STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175275	A. BUILDING _____ B. WING _____	01/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEDICALODGES KINSLEY	620 WINCHESTER AVENUE KINSLEY, KS 67547

(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 a Health Resurvey and Complaint Investigation #KS00176439, #KS00176011. This 2567 was electronically sent to the facility on 01/23/23.	F 000		
F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: The facility reported a census of 20 residents with 12 included in the sample. that included one resident reviewed for respiratory care. Based on observation, interview, and record review, the facility failed to ensure necessary respiratory care and services on the one Resident (R)10 reviewed, who required inhalation respiratory treatments, to prevent possible respiratory illness. Findings included: - The "Physician Orders" for Resident (R)10, dated 12/22 revealed the following diagnosis chronic obstructive pulmonary disease (progressive and irreversible condition characterized by diminished lung capacity and difficulty or discomfort in breathing).	F 695		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 01/23/2023

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 695	Continued From page 1	F 695		

The annual " Minimum Data Set" (MDS) dated 07/01/22 revealed the "Brief Interview for Mental Status" (BIMS) score of two, indicating severely impaired cognition. R10 required extensive assistance with one-person physical assistance with transfers, limited assistance with one -person physical assist with dressing, toilet use, and personal hygiene.

Review of the "Care Plan" revealed R10's nebulizer (device which changes liquid medication into a mist easily inhaled into the lungs) kit and tubing were to be changed every Friday night. The care plan lacked guidance regarding cleansing of the nebulizer chambers or storage of the nebulizer tubing/chambers/ mouthpiece.

The "Electronic Medical Record" (EMR)indicated R10 received Ipratropium-Albuterol Solution (medication used to treat and prevent symptoms of wheezing and shortness of breath caused by ongoing lung disease) 0.5-2.5 milligrams (mg) in three milliliters (ml), inhalation, four times a day, related to chronic obstructive pulmonary disease, ordered 09/17/22.

Observation on 01/17/23 at 01:16 PM revealed Certified Nurse Aide (CMA) R provided the inhaled treatment to R10 with the nebulizer and a mask. At 01:30 PM, CMA R returned to the room, removed the mask from the resident, and placed the mask and nebulizer back on the nebulizer equipment on R10's bed side table. The chamber contained droplets of the nebulizer treatment. CMA R failed to rinse the medication from the nebulizer.

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F 695	Continued From page 2 Observation on 01/18/23 at 09:15 AM, revealed the mask and nebulizer chamber stored directly to the inhalation machine. The nebulizer chamber had droplets in the chamber. Observation on 01/18/23 at 11:45 AM, revealed the nebulizer and mask remained attached to the machine and had droplets in the nebulizer chamber. Interview with CMA R on 01/18/23 at 11:59 AM, reported staff should rinse the nebulizer out, place the nebulizer pieces a paper towel to air dry, then place the nebulizer parts in a bag for storage. Interview with "Administrative Nurse" B on 01/19/23 at 11:35 AM, revealed staff should rinse the nebulizer after each use, air dry, then placed in a bag for storage. The facility failed to provide a policy regarding "Respirator Care/ Nebulizer" as requested on 01/19/23. The facility failed to ensure necessary respiratory care and services for this resident that required inhalation respiratory treatments.	F 695		
F 727 SS=F	RN 8 Hrs/7 days/Wk, Full Time DON CFR(s): 483.35(b)(1)-(3) §483.35(b) Registered nurse §483.35(b)(1) Except when waived under paragraph (e) or (f) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week. §483.35(b)(2) Except when waived under	F 727		

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F 727	Continued From page 3	F 727		

paragraph (e) or (f) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis.

§483.35(b)(3) The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents. This REQUIREMENT is not met as evidenced by:
The facility reported a census of 20 residents. Based on interview and record review, the facility failed to use the services of a registered nurse for at least 8 hours a day, seven days a week, as required, for five days of the six months reviewed. This had the potential to affect all residents.

Findings included:

- Review of the nursing schedule and staffing sheets on 03/13/22, 03/26/22, 04/23/22, 05/08/22 and 05/21/22, revealed no Registered Nurse (RN) worked. The documentation revealed Licensed Practical Nurses scheduled.

Interview with Administrative Nurse B on 01/19/23 at 11:50 AM, Administrative Nurse B reported the facility attempted to have a Registered Nurse for 8 hours a day and verified the facility lacked the required RN coverage.

The facility did not provide a policy for "Staffing" 0n 01/19/23.

The facility failed to ensure the use of a Registered Nurse as required, for five of the 6 month reviewed, to ensure the provision of adequate cares to the residents of the facility.