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	N087012	A. BUILDING: _____ B. WING _____	08/05/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEDICALODGES GODDARD	501 EASY STREET GODDARD, KS 67052

(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) COMPLETE DATE
S 000	INITIAL COMMENTS The following represents the findings of a resurvey for the above named Residential Health Care Facility conducted on 8/3,4,5/2021.	S 000		
S3081 SS=D	26-41-201 (c) Functional Capacity Screen Reassessment (c) Designated facility staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements: (1) At least once every 365 days; (2) following any significant change in condition as defined in K.A.R. 26-39-100; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: KAR 26-41-201 (C)(2) The facility reported a census of 6 residents. The sample included 3 residents. Based on interview and record review the administrator failed to ensure staff revised 1 (#800) of 3 resident's Functional Capacity Screen (FCS) following a significant change in condition. Findings Included: - Review of resident #800's medical record revealed the resident moved into the facility on 11-2-19 with diagnoses of dementia, delusional disorder, hallucinations, and hypertension. Review of the resident's functional capacity screen (FCS) dated 11-1-19 revealed the resident	S3081		

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S3081	Continued From page 1 was independent with eating. Review of the resident's functional capacity screen (FCS) dated 11-9-20 had no revision to the resident needing physical assistance with eating while confined to her room. The staff having to remove the lids for the resident since she would not do it herself would have changed the resident's functional status for being independent to requiring physical assistance with eating. During an interview on 8-4-2021 at 1:34 PM licensed nurse A reported that when the residents went from eating in the main dining room to having to eat meals in their rooms, resident #800 would not eat or drink items that the staff did not take the lids off of. Staff were supposed to be removing the lids for the resident since she would not remove them herself. The administrator failed to ensure staff revised the FCS when the resident had a significant change in status.	S3081		
S3092 SS=E	26-41-202 (d) Negotiated Service Agreement Revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements:(1) At least once every 365 days; (2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly, if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s	S3092		

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S3092	Continued From page 2	S3092		

legal representative, facility staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family.

This REQUIREMENT is not met as evidenced by:
KAR 26-41-202(d)(1)(2)

The facility reported a census of 6 residents. Based on interview and record review the administrator failed to ensure designated staff reviewed and, if necessary, revised 2 (#800 and #820) of 3 sampled resident's negotiated service agreement (1) at least once every 365 days; (2) following any significant change in condition, as defined in KAR 26-39-100.

Findings included:

- Review of resident #800's medical record revealed the resident moved into the facility on 11-2-19 with diagnoses of dementia, delusional disorder, hallucinations, and hypertension.

Review of the resident's functional capacity screen (FCS) dated 11-9-20 had no revision to the resident needing physical assistance with eating while confined to her room. It revealed the resident was independent in all activities of daily living including eating. She had cognitive impairment which had worsened from a score of 2 on 11-1-19, to a 4 on 11-9-20, and now had impaired decision-making abilities and ambulating/wandering behaviors which were not identified on the 11-1-19 FCS.

Review of the signed negotiated service

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S3092	Continued From page 3	S3092		

agreement/health care service plan (NSA/HCSP) dated 11-1-2019 directed staff to reorient resident as needed and the resident had short term memory loss and would repeat herself frequently.

The negotiated service agreement failed to be reviewed/revised when the resident began to have weight loss after admission to the facility and Aug. 2020 when the medical provider ordered nutritional health shakes for weight loss. It also failed to have revision for services to be provided during "lockd down" when resident's had to eat their meals in their room.

On 8-4-21 at 1:40 PM licensed nurse A reported staff were supposed to remove the lids off the residents food containers when she ate in her room because the resident would not eat if the lids were not removed.

On 8-4-21 at 1:41 licensed nurse B reported staff currently completed the negotiated service agreement on admission and only reviewed/revised it if there was a change in services. Nurse B confirmed the resident had a change in services and should have had an addendum to her NSA/HCSP to identify the changes in services.

- Review of resident #820's medical record revealed the resident moved into the facility on 6-8-2015 with diagnoses of dementia, anxiety and osteoarthritis.

Review of the resident's functional capacity screen dated 6-29-21 revealed the resident was independent with activities of daily living including walking, had a current risk for falls/unsteadiness, and had impaired cognition.

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S3092	Continued From page 4 Review of the resident's negotiated service agreement dated 10-25-19 revealed the resident walked independently throughout the facility, and had reminders to ensure resident watched where she was walking. On 8-4-21 at 1:10 PM licensed nurse B confirmed the facility had not been reviewing/revising the resident's NSA/HCSP's like they were supposed to be doing. Review of the facilities policy dated 12-2019 revealed the NSA/HCSP was to be completed on admission, annually, and with any significant change. The administrator failed to ensure designated staff reviewed/revised each resident's NSA/HCSP with significant changes and at least annually.	S3092		
S3155 SS=G	26-41-204 (a) Health Care Services . (a) The administrator or operator in each assisted living facility or residential health care facility shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(a)	S3155		

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S3155	Continued From page 5 The facility reported a census of 6 residents. The sample included 3 residents. Based on interview and record review the administrator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services that met the needs for 1 (#800) of 3 sampled residents regarding cognitive decline and ADL decline which increased the risk of unplanned weight loss. The resident lost 15 pounds from November 2019 to July 2020, a 10.67% loss, and then lost 12.6 more pounds in 4 months, between 7-15-20 and 11-17-20, another 10.44% weight loss. Findings included: - Review of resident #800's medical record revealed the resident moved into the facility on 11-2-19 with diagnoses of dementia, delusional disorder, hallucinations, and hypertension. Review of the resident's functional capacity screen (FCS) dated 11-9-20 had no revision to the resident needing physical assistance with eating while confined to her room. It revealed the resident was independent in all activities of daily living including eating. She had cognitive impairment which had worsened from a score of 2 on 11-1-19, to a 4 on 11-9-20, and now had impaired decision-making abilities and ambulating/wandering behaviors which would increase her calorie expenditure. Review of the signed negotiated service agreement/health care service plan (NSA/HCSP) dated 11-1-2019 revealed the facility would provide a regular diet for the resident with 3 meals per day. All meals served in the dining	S3155		

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S3155	Continued From page 6	S3155		

room with Tray service available on a temporary basis only. It identified the resident liked to try all kinds of foods and had no behaviors. It also directed staff to reorient resident as needed and the resident had short term memory loss and would repeat herself frequently. The certified medication aides would administer medications. The resident's electronic record included a NSA/HCSP dated 11-9-2020 which was the same as the 11-1-19 NSA/HCSP except had a different pharmacy.

The NSA/HCSP from 11-1-19 to 11-9-20 had no revisions related to the need for staff to provide any assistance to the resident to complete the process of eating her meals in her room.

During an interview on 8-4-2021 at 1:34 PM licensed nurse A reported staff were to weigh the resident monthly.

Review of the physician's orders included an order dated 7-20-20 to monitor monthly weights and another telephone order dated 11-17-20 to obtain monthly weights.

Review of the resident's electronic record included the following weight monitoring:
11-2-19 ---- 135 pounds
11-26-19 --- 130 pounds
12-31-19 --- 129 pounds
1-15-20 ----- 126 pounds
2-15-20 ----- 126 pounds
3-29-20 ----- 124 pounds
No weights for April, May, and June of 2020
7-15-20 -----120.6 pounds -
No weights for August, September, October 2020
11-17-20 ----108 pounds (10.45% loss in 4 months)
From 1-3-21 to 6-3-21 the resident-maintained

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S3155	Continued From page 7	S3155		

weight of 108 to 111 pounds.
7-3-21 ----- 109 pounds
8-3-21 ----- 100 pounds

Review of the medication administration record revealed the following regarding intake of the ordered nutritional supplements:
Aug. 2020 - out of 25 opportunities the resident drank 0% or refused 12 times and drank 50 - 100% the rest.
Sept. 2020 - out of 60 opportunities the resident drank 0% or refused 23 times and drank 50 - 100% the rest
Oct. 2020 - out of 62 opportunities the resident refused twice and drank 50-100 % the rest.
Nov. 2020- out of 60 opportunities the resident drank 0% or refused 37 times and drank 50-100 % the rest.
Dec. 2020 - out of 62 opportunities the resident drank 0% or refused 27 times and drank 50-100 % the rest.
Jan. 2021 - out of 62 opportunities the resident drank 0% or refused 29 times and drank 50-100 % the rest.
Feb. 2021- out of 56 opportunities the resident drank 0% or refused 31 times and drank 50-100 % the rest.
March 2021 out of 62 times the resident only refused 6 times and drank 100% the rest
April, May, June, July 2021 staff documented the resident drank 100% of her supplement every time offered.

Review of the resident's progress notes from included the following:
7-20-20 at 3:54 PM - Resident seen by medical provider with new orders to check monthly weights.
8-14-20 at 11:42 AM - Physician in to see resident yesterday with new orders to start house shakes

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S3155	Continued From page 8	S3155		

twice a day.

Review of the progress notes from 2-22-20 to current (7-13-21) lacked any documentation from a licensed nurse regarding the resident having weight loss or interventions initiated to help reduce the risk of additional weight loss. The nurses progress notes also lacked evidence of additional communication with the physician regarding continued weight loss.

During an interview on 8-4-21 at 8:54 AM certified staff D reported the staff got weights on all residents at the beginning of the month. Staff D stated the resident used to eat everything on her plate and now she doesn't. She confirmed the resident has had a weight loss and now gets nutritional shakes twice a day. Staff D also reported the staff will offer her fruit and give her cues and reminders.

On 8-4-21 at 1:40 PM licensed nurse A confirmed the resident had unintentional weight loss since she moved into the facility. Nurse A stated the weights were to be obtained and monitored monthly but at some point, the notifications had been put on the treatment record instead of the medication administration record, so the aides did not know to get them. Nurse A stated when the resident had to eat her meals in her room all the drinks and deserts and some of the food items were in covered containers. Staff were supposed to take the lids off everything because if staff did not remove the lids off the containers the resident wouldn't eat or drink that item.

On 8-4-21 at 1:56 PM certified staff D reported when the resident had to eat in her room we just encouraged/cue her and offered her different things. Staff D stated the resident ate a lot of

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S3155	Continued From page 9 honey buns. Interview via email from licensed nurse B revealed residents were in lock down and had to stay in their rooms and eat in their rooms from 9-4-2020 to 12-22-20 and then again from 5-4-21 thru 5-18-21 and again on 6-2-21 thru 6-16-21. She also reported the dietician had not see the resident. The administrator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services that meet the needs for resident #800 regarding cognitive decline and ADL decline which increased the risk of unplanned weight loss.	S3155		
S3261 SS=E	26-41-105 (f) (11) Resident Record Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action This REQUIREMENT is not met as evidenced by: KAR 26-41-105(f)(11) The facility reported a census of 6 residents The sample included 3 residents. Based on interview and record review the administrator failed to ensure 2 (#800 and #820) of 3 sampled residents record contained documentation of all incidents, symptoms, and other indications of illness or injury related to weight loss for resident #800 and	S3261		

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an ankle injury for resident #820.

Findings included:

-- Review of resident #800's medical record revealed she moved into the facility on 11-2-2019 with diagnoses of dementia, delusional disorder, and visual hallucinations.

Review of the residents functional capacity screen dated 11-9-20 revealed the resident was independent with eating, was unable to manage her medications and medical treatments, had impaired cognition, impaired decision making and wandering.

Review of the resident's negotiated service agreement dated 11-1-2020 identified staff administered the resident's medications, reorienta as needed due to short term memory loss, and that the resident had no behaviors.

Review of the resident's record revealed the resident lost 15 pounds from November 2019 to July 2020, a 10.67% loss, and then lost 12.6 more pounds in 4 months, between 7-15-20 and 11-17-20, 10.44% loss.

The resident's record included documentation of the resident receiving a nutritional health shake starting on 8-14-2020. The record indicated the resident refused and or drank 0% of the shakes multiple times each month from Aug. 2020 through Feb.2021 with no licensed nurse evaluation of the effectiveness of the shakes or implementation of additional interventions to reduce the continued weight loss.

The resident's record lacked documentation of a licensed nurse assessment for weight loss and

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S3261	Continued From page 11 possible causes, interventions to reduce the risk and the results of any interventions implemented. The administrator failed to ensure designated staff included documentation of the resident's weight loss, assessment of possible causes, and evaluation of any interventions implemented to ensure the resident did not continue to lose unplanned weight. - Review of resident #820's medical record revealed the resident moved into the facility on 6-8-2015 with diagnoses of dementia, anxiety and osteoarthritis. Review of the resident's functional capacity screen dated 6-29-21 revealed the resident was dindependent with activities of daily living including walking, had a current risk for falls/unsteadiness, and had impaired cognition. Review of the resident's negotiated service agreement dated 10-25-19 revealed the resident walked indpendently throughout the facility, and had reminders to ensure resident watched where she was walking. Review of the resident's progress notes revealed on 7-9-20 the physician had ordered a left ankle x-ray due to the resident complained of pain after twisting it while walking outside and noted swelling to the ankle. The resident's record lacked further follow-up as to the results of the x-ray and any interventions the staff implemented to assist with pain/swelling to the resident's left ankle. During an interview on 8-4-21 at 1:22 PM	S3261		

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S3261	Continued From page 12 licensed nurse A reported the staff document by exception, meaning they document anything out of the ordinary and if she remembered correctly they even put an ace bandage on her ankle for a while. Nurse A confirmed there should have been follow-up documentation in the resident's record. The administrator failed to ensure designated staff included documentation of the resident twisting her ankle, complaining of pain/swelling, and follow-up related to the x-ray for resident #820.	S3261		
S3280 SS=E	26-41-104 (d) Disaster and Emergency Preparedness (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-41-104(d)(3)	S3280		

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S3280	Continued From page 13 The facility reported a census of 8 residents. Based on record review and interview for all residents and all facility employees, the administrator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly review of the facility's emergency management plan with employees. Findings included: - On 8-4-21 at 9:05 AM the administrator C provided computer training that included general safety/disaster preparedness. He stated they had in-person in-services in the past but he had just updated the disaster plan yesterday and planned to do an in-service. Review of the computer training information lacked specific training for the facilities disaster plans. Surveyor requested a policy regarding reviewing the facilities disaster plan with staff on 8-4-21 at 11:36 AM. At 1:10 PM licensed nurse B reported the disaster reviews were supposed to be done with staff quarterly and she could not find any information other than the computer training. Nurse B also reported the facility did not have a policy specifically for reviewing the disaster plan. The administrator failed to ensure the facilities disaster plan was reviewed quarterly with all employees.	S3280		
S3310 SS=E	26-41-207 (b) (5-6) (c) Infection Control Policies (b) (5) prohibiting any employee with a communicable disease or any infected skin	S3310		

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S3310	Continued From page 14 lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; and (c) Each administrator or operator shall ensure the facility ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 This REQUIREMENT is not met as evidenced by: K.A.R 26-41-207(c) The facility reported a census of 6 residents. Based on interview and record review for 3 of 3 newly hired employees, and 3 sampled residents (#800, #810 and #820), the administrator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings included: - Review of 3 newly hired employees files on 8-3-21 revealed the following: Certified staff E hired on 11-12-19 and did not have a TB questionnaire or a 2 step TB skin test. Certified staff F hired on 3-16-20 and Certified staff G hired on 2-11-21 did not have a TB	S3310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087012	A. BUILDING: _____ B. WING _____	08/05/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S3310	Continued From page 15 screening questionnaire completed. During an interview on 8-4-21 at 1:19 PM licensed nurse A reported staff were supposed to have a questionnaire screen done and a 2 step upon hire. Review of the Tuberculosis (TB) guidelines for adult care homes June, 2013 revealed: A. Each new employee shall have an initial TB symptom screen that includes the components of the TB symptom questionnaire within 7 days of employment. B. Each new employee shall receive a two-step TST or an IGRA for Mycobacterium tuberculosis within 7 days of employment. The administrator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for newly hired employees. - Review of resident #800's medical record revealed she moved into the facility on 11-2-2019. Review of her Tuberculosis record revealed she had not had a TB symptom screen or skin test since 11-2-2019. - Review of resident #810's medical record revealed she moved into the facility on 2-1-2021 and her record lacked evidence of receiving a TB symptom screening and a TB 2 step skin test within 7 days of admission. - Review of resident #820's medical record revealed the resident moved into the facility on 6-8-2015. Review of the residents Tuberculosis record revealed the last annual TB symptom screen was completed on 6-18-2019.	S3310		

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S3310	Continued From page 16 During an interview on 8-4-21 at 1:19 PM licensed nurse A reported residents were supposed to have a questionnaire screen done and a 2 step when they moved into the facility and then a questionnaire annually. Review of the Tuberculosis (TB) guidelines for adult care homes June, 2013 revealed: A. Each new resident and new employee shall have an initial TB symptom screen that includes the components of the TB symptom questionnaire within 7 days of residency or employment. B. Each new resident and new employee shall receive a two-step TST or an IGRA for Mycobacterium tuberculosis within 7 days of residency or employment. The administrator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for residents living in the facility.	S3310		