| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 175470 | A. Building<br>B. Wing | 12/03/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Quaker Hill Manor | 8675 SE 72nd Terrace<br>Baxter Springs, KS 66713 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility reported a census of 47 residents with 12 residents sampled, including one resident reviewed for dignity. Based on observation, interview and record review, the facility failed to show respect and dignity to one Resident (R)30, when the resident sat with her bare legs, including her upper thighs, exposed. Findings included:- R30's Electronic Medical Record (EMR) revealed a diagnosis of cerebral infarction (stroke - sudden death of brain cells due to lack of oxygen caused by impaired blood flow to the brain by blockage or rupture of an artery to the brain). R30's Annual Minimum Data Set (MDS), dated [DATE], documented a Brief Interview for Mental Status (BIMS) score of 14, indicating intact cognition. She had limited range of motion (ROM) on one side of her upper and lower extremities (UE/LE) and was dependent on staff for lower body dressing. The Activity of Daily Living (ADL)/Functional Abilities Care Area Assessment (CAA), dated 10/02/25, documented the resident required assistance from staff for activities of daily living (ADLs). R30's Quarterly MDS, dated [DATE], documented a BIMS score of 14, indicating intact cognition. She did not have any limitation in ROM and required substantial to maximal staff assistance with lower body dressing. R30's ADL Care Plan, revised 11/07/25, instructed staff the resident was dependent on staff for lower body dressing. R30's EMR under the Tasks tab, dated 11/03/25 through 12/01/25, revealed the resident required partial/moderate to dependent staff assistance for lower body dressing. On 12/01/25 at 10:03 AM, the resident sat in her room, with the door open, in her wheelchair. Her gown and blanket were pulled up to her waist, exposing her legs from her upper thighs to her feet. The resident was visible to any staff, visitors, or other residents in the hallway. On 12/02/25 at 09:15 AM, the resident sat in her room, with the door open, in her wheelchair. Her gown and blanket were pulled up to her waist, exposing her legs from her upper thighs to her feet. The resident was visible to any staff, visitors, or other residents in the hallway. On 12/01/25 at 10:03 AM, the resident stated she was unable to cover her legs with the blanket in her lap. On 12/03/25 at 09:40 AM, Certified Nurse Aide (CNA) N stated the resident was able to cover her legs with the blanket on her own, but at times would leave her legs uncovered. On 12/03/25 at 10:30 PM, Administrative Nurse D stated it was the expectation for staff to ensure residents were covered appropriately to ensure their dignity. The facility policy Resident Rights, implemented 01/01/25, included: The facility shall ensure all residents are treated with dignity, respect, and consideration. |

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 reported a census of 47 residents. Based on observation, record review, and interview, the facility failed to prepare and serve food under sanitary conditions, to the residents of the facility, and to prevent the potential for food borne bacteria in one of one kitchen. Findings included: - During an initial tour of the resident kitchenette, on 12/02/25 at 09:37 AM, the following areas of concern were noted in the facility kitchen:1. The vent on the front of the ice machine had a build-up of dust and debris.2. A cart holding clean, plastic trays for serving residents' food contained food debris.3. Eight plastic containers holding cold cereal had a sticky, dusty substance on the lids.4. Two large, white, rolling plastic containers containing sugar and potatoes had a sticky, dusty substance on the lids.5. Four reach-in freezer doors had dried-on food. The handles of the reach-in freezers had a build-up of food debris and a sticky substance.6. An electric blender base had a thick, dried-on food substance.On 12/03/25 at 08:51 AM, Dietary Staff BB confirmed the above areas of concern needed to be addressed.The facility's kitchen cleaning schedule documented counters and carts would be cleaned daily, and the ice machine, refrigerators, and freezers would be cleaned weekly. |

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| F 0921<br><br>Level of Harm - Potential for minimal harm<br><br>Residents Affected - Many | Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.<br><br>The facility reported a census of 47 residents. The sample included 12 residents. Based on interviews, record reviews and observation, the facility failed to ensure a safe, homelike environment in all areas of the facility including those used by visitors and staff and the floor in one of one kitchen. This deficient practice created a risk for impaired safety and cleanliness.Findings included:- Observed on 12/02/25 at 09:20 AM, numerous ceiling tiles in the east residential hall had flaked areas and/or cracked or broken areas. Two ceiling tiles outside R12's room were damaged, and there was a ceiling tile track that was hanging down. Several ceiling tiles outside R13's room were damaged and required replacement or repair. Also observed were cracks from the top of the resident door frame to the ceiling of R12, R37, R25, R10, R5, and R30. Observed on 12/02/25 at 09:25 AM, numerous ceiling tiles were broken, cracked, and/or stained in the facility entrance common area and the south resident hall, and there were numerous ceiling tile tracks that were damaged and/or hanging down.An initial tour of the kitchen on 12/02/25 at 09:37 AM revealed the parameter of the kitchen floor had a build-up of food debris.On 12/02/25 at 09:45 AM, Maintenance U stated he observed and monitored he ceiling tiles throughout the building frequently; if they were damaged, looked bad, or had stains, he replaced them. On 12/02/25 at 10:23 AM, Administrative Staff A stated she expected the facility to be fresh and clean, and if anything was damaged, she expected it to get addressed and a plan made to repair whatever it was. She further stated that all staff were expected to be vigilant and identify any maintenance or environmental concerns and to turn in work orders. She said that if ceiling tiles or ceiling tracks were damaged, they should be replaced.On 12/03/25 at 08:51 AM, Dietary staff BB confirmed the kitchen floor was in poor condition and said it needed to be replaced.The facility policy Safe and Homelike Environment, dated 01/01/25, documented that the facility would provide a safe, clean, comfortable, and homelike environment. The policy further documented that housekeeping and maintenance services would be provided as necessary to maintain a sanitary, orderly, and comfortable environment. |