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 09/09/2024

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 A complaint survey was conducted regarding the allegations in KS00190351, KS00190333, KS000190204, KS00189680, and KS00189348 The investigation revealed noncompliance was found related to the allegations and the following deficiencies were cited. This 2567 was electronically sent to the facility on 09/12/24.	F 000		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include,	F 880		

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

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F 880	Continued From page 1	F 880		

but are not limited to:
(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;
(ii) When and to whom possible incidents of communicable disease or infections should be reported;
(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;
(iv)When and how isolation should be used for a resident; including but not limited to:
(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and
(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.
(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and
(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.

§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.

§483.80(e) Linens.
Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.

§483.80(f) Annual review.
The facility will conduct an annual review of its IPCP and update their program, as necessary.

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F 880	Continued From page 2	F 880		

This REQUIREMENT is not met as evidenced by:
The facility reported a census of 43 with 3 residents selected for review. Based on observation, interview, and record review, the facility failed to implement infection control measurements by the failure to cleansing hands between glove changes during a wound dressing change on Resident (R) 2.

Findings included:

- The "Physicians Order" dated 08/29/24 revealed R2 had diagnosis that included chronic multifocal osteomyelitis of multiple sites (local or generalized infection of the bone and bone marrow), and pressure ulcer (localized injury to the skin and/or underlying tissue usually over a bony prominence as results of pressure or pressure in combination with shear and/or friction).

The "Quarterly Minimum Data Set" (MDS) dated 07/19/24, revealed a "Brief interview for Mental Status" (BIMS) of 15, that indicated intact cognition. R2 had one stage three pressure ulcer injury over bony prominence upon admission. R2 used a pressure reducing device for chair and bed and was on a turning repositioning program.

The "Care Plan" dated 08/16/24, revealed R2 was at risk for alteration in skin integrity related to limited mobility and pain. Staff to provide education on the need to change position with staff every two hours and as needed. Licensed staff instructed to provide wound care to the left hip, right buttocks, left buttocks, and right below knee amputation.

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F 880	Continued From page 3	F 880		

The "Wound Care Plus" orders received on 09/03/24 included for the left hip/ Right stump: cleanse area with hypochlorous acid (a cleanser that acts as a preservative that inhabits microbial contamination), place gauze soaked in hypochlorous acid on the wound for 15 minutes and apply Santyl (medication used to remove dead tissue for chronic skin ulcers). Apply calcium alginate (used to treat wounds that are moderately to heavily drainage, helps to create a moist healing environment), and change dressing to areas every other day.

The "Electronic Medical Records" dated 09/03/24, revealed R2 returned from the hospital with new wounds. R1 readmitted with wounds to the right shin, lateral buttock, to and one over the left greater trochanter (hip).

Observation on 09/09/24 at 11:15 AM revealed wound care provided by Licensed Nurse (LN) G for the following areas of R2's right hip, right stump, and left hip. During the wound care observations, LN G failed to cleanse her hands after removing her soiled gloves and donning on clean gloves throughout the dressing changes.

On 09/09/24 at 12:15 PM, Interview with Licensed Nurse G regarding proper hand sanitizer between the soiled gloves and clean gloves, LN G stated she was aware she needed to use hand sanitizer or wash her hands between each glove changes.

On 09/09/24 at 04:30 PM, Interview with Administrative Nurse D revealed the expectations was the nurses to follow the standard procedure for wound care.

The policy "Wound Prevention and Management"

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F 880	Continued From page 4 dated 12/2018 to provide a systematic approach for identifying resident at risk for skin breakdown and develop interventions to decrease the incidence of residents who develop pressure ulcers while providing guidelines for optimal care to promote healing for resident with all identified skin alterations. The facility failed to implement infection control measurements for R2 by not cleansing hands between gloves during wound care.	F 880		