STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175380	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CEDARS	**1021 CEDARS DRIVE , MCPHERSON, Kansas, 67460**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000	INITIAL COMMENTS The following citations represent the findings of complaint investigations 3176539 and 3183568. The census was 34. The sample included 3 residents.	F0000		
F0583 SS = E	Personal Privacy/Confidentiality of Records CFR(s): 483.10(h)(1)-(3)(i)(ii) §483.10(h) Privacy and Confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records. §483.10(h)(l) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident. §483.10(h)(2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident, including those delivered through a means other than a postal service. §483.10(h)(3) The resident has a right to secure and confidential personal and medical records. (i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(h)(2) or other applicable federal or state laws. (ii) The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine a resident's medical, social, and administrative records in accordance with State law.	F0583		

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 reverse for further 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 CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175380	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CEDARS	**1021 CEDARS DRIVE , MCPHERSON, Kansas, 67460**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0583 SS = E	Continued from page 1 This REQUIREMENT is NOT MET as evidenced by: Based on record review, observation, and interview, the facility failed to ensure privacy when Certified Nurse's Aide (CNA) M broadcasted on social media from her phone while providing care in a resident's room. Findings included: - On 09/09/2026 at 04:30 PM, observation of a video revealed CNA M broadcasted on TikTok Live with other people using vulgar language while in an unknown resident's room. In the video, CNA M can be seen talking and heard using vulgar language with another person. The unknown resident can be heard speaking in the background. CNA M put the phone down and went to assist the unknown resident in the bathroom and can be heard talking to the resident. On 09/10/2026 at 10:00 AM, observation revealed CNA M was on the June 2026 facility schedule for 06/02/2026 from 06:00 AM to 02:30 PM when the TikTok Live occurred. On 09/10/2026 at 10:30 AM, Administrative Nurse E stated she was the risk manager, and she had never heard of any staff being on TikTok Live while providing care. Administrative Nurse E was shown the video and stated she knew CNA M and verified the CNA worked at the facility. Administrative Nurse E stated the language and social media use were completely against everything the facility stood for and should not be tolerated. On 09/10/2026 at 11:30 AM, Administrative Nurse D watched the video of CNA M on TikTok Live. Administrative Nurse D stated she was shocked to see CNA M on the TikTok Live video. Administrative Nurse D verified CNA M was employed at the facility and worked in two of the three houses at the facility. Administrative Nurse D stated she did not recognize the resident's room or voice. Administrative Nurse D stated it had been reported to her by other staff that CNA M was on her phone while at work doing TikTok Lives, but she thought it was when CNA M was by herself and not around residents. Administrative Nurse D stated she had given CNA M a written and final corrective action plan the previous week for personal cell phone use and social media use to stop while on duty.	F0583		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175380	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CEDARS	**1021 CEDARS DRIVE , MCPHERSON, Kansas, 67460**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0583 SS = E	Continued from page 2 On 09/10/2026 at 11:45 AM, Administrative Staff A watched the video of CNA M on TikTok Live and expressed shock. Administrative Staff A stated she had been unaware CNA M was doing TikTok Live on social media while at work. Administrative Staff A stated CNA M's actions were unacceptable. Administrative Staff A stated CNA M would be terminated immediately On 09/10/2026 at 01:00 PM, Administrative Staff A stated CNA M had been terminated, and the facility was working on the plan of correction and educating staff regarding personal cell phone use and social media. The undated "Cell Phone Policy" documented employees are expected to use their personal cell phones for calls, texting, web browsing, etc., only before or after work or during designated break times. Employees must comply with the provisions of HIPAA and may not use their devices to take pictures of residents. Photos, video, or audio recordings involving residents are prohibited. Employees are not authorized to use camera or video equipment unless expressly authorized by a member of executive management. Failure to comply with this policy will result in disciplinary action up to and including termination.	F0583		