STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175008	A. Building B. Wing	11/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medicalodges Wichita	2280 S Minneapolis Avenue Wichita, KS 67211

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0730 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Observe each nurse aide's job performance and give regular training. The facility reported a census of 45 residents. Based on interview and record review, the facility failed to complete an annual performance review at least once every 12 months for one of the five Certified Nurse Aides (CNA) reviewed. Findings included:- Review of five employee personnel files, employed by the facility for greater than one year, revealed the following concern: Certified Nurse Aide (CNA) M, hired 09/04/24, lacked an annual performance review in her personnel file. On 09/30/25 at 11:41 AM, Administrative Staff A stated the facility had not completed all the annual evaluations. The facility's Employee Handbook included: Staff performance evaluations shall be completed on an annual basis within two weeks of an employee's anniversary date and include the staff member's strengths and weaknesses.

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.

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

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. The facility reported a census of 45 residents. The sample of 15 residents included five residents reviewed for unnecessary medications. Based on observations, interviews, and record review, the facility failed to ensure the accurate administering of multiple medications as ordered by the physician for one resident, Resident (R)17, related to pain medication and medications to treat constipation.Findings included:- R17's Electronic Health Records (EHR) undated Physician Orders (POS) documented diagnoses which included lymphocytic leukemia (malignant disease affecting bone marrow) of B-cell type, pain, neuropathy (weakness, numbness, and pain from nerve damage, usually in the hands and feet), and constipation R17's 08/29/25 Significant Change in Status Minimum Data Set (MDS) documented a Brief Interview for Mental Status (BIMS) score of 15, indicating she was cognitively intact. The MDS noted R17 received scheduled pain medications and opioids (narcotic pain medication) and reported occasional pain; she did not experience constipation. The Psychotropic Drug Use Care Area Assessment (CAA), dated 09/08/25, documented the resident was at risk for pain based on reported symptoms, including pain that interferes with sleep and limits day-to-day activities. The current interventions included as-needed (PRN) opioid and non-opioid medications. R17's Care Plan dated 09/09/25, directed staff to give medications as ordered. The plan noted R17 used her fingers to clean stool from her rectum even when the stool was soft. She had pain in her right hand and shoulder, and the staff should be responsive, empathetic, and listen to the resident's concerns. The plan directed staff to monitor for non-verbal cues for pain (facial grimacing, guarding, moans, limited participation).R17's EHR recorded Physician Orders (POS) for medications, which included:Gabapentin oral tablet (medication used to treat nerve pain),100 milligrams (MG), give one tablet by mouth, two times a day for neuropathy, ordered 09/05/25.Senna-S oral tablet, 8.6-50 MG (laxative), give two tablets by mouth two times a day, for constipation, ordered 09/05/25. Review of R17's Medication Administration Record(MAR) and Treatment Administration Record (TAR) dated 09/01/25 through 09/30/25 lacked evidence the facility administered the following medications as ordered by the physician:Gabapentin was not given on 09/25/25 at 04:00 PM.Senna-S was not administered at 05:00 PM on 09/15/25, 09/18/25, 09/25/25, and 09/28/25. On 09/30/25 at 09:48 AM, the resident lay in bed. She reported to Certified Medication Aide (CMA) R that her feet hurt. CMA R stated the resident had neuropathy in her feet and received routine medication for the pain. R17 reported her pain rated at a two on a 0-10 scale (pain scale where zero represents no pain and 10 represents the worst pain imaginable). CMA R said she would report R17's pain to the nurse and see what R17 could have to help. On 10/01/25 at 04:08 PM, Administrative Nurse D confirmed the above findings. She verified the nurse and/or CMA should document on the MAR when medications were administered. Administrative Nurse D said the lack of documentation on the MAR indicated the medication was not administered as ordered by the physician. Administrative Nurse D stated R17 always complained of constipation, said R17 reports needing to go all the time, and will attempt to dig out the stool on her own. The facility's policy titled Medication Administration General Guidelines, dated 01/2024, documented the medications are administered in accordance with the prescriber's written order.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. The facility reported a census of 45 residents. Based on observation, record review, and interview, the facility failed to prepare and serve food under sanitary conditions to the residents of the facility appropriately, to prevent the potential for food-borne bacteria in one of one kitchen and one of two dining rooms.Findings included:- During an initial tour of the kitchen, on 09/25/25 at 09:37 AM, the following areas of concern were noted in the kitchen:Three of three two-door reach-in refrigerators had dried-on food and fluids on the fronts, and the rubber strips around the perimeter of the doors contained an unknown black substance.One two-door reach-in refrigerator had spilled liquid on the inside bottom shelf.A stainless-steel cart used to store clean cookie sheets had food debris on the bottom. The bottom shelf of a preparation table holding oils, syrups, uncooked pasta, etc., had food debris.Two of two covered trash cans had dried-on food debris on the fronts.A beige, plastic cart used to deliver drinks to residents in the dining room had black, rubbed-in debris on the top.The microwave had dried-on food debris on all sides and the top of the oven. During an initial tour of the kitchenette in the dining room, on 09/25/25 at 09:37 AM, the following areas of concern were noted:The wooden counter had eight of eight cabinet doors with deep grooves.The microwave had dried-on food debris on all sides and the top of the oven. On 09/30/25 at 03:31 PM, Dietary Staff BB confirmed the areas of concern needed to be addressed and stated the areas would be added to the cleaning schedule. The facility policy for Sanitation of Dining and Food Service Areas, undated, included: The Dining Services Manager will record the necessary cleaning and sanitation tasks for the department. All staff shall be trained on the frequency of cleaning and be held responsible for the completion of the tasks.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. The facility reported a census of 45 residents. Based on observation, interview, and record review the facility failed to ensure adequate infection control practices related to the handling, processing, and storage of resident clothing and linen. Findings included: - On 09/30/25 at 01:45 PM, the tour of the laundry area with Laundry Staff V revealed the following concerns:The soiled linen sorting area had an overflow of laundry in three barrels in the corner, which resulted in direct contact with the walls.Six uncovered pillows, which included one with a torn, unsanitary vinyl cover, were stacked on top of an overflowing linen barrel with bagged, unmarked clean clothing.The inside door of the dryer, which came in direct contact with clothes during the processing of clean laundry, had an unsealed, worn surface and rust colored substance with an irregular, unsealed, and unsanitary surface.A folding table with peeling and missing laminate, which exposed a porous, unsealed, and unsanitary surface which comes in direct contact with clean laundry during the processing of clean laundry.On 09/30/25 at 01:45 PM, Laundry Staff V stated the bagged unmarked clothing was clean but was not able to identify who the clothing belonged to because they were not marked with the resident's names. She reported the facility stored the clean, unmarked, bagged clothing in the area while awaiting identification. Additionally, she reported she did not know if the pillows were clean or soiled. She said pillows should be sanitized with sani-wipes and stored in a bag separate from the soiled linen to prevent cross-contamination.On 09/30/25 at 02:35 PM, Housekeeping/Laundry Staff W and Maintenance Staff U joined the tour of the laundry and confirmed the above findings and the need for repairs to provide a safe, comfortable, and sanitary environment for the facility staff and residents. Housekeeping/Laundry Staff W stated the vinyl floor peeling and crack in the laundry floor was related to a prior flood from a washer drain and would require repair to ensure a safe and sanitary area.On 09/30/25 at 02:45 PM, Housekeeping/Laundry Staff W agreed the above-noted storage and linen processing issues presented infection control concerns.On 09/30/25 at 03:03 PM, Administrative Nurse F reported she made observations related to processing linen and resident clothing to prevent infection and cross contamination by watching handwashing and the handling and delivery of linen on the units, but did not include rounds in the laundry to determine compliance with infection control measures in that area. She stated she expected the housekeeping and/or maintenance department heads to make rounds within their own departments to determine compliance.The facility policy Infection Control Surveillance, dated 11/2023, documented inspection rounds should be performed in all areas of the facility to monitor compliance with infection prevention and control measures.