STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175294	A. BUILDING _____ B. WING _____	C 11/30/2022

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) COMPLETION DATE
F 000	INITIAL COMMENTS The following citations represent the findings of complaint investigation #176274. This 2567 was electronically sent to the facility on 12/06/2022.	F 000		
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: The facility reported a census of 47 residents with three residents reviewed for assessment after change in condition. Based on record review and interview, the facility failed to ensure that one of the three sampled residents, Resident (R)1, received an appropriate nursing assessment with vital signs (clinical measurements, specifically pulse rate, temperature, respiration rate, and blood pressure, that indicate the state of a patient's essential body functions), when the resident was having chest pains which sent R1 to the emergency room (ER). The facility also failed to provide skilled nursing assessments and update the resident's medical record with those assessments, including vital signs. Findings included:	F 684		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 12/06/2022

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- The signed "Physician Orders" (PO), dated 11/15/22, for R1, documented the resident with diagnoses of Non-ST Elevation (NSTEMI) Myocardial Infarction (partial blockage of one of the coronary arteries, causing reduced flow of oxygen-rich blood to the heart muscle), Atherosclerotic heart disease of native coronary artery (build-up of plaque (fats) inside the artery walls), and essential (primary) hypertension (occurs when you have abnormally high blood pressure that's not the result of a medical condition).

Review of resident's electronic medical records (EMR) revealed the staff assessed and documented the resident's vital signs on 11/15/22. Further review revealed no other documentation that facility staff assessed vital signs during the time the resident was in the facility through discharge to the ER on 11/16/22. The resident admitted with skilled nursing care and there were no skilled progress notes with nursing assessments in the documentation.

A "Nurse's Note," dated 11/17/22 at 05:22 AM, by Licensed Nurse (LN) G, revealed R1's family came to the nurse's station and reported the resident was having chest pains and they wanted him to go to the hospital. LN G obtained orders from the physician to send R1 to the ER and notified Administrative Nurse D, that the resident was sent to the hospital.

Further review of resident's EMR revealed lack of documentation of assessment by LN G before he was sent to the ER on 11/16/22.

Interview, on 11/29/22 at 02:08 PM, Certified Nurse Aide (CNA) M reported she came on shift

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at 02:00 PM and the resident was fine and had no complaints. CNA M went to the dining room to assist residents with their meals, between 05:30 and 06:00 PM. She was also helping with call lights. She went down the hallway to answer a call light and there were two visitors in R1's room. One visitor angrily asked CNA M to take R1's vital signs. CNA M reported this to LN G who stated she was headed to R1's room anyway and she would take his vitals. Later, while answering call lights, she saw LN G in R1's room with the visitors but did not see LN G take the resident's vitals. The next thing she knew, R1 was being transported to the hospital by emergency staff.

Interview, on 11/30/22 at 08:26 PM, Administrative Nurse D stated when the residents have a change in condition, the facility has a protocol the nurses follow, and vital signs are part of that protocol. The nurse should perform an assessment with vital signs and document it in the resident's chart so that information would be available for the physician and emergency services. A resident that admitted with skilled nursing services should have a skilled nursing note with assessments at least once a day, if not once a shift. There should have been a skilled note in the documentation for 11/16/22.

On 11/30/22 at 12:05 PM, Consultant Nurse GG reported that the facility follows Medicare guidelines for skilled charting in the resident's EMR.

The facility's "Interact Tool," dated 2011, documented Change in Conditions: When to report to the MD/NP/PA ...Immediate Notification ...Any symptom ...Acute or Sudden ...Vital Signs (report why vital signs were taken) ... Blood

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F 684	Continued From page 3 Pressure ...Report Immediately ...Systolic BP > 200 mmHg ...Diastolic BP > 115 mmHg ...Signs and Symptoms ...Immediate ...Chest pain, pressure, or tightness ... The facility failed to provide appropriate nursing assessments for this resident who was sent to the ER with chest pains.	F 684		
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and	F 755		

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§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.
This REQUIREMENT is not met as evidenced by:
The facility reported a census of 47 residents with three residents reviewed for pharmaceutical services. Based on record review and interview, the facility failed to ensure a system to ensure that two of the three sampled residents, Resident (R) 1 and R2 received medications as ordered by the physician for timely administration.

Findings included:

- The "Physician Orders" (PO), dated 11/15/22, for R1, documented the resident admitted on 11/15/22 with diagnoses of Non-ST Elevation (NSTEMI) Myocardial Infarction (partial blockage of one of the coronary arteries, causing reduced flow of oxygen-rich blood to the heart muscle), atherosclerotic heart disease of native coronary artery (build-up of plaque (fats) inside the artery walls), and essential (primary) hypertension (occurs when you have abnormally high blood pressure that's not the result of a medical condition).

The "Care Plan," dated 11/16/22, documented the resident with a Brief Interview for Mental Status (BIMS) score of 10, indicating moderately impaired cognition. He required assistance of one staff member for bed mobility, toileting, and transfer due to physical limitations and was ambulatory with a walker. The resident also received continuous oxygen at 1 Liter (L)/minute (min) via nasal cannula.

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The PO, dated 11/15/22, documented the following orders:

1. Nitro-Dur Patch 24 Hour (Nitroglycerin) (antianginal [chest pain]), apply one patch transdermally (to skin) one time a day related to Non-ST Elevation (NSTEMI) Myocardial Infarction. Ordered 11/16/22.

2. Ranolazine ER (extended release) (antianginal) 12 hour 500 milligrams (mg), give one tablet by mouth two times a day related to Non-ST Elevation (NSTEMI) Myocardial Infarction. Ordered on 11/16/22.

3. Sertraline HCl (antidepressant) tablet 50 mg, give one tablet by mouth two times a day related to Major Depressive Disorder, recurrent (mood disorder that causes a persistent feeling of sadness and loss of interest). Ordered on 11/16/22.

4. Clopidogrel Bisulfate tablet 75 mg (antiplatelet [blood thinner]), give one tablet by mouth one time a day related to atherosclerotic heart disease of native coronary artery. Ordered on 11/16/22.

5. Valsartan tablet 40 mg (antihypertensive [lowers blood pressure]), give one tablet by mouth two times a day related to essential (primary) hypertension. Ordered on 11/16/22.

6. Metoprolol Succinate ER tablet 24-hour, 25 mg (antihypertensive), give one tablet by mouth one time a day related to essential (primary) hypertension. Hold if pulse is less than 60 and notify physician. Ordered on 11/16/22.

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7. Doxazosin Mesylate tablet 4 mg (antihypertensive), give one tablet by mouth one time a day related to essential (primary) hypertension. Ordered on 11/15/22.

8. Finasteride tablet 5 mg (androgen inhibitor [hormone blocker]), give one tablet by mouth one time a day related to benign prostatic hyperplasia without lower urinary tract symptoms (prostate gland enlargement). Ordered on 11/15/22.

9. Protonix tablet delayed release 40 mg (pantoprazole sodium) (antiulcer), give one tablet by mouth two times a day related to gastro-esophageal reflux disease without esophagitis (a condition in which stomach acid flows backward into the esophagus, resulting in heartburn). Ordered on 11/15/22.

10. Amiodarone HCl tablet 200 mg (antiarrhythmics [heart rhythm regulator]), give one tablet by mouth one time a day related to Non-ST Elevation (NSTEMI) Myocardial Infarction. Ordered on 11/15/22.

11. Apixaban tablet 5 mg (anticoagulant [blood thinner]), give one tablet by mouth two times a day related to atherosclerotic heart disease of native coronary artery. Ordered on 11/15/22.

12. Fenofibrate tablet 145 mg (lipid [fat in blood] lowering agent), give one tablet by mouth one time a day related to hyperlipidemia (an abnormally high concentration of fats or lipids in the blood). Ordered on 11/15/22.

13. Nitroglycerin tablet sublingual (under the tongue), give one tablet sublingually as needed for chest pain. Ordered on 11/15/22.

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Review of the resident's electronic medical record (EMR) revealed the resident admitted to the facility on 11/15/22 at 03:15 PM.

Review of the resident's November 2022 "Medication Administration Record" (MAR), 11/15 through 11/16/22, revealed the staff failed to administer any of the above physician ordered medications during the stay in the facility. The resident discharged via Emergency Medical Services (EMS) from the facility on 11/16/22 at approximately 06:30 PM, due to chest pain.

A pharmacy shipping manifest, dated 11/16/22 at 04:40 PM, documented the pharmacy delivered the above medication orders and the nursing staff signed for them. There were no medications administered after that time the pharmacy delivered them and before the resident transported to the hospital.

Interview, on 11/30/22 at 08:26 AM, Administrative Nursing Staff D reported the resident's medications did not get to the facility until around dinnertime on 11/16/22. The pharmacy delivered medications in the late afternoon. She checked the resident's medication orders the morning of the 16th and saw that all of R1's medications were "pending." She called the pharmacy, and the medications were delivered late that afternoon. The resident did not receive any medications while in the facility.

The facility policy "Medication Ordering and Receiving, From Pharmacy Provider," dated 01/20, documented ...Procedures ...e. New medications ...ordered as follows ...If the first dose of medication is scheduled to be given

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before the next regularly scheduled pharmacy delivery, please telephone or transmit the medication orders to the pharmacy immediately upon receipt. Inform the pharmacy of the need for prompt delivery. Timely delivery of new orders is required so that medication administration is not delayed.

The facility failed to ensure a system to ensure ordering and administration of R1's medications per physician orders.

- The "Physician Orders" (PO), dated 10/13/22, for R2, documented the resident admitted on 10/13/22 with diagnoses of chronic ischemic heart disease (inadequate supply of blood to the heart due to blockage in the arteries) and essential (primary) hypertension (occurs when you have abnormally high blood pressure that's not the result of a medical condition).

The "Discharge Return Anticipated Minimum Data Set" (MDS), dated 10/19/22, documented the resident with independent cognitive skills for daily decision making and required extensive assistance from staff for Activities of Daily Living (ADL).

The "Care Plan," dated 10/14/22, advised the staff that the resident required extensive assistance from one staff member for bed mobility and toileting. He required extensive assistance of two staff members for transfers and used a wheelchair for mobility. The resident used continuous oxygen at 3-4 Liters (L)/minute (min) via nasal cannula and was admitted to hospice services.

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The PO, dated 10/13/22, documented the following orders:

1. Aspirin tablet, give 81 milligrams (mg) by mouth one time a day for Pain. Order date 10/13/22.

Review of the resident's October 2022 "Medication Administration Record" (MAR), from 10/13/22 through 10/19/22, revealed the staff documented the resident did not receive this medication on 10/14, 10/17, and 10/19/22. Resident discharged to the hospital on 10/19/22 at approximately 04:00 PM due to respiratory issues and shortness of breath.

2. Clopidogrel Bisulfate tablet 75 mg (antiplatelet [blood thinner]), give 75 mg by mouth one time a day for health maintenance. Order date 10/13/22.

Review of the resident's October 2022 MAR from 10/13/22 through 10/19/22, revealed the staff documented the resident did not receive this medication on 10/14, 10/16, 10/17, and 10/19/22.

3. Finasteride tablet 5 mg (androgen inhibitor [hormone blocker]), give 5 mg by mouth one time a day for Health Maintenance. Order date 10/13/22.

Review of the resident's October 2022 MAR from 10/13/22 through 10/19/22, revealed the staff documented the resident did not receive this medication on 10/14, 10/16, 10/17, and 10/19/22.

4. Isosorbide Mononitrate tablet 30 mg (antianginal [chest pain]), give 30 mg by mouth one time a day for Health Maintenance. Order date 10/14/22.

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Review of the resident's October 2022 MAR from 10/13/22 through 10/19/22, revealed the staff documented the resident did not receive this medication on 10/16, 10/17, and 10/19/22.

5. Isosorbide Mononitrate tablet 30 mg (antianginal [chest pain]), give 30 mg by mouth one time a day for Supplement. Order date 10/13/22.

Review of the resident's October 2022 MAR from 10/13/22 through 10/19/22, revealed the staff documented the resident did not receive this medication on 10/14, 10/16, 10/17, and 10/19/22.

6. Metoprolol Succinate Capsule Extended Release (ER) 24- hour sprinkle 200 mg (antihypertensive [lowers blood pressure]), give 200 mg by mouth in the morning for Health Maintenance. Order date 10/13/22. Discontinued on 10/14/22 at 7:08 PM.

Review of the resident's October 2022 MAR from 10/13/22 through 10/14/22, revealed the MAR lacked documentation that the resident received this medication on 10/14/22.

7. Metoprolol Tartrate tablet (antihypertensive), give 200 mg by mouth one time a day for health maintenance. Order date 10/14/22.

Review of the resident's October 2022 MAR from 10/14/22 through 10/19/22, revealed the staff documented the resident did not receive this medication on 10/16, 10/17, and 10/19/22.

8. Protonix tablet delayed release 40 mg (pantoprazole sodium) (antiulcer), give one tablet

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by mouth one time a day for Heartburn; Indigestion. Order date 10/14/22.

Review of the resident's October 2022 MAR from 10/14/22 through 10/19/22, revealed the staff documented the resident did not receive this medication on 10/16, 10/17, and 10/19/22.

9. Rosuvastatin Calcium tablet 10 mg (lipid [fat in blood] lowering agent), give 10 mg by mouth at bedtime for health maintenance. Order date 10/14/22.

Review of the resident's October 2022 MAR from 10/14/22 through 10/19/22, revealed the staff documented the resident did not receive this medication on 10/14, 10/15, and 10/16/22.

10. Sertraline HCl tablet 100 mg (antidepressant), give 100 mg by mouth one time a day for Anxiety. Order date 10/14/22.

Review of the resident's October 2022 MAR from 10/14/22 through 10/19/22, revealed the staff documented the resident did not receive this medication on 10/16, 10/17, and 10/19/22.

11. Bumex tablet 0.5 mg (bumetanide) (diuretic [medication that removes excess fluid from the body]), give 0.5 mg by mouth two times a day for shortness of air. Order date 10/13/22.

Review of the resident's October 2022 MAR from 10/14/22 through 10/19/22, revealed the MAR lacked documentation that the resident received this medication on 10/14 (AM and PM); revealed the staff documented the resident did not receive this medication on 10/15 (PM), 10/16 (AM and PM), 10/17 (AM and PM), and 10/19/22 (AM).

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12. Fluticasone-Salmeterol Aerosol 45-21 micrograms (mcg)/act (antiasthmatic [reduces shortness of air]), one puff inhale orally two times a day for cough. Order date 10/14/22.

Review of the resident's October 2022 MAR from 10/14/22 through 10/19/22, revealed the MAR lacked documentation that the resident received this medication on 10/14 (PM); revealed the staff documented the resident did not receive this medication on 10/15 (PM), 10/16 (AM and PM), 10/17 (AM and PM), and 10/19/22 (AM).

13. Ivabradine HCl tablet 5 mg (HCN channel blocker [heart failure]), give 5 mg by mouth two times a day for health maintenance. Order date 10/14/22.

Review of the resident's October 2022 MAR from 10/14/22 through 10/19/22, revealed the MAR lacked documentation that the resident received this medication on 10/14 (PM); revealed the staff documented the resident did not receive this medication on 10/15 (PM), 10/16 (AM and PM), 10/17 (AM and PM), and 10/19/22 (AM).

14. Quetiapine Fumarate tablet 50 mg (antipsychotic/mood stabilizer), give 50 mg by mouth two times a day for health maintenance. Order date 10/13/22.

Review of the resident's October 2022 MAR from 10/13/22 through 10/19/22, revealed the MAR lacked documentation that the resident received this medication on 10/13 (PM) and 10/14 (AM and PM); revealed the staff documented the resident did not receive this medication on 10/15 (PM), 10/16 (AM and PM), 10/17 (AM and PM), and

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(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
F 755	Continued From page 13	F 755		

10/19/22 (AM).

15. Hydralazine HCl tablet 100 mg (antihypertensive), give 100 mg by mouth three times a day for health maintenance. Order date 10/13/22.

Review of the resident's October 2022 MAR from 10/13/22 through 10/19/22, revealed the MAR lacked documentation that the resident received this medication on 10/13 (PM) and 10/14 (AM and Noon); revealed the staff documented the resident did not receive this medication on 10/14 (PM), 10/15 (AM, Noon and PM), 10/16 (AM, Noon and PM), 10/17 (AM and Noon), and 10/19/22 (AM and Noon).

A pharmacy shipping manifest, dated 10/17/22 at 01:29 PM, documented the above medication orders as delivered by the pharmacy and signed for by the nursing staff.

Review of eMAR notes from the resident's EMR, 10/14/22 through 10/16/22, documented multiple medications were unavailable and the staff were waiting on pharmacy for delivery.

Interview, on 11/30/22 at 11:00 AM, Administrative Nursing Staff D reported that the resident had a few of his medications when he admitted to the facility. The resident was receiving services from the VA and hospice. There was some confusion about who was providing medications when the resident admitted to the facility. She contacted hospice by phone on the 17th and they ordered his medications, and the pharmacy delivered them that afternoon.

The facility policy "Medication Ordering and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175294	A. BUILDING _____ B. WING _____	C 11/30/2022

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F 755	Continued From page 14 Receiving, From Pharmacy Provider," dated 01/20, documented ...Procedures ...e. New medications ...ordered as follows ...If the first dose of medication is scheduled to be given before the next regularly scheduled pharmacy delivery, please telephone or transmit the medication orders to the pharmacy immediately upon receipt. Inform the pharmacy of the need for prompt delivery. Timely delivery of new orders is required so that medication administration is not delayed. The facility failed to ensure a system for timely ordering and administration of R2's medications per physician orders.	F 755		