ombudsman. She stated that their social services person was off this week, but she had found the ombudsman notifications and had realized that they had not been notifying the ombudsman when residents were transferred out to the hospital, only of transfers home or to other facilities. Administrative Staff A went on to state that, for some reason a paper bed holds had not been completed as they should have. She stated that representatives were called by nursing staff, and they gave verbal consent for the bed hold. Administrative Staff A stated that a performance improvement plan (PIP) would be initiated, and staff education would be provided on the issue.The facility's undated Transfer or Discharge, Facility-Initiated policy documented when residents are sent emergently to an acute care setting, these scenarios are considered facility-initiated transfers, not discharges, because the resident's return is generally expected. Residents who are sent emergently to an acute care setting, such as a hospital, are permitted to return to the facility. Residents who are sent to the acute care setting for routine treatment/planned procedures are also allowed to return to the facility. Under the following circumstances, the notice is given as soon as it is practicable but (continued on next page)		

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	before the transfer or discharge: The health and/or safety of individuals in the facility would be endangered due to the clinical or behavioral status of the resident; the resident's health improves sufficiently to allow a more immediate transfer or discharge; an immediate transfer or discharge is required by the resident's urgent medical needs; or; a resident has not resided in the facility for 30 days. Notice of Transfer was provided to the resident and representative as soon as practicable before the transfer and to the long-term care (LTC) ombudsman when practicable. Notice of Facility Bed-Hold and Return policies were provided to the resident and representative within 24 hours of emergency transfer. Notices were provided in a form and manner that the resident can understand, taking into account the resident's educational level, language, communication barriers, and physical or mental impairments. Nursing notes would include documentation of appropriate orientation and preparation of the resident prior to transfer or discharge. If a resident chooses to appeal a discharge, the facility will not discharge residents while the appeal was pending. If the resident chooses to appeal the discharge, the facility will allow the resident to return to his or her room or an available bed in the facility during the appeal process, unless there is documented evidence that the resident's return would endanger the health or safety of the resident or other individuals in the facility. Residents had the right to appeal a facility-initiated transfer or discharge through the state agency that handles appeals. Upon notice of transfer or discharge, the resident will be provided with a statement of his or her right to appeal the transfer or discharge, including: the name, address, email and telephone number of the entity which receives such requests; information about how to obtain, complete and submit an appeal form; how to get assistance completing the appeal process; and the facility bed-hold policy. The facility's Bed-Holds and Returns policy documented: all residents/representatives were provided written information regarding the facility and state bed-hold policies, which address holding or reserving a resident's bed during periods of absence (hospitalization or therapeutic leave). Residents, regardless of payer [NAME]-cc, are provided written notice about these policies at least twice: notice1: well in advance of any transfer (e.g., in the admission packet); and notice 2: at the time of transfer (or, if the transfer was an emergency, within 24 hours). The written bed-hold notices provided to the residents/representatives explain in detail: the duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the facility; the reserve bed payment policy as indicated by the state plan (for Medicaid residents); the facility policy regarding bed-hold periods; the facility per-diem rate required to hold a bed (for non-Medicaid residents), or to hold a bed beyond the state bed-hold period (for Medicaid residents); and the facility return policy. The requirement that residents be permitted to return to the facility following hospitalization or therapeutic leave applies to all residents regardless of payer source. Residents who seek to return to the facility within the bed-hold period defined in the state plan are allowed to return to their previous room, if available. Residents who seek to return to the facility after the state bed-hold period has expired (or when state law does not provide for bed-holds) are allowed to return to their previous room if available or immediately to the first available bed in a semi-private room provided that the resident: still requires the services provided by the facility: and was eligible for Medicare skilled nursing facility or Medicaid nursing facility services.		

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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 ensure one resident, Resident (R) 14, maintained skin integrity when she received numerous skin tears (traumatic wounds caused by friction, shear, or blunt force that separate the top layer of the skin from the layer beneath it) during staff-assisted care. Findings included:- R14's Electronic Health Record (EMR) documented diagnoses of malignant neoplasm of the bone, lung, and brain (the medical term for cancer), edema (swelling resulting from an excessive accumulation of fluid in the body tissues), hypertension (high blood pressure), and pain. The Quarterly Minimum Data Set (MDS), dated [DATE], documented R14 had severely impaired cognition. R14 required total staff assistance for all activities of daily living (ADL). R14 had upper and lower functional impairment on both sides, was on a turning and repositioning program, and had skin tears. The Quarterly MDS, dated 04/17/2026, documented R14 had severely impaired cognition. R14 required total staff assistance for all ADLs. R14 had upper and lower functional impairment on both sides, was on a turning and repositioning program, and did not have any skin issues. R14's 04/22/2026 Care Plan included the following interventions: 07/31/2020- full body skin assessment weekly by the charge nurse. 06/17/2022- observe for redness, open areas, scratches, cuts, bruises, and report changes to the nurse. 02/26/2024- Change of position to be done every two hours to help prevent skin breakdown and pressure injuries. 01/16/2026- ensure R14 wore Geri sleeves (protective, non-compression fabric tubes designed to shield fragile, thinning skin from tears, bruises, and abrasions (scrapes)). The Skin Integrity Form, dated 09/11/2025 at 12:36 PM, documented R14 had small, scattered bruising to her left hand. The bruises were red/purple in color and had possibly happened during a transfer with the sit-to-stand lift (a mobility aid designed to help individuals move from a seated position to a standing position). The staff were educated to ensure R14's hands were properly placed to avoid rubbing on the sling. The Skin Integrity Form, dated 10/12/2025 at 08:00 PM, documented R14 had a skin tear to her left forearm, which measured 3 cm x 0.5 cm. The area was cleaned, dried, edges approximated (pulled together), and Tegaderm (a sterile, transparent, and waterproof film dressing) applied. The skin tear occurred from friction during a transfer, and the staff was educated to have Geri sleeves on her during all transfers. The Skin Integrity Form, dated 11/16/2025 at 11:32 AM, documented R14's left hand fell against the sling of the lift and she sustained a 0.5 cm x 0.5 cm skin tear to her left dorsal (back) hand. Staff was educated on proper transferring and maintaining alignment during transfers. The Skin Integrity Form, dated 11/25/2025 at 09:08 AM, documented R14 sustained a 1.5 cm x 1 cm skin tear to her left forearm during a transfer. The Certified Nurse Aide (CNA) told the nurse that she scraped her arm on something during the transfer. The skin tear would be monitored, and education was provided to the CNA. The Skin Integrity Form, dated 12/12/2025 at 11:30 PM, documented R14 had an opening on her right elbow that was bleeding. The area was a 1 cm x 1 cm superficial abrasion. The nurse cleansed the wound and applied Tegaderm to the area. The Skin Integrity Form, dated 01/08/2026 at 08:10 PM, documented R14 had three skin tears to her left elbow area, and scratch marks were noticeable around the skin tears. The distal (below) skin tear was 1 cm x 1 cm and superficial in nature. Some bleeding was noticed with the wound. The proximal (upper) skin tear was 0.5 cm x 0.5 cm and superficial in nature. Scant bleeding was also noticed with this wound. The area was cleansed; skin was approximated as best as possible, and Tegaderm was applied to the area. The nurse educated the CNA's bout always using protective sleeves for her and to use lotion on her skin if R14 complained of itching or dry skin was noticed. The Skin Integrity Form, dated 01/11/2026 at 05:30 AM, (continued on next page)		

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	documented R14 had a skin tear to her left pointer finger. The area measured 0.3 cm x 0.1 cm. The area was cleansed, edges approximated, and a band-aid was applied. R14 had turned towards the CNA during personal care, and her finger had rubbed or snagged against a [NAME] on the CNA's uniform top. The CNA was educated to be more careful. The Skin Integrity Form, dated 03/02/2026 at 01:02 PM, documented R14 had a skin tear on her left dorsal forearm. The skin tear measured 1 cm x 1 cm and caught her arm on the sling of the lift during a transfer. The area was cleansed, and Tegaderm was applied. Education was provided to the CNA. The Skin Integrity Form, dated 03/09/2026 at 09:33 AM, documented R14 sustained a 1 cm x 0.5 cm skin tear to her left elbow. R14 had caught her elbow on the armrest of the wheelchair. Staff caught it on the wheelchair armrest while attempting to apply the sling for the lift. Verbal education was provided to the CNA. The Skin Integrity Form, dated 06/08/2026 at 08:32 AM, documented R14 sustained a 0.7 cm x 0.7 cm bruise to her right second toe. R14 hit her toe on the lift. The staff was educated to watch foot placement on the lift. The Skin Integrity Form, dated 07/05/2026 at 10:00 AM, documented R14 sustained a skin tear to her left elbow while staff dressed her after her bath. The skin tear was 0.5 cm x 0.5 cm, with scant bleeding. The area was covered with Tegaderm. On 07/06/2026 at 12:15 PM, R14 sat in her recliner, feet elevated. She had on a short-sleeved top and Geri sleeves on both arms that went from the top of her hands to just below her elbows. R14 had a healing skin tear on her left elbow. On 07/07/2026 at 08:25 AM, R14 sat in her recliner, feet elevated. She had on a short-sleeved top and Geri sleeves on both arms that went from the top of her hands to just below her elbows. R14 had a healing skin tear on her left elbow. On 07/08/2026 at 09:25 AM, CNA N stated R14 had sustained a lot of skin tears during care, and she had to wear the Geri sleeves for protection. On 07/08/2026 at 09:45 AM, Licensed Nurse (LN) H stated R14 had gotten her arm caught a few times on the armrest of the wheelchair. She had arm sleeves for protection that were always to be worn. When asked about R14 wearing long sleeves to protect her whole arm, LN H stated that most of her shirts are short-sleeved, and the resident's preference. On 07/08/2026 at 10:45 AM, Administrative Nurse G stated R14's skin was very fragile and should always have on Geri sleeves. When asked why they only went up to below the elbow, she stated that R14 did have longer ones and did not know why the shorter ones were on her. Administrative Nurse D further stated that staff have been educated to be very careful with her but was unsure how else to keep her from sustaining more skin tears. The facility's Skin Integrity Management policy, dated 09/18/2025, documented that the facility identified residents at risk for skin breakdown. They had guidelines to identify residents at risk for skin breakdown, reduce or relieve pressure, maintain skin integrity, and provide appropriate interventions. The preventative methods, interventions, and treatment options for residents who were at risk or who had abnormal skin conditions included: applications of cream bath soaks to prevent dryness/or scaling, application of a protective elbow and/or heel pads, and application of Derma arm and/or Derma leg protectors.		