

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/20/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175413	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/20/2016
NAME OF PROVIDER OR SUPPLIER MEDICALODGES PAOLA			STREET ADDRESS, CITY, STATE, ZIP CODE 501 ASSEMBLY LANE PAOLA, KS 66071		
(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	F 000			
F 257 SS=E	<p>483.15(h)(6) COMFORTABLE & SAFE TEMPERATURE LEVELS</p> <p>The facility must provide comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 - 81° F</p> <p>This REQUIREMENT is not met as evidenced by: The facility reported a census of 81 residents. Based on observation and interview, the facility failed to maintain comfortable temperature levels in 5 resident rooms, a common TV room and a common men's bathing room on one of 2 halls.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Interview, on 6-14-16 at 2:20 pm, with alert and aware resident #28, revealed he/she felt it was cold in his/her room. Observation, on 6-16-16 at 7:46 am, revealed the temperature in resident #28's room measured 61.1 degrees Fahrenheit. Observation, on 6-14-16 at 7:50 am, revealed another resident room temperature measured 66.5 degrees Fahrenheit. Observation, on 6-16-16 at 7:53 am, revealed another resident room temperature measured 65.4 degrees Fahrenheit. Interview with resident #57 revealed he/she felt his/her room was cold. 	F 257			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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 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.

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F 257	Continued From page 1 Interview, on 6-16-16 at 7:55 am, revealed another resident room temperature measured 64.2 degrees Fahrenheit. Interview with alert and aware resident #16, revealed he/she thought the room was cold. Observation on 6-16-16 at 7:59 am revealed another resident room temperature measured 65.7 degrees Fahrenheit. Observation on 6-16-16 at 8:03 am in the common TV room, on that hall, revealed a temperature of 68.5 degrees. Observation, on 6-16-16 at 8:05 am, revealed the men's common bathing room temperature of 67.4 degrees. Interview, on 6-16-16 at 9:18 am with maintenance staff D, revealed he/she set the temperature for the resident rooms through a central heating/cooling thermometer located in the hall. Staff D stated the charge nurses' have a key so they can set it for comfort. Staff D stated the temperature was set at 70 degrees. Staff D stated he/she did not check the individual resident room temperatures. The facility failed to monitor the temperature in resident rooms and common areas to maintain a comfortable environment.	F 257			
F 278 SS=D	483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED The assessment must accurately reflect the resident's status.	F 278			

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F 278	<p>Continued From page 2</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>This REQUIREMENT is not met as evidenced by: The facility reported a census of 81 residents. The sample included 9 residents. Based on interview, record review, and observation, the facility failed to complete an accurate comprehensive assessment for 2 (#58 & #8) of the 9 sample resident's related to a ADL's (activities of daily living).</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of resident #58's signed physician 	F 278			

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F 278	<p>Continued From page 3</p> <p>orders, dated 6/1/16, documented the resident was admitted on 9/30/15, with the following diagnoses: schizoaffectie disorder (psychotic disorder characterized by gross distortion of reality, disturbances of language and communication and fragmentation of thought), with depressive (abnormal emotional state characterized by exaggerated feelings of sadness, worthlessness and emptiness) type.</p> <p>The admission MDS (minimum data set), dated 10/6/15, revealed the resident had a BIMS (brief interview for mental status) score of 15, indicating intact cognition. The resident was independent in ADL's except for eating, and the resident required staff supervision. The resident's balance was steady. The resident received a antipsychotic and antidepressant medication.</p> <p>The CAA (care area assessment), dated 10/15/15, for ADL's documented the resident triggered for ADL's related to cues and/or supervision provided for eating. The physician and psychiatrist will provide routine/ongoing, as needed monitoring, evaluation of the residents cognitive and health status, and the subsequent ability to safely complete his/her daily ADL's.</p> <p>The quarterly MDS, dated 3/24/16, revealed the following changes from the 10/6/16 assessment for ADL's - the resident required supervision for locomotion off the unit, and was independent with eating.</p> <p>The care plan, reviewed on 4/7/16, for ADL's identified the resident was independently able to complete his/her ADL self-care tasks with set-up assistance of items kept in a secure area. The care plan for falls identified the resident</p>	F 278			

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F 278	<p>Continued From page 4</p> <p>ambulated with a steady balance, and was able to easily move between lying, sitting, standing, and vice and versa.</p> <p>Review of the MDS notes during the look back period for the 3/26/16 MDS, revealed for locomotion off the unit the resident was escorted to south hall, where the activity room was located, following a peer altercation on 3/21/16.</p> <p>Review of the Kiosk documentation, from 4/18/16 through 6/16/16, for locomotion off the unit. The CNA (certified nurse assistant) documentation, indicated the resident does not require any supervision with locomotion off the unit and/or ambulation in the corridor.</p> <p>Observation, on 6/16/16 at 7:45 AM, the resident ambulated from the dining room to his/her unit by self. The resident's gait was steady.</p> <p>Interview, on 6/15/16 at 4:15 PM, the resident reported he/she would ambulate throughout the facility and outside by himself/herself.</p> <p>On 6/15/16 at 3:33 PM, direct care staff G stated the resident takes care of himself/herself. The resident walks all over the facility, and outside also by himself/herself.</p> <p>On 6/16/16 at 10:20 AM, direct care staff H stated the resident was independent with ADL's. If a resident needed supervision because of an altercation, then he/she would document on the Kiosk as the resident was independent with locomotion off the unit.</p> <p>On 6/15/16 at 4:45 PM, licensed nursing staff K stated the resident does everything for</p>	F 278			

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F 278	<p>Continued From page 5</p> <p>himself/herself. The residents gait was steady when he/she ambulated throughout the facility.</p> <p>On 6/16/16 at 8:22 AM, administrative nursing staff F stated he/she marked locomotion off the unit as supervision because the resident required supervision to ambulate to the activity room after a resident altercation, to make sure the resident did not have any problems from other residents. Verified lacked further documentation the resident required supervision for ambulation off the unit.</p> <p>The facility failed to complete an accurate assessment, on the 3/24/16, depicting the resident required supervision for ambulation off the unit.</p> <p>- Review of resident # 8's signed physician orders, dated 6/1/16, documented the resident with the diagnosis of osteoporosis (fragile bones that fracture easily) of bilateral knees, COPD, bilateral heart failure, nocturnal enuresis (incontinence of urine, especially in bed at night), anxiety disorder, and psychosis (psychotic disorder characterized by gross distortion of reality, disturbances of language and communication and fragmentation of thought).</p> <p>The annual MDS (minimum data set), dated 1/21/16, revealed the BIMS (brief interview for mental status) score of 15, indicated the resident was cognitively intact. The resident required supervision with dressing and toileting, and no functional impairment of bilateral upper and lower extremities.</p> <p>The CAA's (care area assessment summary), dated 2/4/16 for ADL</p>	F 278			

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F 278	<p>Continued From page 6</p> <p>functional/Rehabilitation potential revealed the resident required occasional cues to put on clean clothing when he/she has spilled something on his/her clothing or when trying to wear clothes for more than 1 day. The resident usually requested new clothing when he/she has been incontinent. Staff must provide set-up assistance and supervision to access his/her clothing. He/she requires cues and prompts for toileting throughout the day prior to activities of interest (including rest periods) and is awakened one time during the night for toileting to prevent urinary incontinence. He/she had nocturnal enuresis; He/she is occasionally incontinent of urine which tends to occur upon awakening in the morning. The resident walked independently throughout the facility.</p> <p>The quarterly MDS, dated 4/14/16, revealed the following changes only: the resident required limited assistance by 1 staff for guided maneuvering of limbs or other non-weight-bearing assistance for dressing and toileting.</p> <p>The care plan, reviewed on 4/21/16, instructed the staff to assist him/her with accessing his/her closet and provide supervision as needed for dressing, due to the resident's closet locked. Remind the resident to limit fluids intake and use the toilet prior to going to bed each night.</p> <p>Review of the resident's flow sheet documentation during the 4/14/16 quarterly MDS look back period (4/8/16 through 4/14/16), indicated coding for dressing as resident being independent with self performance with 1 exception dated 4/10/16 at 10:43 PM which noted the resident as needing supervision. Furthermore, the coding for toileting noted the resident's self</p>	F 278			

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F 278	<p>Continued From page 7</p> <p>performance as independent, with 8 episodes for supervision on 4/8/16 at 1:30 PM, 4/10/16 at 2:36 AM, 10:43 AM, 4/11/16 at 10:03 AM, 4/12/16 at 3:00 AM, 4/14/16 at 10:41 am 11:18 PM; and limited assistance provided 1 time on 3/31/16.</p> <p>On 6/15/16 at 2:33 PM, direct care staff M stated he/she was not aware of any recent decline in the resident's ability to dress him/herself or in his/her ability to toilet. He/she reported the resident was sometimes incontinent which usually occurred during the night. He/she stated that the resident was usually independent and needed only supervision and verbal cues for dressing and toileting. He/ she reported that the staff had to get the resident's clothes out of his/her closet because it was locked.</p> <p>On 6/15/16 at 4:15 PM licensed nursing staff O stated the resident was occasionally incontinent during the day if he/she dozes off and he/she doesn't get to the toilet in time. He/she takes Lasix for edema so his/her incontinence usually occurs at night and first thing in the morning.</p> <p>On 6/16/16 at 9:05 AM, licensed nursing staff P stated that the resident knows when to go to the bathroom during the day, when he/she is incontinent it is usually at night.</p> <p>On 6/16/16 at 1:05 PM, direct care staff N reported resident had not had any changes in his/her ability to change clothes or use the restroom. He/she stated the resident uses the bathroom independently and needed reminders sometime.</p> <p>On 6/16/16 at 11:32 AM, administrative nursing staff F stated that he/she had coded the resident</p>	F 278			

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F 278	Continued From page 8 as limited assistance when he/she had provided guided maneuvering with the resident's dressing and toileting on 1 occasion. After review of the flow sheet documentation during the 4/14/16 quarterly MDS look back period (4/8/16 through 4/14/16) and the RAI manual for coding instructions he/she verified staff coded the 4/14/16 quarterly MDS inaccurately. The facility failed to complete an accurate assessment, on the 4/14/16 quarterly MDS which depicted the resident required limited physical assistance with guided maneuvering in dressing and toileting, when the resident required only staff supervision.	F 278			
F 329 SS=D	483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above. Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these	F 329			

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F 329	<p>Continued From page 9 drugs.</p> <p>This REQUIREMENT is not met as evidenced by: The facility had a census of 81 residents with 5 reviewed for unnecessary medications. Based on observations, record review and interview, the facility failed to ensure that 1 of the 5 residents, #31, had appropriate BBW's (black box warnings) in the nursing care plan.</p> <p>Findings Included:</p> <ul style="list-style-type: none"> - Physicians orders, signed and dated 6/1/16, included an order written on 4/30/14, for Lamictal 200 mg (miligramms) by mouth twice daily, an anti-convulsant, (agent used to prevent convulsions/seizures), used in this case for mood stabilization related to diagnosis of Bipolar Disorder (major mental illness that caused people to have episodes of severe high and low moods). <p>According to the FDA (Federal Drug Administration), Lacmictal has a black box warning of serious skin rashes, life threatening serious rashes, and/or rash related death.</p> <p>Review of the care plan, initiated 5/15/12 and revised on 2/26/16, the following BBW's for anticonvulsants included bone marrow depression, hematological dysfunction, hepatic disease, pancreatitis and visual disturbance. The care plan failed to identify the potential life threatening BBW of the skin rash.</p>	F 329			

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F 329	Continued From page 10 Observation, on 6/15/16 at 3 p.m., revealed the resident lying on his/her bed in his/ her room. The resident was alert and oriented. Observation on 6/15/16 at 3:30 p.m., revealed the resident coming out of his/her room without benefit of a walker. Staff provided cueing and the resident retrieved his/her walker and proceeded to ambulate down the hallway. On 6/16/16 at 10:30 a.m., administrative nursing staff F revealed that the electronic medical records system includes a library with BBW's. Staff F then proceeded to look at the library which did not include this potentially life threatening side effect of Lamictal. Staff F then checked a nursing drug handbook for reference and did locate the specific BBW for Lamictal. The facility's policy titled Medications with Boxed Warnings dated 2007, evidenced that nursing staff shall include the appropriate monitoring parameters on the resident specific care plan as appropriate. Monitoring for adverse consequences involved ongoing vigilance and may periodically involve an objective evaluation. The facility failed to identify and monitor this resident for adverse consequences associated with the administration of Lamictal, with black box warnings.	F 329			
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and	F 371			

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F 371	<p>Continued From page 11</p> <p>(2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by: The facility reported a census of 81 residents. Based on observation and interview the facility failed to store, prepare, and serve food under sanitary conditions for the residents of this facility.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - During a tour of the dietary department of the facility on 6/16/16 at 11:15 AM, revealed the following areas in need of cleaning and/or maintenance services: <ol style="list-style-type: none"> 1.) In the dishwashing area, one approximately 24 inch fan contained a heavy layer of dust and grime build-up, blowing on the clean dishes which were air drying. Interview at that time, with dietary staff L stated he/she requested the fan be cleaned, however had not been cleaned yet. 2.) Two pull-out wooden cabinet drawers with a bare wooden surface, making a non cleanable surface. The two drawers contained food processor equipment and pie cutting equipment. 3.) A upper cabinet, above the microwave, contained a 16 ounce jar of corn syrup with an expiration date of 10/7/15. Interview, at that time, with dietary staff C stated, everyone was responsible for checking expiration dates on the food. 	F 371			

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F 371	<p>Continued From page 12</p> <p>4.) The wooden door knobs on all the cabinets had a layer of grime and was sticky to touch.</p> <p>5.) Two galvanized 30 gallon metal trash containers without lids.</p> <p>6.) The back of the convection oven, contained a layer of dust and grime build-up. Furthermore, the oven backed up to the open deep fat fryer.</p> <p>7.) On 6/16/16 at 12:10 PM, observation revealed one of two red sanitizer buckets without water, and one sanitizer bucket with approximately a quarter of an inch of water. Staff checked the sanitizer bucket with a sanitizer strip, and the strip did not register any change, which indicated the water was without sanitizer. Dietary staff I emptied the sanitizer bucket and put fresh water with sanitizer into the bucket and rechecked the water with a sanitizer strip and the strip did not register any change. Dietary staff I emptied the sanitizer water bucket and refilled the bucket from a difference source of sanitizer, rechecked the water with sanitizer and again did not register the water contained sanitizer. Dietary staff I stated the strips were not expired. Furthermore, dietary staff I stated he/she does not check the sanitizer buckets, but will change the buckets with clean water when he/she comes to work. Interview, at that time, with dietary staff C reported he/she would check the sanitizer buckets when he/she would cook, and the staff does not monitor the sanitizer buckets.</p> <p>The facility policy for infection management process, dated 2015, documented the dietary services will use "serve safe" and Health Technologies Guideline and Procedure Manual</p>	F 371			

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NAME OF PROVIDER OR SUPPLIER MEDICALODGES PAOLA			STREET ADDRESS, CITY, STATE, ZIP CODE 501 ASSEMBLY LANE PAOLA, KS 66071		
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F 371	Continued From page 13 for reference on proper food preparation management, and dining services. The facility failed to store and prepare foods under sanitary conditions for the residents of the facility.	F 371			
F 428 SS=D	483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon. This REQUIREMENT is not met as evidenced by: The facility had a census of 81 residents with 5 reviewed for unnecessary medications. Based on observations, record review and interview, the facility consultant failed to identify the facility's failure to ensure that 1 of the 5 residents, #31, had appropriate BBW's (black box warnings) in the nursing care plan. - Findings Included: Physicians orders signed and dated 6/1/16, included an order written on 4/30/14, for Lamictal 200 mg (milligrams) by mouth twice daily, an anti-convulsant, (agent used to prevent convulsions/seizures), used in this case for	F 428			

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F 428	<p>Continued From page 14</p> <p>mood stabilization related to diagnosis of Bipolar Disorder (major mental illness that caused people to have episodes of severe high and low moods).</p> <p>According to the FDA (Federal Drug Administration), Lacmictal has a black box warning of serious skin rashes, life threatening serious rashes, and/or rash related death.</p> <p>Review of the care plan, initiated 5/15/12 and revised on 2/26/16, the following BBW's for anticonvulsants included bone marrow depression, hematological dysfunction, hepatic disease, pancreatitis and visual disturbance. The care plan failed to mention the potential life threatening BBW of the skin rash.</p> <p>On 6/16/16 at 10:30 a.m., administrative nursing staff F revealed that the electronic medical records system includes a library with BBW's. Staff F then proceeded to look at the library which did not include this potentially life threatening side effect of Lamictal. Staff F then checked a nursing drug handbook for reference and did locate the specific BBW for Lamictal.</p> <p>The facility's policy titled Medications with Boxed Warnings dated 2007, evidenced that nursing staff shall include the appropriate monitoring parameters on the resident specific care plan as appropriate. Monitoring for adverse consequences involved ongoing vigilance and may periodically involve an objective evaluation.</p> <p>Medical record review from June 2015 to June 2016, revealed the pharmacist medical record review was performed monthly by the consulting pharmacist. The consulting pharmacist could not be reached for interview, though the medial</p>	F 428			

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F 428	Continued From page 15 record lacks identification by the pharmacy consultant, that this BBW had been omitted from the resident care plan. The facility consulting pharmacist failed to identify the facility failure to monitor this resident for adverse consequences associated with the administration of Lamictal, with black box warnings.	F 428			
F 456 SS=E	483.70(c)(2) ESSENTIAL EQUIPMENT, SAFE OPERATING CONDITION The facility must maintain all essential mechanical, electrical, and patient care equipment in safe operating condition. This REQUIREMENT is not met as evidenced by: The facility reported a census of 81 residents. Based on observation, interview and record review, the facility failed to provide services to maintain 2 of 4 resident bathtubs, beauty shop exhaust vent, and kitchen oven in good working order. Findings included: - Observation, on 6-14-16 at 10:30 am, revealed out of order signage on 2 resident bathtubs. Interview, on 6-15-16 at 1:30 pm, with maintenance staff D, revealed the seal on one bathtub leaked. Staff D stated when the bathtubs drain, the water backflows into the other bathing room floor drain. Staff D did not know how long the tubs had not been in working order.	F 456			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/20/2016
FORM APPROVED
OMB NO. 0938-0391

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F 456	<p>Continued From page 16</p> <p>Observation, on 6-16-16 at 9:18 am, revealed the exhaust vent in the beauty shop was not operating. Interview, at that time, with maintenance staff E, revealed he/she did not know how long it had been nonfunctional.</p> <p>The facility failed to provide housekeeping/maintenance services to keep the resident bathtubs and beauty shop vent in good working order.</p> <p>- During the tour of the kitchen area, on 6/16/16 at 11:17 AM, observation revealed the gas oven with a sticky residue and had a build-up of grime.</p> <p>Interview with dietary staff H, on 6/16/16 at 11:18 AM, stated the oven does not work, he/she had put numerous work orders in to have the oven fixed and it had not been done yet.</p> <p>The facility failed to maintain essential equipment in safe operating condition.</p>	F 456			