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	N087012	A. BUILDING: _____ B. WING _____	03/06/2023

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 citations represent the findings of a resurvey at the above named assisted living/residential health care facility conducted on 03/02/23 and 03/06/23.	S 000		
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 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 12 residents (R). The sample included three residents. Based on interview and record review the administrator failed to ensure staff reviewed and revised the "Negotiated Service Agreement" if necessary, for two (R3 and R4) of three sampled residents who experienced a significant change in status related to initiation of therapy services and	S3092		

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

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S3092	Continued From page 1	S3092		

additional outside services.

Findings included:

- Review of R3's medical record revealed she moved into the facility on 10/21/22 with diagnoses of anxiety disorder, hypertension, chronic pain, and major depressive disorder.

R3's "Functional Capacity Screen" dated 10/21/22 revealed she required supervision with bathing and dressing, was unable to manage her medications and medical treatments, had bladder incontinence and impaired cognition.

R3's "Negotiated Service Agreement" (NSA) dated 10/21/22 identified staff provided stand by assist with bathing and a "Certified Medication Aide" or "Licensed Nurse" administered all medications.

The resident's record failed to include evidence the resident's NSA was reviewed and revised when she started on Home Health and podiatry services on 11/04/22.

On 03/06/23 at 12:11 PM "Administrative Staff" C stated they go in and put in the progress notes any addendum to the NSA. Did not know changes needed to be signed by resident/legal representative.

On 03/06/23 at 12:23 PM "Administrative Nurse" B reported she did not know they had to do a new NSA when a resident started therapy or had a new outside service.

The administrator failed to ensure designated

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S3092	Continued From page 2	S3092		

staff reviewed and revised R3's NSA when she initiated physical therapy services and podiatry services from an outside resource.

- Review of R4's medical record revealed he moved into the facility on 08/30/21 with diagnoses of heart failure, glaucoma, and hypertension.

R4's "Functional Capacity Screen" dated 11/28/22 identified the resident was independent with activities of daily living but needed assistance with management of medications, had impaired cognition and at risk for falls.

R4's "Negotiated Service Agreement" (NSA) dated 11/28/22 revealed the "Certified Medication Aide" would administer medication, the resident used a cane and included interventions to reduce risk for falls.

Review of the resident's progress notes included a note dated 02/13/23 that the resident was discharged from physical therapy.

The resident's record failed to include evidence the resident's NSA was reviewed and revised when he started physical therapy and stopped physical therapy with an outside resource.

On 03/06/23 at 12:11 PM "Administrative Staff" C stated they go in and put in the progress notes any addendum to the NSA. Did not know changes needed to be signed by resident/legal representative.

On 03/06/23 at 12:23 PM "Administrative Nurse" B reported she did not know they had to do a

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S3092	Continued From page 3 new NSA when a resident started therapy or had a new outside service. The administrator failed to ensure designated staff reviewed and revised R3's NSA when he initiated physical therapy services.	S3092		
S3165 SS=E	26-41-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: KAR 26-41-204 (d) The facility reported a census of 12 residents(R). The sample included three residents. Based on record review and interview for all residents in the facility, the administrator failed to ensure three (R3, R4, R5) of three sampled resident's "Negotiated Service Agreement" included the name of the licensed nurse responsible for the implementation and supervision of the service plan. Findings included: - On 03/06/22 at 04:06 PM "Administrative Nurse" B reported all residents in the assisted living had the same format for their "Negotiated Service Agreements".	S3165		

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S3165	Continued From page 4 - Review of R3's medical record revealed she moved into the facility on 10/21/22 with diagnoses of anxiety disorder, hypertension, chronic pain, and major depressive disorder. R3's "Functional Capacity Screen" (FCS) dated 10/21/22 identified the resident required supervision with bathing and dressing and was unable to manager her medications and medical treatments. R3's "Negotiated Service Agreement" (NSA) dated 10/21/22 failed to identify the name of the licensed nurse responsible for the implementation and supervision of the nursing plan. - Review of R4's medical record revealed he moved into the facility on 08/30/21 with diagnoses of heart failure and hypertension. R4's FCS dated 11/28/22 revealed the resident was independent with activities of daily living but at risk for falls and needed assistance with medication management. R4's "Negotiated Service Agreement" (NSA) dated 11/28/22 failed to identify the name of the licensed nurse responsible for the implementation and supervision of the nursing plan. - Review of R5's medical record revealed she moved into the facility on 11/30/20 with diagnoses of anemia, chronic pain, and major depressive disorder. R5's "Functional Capacity Screen" dated	S3165		

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S3165	Continued From page 5 08/31/22 revealed the resident needed physical assistance with bathing, supervision with dressing and management of medications. She also had a risk for falls. R5's "Negotiated Service Agreement" (NSA) Dated 06/23/22 failed to identify the name of the licensed nurse responsible for the implementation and supervision of the nursing plan. For R3, R4 and R5, on 01/04/23 "Licensed Nurse" D reported acknowledged they did not include the name of the licensed nurse responsible for the implementation of the nursing plan. The executive director failed to ensure the name of the licensed nurse responsible for the implementation and supervision of the health care service plan was included in the negotiated service agreement.	S3165		
S3211 SS=F	26-41-205 (g) (3) OVER THE COUNTER DRUGS (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and	S3211		

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S3211	Continued From page 6 the medication container. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (g)(3) The facility reported a census of 12 residents. Based on observation and interviews for all residents, the administrator failed to ensure a licensed pharmacist or licensed nurse placed the full name of the resident on all over the counter medications. Findings included: - Review of the Resident roster provided on 03/02/23 by "Administrative Staff" C revealed the facility was responsible for the administration of medications for all residents who lived on the assisted living side of the facility. On 03/02/23 at 08:59 AM "Administrative Staff" C unlocked the medication cart for inspection. Observations revealed the following over the counter medications without a residents full name on them: One each open bottle of folic acid, melatonin 3mg (milligram), and cetirizine 10 mg did not have a resident name on them. "Administrative Staff" A reported staff used those bottles for when a resident did not have the medication in a "card" from the pharmacy. Other over the counter medications in the cart included acetaminophen 325 mg without a resident name, women's multivitamin gummies, melatonin gummies, acidophilus, Systane eye drops and	S3211		

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S3211	Continued From page 7 refresh eye drops. On 03/02/23 at 12:32 PM "Administrative Nurse" B acknowledged over the counter medications needed labeled with the resident's full name. The administrator failed to ensure all over the counter medications were labeled with the resident's full name.	S3211		
S3248 SS=F	26-41-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following documentation: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult care home; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to have worked as a certified nurse aide.	S3248		

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S3248	Continued From page 8	S3248		

This REQUIREMENT is not met as evidenced by:
KAR 26-41-102(d)(1)(2)

The facility reported a census of 12 residents. Based on record review of three newly hired employees, the administrator failed to have evidence of registration, and certification of training for three newly hired staff who required specialized education and training verified upon hire. The administrator also failed to ensure three of three newly hired employees file contained evidence the facility completed a criminal background check upon hire by the required state agency, pursuant to K.S.A.39-970 and amendments thereto.

The findings included:

- On 03/02/23, review of the three newly hired employee records provided by "Administrative Staff" A, revealed the following concerns:

"Administrative Staff" C (Certified Medication Aide / Operator), hired on 03/01/22 had a registry check completed on 07/18/2014 which was conducted at another sister facility.

"Certified Medication Aide" D hired on 12/26/19 and then transferred to work in the assisted living on 02/24/22. The registry check provided by "Administrative Staff" A did not have a date on it to verify when it was checked.

"Certified Medication Aide" E hired on 07/15/22

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S3248	Continued From page 9	S3248		

had a registry/certification check completed late on 07/25/22.

On 03/02/23 at 01:28 PM "Administrative Staff" A acknowledged a new registry check was not completed on "Administrative Staff" C and said he knew the office checked registries but just not sure if they print them.

Review of the HCBS Background Check Policy dated 10/7/22 revealed a license verification check, state and national registries shall be completed prior to start of employment.

- On 03/02/23, review of the three newly hired employee records provided by "Administrative Staff" A, revealed the following concerns:

"Administrative Staff" C (Certified Medication Aide / Operator), hired on 03/01/22 had criminal background check completed on 10/04/15 while working at a sister facility.

"Certified Medication Aide" D was hired on 12/26/19, and then transferred to work in the facility assisted living unit on 02/24/22. She had a criminal background submitted later on 04/19/22. "Administrative Staff" A did not produce a criminal background check for when she was initially hired.

On 03/02/23 at 01:28 PM "Administrative Staff" A did not think he needed to complete a new criminal background check for "Administrative Staff" C since she worked at a sister facility.

The administrator failed to ensure designated staff completed criminal background checks

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S3248	Continued From page 10 through KDADS upon hire as required.	S3248		
S3280 SS=F	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) The facility reported a census of 12 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 and residents.	S3280		

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S3280	Continued From page 11 Findings included: - Review of the staff in-service records provided by "Administrative Staff" C on 03/02/23 at 09:21 AM revealed the following; March 2022 - fire drill full evacuation drill - listed only 7 employee names- April 2022 - Tornado drill / full evacuation - listed only 7 employee names- September 2022- in-service/review of emergency action plan book and location full evacuation drill The in-services lacked evidence to show the emergency management plan was reviewed with employees quarterly. On 03/02/23 at 09:55 AM - requested evidence that the EMP was reviewed with residents and the staff quarterly. - On 03/02/23 at 09:55 AM "Administrative Nurse" B reported "Administrative Staff" C reviewed the emergency management plan with residents during resident council meetings. Review of the resident council book revealed the following - 01/11/22 - 6 residents - disaster plan reviewed - 03/17/22 - 10 residents - tornado review and fire safety 04/27/22 - 9 residents - tornado safety and fire safety - 05/24/22 - 10 residents - tornado safety / fire safety 06/20/22 - 10 residents - tornado and fire safety Resident council meeting records for July 2022 through January 2023 lacked record of any	S3280		

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S3280	Continued From page 12 disaster review topics with residents. On 03/02/23 at 10:42 AM "Administrative Staff" C acknowledged the resident council minutes did not reflect review of the eight required disaster reviews with residents. The administrator failed to ensure disaster preparedness by reviewing the emergency management plan with all assisted living staff and residents quarterly.	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 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 12 residents(R).	S3310		

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S3310	Continued From page 13 Based on interview and record review for three of three newly hired employees the administrator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings included: - Review of three newly hired employees revealed the following: "Administrative Staff" C hired on 03/01/22 as a "Certified Medication Aide/Operator" lacked evidence of a TB symptom screen completed within 7 days of hire. "Certified Medication Aide" (CMA) D hired on 12/26/19 lacked evidence of a TB symptom screen completed within 7 days of hire. . CMA E hired on 07/15/22 lacked evidence of a TB symptom screen and had a two-step TB skin test initiated on 08/13/22, more than seven days after hire date. Review of the "Tuberculosis (TB) Guidelines for Adult Care Homes" dated June 2013 revealed: each employee shall receive a TB symptom screen and a two-step skin test within seven days of employment. The administrator failed to ensure designated staff completed TB symptom screen and skin testing according to TB guidelines.	S3310		