

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175162	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/10/2026
NAME OF PROVIDER OR SUPPLIER Medicalodges Leavenworth		STREET ADDRESS, CITY, STATE, ZIP CODE 1503 Ohio Street Leavenworth, KS 66048	
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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interviews, the facility failed to provide R1 with written decisions on the grievances he submitted. Findings included:- R1 admitted to the facility on [DATE]. Upon request, the facility provided R1's grievances for the last 60 days. Review of R1's grievances revealed the following: In a Report of Concern on 04/10/2026, R1 stated the nurse entered his room before 06:00 AM for medications and treatment with advanced knowledge that he was not to be disturbed between 11:00 PM and 06:00 AM, which had been in place since he was admitted . The facility continued to let that happen against R1's will. R1 wanted the facility's response in writing on that grievance and all matters. The Report of Concern documented corrective actions taken, included notifying R1 he would not be getting a written response. R1's response was documented as dissatisfied. In a Report of Concern on 04/13/2026, R1 stated he wanted daily baths from that point forward in the facility's shower room and he requested a written response from the facility. The Report of Concern documented corrective actions taken, included informing R1 he would not be getting a written response from the facility. In a Report of Concern on 05/21/2026, R1 stated he did not receive his scheduled shower on Thursday, which was not the agreement that was set forth and he requested a written response from the facility. The Report of Concern second page, which had boxes for the outcome of the investigation, corrective actions taken, and contacts during the investigation, was blank. On 06/10/2026 at 01:39 PM, R1 laid in bed. He stated he requested written responses to his grievances, but he had never received one. On 06/10/2026 at 03:28 PM, Social Services X stated when a resident filed a grievance, she made copies to give to the appropriate department and Administrative Staff A then logged it on the grievance log. She stated she followed up with the appropriate department to see if they addressed the situation then put the response on the log. She stated she let the resident know what the response was and if they wanted a written response, she typically gave them the written response. Social Services X stated she used to give R1 a written response until she was told not to. She stated she was aware it was a resident right to receive a written response. On 06/10/2026 at 03:41 PM, Administrative Staff A stated when a resident filed a grievance, Social Services X gave the grievance to him and Administrative Nurse D. He stated the grievance was addressed in person or in writing and the grievance log documented whether it was remediated or not. He stated residents received written or verbal summations of the grievance decision. Administrative Staff A stated if a resident had the same grievance over and over again then the facility did not always provide a written response. He stated he did not know it was a resident right to receive a written decision on their grievance. The facility's Grievance Policy and Procedure, revised March 2024, directed the resident had a right to obtain a written decision regarding his or her grievance.		

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