Kansas Department on Aging

| 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 _____ | 04/29/2025 |

| 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<br><br>The following citation represents the findings of the licensure resurvey for the above named facility conducted on 04/29/25. | S 000 | | |
| S3248 SS=F | 26-41-102 (d) Staff Qualifications Employee Records<br><br>(d) The employee records and agency staff records shall contain the following documentation:<br>(1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training;<br>(2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto;<br>(3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult care home; and<br>(4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to have worked as a certified nurse aide.<br><br>This REQUIREMENT is not met as evidenced by: | S3248 | | |

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

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| S3248 | Continued From page 1<br>KAR 26-41-102 (d) (1) (2)<br><br>The census equaled 4 residents. The sample included 3 residents and record review of 5 newly hired employees. Based on interview and personnel record review for 3 of 5 staff sampled, Administrator/ Licensed Nurse (LN) A failed to obtain supporting documentation for evidence of certification at the time of hire and obtain evidence of supporting documentation for criminal background checks of facility staff, pursuant to K.S.A. 39-970 and amendments thereto.<br><br>Findings included:<br><br>- On 04/29/25 and 04/30/25, personnel record review for staff revealed the following:<br><br>Review of Certified Nurse Aide (CNA) C's employee record revealed they hired onto the facility on 08/05/24. Record revealed registry check was late, dated 04/29/25.<br><br>Review of CNA D's employee record revealed they hired onto the facility on 01/14/25. Record revealed registry check was late, dated 04/29/25.<br><br>Review of Dietary Staff E's employee record revealed they hired onto the facility on 07/10/24. Record revealed criminal background check was completed late, dated 08/22/24.<br><br>Electronic interview on 04/30/25 at 10:56 AM with Administrator/ LN A confirmed Dietary Staff E's criminal background check was completed late and further confirmed unable to locate CNA C and CNA D's registry check completed on hire. | S3248 | | |

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| S3248 | Continued From page 2<br><br>Facility's staffing qualifications policy requested on 04/30/25. Administrator/ LN A stated they do not have a facility policy.<br><br>For all residents, Administrator/ LN A failed to obtain supporting documentation for evidence of certification at the time of hire and obtain evidence of supporting documentation for criminal background checks of facility staff, pursuant to K.S.A. 39-970 and amendments thereto. | S3248 | | |