STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	17E210	A. Building B. Wing	06/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Access Mental Health	500 Peabody Peabody, KS 66866

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to report allegations of abuse from Resident (R) 17 to the State Agency as required and further failed to ensure all contracted vendors or providers reported allegations of staff to resident abuse to the Administrator immediately. Findings included: - R17's Electronic Medical Record (EMR) included diagnoses of schizophrenia (a mental disorder characterized by gross distortion of reality, disturbances of language and communication, and fragmentation of thought), major depressive disorder (major mood disorder that causes persistent feelings of sadness), adverse effect of methamphetamines (an illegal stimulant with high addiction potential), and adjustment disorder with anxiety (mental or emotional reaction characterized by apprehension, uncertainty, and irrational fear). R17's Annual Minimum Data Set (MDS), dated [DATE], documented a Brief Interview for Mental Status (BIMS) of 15, indicating intact cognition. R17 had verbal behavioral symptoms directed towards others (e.g., threatening others, screaming at others, cursing at others), other behavioral symptoms not directed towards others (e.g., physical symptoms such as hitting or scratching self, pacing, rummaging, public sexual acts, disrobing in public, throwing or smearing food or bodily wastes, or verbal/vocal symptoms like screaming, disruptive sounds), and wandered occurred daily. R17 was independent with activities of daily living. R17's Behavioral Symptoms Care Area Assessment (CAA), dated 04/02/2026, documented R17 has refused care, including taking medications. The resident rarely participated in activities. R17's behavior interfered with others and their well-being. Some behavior is provoked, but most are unprovoked. R17 had been mentally ill for several years. R17's Care Plan, dated 12/08/2025, documented R17 had a potential for aggressive behavior, both physical and verbal, related to schizoaffective and bipolar disorder (a major mental illness that causes people to have episodes of severe high and low moods). The plan directed staff that when R17 exhibited aggressive behavior, attempt to de-escalate, keep the situation calm, validate the complaint, give the resident time to vent, and do not argue. The Progress Note dated 03/25/2026 at 10:18 AM documented the staff met with R17 to follow up regarding a reported incident from 02/20/2026. Staff asked R17 to clarify a prior statement in which he had reported that a charge nurse had placed her hands on his neck. Staff offered R17 the opportunity to complete a written witness statement so the allegation could be formally submitted to the appropriate state agency for investigation. R17 asked if it was required that a witness statement be filled out. Staff told R17 that it would help do an investigation and proper review of the incident and explained it would be sent to the state as well. R17 replied never mind and declined to complete a written statement to pursue the allegation further at that time. The note further stated that R17 had not provided additional details regarding the allegation when prompted. No immediate signs or symptoms of distress or injury were observed at the time of assessment. Staff informed R17 that he may report concerns at any time, and the facility staff remained available to assist. A Therapy Progress Note by the mental health consultant, dated 05/28/2026, documented that R17 had reported that the facility nurse had put her hands around his neck and another facility staff member had shown him a bag of marijuana and inappropriate pictures during a smoke break. On 06/03/2026 at 08:40 AM, Consultant Staff GG (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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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Access Mental Health	500 Peabody Peabody, KS 66866

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	expressed concern related to R17, who had reported on 05/28/2026 that a nurse had placed her hands around his neck and staff had shown a bag of marijuana and inappropriate pictures to him. Consultant Staff GG reported that the documentation of concerns had not been shared with the facility and would be brought to the survey team. Consultant GG verified that the consultant company staff were also mandated reporters. On 06/03/2026 at 12:30 PM, Administrative Staff AA reported that the staff member named by R17 had not been employed at the facility. Administrative Staff AA stated she should have reported that the state agency should have been notified. On 06/03/2026 at 01:55 PM, Administrative Staff AB reported she had not received notes from the contracted company reporting R17 comments related to staff placing their hands on R17's neck. Administrative Staff AB stated the incident should have been reported to the state agency. The facility's undated Reporting Abuse, Neglect, or Misappropriation of a Resident policy documented that all employees are expected to report all actual or potential incidents of abuse, neglect, or misappropriation of a resident's property immediately to their team leader, the Administrator, or the State Agency Complaint Hotline. The facility reviews all actual or potential incidents involving residents that live in the facility through a multi-disciplinary team.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0814 Level of Harm - Potential for minimal harm Residents Affected - Many	Dispose of garbage and refuse properly. Based on observations, interviews and record review, the facility failed to maintain and/or dispose of kitchen garbage and refuse properly. Findings included:- During a tour of the kitchen on 06/01/2026 at 07:51 AM, observation revealed the outside garbage receptacle had three of the eight lids open. During an interview on 06/01/2026 at 08:04 AM, Dietary Staff E reported that all the lids were to be closed. During an interview on 06/02/2026 at 12:52 PM, Maintenance Staff B stated all the lids on the outside trash dumpster should always be closed. During an interview on 06/02/2026 at 12:56, Administrative Staff A stated she expected all trash dumpster lids to be closed when not being used. The facility's 2020 policy Garbage and Rubbish Disposal documented outdoor trash receptacles will be kept covered.