| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | N011003 | A. BUILDING: _____ B. WING _____ | 10/15/2024 |

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

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| S 000 | INITIAL COMMENTS<br><br>The following citations represent the findings of the licensure resurvey for the above named facility conducted on 10/14/24 and 10/15/24. | S 000 | | |
| S3165 SS=E | 26-41-204 (d) Health Care Services<br><br>(d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan.<br><br>This REQUIREMENT is not met as evidenced by:<br>K.A.R 26-41-204 (d)<br><br>The facility reported a census of 14 residents. The sample included 3 "Residents'" (R)'s1, 2, and 3. Based on interview and record review the administrator failed to ensure the name of the "Licensed Nurse" (LN) responsible for the implementation and supervision of the health service plan was included on the "Negotiated Service Agreement" (NSA) for R's 1, 2, and 3.<br><br>Findings included:<br><br>- Record review for R1 revealed an admission date of 12/04/2019 with diagnoses of atherosclerotic heart disease, muscle weakness, hypertension, major depressive disorder, and other lack of coordination.<br><br>Review of R1's "Functional Capacity Screen" (FCS) dated 01/19/24 revealed R1 was independent with bathing, dressing toileting, | S3165 | | |

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

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| S3165 | Continued From page 1 | S3165 | | |

transferring, and walking/mobility. She required supervision with managing her medications and medical treatments. R1 was usually continent, and her cognition was intact. She was able to make herself understood and she understood others. R1 used a walker mobility device.

Review of R1's combined NSA / "Health Service Plan" (HSP) instructed facility staff to provide R1 with mobility assistance as needed.

The combined NSA/HSP lacked the name of the nurse responsible for the supervision and implementation of the service plan.

- Record review for R2 revealed an admission date of 04/09/21 with diagnoses of Hemiplegia unspecified affecting left nondominant side, personal history of other malignant neoplasm of large intestine, muscle weakness, other abnormalities of gait and mobility, and colostomy status.

Review of R2's FCS dated 10/04/24 revealed R2 required supervision with bathing, and management of her mediations. She was occasional incontinent and was able to make herself understood and she understood others. She was marked at risk for falls, and she used a walker mobility device.

Review of R2's combined NSA/HSP instructed facility staff to provide R2 cuing or reminding for meals and activities, and qualified facility staff would manage her medications. Qualified facility staff would provide stand by assistance with bathing and check on her throughout the night.

The combined NSA/HSP lacked the name of the nurse responsible for the supervision and

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| S3165 | Continued From page 2<br>implementation of the service plan.<br><br>- Record review for R3 revealed an admission date of 01/21/22 with diagnoses of cellulitis of left lower limb, iron deficiency anemia, hypertension, and chronic kidney disease stage 3B.<br><br>Review of R3's FCS dated 01/10/24 revealed R3 required physical assistance with bathing and dressing. She lacked the ability to manage her own medications and medical treatments. R3 is occasionally incontinent, and her cognition is intact. She was able to make herself understood and she understood others.<br><br>Review of R3's combined NSA/HSP instructed facility staff to provide wound care and manage R3's medications. Facility staff were instructed to physically assist with R3's bathing and placement of her socks. Facility staff to provide R3 assistance getting in/out of bed as needed.<br><br>The combined NSA/HSP lacked the name of the nurse responsible for the supervision and implementation of the service plan.<br><br>Interview on 10/15/24 at approximately 02:30 PM with Administrator A and LN B confirmed the combined NSA/HSP's for R1, R2, and R3 lacked the name of the licensed nurse responsible for the implementation and supervision of the health service plan.<br><br>The administrator failed to ensure the name of the LN responsible for the implementation and supervision of the health service plan was included on the combined NSA/HSP's for R's 1, 2, and 3. | S3165 | | |

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| S3310 | Continued From page 3 | S3310 | | |
| S3310 SS=E | 26-41-207 (b) (5-6) (c) Infection Control Policies<br><br>(b) (5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious;<br>(6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; and<br>(c) Each administrator or operator shall ensure the facility ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105<br><br>This REQUIREMENT is not met as evidenced by:<br>K.A.R 26-41-207 (c)<br><br>The facility reported a census of 14 residents. The sample included 3 "Residents'" (R)'s1, 2, and 3. Based on interview and record review the administrator failed to ensure the facility's compliance with the department's "Tuberculosis" (TB) guidelines for R1, R2, and R3.<br><br>Findings included:<br><br>- Record review for R1 revealed an admission date of 12/04/2019 with diagnoses of atherosclerotic heart disease, muscle weakness, hypertension, major depressive disorder, and other lack of coordination. | S3310 | | |

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| S3310 | Continued From page 4<br><br>Review of R1's electronic "Medical Record" under the "Assessments" tab revealed it lacked an assessment for an annual TB screening.<br><br>Review of R1's medical record revealed it lacked an annual TB screening.<br><br>- Record review for R2 revealed an admission date of 04/09/21 with diagnoses of Hemiplegia unspecified affecting left nondominant side, personal history of other malignant neoplasm of large intestine, muscle weakness, other abnormalities of gait and mobility, and colostomy status.<br><br>Review of R2's electronic "Medical Record" under the "Assessments" tab revealed it lacked an assessment for an annual TB screening.<br><br>Review of R2's medical record revealed it lacked an annual TB screening.<br><br>- Record review for R3 revealed an admission date of 01/21/22 with diagnoses of cellulitis of left lower limb, iron deficiency anemia, hypertension, and chronic kidney disease stage 3 b.<br><br>Review of R3's electronic "Medical Record" under the "Assessments" tab revealed it lacked an assessment for an annual TB screening.<br><br>Review of R3's medical record revealed it lacked an annual TB screening.<br><br>Interview on 10/15/24 at approximately 02:30 PM with Administrator A and Licensed Nurse B confirmed the electronic "Medical Records" and | S3310 | | |

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| S3310 | Continued From page 5<br>the medical records for R1, R2, and R3 lacked documentation for the required annual TB screening questionnaire.<br><br>Review of the document titled "Tuberculosis (TB) Guidelines for Adult Care Homes" dated June 2013 revealed under the section titled "Resident and Employee Annual Tuberculosis Symptom Screen Review and Tuberculosis Infection Testing" A. "Each resident and employee shall have an annual TB symptom screen.<br><br>The administrator failed to ensure the facility's compliance with the department's TB guidelines for annual symptom screening for R's 1, 2, and 3. | S3310 | | |