STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175264	A. BUILDING _____ B. WING _____	05/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEDICALODGES COLUMBUS	101 LEE AVENUE COLUMBUS, KS 66725

(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 #180358. This 2567 was electronically sent to the facility on 06/01/23.	F 000		
F 694 SS=D	Parenteral/IV Fluids CFR(s): 483.25(h) § 483.25(h) Parenteral Fluids. Parenteral fluids must be administered consistent with professional standards of practice and in accordance with physician orders, the comprehensive person-centered care plan, and the resident's goals and preferences. This REQUIREMENT is not met as evidenced by: The facility reported a census of 32 with 14 residents selected for review which included two residents reviewed for dressing changes. Based on observation, interview and record review, the facility failed to ensure timely dressing changes for one, resident (R)4, of the two residents reviewed. Findings included: - Review of Resident (R)4's medical record revealed diagnosis included osteomyelitis (bone infection) of a bone in the spine. The "Admission Minimum Data Set," was in progress for completion. The "Admitting Care Plan," dated 05/04/23, instructed staff to administer ceftriaxone (an antibiotic) intravenously (directly into the blood stream) through the PICC (peripherally inserted	F 694		

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 694	Continued From page 1	F 694		

central venous catheter) line every 24 hours, flush the PICC line, and change the dressing per the physician's orders.

The "Physician Orders," dated 05/04/23, instructed staff to administer ceftriaxone (an antibiotic), two grams, intravenously, through the PICC line every 24 hours, flush the line with 10 milliliters of normal saline before and after the antibiotic and change the PICC line dressing using sterile (a technique to eliminate contact with microorganisms that may contaminate the site) technique, every seven days.

Observation, on 05/23/23 at 08:30 AM, revealed Licensed Nurse (LN)G administered the ceftriaxone to R4 through her PICC line. The dressing on the PICC line site documented a date of 05/03/23, and the edges of the dressing contained gray discolorations and evidence of areas of nonadherence.

Interview, on 05/24/23 at 11:24 AM, with LN revealed, revealed staff typically should change the PICC line dressings every seven days.

Interview, on 05/24/23 at 11:30 AM, with Administrative Nurse D, confirmed lack of dressing change for this resident every seven days as ordered by the physician and per facility policy. Administrative Nurse stated she added the dressing change to the resident's "Treatment Administration Record" (TAR) on 05/23/23.

The facility policy "Dressing Change for Vascular Access Devices," dated August 2021, instructed staff to change central venous access devices at established intervals and immediately if the integrity of the dressing was compromised.

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F 694	Continued From page 2 The facility failed to ensure staff provided this resident's PICC line dressing change every seven days, as ordered by the physician, to ensure the resident did not experience adverse effects or infection.	F 694		
F 805 SS=D	Food in Form to Meet Individual Needs CFR(s): 483.60(d)(3) §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(3) Food prepared in a form designed to meet individual needs. This REQUIREMENT is not met as evidenced by: The facility reported a census of 32 residents with 14 residents sampled. Based on observation, interview and record review, the facility failed to serve one Resident (R)26 the physician ordered diet. Findings included: - Review of Resident (R)26's electronic medical record (EMR), revealed a diagnosis of dysphagia (swallowing difficulty). The admission "Minimum Data Set" (MDS), dated 12/25/22, documented the resident had a Brief Interview for Mental Status (BIMS) score of 13, indicating intact cognition. She required supervision with setup help for eating. The resident had swallowing issues which included coughing or choking and pain when swallowing. She had a mechanically altered diet which required a change in her food texture. She had no natural teeth or tooth fragments.	F 805		

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F 805	Continued From page 3	F 805		

The "Nutritional Status Care Area Assessment" (CAA), dated 12/25/22, documented the resident had a regular, mechanical soft diet with ground meats with gravy due to a diagnosis of dysphagia.

The quarterly "MDS," dated 03/23/23, documented the resident had a BIMs score of 12, indicating moderately impaired cognition. She required setup help only with eating and had no swallowing disorder. She had a mechanically altered diet which required a change in her food texture. She had no natural teeth or tooth fragments.

The care plan for nutrition, revised 03/17/23, instructed staff the resident had a regular diet with mechanical soft foods with ground meats. Staff were to ensure the resident had plenty of gravy on her ground meat.

Review of the resident's EMR, revealed a physician's order, which included:

Regular mechanical soft diet with ground meat texture, add gravy to ground meat, for diagnosis of dysphagia, ordered 12/21/22.

Review of the speech therapy (ST) report, dated 02/15/23, documented the resident preferred a mechanical soft diet with ground meat.

On 05/23/23 at 12:31 PM, Certified Nurse Aide (CNA) N served the resident lunch, which consisted of a chicken strip cut into bite size pieces with gravy, cottage cheese and spanish rice with a cinnamon roll on the side. The resident fed herself a few bites of the spanish rice and cottage cheese without difficulty.

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F 805	Continued From page 4 On 05/23/23 at 12:40 PM, the resident stated she was unable to eat the chicken strip as she would not be able to chew and swallow the large pieces. She would have eaten the chicken strip if it had been ground. On 05/23/23 at 01:07 PM, Dietary staff BB stated the chicken strip had not been ground, as was the resident's order. Dietary staff BB stated the chicken strip should not have been served to the resident. On 05/23/23 at 01:09 PM, Dietary staff CC stated she had not ground the chicken strip because the machine she used for ground meat was dirty at the time she served the resident her lunch. On 05/23/23 at 01:21 PM, CNA N stated she noticed the meat was not ground but thought it was alright for the resident to have since the kitchen served it for the resident. On 05/24/23 at 03:36 PM, Licensed Nurse (LN) stated the resident was to have ground meat due to issues with swallowing. On 05/24/23 at 07:50 AM, Administrative Nurse D stated it was the expectation that residents be served the diet ordered by their physician. The facility policy for "Diet Orders", undated, included: Each resident shall have a diet order prescribed by the physician and documented in the health record. The facility failed to serve this dependent resident the diet ordered by her physician.	F 805		