STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175264	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEDICALODGES COLUMBUS	101 LEE AVENUE , COLUMBUS, Kansas, 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
F0000	INITIAL COMMENTS An abbreviated survey with complaint investigations KS002744324, KS002738911 and KS002605965 was conducted by the Kansas Department for Aging and Disability Services (KDADS), on behalf of the Centers for Medicare and Medicaid Services (CMS) on 03/18/26. On 03/18/26 at 03:15 PM, Administrative Nurse D received a copy of the “Immediate Jeopardy [IJ] Template" and was informed the facility's failure to provide R1 a mechanical ground diet as ordered resulted in a choking episode on 02/08/26, which placed R1 in IJ. The facility immediately identified and implemented the following corrective actions, completed on 02/09/26. Due to the corrective actions the facility completed prior to the onsite visit, the deficient practice was deemed past non-compliance and existed at a "J" (isolated, immediate jeopardy) scope and severity.	F0000		
F0805 SS = J	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 29 residents, with three residents sampled and one resident reviewed for food served in a form that met the resident's individual needs. Based on interview and record review, the facility failed to provide Resident (R) 1 with the physician-ordered diet of mechanical soft food (a modified diet that consists of soft, easy-to-chew foods that require minimal chewing) on 02/08/26, when staff served R1 a whole chicken strip instead of ground meat per her orders. R1 consumed the chicken strip and began	F0805	"Past Noncompliance - no plan of correction required"	

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 reverse for further 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.

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

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F0805 SS = J	Continued from page 1 to choke. Staff performed the Heimlich maneuver (abdominal thrusts – a technique used to clear a blocked airway in conscious individuals) on R1 to dislodge the food. This deficient practice placed R1 in Immediate Jeopardy. Findings Included: - Review of the Electronic Medical Record (EMR) documented R1 had diagnoses of dysphagia (swallowing difficulty), oropharyngeal phase dysphagia (difficulty initiating a swallow, transferring food from the mouth to the throat, and into the esophagus), and Alzheimer's disease (progressive mental deterioration characterized by confusion and memory failure). R1's "Significant Change Minimum Data Set" (MDS), dated 02/05/26, documented R1 had a Brief Interview for Mental Status (BIMS) score of four, which indicated severe cognitive impairment. R1 required set-up or clean-up assistance for eating and required substantial to maximum staff assistance for oral hygiene. The assessment also documented R1 would cough or choke during meals or when swallowing medications and documented that she had a mechanically altered diet that required a change in the texture of the food. The "Nutritional Status Care Area Assessment" (CAA), dated 02/05/26, documented R1 was on a mechanically altered diet. The "Cognitive Loss/Dementia" CAA, dated 02/05/26, documented R1 had a BIMS score of four. R1's "Care Plan," dated 02/04/25, directed staff to provide R1 with meals as ordered by her physician. An intervention dated 05/14/25 instructed staff to cut up R1's food and remind her to only take one bite at a time. R1's "Care Plan" included an intervention, dated 02/02/26, that instructed staff to provide her with a regular diet, mechanical soft texture with ground meat, and regular liquids. Ground meat was to be served with gravy or a sauce (no dry meat), no soft tortilla shells, no salad, no raw onions, no raw vegetables, and tortilla chips were to be crushed or broken. R1's EMR documented an order, dated 06/25/25, for a regular diet, mechanical soft with ground meat texture, regular consistency. The order directions documented for R1 to use hard plastic utensils, ground meat with gravy/sauce (no dry meat), no soft tortilla shells, no salad, no raw onion, to crush or break tortilla chips,	F0805		

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F0805 SS = J	Continued from page 2 and no raw vegetables. The 02/24/25 at 01:50 PM "Progress Note" documented Administrative Nurse B received an alert that R1 had a possible choking episode in the dining room. Staff observed R1 in her wheelchair, coughing, with blue coloring noted to her lips. Staff encouraged R1 to cough harder, and she was able to cough up a moderate amount of mushy substance. Administrative Nurse C suctioned R1, which resulted in a moderate amount of thick, clear mucus. After suctioning, R1's lips and skin were pink. The resident's physician ordered a chest X-ray. The 02/08/26 at 02:03 PM “Nurse’s Note” documented R1 received a whole chicken strip for lunch, and she choked on a bite of chicken. The nurse was in the hall when staff hollered for the nurse and informed them of what was happening. Staff performed the Heimlich maneuver on R1 and were able to get the chicken piece dislodged and out. R1’s lungs were assessed as clear to auscultation, bilaterally. R1 stated she was fine with no further issues. Certified Nurse Aide (CNA) M’s “Official Statement,” dated 02/08/26, documented he was in the dining room feeding a resident and the resident announced R1 was choking. CNA M then assisted Consultant GG by lifting R1 up and performing the Heimlich maneuver. R1 spat the chunk of the food on the floor and told him she felt better. CNA M documented that another CNA notified the nurse, and the nurse then arrived and assessed R1’s lungs. Consultant GG’s “Official Statement,” dated 02/08/26, documented staff served R1 a whole chicken strip, and another resident told her R1 was choking. She then attempted the Heimlich, another CNA took over, and she yelled for the nurse who was in the hall. Dietary Staff BB’s “Official Statement,” dated 02/08/26, documented R1 ordered a chicken strip, and he could not remember if she had ordered one before. He chopped one up and then set it aside and gave her a whole chicken strip because he could not remember if they were chopped for R1 or not. In an interview on 03/18/26 at 10:25 AM, Dietary Staff CC stated that there were cards that listed the proper dietary requirements, such as normal, pureed, or mechanical soft, for each resident. Dietary Staff CC stated the cooks made the plates for the residents based on the dietary order, and the dietary manager made the residents' dietary cards. She said once the	F0805		

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F0805 SS = J	Continued from page 3 plate was made, Dietary Staff CC would then ensure the proper dietary requirement, per the dietary card, were in place for each resident prior to serving the plates to the resident. Dietary Staff CC also said she was working on the day that R1 choked but did not remember any details. On 03/18/26 at 10:35 AM, Dietary Staff DD stated each resident had a dietary card, made by the dietary manager, and she had a card for each meal. She would prepare each resident's meal plate based on their specific dietary restrictions listed on the dietary card, such as pureed, mechanically soft, or regular. Dietary Staff DD said once the meal tray was made, the dietary aide finished preparing the meal tray with drinks and desserts and verified the proper meal consistency for each individual meal tray. Dietary Staff DD said a meal monitor provided a final verification the meal was properly prepared before the CNAs delivered the meals. Dietary Staff DD said the meal card stayed with the tray for verification. On 03/18/26 at 10:43 AM, Dietary Staff EE stated she received the provider orders related to dietary requirements, consistency, and specialized eating utensils. She then created a dietary card for each resident based on the provider's orders. Dietary Staff EE stated the dietary card was provided to the cook to make sure each resident's meal tray was based on the provider's dietary orders. She stated once the cook prepared the meal plates, the meal tray went to the dietary aide who prepared the drink and dessert and the dietary staff verified each resident received the proper dietary meal based on the resident's meal card. Dietary Staff EE said once the dietary aide completed the tray, a dietary monitor provided a final verification of the proper meal for each resident based on the meal card, and then the CNA delivered the meal tray to the resident. Dietary Staff EE further stated R1's meal card documented a mechanical soft diet with ground meat and confirmed staff did not thoroughly follow the processes on 02/08/26, and as a result, R1 received a full chicken strip. On 03/18/26 at 11:00 AM, CNA N stated during meals the CNAs made sure the residents were ready and set-up for meals, and the CNAs were provided the meal trays for each resident. CNA N said the CNA delivered the meal trays to each resident once a nurse, acting as a meal tray monitor, verified the proper meals were provided for each resident. CNA N also said the CNA verified the residents received the proper meal based on their dietary meal card.	F0805		

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F0805 SS = J	Continued from page 4 On 03/18/26 at 11:05 AM, Administrative Nurse D stated the dietary manager created dietary cards for each resident based on the provider's orders for each resident, and if the diet changed in any way, the dietary manager was provided with that update, and the staff changed the dietary card for the resident. Administrative Nurse D said the cook made the meal plate based on the dietary card, which stayed on the meal tray, and the tray went to the dietary aide who completed the drink preference and dessert based on the dietary card. Administrative Nurse D said once that process was completed the dining room monitor (a department head) provided the final meal verification, based on the diet card, and then provided the tray to a CNA to deliver the meal. Administrative Nurse D said the dining room monitor was implemented after the choking incident with R1 on 02/08/26. The facility policy "Dietary Services: Nutrition and Diet Policies – Food Preparation and Serving Policies," dated 06/03/14, documented that foods were cut, chopped, or ground to meet individual needs. The facility policy "Dietary Services: Nutrition and Diet Policies – Regular and Therapeutic Diets Offered" documented that mechanical soft diets were offered for residents with chewing and/or swallowing difficulties. The policy further documented that meat, fish, and poultry should be chopped, flaked, or ground. On 03/18/26 at 03:15 PM, Administrative Nurse D received a copy of the "Immediate Jeopardy [IJ] Template" and was informed the facility's failure to provide R1 a mechanical ground diet as ordered resulted in a choking episode on 02/08/26, which placed R1 in IJ. The facility immediately identified and implemented the following corrective actions, completed on 02/09/26, which included: 1. In-service education for dietary monitoring and proper diets served to each resident for all direct-care staff and kitchen staff, after R1's choking episode, and 1:1 education with the cook and dietary aide, disciplinary action for both. 2. 1:1 in-service with all staff who serve in the dining room. 3. Revamped dining room monitoring schedule to include a weekend manager for all meals. 4. Verified all at-risk residents to ensure diets	F0805		

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F0805 SS = J	Continued from page 5 matched their diet cards. 5. RELIAS educational training for the cook. 6. Emergency QAPI meeting with the Director of Nursing, Administrator, and Medical Director. The following actions are the facilities plan for monitoring ongoing effectiveness: 1. Review in the daily clinical excellence meeting for effectiveness. 2. Review monthly at QAPI for ongoing compliance. 3. Monitor quarterly at wellness review for ongoing compliance and effectiveness of the plan of correction. Due to the corrective actions the facility completed prior to the onsite visit, the deficient practice was deemed past non-compliance and existed at a "J" (isolated, immediate jeopardy) scope and severity.	F0805		