STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175162	A. Building B. Wing	09/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medicalodges Leavenworth	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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49634 The facility identified a census of 34 residents. The sample included 12 residents with two residents reviewed for treatment/services to prevent/heal pressure ulcers (localized injury to the skin and/or underlying tissue usually over a bony prominence, because of pressure, or pressure in combination with shear and/or friction). Based on observation, record review, and interviews, the facility failed to implement pressure-reducing interventions for Resident (R) 16. This placed R16 at an increased risk for pressure ulcer development and worsening of present pressure ulcers. Findings included: - R16's Electronic Medical Record (EMR) from the Diagnoses tab documented diagnoses of chronic obstructive pulmonary disease (COPD- a progressive and irreversible condition characterized by diminished lung capacity and difficulty or discomfort in breathing), congestive heart failure (CHF-a condition with low heart output and the body becomes congested with fluid), and myocardial infarction (heart attack and leukemia (malignant disease affecting bone marrow). The Admission Minimum Data Set (MDS) dated [DATE] documented a Brief Interview of Mental Status (BIMS) score of one which indicated severely impaired cognition. The MDS documented R16 was at risk for developing pressure ulcers. The MDS documented R16 had one or more unhealed pressure ulcers Stage 1 (pressure wound which appears reddened, does not blanche, and may be painful but is not open) or higher and a Stage 2 (partial-thickness skin loss into but no deeper than the dermis including intact or ruptured blisters). The MDS documented R16 has a pressure-reducing device for his chair and a pressure-reducing mattress for his bed. The MDS documented R16 had impairments on both sides of his body and was dependent on staff for toileting. The MDS documented R16 needed substantial to maximum assistance rolling left to right. R16's Pressure Ulcer Care Area assessment dated [DATE] documented that R16 had pressure ulcer risk, with contributing factors that included urinary and bowel incontinence and decreased mobility. R16 required two staff substantial assistance with activities of daily living (ADLs) including transfers. R16's Care Plan dated 06/21/24 documented R16 was at risk for impaired skin integrity and pressure ulcer development related to impaired moisture-associated skin damage. Staff was to encourage eating, and padding was applied to R16's right foot pedal for protection, to enable his pressure wound to heal. R16's plan of care directed that his heels were to float on a pillow while he was in bed. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175162	A. Building B. Wing	09/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medicalodges Leavenworth	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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R16's EMR under the Orders tab revealed the following physician's orders: Apply [NAME] (wound coverage dressing) gentle border dressing 3x3 to left heel daily, every day shift, for skin condition dated 06/20/24. Right heel apply Skin-prep (liquid skin barrier) daily dated 07/27/24. Coccyx (area at the base of the spine) /bilateral sacrum: cleanse with wound cleanser and apply house stock barrier cream every day shift, for wounds, and every two hours as needed for soiling dated 09/05/24. Clean left heel with wound cleanser, pat dry, apply calcium alginate (dressing which forms a soft, gel that absorbs when it comes into contact with wound exudate). Cover with a foam dressing dated 09/05/24. On 09/24 /24 at 01:24 AM, R16 lay on his back in bed. R16's heels lay directly on the mattress, and R16's blue foam boots lay on his bedside table. On 09/25/24 at 12:24 PM, Certified Nurse's Aide (CNA)M stated everyone had access to the care plan for each resident, she stated she could pull up Kardex (a nursing tool that gives a brief overview of the care needs of each resident) in the EMR to see what each resident needed for cares, CNA M stated if a resident needed something specific the CNAs would be told in the daily report before there shift started. On 09/25/24 at 12:30 PM, Licensed Nurse (LN)G stated all nursing staff had access to the care plans. LN G stated the CNAs can ask nursing, or log into the EMR and view the Kardex. LN G stated nursing usually communicated important information about a resident with the CNAs in daily reports. On 09/25/24 at 12:41 PM, Administrative Nurse D stated he was sure all nursing staff had access to the care plan and would be able to see that a resident needed his heels floated while in bed. The facility's 'Wound Prevention and Management policy revisited on 12/18 documented a systematic approach for identifying residents at risk for skin breakdown and developing interventions to decrease the incidence of residents who develop pressure ulcers while providing guidelines for optimal care to promote healing for residents with all identified skin alterations. The facility failed to ensure R16's heels were floating on a pillow while he was in bed. This placed R16 at increased risk for pressure ulcer development and worsening of the left heel pressure wound.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175162	A. Building B. Wing	09/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medicalodges Leavenworth	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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41037 The facility identified a census of 34 residents. The sample included 12 residents with three residents reviewed for catheter (a flexible tube inserted through a narrow opening into a body cavity, particularly the bladder, for removing fluid) care. Based on observation, record review, and interviews, the facility failed to ensure Resident (R) 26 had an anchor for his suprapubic catheter (urinary bladder catheter inserted through the abdomen into the bladder)on his abdomen per standards of practice to prevent pulling and injury. This deficient practice placed R26 at risk for catheter-related complications. Findings included: - R26's Electronic Medical Record (EMR) from the Diagnoses tab documented diagnoses of urinary retention (lack of ability to urinate and empty the bladder), Parkinson's disease (a slowly progressive neurologic disorder characterized by resting tremors, rolling of the fingers, masklike faces, shuffling gait, muscle rigidity, and weakness), need for assistance with personal care, and diabetes mellitus (DM-when the body cannot use glucose, not enough insulin is made, or the body cannot respond to the insulin). The Annual Minimum Data Set (MDS) dated [DATE] documented a Brief Interview of Mental Status (BIMS) score of 15 which indicated intact cognition. The MDS documented R26 had an indwelling catheter during the observation period. The MDS documented R26 required partial to moderate assistance with toileting hygiene. The Quarterly MDS dated [DATE] documented a BIMS score of eight which indicated moderately impaired cognition. The MDS documented that R26 had an indwelling catheter during the observation period. The MDS documented R26 was independent with toileting hygiene. R26's Urinary Incontinence and Indwelling Catheter Care Area Assessment (CAA) dated 11/06/23 documented he had an indwelling catheter and required staff assistance with toileting hygiene and transfers for toileting. R26's Care Plan dated 12/06/22 documented that staff provided catheter care every shift. The plan of care documented that staff would ensure he had a catheter stat-lock on his leg to prevent injury or pulling of the catheter. R26's EMR under the Orders tab revealed the following physician orders: Indwelling catheter French 18 with a five-milliliter (ml) bulb dated 04/08/23. Bactrim DS (antibiotic) oral tablet 800-160 milligrams (mg) (sulfamethoxazole-Trimethoprim) give one tablet by mouth two times a day for seven days related to urinary tract infection (UTI-an infection in any part of the urinary system) dated 09/17/24. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175162	A. Building B. Wing	09/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medicalodges Leavenworth	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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 09/25/24 at 07:03 AM R26 sat in his recliner with his dependent catheter drainage bag with dark amber urine attached to his wheelchair next to the recliner. Certified Nurse Aide (CNA) M and CNA P provided catheter care for R26's suprapubic catheter. R26 stated he did not have a catheter stat-lock at that time. R26 stated the catheter stat-lock was usually placed on his inner left leg and would not stay in place because the catheter tubing was always pulling the stat-lock loose. On 09/25/24 at 07:15 AM, CNA P stated she would apply the stat-lock after she clarified the placement with the charge nurse. On 09/25/24 at 12:32 PM, Licensed Nurse (LN) G stated catheter care was provided every shift. LN G stated a suprapubic catheter's stat-lock should be placed on the abdomen to prevent pulling on the catheter tube. On 09/25/24 at 12:42 PM, Administrative Nurse D stated he expected there to be a stat-lock placed on the resident's abdomen for a suprapubic catheter to prevent any injuries from the tubing being pulled or dislodged. The facility was unable to provide a policy related to catheter care. The facility failed to ensure the standard of practice was followed for the placement of an anchor for R26's suprapubic catheter tubing on his abdomen to prevent pulling or injury. This deficient practice placed R26 at risk for catheter-related complications.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175162	A. Building B. Wing	09/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medicalodges Leavenworth	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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49634 The facility identified a census of 34 residents. The sample included 12 residents with one resident reviewed for respiratory care. Based on observation, record review, and interviews, the facility failed to ensure Resident(R) 27's continuous positive airway pressure (CPAP- ventilation device that blows a gentle stream of air into the nose to keep the airway open during sleep) mask and nasal cannula was stored in a sanitary manner. This placed R27 at an increased risk for respiratory infection and complications. Findings included: - R27's Electronic Medical Record (EMR) from the Diagnoses tab documented diagnoses of pressure-induced deep tissue damage of left heel, reduced mobility, need for assistance with personal cares, muscle weakness, obesity, osteomyelitis (local or generalized infection of the bone and bone marrow), hypertension (HTN-elevated blood pressure), sleep apnea (a disorder of sleep characterized by periods without respirations), and), depression (a mood disorder that causes a persistent depression feeling of sadness and loss of interest), and anemia (an inadequate number of healthy red blood cells to carry adequate oxygen to body tissues). The Quarterly Minimum Data Set (MDS) dated [DATE] documented a Brief Interview of Mental Status (BIMS) score of 15 which indicated intact cognition. The MDS documented R27 required a non-invasive mechanical ventilator. The MDS documented R27 was dependent on staff for all activities of daily living (ADLs) except eating. R27's Functional Abilities (Self-Care and Mobility) Care Area Assessment (CAA) dated 03/15/24 documented R27 required staff assistance for all ADLs due to impaired balance and transition during transfers. The CAA documented R27 had an ADL decline, due to falls, incontinence, and skin breakdown. R27's Care Plan dated 03/29/23 documented R27 had sleep apnea and used a C-PAP at night. The nurse staff was to change and clean the filters on the CPAP per recommendations. R27's plan of care documented nursing staff was to clean the mask, headgear, and tubing weekly. R27's plan of care documented nursing staff was to ensure R27's mask was in place at night, had a leak-free seal, and was set at 12 liters of continuous oxygen during bedtime. Staff were to assist R27 with donning and doffing the CPAP. R37's EMR under the Orders tab revealed the following physician orders: Clean C-PAP mask, filter, and machine, rinse tubing and rinse and refill humidifier bottle if applicable every Wednesday dated 08/28/24. CPAP at 12 continuous at bedtime related to sleep apnea dated 03/29/24. On 09/23/24 at 07:29 AM, R27 sat up in his bed playing on his laptop. R27's CPAP mask was laid on the bedside table, not in a sanitary container. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175162	A. Building B. Wing	09/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medicalodges Leavenworth	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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 9/24/24 at 08:09 AM R27 sat up in his bed reading on his laptop. R27's CPAP mask was laid on his bedside table, and R27's CPAP was not stored in a sanitary container. On 09/25/24 at 12:24 PM, Certified Nurse's Aide (CNA)M stated all respiratory equipment should be stored in a plastic bag with the date on the bag. On 09/25/24 at 12:30 PM, Licensed Nurse (LN)G stated all respiratory equipment was stored in a plastic bag, the bag is dated and changed weekly. On 09/25/24 at 12:41 PM, Administrative Nurse D stated respiratory equipment was stored in a container or bag. He stated respiratory tubing was dated and changed weekly and all respiratory masks were to be contained. The facility did not provide a policy related to the care and sanitary storage of respiratory equipment. The facility failed to ensure R27's CPAP mask was stored in a sanitary manner. This placed R27 at increased risk for respiratory infection and complications.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175162	A. Building B. Wing	09/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medicalodges Leavenworth	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 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. 41037 The facility identified a census of 34 residents. Based on observation, record review, and interview, the facility failed to provide Registered Nurse (RN) coverage eight consecutive hours a day, seven days a week. This placed all residents who resided in the facility at risk of lack of assessment and inappropriate care. Findings included: - The facility's January, February, March, and April 2024 nursing schedule lacked evidence of Registered Nurse coverage for eight consecutive hours a day, on the following dates: 02/10/ 24, 02/11/24, 03/09/24, 03/10/24, and 03/22/24. The facility was unable to provide verifiable, auditable evidence of RN coverage. On 09/24/24 at 02:45 PM Administrative Staff C stated the previous director of nursing was the RN coverage for those dates. Administrative Staff C stated the director of nursing was a salaried employee, and she had no documentation to provide to show evidence of her working eight consecutive hours. The facility was unable to provide a policy related to RN coverage. The facility failed to provide Registered Nurse coverage eight consecutive hours a day, seven days a week, as required. This placed the residents who resided in the facility at risk of lack of assessment and inappropriate care.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175162	A. Building B. Wing	09/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medicalodges Leavenworth	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 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. 41037 The facility had a census of 34 residents. The sample included 12 residents and three Certified Nurse Aides (CNA) were reviewed for performance evaluations and the associated in-service training. Based on record review and interview, the facility failed to ensure three of the three CNA staff reviewed had the required yearly performance evaluations completed. This placed the residents at risk for inadequate care. Findings included: - A review of the facility's staffing list revealed the following CNAs were employed with the facility for more than 12 months: CNA Q, hired on 06/30/22, had no yearly performance evaluations upon request. CNA R, hired on 03/22/19, had no yearly performance evaluations upon request. CNA MM, hired on 02/08/22, had no yearly performance evaluations upon request. On 09/25/24 at 02:45 PM, Administrative Staff C stated the facility was unable to find any performance evaluations or the required in-service records for the above-mentioned staff. The facility did not provide a policy related to staff competency, staff training, or performance evaluation. The facility failed to ensure three CNA staff reviewed had the required yearly performance evaluations completed. This placed the residents at risk for inadequate care.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175162	A. Building B. Wing	09/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medicalodges Leavenworth	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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. 49634 The facility identified a census of 34 residents. The sample included 12 residents. The facility identified one medication room and two medication carts, one with scheduled medication and one with narcotics and treatments. Based on observation, record review, and interviews, the facility failed to ensure controlled substances were accounted for and reconciled between shifts. This deficient practice placed the residents at risk for misappropriation and/or diversion of controlled substances. Findings included: - On 09/24/24 at 07:55 AM a review of the July, August, and September 2024 Controlled Medication Shift Count Sheet revealed missing signatures for the on-coming nurse on 07/05, 0714, 07/18, 07/19, 07/20, 07/21, 07/25, 08/01, 08/03, 08/04, 08/07, 09/01, 09/03, 09/07, 09/10, 09/12, 09/16, 09/17, 09/18, 09/20, and 09/21. On 09/24/24 at 07:55 AM, a review of the July, August, and September 2024 Controlled Medication Shift Count Sheet revealed missing signatures for the off-going nurse for 07/06, 07/15, 07/19, 07/20, 07/21, 07/25, 08/01, 08/03, 08/04, 09/03, 09/07, 09/13, 09/17, 9/19, 09/20, and 09/21. On 09/24/24 at 07:59 PM, Licensed Nurse (LN)G stated the procedure for the facility was that nurses were to count the narcotics on their cart with every shift change. On 09/25/24 at 12:41 PM, Administrative Nurse D stated he expected the nurses to count narcotics every time the keys changed hands. The facility's Medication Storage Controlled Medication Storage dated 01/24 documented medications included in the Drug Enforcement Administration or state classification as controlled substances are subject to special handling, storage, disposal, and record-keeping in the nursing care center by federal, state, and other applicable laws and regulations. The facility failed to ensure an accurate reconciliation of controlled medications was completed. This placed residents at risk of medication misappropriation and diversion.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175162	A. Building B. Wing	09/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medicalodges Leavenworth	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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41037 The facility identified a census of 34 residents. The sample included 12 residents with five residents reviewed for unnecessary medications. Based on observation, record review, and interviews, the facility failed to ensure the medication regimen review (MRR) was addressed by the physician for Resident (R) 3 and R26. The facility also failed to ensure the Consultant Pharmacist (CP) identified and recommended a gradual dose reduction (GDR) for R3's psychotropic (alters mood or thought) medications. The facility further failed to ensure the CP identified and reported irregularities for R9's non-Center for Medicaid and Medicare (CMS) approved indication for an antipsychotic (a class of medications used to treat major mental conditions that cause a break from reality) medication and lack of physician documentation for ongoing use without a gradual dose reduction (GDR)attempted. These deficient practices placed the residents at risk for unnecessary medication use, side effects, and physical complications. Findings included: - R3's Electronic Medical Record (EMR) from the Diagnoses tab documented diagnoses of paraplegia (paralysis characterized by motor or sensory loss in the lower limbs and trunk), mild cognitive impairment, cognitive-communication deficient, depression (a mood disorder that causes a persistent feeling of sadness and loss of interest), and anxiety (mental or emotional reaction characterized by apprehension, uncertainty, and irrational fear). The Annual Minimum Data Set (MDS) dated [DATE] documented a Brief Interview of Mental Status (BIMS) score of 15 which indicated intact cognition. The MDS documented R3 had received an antidepressant (a class of medications used to treat mood disorders), antianxiety (a class of medications that calm and relax people), hypnotic (a class of medications used to induce sleep), and opioid (a class of controlled drugs used to treat pain) during the observation period. The MDS documented no gradual dose reduction, or a drug regimen review was completed during the observation period. R3's Psychotropic Drug Use Care Area Assessment (CAA) dated 09/06/24 documented he refused his medication at times. R3's Care Plan dated 09/22/22 documented the pharmacist would review R3's medication monthly and as needed. R3's EMR under the Orders tab revealed the following physician orders: Ambien (hypnotic) tablet 10 milligrams (mg) (Zolpidem Tartrate) give one tablet by mouth at bedtime for difficulty sleeping 10/14/22. A review of R3's Monthly Medication Review (MMR) from September 2023 through August 2024 revealed the MMRs dated 05/09/24, 06/26/24, and 07/15/24 lacked evidence that the physician had reviewed or addressed the CP's recommendations. The MMRs lacked evidence the CP had identified and recommended a GDR for R3's hypnotic medication Ambien. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175162	A. Building B. Wing	09/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medicalodges Leavenworth	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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility was unable to provide evidence of physician documentation of the CP's recommendations and physician documentation of the continued use of Ambien. On 09/23/24 at 02:56 PM, R3 sat with his eyes closed in his wheelchair at the table in the smoking room. On 09/25/24 at 12:32 PM, Licensed Nurse (LN) G stated she would expect the consultant pharmacist to identify when a GDR was needed. LN G stated she would then notify the physician of any changes that needed to be made. On 09/25/24 at 12:45 PM, Administrative Staff C stated she was unable to locate the physician's responses for the CP's recommendations for several months after the previous director of nursing had left the facility. Administrative Staff C stated she had started in August 2024 to address the CP's MMR with the physician. The facility's Medication Regimen Review and Reporting policy dated 01/2024 documented Medication Regimen Review (MRR) or Drug Regimen Review was a thorough evaluation of the medication regimen of a resident, with the goal of promoting positive outcomes, minimizing adverse consequences, and potential risks associated with medication. The MRR included a review of the medical record to prevent, identify, report, and resolve medication-related problems, medication errors, or other irregularities. The MRR also involved collaborating with other members of the interdisciplinary team (IDT), including the resident, their family, and/or the resident's representative. The facility failed to ensure the CP identified and recommended a GDR for R3's Ambien. The facility also failed to ensure the physician had reviewed and addressed the CP's MMRs for R3. This placed R3 at risk for unnecessary medication administration and possible adverse side effects. - R26's Electronic Medical Record (EMR) from the Diagnoses tab documented diagnoses of urinary retention (lack of ability to urinate and empty the bladder), Parkinson's disease (a slowly progressive neurologic disorder characterized by resting tremors, rolling of the fingers, masklike faces, shuffling gait, muscle rigidity, and weakness), need for assistance with personal care, and diabetes mellitus (DM-when the body cannot use glucose, not enough insulin is made, or the body cannot respond to the insulin). The Annual Minimum Data Set (MDS) dated [DATE] documented a Brief Interview of Mental Status (BIMS) score of 15 which indicated intact cognition. The MDS documented R26 had received an antidepressant (a class of medications used to treat mood disorders), insulin (a hormone that lowers the level of glucose in the blood), and an opioid (a class of controlled drugs used to treat pain) medication during the observation period. The MDS documented that a medication regimen (MRR) was not completed during the observation period for R26. The Quarterly MDS dated [DATE] documented a BIMS score of eight which indicated moderately impaired cognition. The MDS documented that R26 had received an antidepressant medication, insulin, and opioid medication during the observation period. The MDS documented a MRR was not completed for R26 during the observation period. R26's Psychotropic Drug Use Care Area Assessment (CAA) dated 11/06/23 documented he had received high-risk medications. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175162	A. Building B. Wing	09/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medicalodges Leavenworth	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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R26's Care Plan dated 12/06/22 documented the pharmacist would review his medications monthly and as needed. The plan of care documented the pharmacist, and the physician would review R26's medications per facility protocol and as needed. A review of R26's Monthly Medication Review (MMR) from September 2023 through August 2024 revealed the MMRs dated 02/14/24, 03/07/24, and 06/26/24 lacked evidence that the physician had reviewed or addressed the CP's recommendations. The facility was unable to provide evidence of physician documentation of the CP's recommendations. On 09/24/24 at 07:59 AM R26 propelled himself into the dining room in his wheelchair. On 09/25/24 at 12:32 PM, Licensed Nurse (LN) G stated she would expect the consultant pharmacist to identify when a GDR was needed. LN G stated she would then notify the physician of any changes that needed to be made. On 09/25/24 at 12:45 PM, Administrative Staff C stated she was unable to locate the physician's responses for the CP's recommendations for several months after the previous director of nursing had left the facility. Administrative Staff C stated she had started in August 2024 to address the CP's MMR with the physician. The facility's Medication Regimen Review and Reporting policy dated 01/2024 documented Medication Regimen Review (MRR) or Drug Regimen Review was a thorough evaluation of the medication regimen of a resident, with the goal of promoting positive outcomes, minimizing adverse consequences, and potential risks associated with medication. The MRR included a review of the medical record to prevent, identify, report, and resolve medication-related problems, medication errors, or other irregularities. The MRR also involved collaborating with other members of the interdisciplinary team (IDT), including the resident, their family, and/or the resident's representative. The facility failed to ensure the CP's monthly recommendations had been reviewed or addressed by the physician for R26. This deficient practice placed R26 at risk for unnecessary medications and adverse side effects. - R9's Electronic Medical Record (EMR) from the Diagnoses tab documented diagnoses of bipolar disorder (a major mental illness that causes people to have episodes of severe high and low moods), delusions (untrue persistent belief or perception held by a person although evidence shows it was untrue), anxiety (mental or emotional reaction characterized by apprehension, uncertainty, and irrational fear), and cognitive communication deficit. The Annual Minimum Data Set (MDS) dated [DATE] documented a Brief Interview of Mental Status (BIMS) score of one which indicated severely impaired cognition. The MDS documented that R9 had received antipsychotic medication and antidepressant (a class of medications used to treat mood disorders) medication during the observation period. The MDS documented no GDR was completed during the observation period for R9. The Quarterly MDS dated [DATE] documented a BIMS score of one which indicated severely impaired cognition. The MDS documented that R9 had received antipsychotic medication and antidepressant medication. The MDS documented no GDR was attempted during the observation period. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175162	A. Building B. Wing	09/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medicalodges Leavenworth	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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R9's Psychotropic Drug Use Care Area Assessment (CAA) dated 03/13/24 documented she had received psychotropic medication and that the physician and the pharmacist would review her medication. R9's Care Plan dated 03/13/24 documented the pharmacy and the physician would consult to consider a dose reduction when clinically appropriate. R9's EMR under the Orders tab revealed the following physician orders: Risperdal (antipsychotic) tablet (risperidone), give 0.25 milligram (mg) by mouth three times a day related to bipolar disorder dated 05/06/24. A review of R9's Monthly Medication Review (MMR) from September 2023 through August 2024 lacked evidence the CP identified and reported the lack of an approved CMS indication for R9's Risperdal. R9's clinical record lacked physician documentation of a rationale for a non-approved CMS indication for the continued use of the antipsychotic medication Risperdal and for the continued use of psychotropic medication. The facility was unable to provide evidence of the above physician documentation. On 09/23/24 at 04:36 PM, R9 walked unassisted around the common area outside the dining room. On 09/25/24 at 12:32 PM, Licensed Nurse (LN) G stated she would expect the consultant pharmacist to identify when a GDR was needed. LN G stated she would then notify the physician of any changes that needed to be made. On 09/25/24 at 12:42 PM, Administrative Nurse D stated antipsychotic medication required a GDR and an approved indication for administration. Administrative Nurse D stated he would expect the consultant pharmacist to make the recommendation and the physician to review the recommendation and make any changes needed. The facility's Medication Regimen Review and Reporting policy dated 01/2024 documented Medication Regimen Review (MRR) or Drug Regimen Review was a thorough evaluation of the medication regimen of a resident, with the goal of promoting positive outcomes, minimizing adverse consequences, and potential risks associated with medication. The MRR includes a review of the medical record to prevent, identify, report, and resolve medication-related problems, medication errors, or other irregularities. The MRR also involves collaborating with other members of the IDT, including the residents, their families, and/or resident representatives. The facility failed to ensure the CP identified and reported that R9 had a nonCMS-approved indication for use for antipsychotic medications. This placed R9 at risk for unnecessary medication administration and possible adverse side effects.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175162	A. Building B. Wing	09/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medicalodges Leavenworth	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 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41037 The facility identified a census of 34 residents. The sample included 12 residents with five residents reviewed for unnecessary medications. Based on observation, record review, and interviews, the facility failed to ensure Resident (R) 9 had a Center for Medicare and Medicaid Services (CMS) approved indication for the use of an antipsychotic (a class of medications used to treat major mental conditions that cause a break from reality) or the required physician documentation. The facility further failed to ensure a gradual dose reduction (GDR) was attempted or documented as contraindicated by the physician with a supporting rationale for R9 and R3. These deficient practices placed these residents at risk for unnecessary medications and adverse side effects. Findings included: - R9's Electronic Medical Record (EMR) from the Diagnoses tab documented diagnoses of bipolar disorder (a major mental illness that causes people to have episodes of severe high and low moods), delusions (untrue persistent belief or perception held by a person although evidence shows it was untrue), anxiety (mental or emotional reaction characterized by apprehension, uncertainty, and irrational fear), and cognitive communication deficit. The Annual Minimum Data Set (MDS) dated [DATE] documented a Brief Interview of Mental Status (BIMS) score of one which indicated severely impaired cognition. The MDS documented that R9 had received antipsychotic medication and antidepressant (a class of medications used to treat mood disorders) medication during the observation period. The MDS documented no GDR was completed during the observation period for R9. The Quarterly MDS dated [DATE] documented a BIMS score of one which indicated severely impaired cognition. The MDS documented that R9 had received antipsychotic medication and antidepressant medication. The MDS documented no GDR was attempted during the observation period. R9's Psychotropic Drug Use Care Area Assessment (CAA) dated 03/13/24 documented she had received psychotropic medication and that the physician and the pharmacist would review her medication. R9's Care Plan dated 03/13/24 documented the pharmacy and the physician would consult to consider a dose reduction when clinically appropriate. R9's EMR under the Orders tab revealed the following physician orders: Risperdal (antipsychotic) tablet (risperidone), give 0.25 milligram (mg) by mouth three times a day related to bipolar disorder dated 05/06/24. R9's clinical record lacked physician documentation of a rationale for a non-approved CMS indication for the continued use of the antipsychotic medication Risperdal and for the continued use of psychotropic medication with no gradual dose reduction. The facility was unable to provide evidence of the above physician documentation. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175162	A. Building B. Wing	09/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medicalodges Leavenworth	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 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 09/23/24 at 04:36 PM, R9 walked unassisted around the common area outside the dining room. On 09/25/24 at 12:32 PM, Licensed Nurse (LN) G stated she would expect the consultant pharmacist to identify when a GDR was needed. LN G stated she would then notify the physician of any changes that needed to be made. On 09/25/24 at 12:42 PM, Administrative Nurse D stated antipsychotic medication required a GDR and approved indication for administration. Administrative Nurse D stated he would expect the consultant pharmacist to make the recommendation and the physician to review the recommendation, and then any changes needed. The facility's Behavior Management and Psychotropic Medications policy last revised 12/2022 documented to enhance the quality of life through behavioral interventions minimized psychotropic medication use and off -label use of medication prescribed that affects brain activity and monitoring for adverse effects. Residents would be assessed for appropriate diagnosis, utilization, adverse effects, and target behaviors related to psychotropic medication use and off-label use of medication prescribed that affects brain activity. The Consultant Pharmacist was to complete a Medication Regimen Review monthly and provide information to the physician and facility regarding gradual dose reduction or continued use when indicated, an appropriate diagnosis, and monitoring of target behaviors. The facility failed to ensure R9 had a CMS-approved indication or the required physician documentation for use for antipsychotic medications without GDR attempts. This placed R9 at risk for unnecessary medication administration and possible adverse side effects. - R3's Electronic Medical Record (EMR) from the Diagnoses tab documented diagnoses of paraplegia (paralysis characterized by motor or sensory loss in the lower limbs and trunk), mild cognitive impairment, cognitive-communication deficient, depression (a mood disorder that causes a persistent feeling of sadness and loss of interest), and anxiety (mental or emotional reaction characterized by apprehension, uncertainty, and irrational fear). The Annual Minimum Data Set (MDS) dated [DATE] documented a Brief Interview of Mental Status (BIMS) score of 15 which indicated intact cognition. The MDS documented R3 had received an antidepressant (a class of medications used to treat mood disorders), antianxiety (a class of medications that calm and relax people), hypnotic (a class of medications used to induce sleep), and opioid (a class of controlled drugs used to treat pain) during the observation period. The MDS documented no gradual dose reduction, or a drug regimen review was completed during the observation period. R3's Psychotropic Drug Use Care Area Assessment (CAA) dated 09/06/24 documented he refused his medication at times. R3's Care Plan dated 09/22/22 documented the pharmacist would review R3's medication monthly and as needed. R3's EMR under the Orders tab revealed the following physician orders: Ambien (hypnotic) tablet 10 milligrams (mg) (Zolpidem Tartrate) give one tablet by mouth at bedtime for difficulty sleeping dated 10/14/22. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175162	A. Building B. Wing	09/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medicalodges Leavenworth	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 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R3's EMR lacked evidence a GDR was attempted or documented as contraindicated by the physician. On 09/23/24 at 02:56 PM, R3 sat with his eyes closed in his wheelchair at the table in the smoking room. On 09/25/24 at 12:42 PM, Administrative Nurse D stated a GDR should be attempted. The facility's Behavior Management and Psychotropic Medications policy last revised 12/2022 documented to enhance the quality of life through behavioral interventions to minimize psychotropic medication use and off label the use of medication prescribed that affects brain activity and monitoring for adverse effects. Residents would be assessed for appropriate diagnosis, utilization, adverse effects, and target behaviors related to psychotropic medication use and off-label use of medication prescribed that affects brain activity. The Consultant Pharmacist was to complete a Medication Regimen Review monthly and provide information to the physician and facility regarding gradual dose reduction or continued use when indicated, an appropriate diagnosis, and monitoring of target behaviors. The facility failed to ensure R3 had a GDR or the required physician documentation for the use of hypnotic medications without GDR attempts. This placed R3 at risk for unnecessary medication administration and possible adverse side effects.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175162	A. Building B. Wing	09/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medicalodges Leavenworth	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 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician. 49634 The facility identified a census of 34 residents and one kitchen. Based on interview and record review, the facility failed to provide the services of a full-time certified dietary manager for the 34 residents who resided in the facility and received their meals from the kitchen. This placed the residents at risk for inadequate nutrition. Findings included: - On 09/23/24 at 08:13 AM Dietary Staff BB stated he had not started the classes to become the Certified Dietary Manager. Dietary Staff BB stated he was trying to get into a dietary manager's class. He stated the Registered Dietician comes every month, and he was able to notify the Registered Dietician by E-Mail, with changes to diets or menus. On 09/24/24 at 01:10 PM Administrative Staff B stated the facility did not have a Certified Dietary Manager; she stated the dietary manager was enrolled in class. The facility did not provide a policy for a Certified Dietary Manager. The facility failed to employ a full-time certified dietary manager to evaluate residents' nutritional concerns and oversee the ordering, preparing, and storage of food for the 34 residents in the facility, placing the residents at risk for inadequate nutrition.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175162	A. Building B. Wing	09/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medicalodges Leavenworth	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 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41037 The facility identified a census of 34 residents. The sample included 12 residents with three residents reviewed for hospice services. Based on observation, record review, and interviews, the facility failed to ensure collaboration regarding Resident (R) 8's care between the nursing home and the hospice 24 hours a day, seven days a week including documentation of a description of the services, medication, and equipment provided to these residents by hospice. This deficient practice created a risk of missed opportunities for services and delayed physical, mental, and psychosocial needs for R8. Findings included: - R8's Electronic Medical Record (EMR) from the Diagnoses tab documented diagnoses of chronic obstructive pulmonary disease (COPD- a progressive and irreversible condition), depression (a mood disorder that causes a persistent feeling of sadness and loss of interest), and altered mental status. The Significant Change Minimum Data Set (MDS) dated [DATE] documented a Brief Interview of Mental Status (BIMS) score of zero which indicated severely impaired cognition. The MDS documented R8 had received hospice care while at the facility during the observation period. R8's Pain Care Area Assessment (CAA) dated 09/04/24 documented R8 had reported he was in constant pain and required assistance with his activities of daily living. R8's Care Plan dated 10/30/23 documented the facility and the hospice provider would coordinate R8's care and services. The plan of care documented R8 wanted the staff to be aware of his code status. The plan of care dated 04/05/24 documented that the hospice provider's certified nurse aide (CNA) would visit twice weekly to assist R8 with bathing. The plan of care documented the hospice nurse would visit weekly. The plan of care lacked documentation regarding the medications covered by hospice and what personal care items were provided by hospice as well as the medical equipment provided by hospice. R8's EMR under the Orders tab revealed the following physician orders: Admit to hospice services dated 09/01/24. On 09/23/24 at 02:37 PM, R8 sat in his recliner next to his bedside table in his room. On 09/25/24 at 12:25 PM, Certified Nurse Aide (CNA) M stated would show up on the Kardex (a nursing tool that gives a brief overview of the care needs of each resident). CNA M stated she was not sure if the Kardex listed the medical equipment that hospice had provided or which days the hospice CNA came to the facility to help R8 with bathing. On 09/25/24 at 12:32 PM, Licensed Nurse (LN) M stated everyone had access to the resident's care plans and the Kardex. LN G stated the resident's plan of care should contain the medical equipment hospice had provided, medication covered by the hospice provider, and frequency of visits for the hospice support staff. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175162	A. Building B. Wing	09/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medicalodges Leavenworth	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 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 09/25/24 at 12:472 PM, Administrative Nurse D stated everyone had access to the resident's care plan or Kardex. Administrative Nurse D stated the plan of care should have the equipment and medication that the hospice provided for R8. The facility was unable to provide a policy related to the collaboration of care with the hospice provider. The facility failed to ensure a collaborative process was in place to communicate necessary information regarding R8's care between the nursing home and the hospice 24 hours a day, seven days a week including documentation of these communications, which had the potential for negative outcomes for R8.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175162	A. Building B. Wing	09/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medicalodges Leavenworth	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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. 49634 The facility identified a census of 34 residents. The facility identified seven residents on Enhanced Barrier Precautions (EBP-infection control interventions designed to reduce transmission of resistant organisms which employ targeted gown and glove use during high contact care) and two residents on transmission-based precautions (TBC-safeguards designed to reduce the risk of transmission of microorganisms by direct or indirect contact). Based on record reviews, observations, and interviews, the facility failed to implement signage or indicators within the physical environment to alert staff and visitors of the required EBP. The facility failed to sanitize shared equipment between use. The facility further failed to ensure staff performed adequate hand hygiene, and failed to ensure respiratory equipment was stored in a sanitary manner when not in use. These deficient practices placed the residents at risk for infectious diseases. Findings included: - An initial walkthrough of the facility was completed on 09/23/24 at 07:03 AM. An inspection of Resident (R)22 ' s room revealed no protective equipment (PPE) readily available for EBP. R22 had no signage or indicators R22 was on EBP. R22 had a wound with a wound vac (a vacuum-assisted wound treatment that applies gentle suction to a wound to help it heal). An inspection of R4's room revealed no PPE readily available for EBP. R4 had no signage or indicators R4 was on EBP. R4 had an open wound. An inspection of R136's room revealed no PPE readily available for EBP. R136 had no signage or indicators R136 was on EBP. R136 had an open wound. An inspection of R3's room revealed no readily available PPE for EBP. R3 had no signage or indicators R3 was on EBP. R3 had a suprapubic catheter (a tube surgically inserted in the bladder through the abdomen to drain urine) and an open wound. An inspection of R11's room revealed no PPE readily available for EBP. R11 had no signage or indicators R11 was on EBP. R11 had a Foley catheter (a tube inserted into the bladder to drain urine into a collection bag). On 09/24/24 at 09:20 AM R18's oxygen nasal cannula was draped over the bed rail, and not contained in a sanitary container. On 09/25/24 at 07:03 AM Certified Nurse Aide (CNA) M and CNA P performed hand hygiene and donned a clean pair of gloves upon entering R26's room who was on enhanced barrier precautions related to his urinary catheter (a flexible tube inserted through a narrow opening into a body cavity, particularly the bladder, for removing fluid). CNA M and CNA P did not don a gown while performing catheter care for R26. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175162	A. Building B. Wing	09/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medicalodges Leavenworth	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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 09/25/24 at 08:12 AM Certified Nurse's Aide (CNA) 0 donned gloves to clean R4's front peri-area. CNA N helped CNA O roll R4 to clean R4's buttocks. CNA O doffed gloves, and then donned clean gloves but did not perform hand hygiene. CNA O helped CNA N put R4 in her wheelchair with the Hoyer (total body mechanical lift). CNA O did not perform hand hygiene after peri care, or after putting R4 in her wheelchair. CNA O pushed the Hoyer lift to the hallway and walked to the nursing desk without disinfecting the Hoyer lift. On 09/25/24 at 12:41 PM Administrative Nurse D stated all signs should be on the outside of residents ' rooms that require EHB, and the expectation was for staff to wear the PPE which was indicated for each resident. Administrative Nurse D stated hand hygiene should be done when walking into residents ' rooms, from clean to dirty, and leaving residents ' rooms. Administrative Nurse D stated respiratory equipment should be contained in a bag and should be dated. The facility's Infection Control Surveillance documented the facility was to restore promote and maintain the health of the residents. The facility would provide a sanitary environment to prevent the development and transmission of diseases and infections. The facility failed to implement signage or indicators within the physical environment to alert staff and visitors of the required EBP. The facility failed to sanitize shared equipment between use. The facility further failed to ensure staff performed adequate hand hygiene, and that respiratory equipment was stored in a sanitary manner. These deficient practices placed the residents at risk for infectious diseases.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175162	A. Building B. Wing	09/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medicalodges Leavenworth	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 0882 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home. 49634 The facility identified a census of 34 residents. Based on record review and interviews, the facility failed to designate a staff member employed by the facility at least part-time, with the required qualification and certification as the Infection Preventionist, who was responsible for the facility's Infection Prevention and Control Program. This deficient practice placed all residents at risk for lack of identification, tracking, trending, and treatment of infections. Findings included: - During the entrance conference on 09/23/24 at 07:17 AM, Administrative Staff C stated she was acting as the Infection Preventionist (IP) for the facility. She stated she had been onsite in the facility for 45 days. On 09/24/24 at 09:55 AM Administrative Nurse A stated the facility does not have an Infection Prevention person at this time. She stated Administrative Nurse C, a consultant who was not employed directly by the facility, had been conducting the IP duties at this time. The facility's Infection Control Surveillance policy documented the Infection Preventionist was to restore, promote, and maintain the health of the residents while acting as a liaison and source person for all infection control and management activities. The facility failed to designate a staff member employed by the facility at least part-time, who had the required qualification and certification as an Infection Preventionist to be responsible for the facility's Infection Prevention and Control Program. This deficient practice placed all residents at risk for lack of identification, tracking, trending, and treatment of infections.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175162	A. Building B. Wing	09/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medicalodges Leavenworth	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 0947 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention. 41037 The facility had a census of 34 residents. Three Certified Nurse Aides (CNAs) were sampled for required in-service training hours. Based on record review and interview, the facility failed to ensure one of the three CNA staff reviewed had the required 12 hours of in-service education. This placed the residents at risk for decreased quality of life and inadequate care. Findings included: - A review of the information facility's in-service records revealed the following: CNA Q, hired 06/30/22, had not completed any of the required in-services in the past 12 months. On 09/24/24 at 02:45 PM, Administrative Staff C verified CNA Q had not completed the 12-hour required in-services. On 09/25/24 at 01:45 PM Administrative Staff B stated yearly performance reviews were one of the items the new management team was going to work on improving the process. The facility was unable to provide a policy related to staff training. The facility failed to ensure one of the three CNA staff reviewed had the required 12 hours of in-service education. This placed the residents at risk for decreased quality of life and inadequate care.