STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N024001	A. BUILDING: _____ B. WING _____	10/25/2023

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) COMPLETE DATE
S 000	INITIAL COMMENTS The following citations represent the findings of a licensure resurvey at the above named facility conducted on 10/25/23.	S 000		
S3081 SS=E	26-41-201 (c) Functional Capacity Screen Reassessment (c) Designated facility staff shall conduct a screening to determine each resident ' s functional capacity 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; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: KAR 26-41-201 (c) (1) The census equaled 5 residents. The sample included 3 residents. Based on record review, observation and interview, Administrator/ Licensed Nurse (LN) A failed to ensure designated facility staff conducted a screening at least once every 365 day to determine each resident's functional capacity for 2 of 3 sampled Residents (R)1 and R3. Findings included: - R1's "Medical Record" revealed she admitted to the facility on 07/19/21 with diagnoses of major depressive disorder, Alzheimer's Disease,	S3081		

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

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S3081	Continued From page 1	S3081		

hypothyroidism and vitamin deficiency.

The "Functional Capacity Screen" (FCS) dated 08/26/22 recorded the resident as independent with bathing, dressing, toileting, transfers, walk/mobility, and eating and physical assistance was required for management of medications and treatments. The FCS recorded R1 had short and long-term memory impairment and impaired memory/recall. The FCS recorded R1 used a walker to ambulate.

R1's "Medical record" lacked completion of a FCS since 08/26/22.

Observation on 10/25/23 at 12:36 PM revealed R1 self-propelling in wheelchair in the hallway of the facility.

Interview on 10/25/23 at 12:22 PM with LN B confirmed a FCS for R1 had not been completed since 08/26/22.

- R3's "Medical Record" revealed he admitted to the facility on 09/30/22 with diagnoses of major depressive disorder, vitamin B12 deficiency, insomnia, hypothyroidism and anxiety.

The "Functional Capacity Screen" (FCS) dated 09/30/22 recorded the resident as independent with bathing, dressing, toileting, transfers, walk/mobility, eating and management of medications and physical assistance required for management of treatments. The FCS recorded R3 was at risk for falls/ unsteadiness and used a cane to ambulate.

R3's "Medical record" lacked completion of a

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S3081	Continued From page 2 FCS since 09/30/22. Interview on 10/25/23 at 12:22 PM with R3 confirmed facility staff stored and administered all of his medications. Interview on 10/25/23 at 12:22 PM with LN B confirmed a FCS for R3 had not been completed since 09/30/22. Interview on 10/25/23 at 01:58 PM with LN B confirmed facility staff administered all medications to R3 and further confirmed R3 was unable to perform the management of medications independently. Facility failed to provide a policy related to functional capacity screening. Administrator/ LN A failed to ensure designated facility staff conducted a screening at least once every 365 days to determine each resident's functional capacity for R1 and R3.	S3081		
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	S3092		

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S3092	Continued From page 3	S3092		

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)

The census equaled 5 residents. The sample included 3 residents. Based on record review, observation and interview for 2 sampled Residents (R)1 and R3, Administrator/ Licensed Nurse (LN) A failed to ensure the review, and if necessary, revision of the Negotiated Service Agreement (NSA) at least once every 365 days.

Findings included:

- R1's "Medical Record" revealed she admitted to the facility on 07/19/21 with diagnoses of major depressive disorder, Alzheimer's Disease, hypothyroidism and vitamin deficiency.

The "Functional Capacity Screen" (FCS) dated 08/26/22 recorded the resident as independent with bathing, dressing, toileting, transfers, walk/mobility, and eating and physical assistance required for management of medications and treatments. The FCS recorded R1 had short and long-term memory impairment and impaired memory/recall. The FCS recorded R1 used a walker to ambulate.

The "Negotiated Service Agreement" (NSA) dated 08/26/22 recorded R1 was independent with bathing, dressing, toileting, transfer,

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S3092	Continued From page 4	S3092		

walk/mobility and eating and facility staff administered medications and checked on R1 every two hours at night.
Record lacked completion of an annual Negotiated Service Agreement since 08/26/22.

- R3's "Medical Record" revealed he admitted to the facility on 09/30/22 with diagnoses of major depressive disorder, vitamin B12 deficiency, insomnia, hypothyroidism and anxiety.

The "Functional Capacity Screen" (FCS) dated 09/30/22 recorded the resident as independent with bathing, dressing, toileting, transfers, walk/mobility, eating and management of medications and physical assistance required for management of treatments. The FCS recorded R3 was at risk for falls/ unsteadiness and used a cane to ambulate.

The "Negotiated Service Agreement" (NSA) dated 09/30/22 recorded R1 was independent with bathing, dressing, toileting, transfer, walk/mobility and eating and facility staff administered medications and checked on R3 every two hours at night. The NSA recorded R3 used a walker or cane to ambulate.

Interview on 10/25/23 at 12:22 PM with LN B confirmed a Negotiated Service Agreement had not been completed annually for R1 and R3.

Facility failed to provide a policy related to negotiated service agreements.

Administrator /LN A failed to ensure the review, and if necessary, revision of the negotiated service agreement at least once every 365 days.

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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 26-42-104 (d) (3) The census equaled 5 residents. The sample included 3 residents and review of 5 employee records. Based on record review and interview, Administrator/Licensed Nurse (LN) A failed to ensure disaster and emergency preparedness by ensuring the performance of quarterly review of the facility's entire "Emergency Management Plan" with residents and staff. Findings included: - Review of the facility "Emergency Management	S3280		

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S3280	Continued From page 6 Plan" revealed the plan contained procedures to manage potential emergencies and disasters including fire, flood, severe weather, tornado, explosion, lack of electrical, or water service, and missing residents. The plan failed to contain procedures to manage potential emergencies and disasters including natural gas leak. Facility failed to provide quarterly reviews of the emergency management plan with residents for the first, second and third quarters of 2023. Facility failed to provide quarterly reviews of the emergency management plan with staff for the first, second and third quarters of 2023. Interview on 10/25/23 at 01:58 PM with Administrator/LN A confirmed unable to locate reviews completed with residents and staff for the first, second and third quarters of 2023. Facility failed to provide a policy related to quarterly reviews of the emergency management plan. Administrator/LN A failed to ensure disaster and emergency preparedness by the failure to ensure the performance of quarterly reviews of the facility's entire "Emergency Management Plan" with residents and staff.	S3280		