

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175258	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2026
NAME OF PROVIDER OR SUPPLIER Medicalodges Fort Scott		STREET ADDRESS, CITY, STATE, ZIP CODE 915 S Horton Fort Scott, KS 66701	

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)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility identified a census of 33 residents. The sample included 14 residents. Based on observation, interviews and record review, the facility failed to maintain a clean, homelike environment Findings included:- On 02/16/2026 at 01:43 PM, R2 had multiple areas on his wall missing paint near the bed and there was a heavy odor of urine in his room and in the hallway outside his room. On 02/16/2026 at 02:11 PM, R32 sat in her room in her recliner. She reported she had to keep the door to her room closed because of noise from other residents' televisions. On 02/16/2026 at 02:41 PM, the [NAME] on the air conditioning unit in R19's room was broken and was not installed on the front of the unit. On 02/17/2026 at 07:45 AM, R2 was not in his room but his television volume was very loud. There was a strong urine odor noted outside the room in the hallway. On 02/17/2026 at 03:35 PM, R2 sat in his room in his wheelchair. His television volume was very loud and there was a strong urine odor noted. Administrative Staff A entered R2's room and educated R2 that his television volume was too loud and asked R2 to turn it down. R2 reported he would not be able to hear the television then. On 02/18/2026 at 01:00 PM, R2 was not in his room. R2's room had a strong urine odor, and the floor was sticky all around the room. There were areas of ground in dirt on the floor near the head of the bed. On 02/18/2026 at 02:37 PM, R26's threshold was missing the black strip. There was ground in dirt where the black strip was gone and the floor in R26's room was dirty, dull, and had several black scuff marks noted. On 02/18/2026 at 02:40 PM, the drain cover on the floor of the South Hall was not secured to the floor and exposed the drain when the cover was stepped on. On 02/18/2026 at 02:45 PM, R14's threshold was missing the black strip. There was ground in dirt where the black strip was gone and the floor in R14's room was dirty and several black scuff marks. During an interview on 02/18/2026 at 12:30 PM, Administrative Staff A reported R2 played his television gaming system loud, and regardless of the staff trying to remind R2 that the loudness of his gaming and music on the television disturbed other residents, R2 reported he could not hear when it was turned lower. Additionally, Administrative Staff A reported the facility had provided R2 with a headset for his television, and he broke them as he did not want to wear them. She confirmed R2 had not had hearing checked to determine if he would need assistive devices. Administrative Staff A reported the smell in R2's room was related to the resident behavior as R2 urinated on his floor. Administrative Staff A stated the housekeeping staff had increased deep cleaning his room from one time a month to weekly and they mop the floor in his room multiple times a day. During an interview on 02/18/2026 at 12:56 PM, Housekeeper Staff V reported R2's floor was mopped twice a day, and a deodorant spray would be used in his room too. Housekeeper Staff V reported R2 would not refuse the staff to clean his room. During an interview on 02/18/2026 at 12:59 PM, Certified Nurse Aide (CNA) S reported R2's room would smell like urine sometimes and said the staff had to check behind R2's bed as he would urinate on his floor. CNA S reported R2's floor was generally sticky, and the</p> <p>(continued on next page)</p>

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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175258	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2026
NAME OF PROVIDER OR SUPPLIER Medicalodges Fort Scott		STREET ADDRESS, CITY, STATE, ZIP CODE 915 S Horton Fort Scott, KS 66701	
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)		
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>staff tried to keep his room clean. CNA S reported R2 would play his television loud, and the staff would ask him to turn it down and she reported that some residents had complained about the noise. During an interview on 02/18/2026 at 01:02 PM, Licensed Nurse (LN) G reported R2's room smells of urine quite often and his floor was always sticky. LN G reported that housekeeper would mop his room at least twice a day. LN G reported R2 would play his television loud, and the staff would ask him to turn it down, and he would not turn it down. LN G reported some residents had complained about the noise. During an interview on 02/18/2026 at 03:51 PM, Housekeeping Supervisor U reported R2's floor was an issue, and the floor was washed twice a day and stripped and waxed once a month and it did not work for the smell or the cleanliness. Housekeeping Supervisor U reported the cover of the air conditioner unit in R19's should be on the unit and reported the staff would communicate on the computer system TELS for maintenance and housekeeping concern in a residents' room. Housekeeping Supervisor U said the broken thresholds and the dirty floors observed were not acceptable. Housekeeping Supervisor U verified the loose drain floor cover of South Hall had been a concern for quite some time and the housekeeping staff had complained about it when they cleaned the floor. During an interview on 02/18/2026 at 04:05 PM, Administrative Staff A reported she expected the floor drain to be on correctly and it was not acceptable to have it come off. She expected the floors and thresholds to be clean and the facility to clean and homelike environment. The facility did not provide a policy on Clean/Safe/Comfortable/Homelike Environment.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175258	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2026
NAME OF PROVIDER OR SUPPLIER Medicalodges Fort Scott		STREET ADDRESS, CITY, STATE, ZIP CODE 915 S Horton Fort Scott, KS 66701	
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)		
<p>F 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility had a census of 33 residents. The sample included 14 residents with one reviewed for hospitalization. Based on interviews and record review, the facility failed to provide a written bed hold policy including duration for Resident (R) 2. Findings included:- R2's Electronic Medical Record (EMR) revealed diagnoses of diabetes mellitus (DM-when the body cannot use glucose, not enough insulin is made, or the body cannot respond to the insulin), major depressive disorder (major mood disorder that causes persistent feelings of sadness), and developmental disorder of scholastic skills (persistent difficulties that significantly impact academic achievement and daily functioning). R2's 10/30/25 Significant Change Minimum Data Set (MDS), dated [DATE], documented a Brief Interview for Mental Status (BIMS) score of 14 indicating intact cognition. R2's Progress Note, dated 10/15/025, at 02:53 PM documented the resident was admitted to the hospital. R2's Progress Note, dated 10/16/25 at 10:25 AM, documented a verbal consent for a bed hold was received by R2's durable power of attorney (DPOA- a legal document that names a person to make healthcare decisions when the resident is no longer able to). During an interview on 02/18/26 at 01:02 PM, Licensed Nurse (LN) G reported the nurses obtained a verbal bed hold with the resident or family member. LN G reported the bed hold form was not sent with a resident when they went to the hospital. LN G reported that Administrative Staff B or Social Service Designee (SSD) X would give the written bed hold. During an interview on 02/18/26 at 01:10 PM, Administrative Staff B reported she would complete the bed hold with the family member and produced a bed hold which was completed verbally for R2 on 10/16/25. Administrative Staff B reported she would send the form to the family, and she was unable to show it was completed as she did not document or keep a record indicating she sent the bed hold. SSD X reported she wrote a note that a bed hold consent from DPOA was received verbally. SSD X reported she was not aware the resident or family member should receive a paper copy of bed hold. During an interview on 02/18/2026 at 01:15 PM, Administrative Staff A reported the facility had no way to show a resident/dpoa had received a bed hold form in writing if the form was completed verbally. The facility's Bed Hold Form Instructions, undated, documented ask the resident/responsible party if they would want to come into the facility to sign a bed hold or if they prefer the bed hold to be mailed. The response should be documented on the bed hold form and noted in the comments in the census line associated with the bed hold.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175258	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2026
NAME OF PROVIDER OR SUPPLIER Medicalodges Fort Scott		STREET ADDRESS, CITY, STATE, ZIP CODE 915 S Horton Fort Scott, KS 66701	
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)		
<p>F 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident when there is a significant change in condition</p> <p>The facility identified a census of 33 residents. The sample included 13 residents. Based on record review and interview, the facility failed to complete a Significant Change Minimum Data Set (MDS) after identifying a decline in Resident (R) 1's status resulting in initiation of hospice services. Findings included:- R1's Electronic Medical Record (EMR) documented diagnoses of hemiplegia (paralysis of one side of the body), seizures, major depressive disorder (major mood disorder which causes persistent feelings of sadness), severe protein-calorie malnutrition, and anemia (inadequate number of healthy red blood cells to carry adequate oxygen to body tissues). R1's Quarterly MDS, dated 07/05/24, documented a Brief Interview for Mental Status (BIMS) score of five, which indicated severely impaired cognition. R1's MDS did not indicate he had less than six months to live or that he received hospice services. The Quarterly MDS, dated 10/04/24, documented a BIMS score of 10, which indicated moderately impaired cognition. R1 had upper extremity and lower extremity impairment on one side and used a wheelchair for mobility. R1's MDS documented he had less than six months to live, and he received hospice services. R1's EMR lacked a Significant Change MDS identifying R1's initiation of hospice services between 07/05/24 and 10/04/24. R1's Care Plan, initiated 09/25/24, documented R1 received hospice services related to his terminal diagnosis. R1's physician orders documented he admitted to hospice services on 08/14/24. On 02/18/26 at 10:18 AM, Administrative Nurse E stated R1 should have had a Significant Change MDS when he was placed on hospice services. On 02/18/26 at 10:47 AM, Administrative Nurse D stated the Significant Change MDS should have been completed when R1 was placed on hospice services. The facility reported they did not have a policy and utilized the Centers for Medicare & Medicaid Services (CMS) Resident Assessment Instrument (RAI) guidelines dated October 2023. RAI guidelines instructed staff that the MDS must be submitted within 14 days after the determination that a significant change in the residents' status occurred.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175258	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2026
NAME OF PROVIDER OR SUPPLIER Medicalodges Fort Scott		STREET ADDRESS, CITY, STATE, ZIP CODE 915 S Horton Fort Scott, KS 66701	
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)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility reported a census of 33 residents; the sample included 14 with five residents reviewed for unnecessary medications and related monitoring. Based on observation, interview, and record review revealed the facility failed to monitor and respond to Resident (R) 2's lack of bowel movements. Findings included:- R2's Electronic Medical Record (EMR) revealed diagnoses of diabetes mellitus (DM-when the body cannot use glucose, not enough insulin is made, or the body cannot respond to the insulin), major depressive disorder (major mood disorder that causes persistent feelings of sadness), and developmental disorder of scholastic skills (persistent difficulties that significantly impact academic achievement and daily functioning). R2's 10/30/25 Significant Change Minimum Data Set (MDS) dated [DATE] which documented a Brief Interview for Mental Status (BIMS) score of 14 indicating intact cognition. R2's MDS documented he required total assistance with toileting hygiene and R2 was frequently incontinent of bowel. R2's 11/04/25 Psychotropic Drug Use Care Area Assessment (CAA) documented R2 was administered numerous Black Box Warning (BBW- highest safety-related warning that medications can have assigned by the Food and Drug Administration). R2 was at risk of adverse effects, but none were noted at that time. R2's Care Plan dated 12/03/25 documented hospice covered medication bisacodyl (a common stimulant laxative) rectal suppository 10 milligrams (mg) insert one suppository rectally every 24 hours as needed for constipation (difficulty passing stools). Staff were instructed to call hospice before administration. R2's Care Plan dated 12/03/25 documented related to R2's need for assistance with personal care. Staff were instructed the hospice aide would document R2's bowel movements and report to nurse if three days or more since last bowel movement. R2's Care Plan dated 12/23/25 documented hospice covered medication hospice covered medication polyethylene glycol (medication used management and treatment of constipation) 3350 powder give 17 grams as needed every 24 hours for constipation R2's Physician Orders documented polyethylene glycol 3350 powder, administer 17 grams, by mouth as needed every 24 hours for constipation, date ordered 10/20/25. R2's Physician Orders documented bisacodyl rectal suppository 10 mg insert one suppository rectally every 24 hours as needed for constipation, call hospice before administration, date ordered 10/31/25. Review of R2's bowel movement frequency in the EMR dated 01/28/26 through 02/03/26 revealed the resident exceeded three days/72 hours without a bowel movement 01/28/26 through 02/03/26 (seven consecutive days). R2's 01/31/26 at 05:07 AM Electronic Medication Administration Record Note (EMAR) documented R2 was administered ondansetron (anti-nausea medication) 4mg table by mouth as needed for nausea. R2's 02/02/26 at 10:42 AM EMAR Note documented R2 was administered polyethylene glycol 3350 powder, administer 17 grams, by mouth as needed every 24 hours for constipation, no bowel movement for three days. R2's 02/03/26 at 07:40 AM EMAR Note documented ineffective results no bowel movement from as needed polyethylene glycol 3350 powder. R2's 02/03/26 at 07:45 AM EMAR Note documented R2 was administered polyethylene glycol 3350 powder, administer 17 grams, by mouth as needed every 24 hours for constipation, no bowel movement for three days. R2's 02/03/26 at 04:45 PM EMAR Note documented ineffective results no bowel movement from as needed polyethylene glycol 3350 powder. R2's 02/04/26 at 02:35 PM Progress Note documented R2 continued to be on the no bowel movement list. The nurse would attempt to contact hospice to administer a suppository. R2's 02/04/26 at 09:26 PM EMAR Note bisacodyl rectal suppository 10mg insert one suppository rectally every 24 hours as needed for constipation. Call hospice before administering as needed administration was effective R2 had an extra-large soft formed bowel movement. Review of R2's Progress Note 01/30/26 through 02/04/26 lacked any documentation of bowel/abdomen assessments were completed. Observation on 02/18/2026 at 10:00 AM R2 sat in his wheelchair in his room with the dental</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175258	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2026
NAME OF PROVIDER OR SUPPLIER Medicalodges Fort Scott		STREET ADDRESS, CITY, STATE, ZIP CODE 915 S Horton Fort Scott, KS 66701	
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)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>hygienist assessing his mouth. During an interview on 02/18/2026 at 12:59 PM Certified Nurse Aide (CNA) S reported R2 required toileting assistance and would refuse at times, and staff would reapproach him. She reported R2 was incontinent of bowel and bladder, and he did not toilet himself. CNA S reported she documented the bowel movements in EMR under the tasks. During an interview on 02/18/26 at 01:40 PM Licensed Nurse G reported residents bowel movements would be monitored with EMR dashboard which would send an alert for residents who had no bowel movement for three days documented. LN G reported residents orders would be reviewed for as needed medication for constipation to be administered. LN G revealed the EMR dashboard would only alert just three days, it did not alert a higher number of days for no bowel movements. LN G reported the provider would be called on day four and a bowel assessment would be completed and documented in EMR. LN G reported that would continue every day until the resident had a bowel movement. LN G reported she would not pull up a bowel movement record from the EMR. During an interview 02/18/2026 at 01:45 PM Certified Medication Aide (CMA) R reported she would administer a as needed bowel medication for constipation when directed by the charge nurse. CMA R reported she would educate the CNAs to make sure they document correctly in the EMR the resident's bowel movements to avoid administration of a medications for constipation. During an interview on 02/18/2026 at 02:13 PM Administrative Nurse D reported she expected the charge nurse to monitor bowel movements daily, if a resident did not have a bowel movement for three days the charge nurse would administer a as needed medication for constipation if ordered and if a resident did not have an as needed order the provider would be called. Administrative Nurse D reported that she expected the nurse to look at the dashboard on the EMR and print off a bowel movement list to assess actual last day a resident had a bowel movement. Administrative Nurse D expected the nurse to update the provider and document a bowel assessment in the EMR. Administrative Nurse D reported that it was a concern that R2 had no bowel movement for seven days. Administrative Nurse D reported there was no policy for bowel monitoring. The facility did not provide a policy.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175258	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2026
NAME OF PROVIDER OR SUPPLIER Medicalodges Fort Scott		STREET ADDRESS, CITY, STATE, ZIP CODE 915 S Horton Fort Scott, KS 66701	
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)		
<p>F 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>The facility reported a census of 33 residents. Based on observation, interview, and record review, the facility failed to conduct annual performance reviews for two of the five direct care staff reviewed. Findings included:- Review of five direct care staff's employment records Revealed the following: 1. Certified Nurse Aid (CNA) P, hired 11/01/22, lacked an up-to-date annual performance evaluation. The last evaluation was dated 10/03/24. 2. CNA Q, hired 08/06/03, lacked an up- to-date annual performance evaluation. The last evaluation was dated 10/08/24. On 02/18/2026 at 12:48 PM, Administrative Staff A verified above concerns and reported performance evaluations should be done annually. The facility did not provide a policy related to the completion of annual performance evaluations.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175258	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2026
NAME OF PROVIDER OR SUPPLIER Medicalodges Fort Scott		STREET ADDRESS, CITY, STATE, ZIP CODE 915 S Horton Fort Scott, KS 66701	
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)		
<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>The facility identified a census of 33 residents. The sample included 14 residents, with five residents reviewed for unnecessary medications. Based on observation, record review, and interviews, the facility failed to ensure the Consultant Pharmacist (CP) recommendations were reviewed and addressed by the physician for Resident (R) 23 and R2. Findings included:- The Electronic Medical Record (EMR) for R23 documented a diagnosis of hypothyroidism (a condition characterized by decreased activity of the thyroid gland).</p> <p>The Annual Minimum Data Set (MDS), dated 01/23/26, documented R23 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated intact cognition. R23's MDS documented he required setup or clean-up assistance with showers/bathing himself and was independent with all other activities of daily living.</p> <p>R23's Care Plan, initiated 04/03/23, documented the pharmacist reviewed medication monthly and as needed. The plan of care directed staff to monitor labs and diagnostic tests as ordered by R23's physician and documented the pharmacy, physician, and psychiatrist would review medications per protocol and as needed, initiated 01/23/26.</p> <p>R23's EMR under the Orders tab revealed the following physician orders:</p> <p>Levothyroxine odium (hormone replacement therapy used to treat hypothyroidism) oral tablet 50 micrograms (mcg), give one tablet by mouth one time a day, every other day, related to hypothyroidism, revised on 05/06/24.</p> <p>Review of the Monthly Medication Review (MMR), dated 09/24/25, documented R23 received medications, which needed routine lab work. The MMR asked to check all labs that the physician would like ordered: Comprehensive Metabolic Panel (CMP), lipid panels (LIPIDS), thyroid-stimulating hormone (TSH- used to measure the level of this hormone in the blood to assess thyroid function), and please list below any additional labs or monitoring parameters not listed. The MMR was stamped as faxed but lacked evidence of physician follow-up.</p> <p>R23's EMR, reviewed from January 2025 through February 2026 lacked evidence a TSH was completed.</p> <p>On 02/17/26 at 09:14 AM, R23 laid in bed on his left side with his covers pulled up on his chest.</p> <p>On 02/17/26 at 01:35 PM, Administrative Nurse D stated she sent out the MMRs to the physicians and then waited for them to come back. Administrative Nurse D stated she had looked everywhere but could not find any physician follow-up to R23's MMR from 09/24/25. Administrative Nurse D stated she had recently changed the system for responding to the MMR due to a lack of physician response. Administrative Nurse D further revealed she was still working with a new physician to set up sending out the pharmacy recommendations and receiving them back from the physicians timelier. Administrative Nurse D stated she expected them to be back within a week to two weeks to ensure clarification of the pharmacy recommendations.</p> <p>The facility's Medication Monitoring Medication Regimen Review and Reporting policy, dated 2007, documented the nursing care center followed up on the recommendations to verify that appropriate actions were taken. The policy directed that recommendations should be acted upon within 30 calendar days</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175258	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2026
NAME OF PROVIDER OR SUPPLIER Medicalodges Fort Scott		STREET ADDRESS, CITY, STATE, ZIP CODE 915 S Horton Fort Scott, KS 66701	
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)		
<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>or per facility-specific protocols. The policy documented issues that required a physician's intervention; the attending physician either accepted or acted upon the report and recommended or rejected all or some of the report. The policy documented the physician should document his or her rationale of why the recommendation was rejected in the resident's medical record.</p> <p>- Review of R2's diagnoses from the Electronic Health Record (EHR) included major depressive disorder (MDD &ndash; a major mood disorder which causes persistent feelings of sadness), amnesia (loss of memory caused by brain damage or severe emotional trauma), bipolar disorder (a major mental illness that causes people to have episodes of severe high and low moods) and undifferentiated schizophrenia (a mental disorder characterized by gross distortion of reality, disturbances of language and communication, and fragmentation of thought). R2's 10/30/25 Significant Change Minimum Data Set (MDS), documented R2 had a Brief Interview of Mental Status (BIMS) score of 14, which indicated intact cognition. The resident had a total mood severity score of 00, which indicated no depression. The assessment documented R2 received antianxiety (class of medications that calm and relax people), antipsychotic (a class of medications used to treat major mental conditions that cause a break from reality), and antidepressant (class of medications used to treat mood disorders) medications. The 11/04/26 Psychotropic Drug Use Care Area Assessment (CAA), documented R2 took four psychotropic (alters mood or thought) medications, and the pharmacist reviewed his medications monthly and as needed. The 02/05/26 Quarterly MDS documented R2 had a BIMS score of 12, which indicated moderately impaired cognition. The resident had a total mood severity score of 00, which indicated no depression and no behaviors. The assessment documented R2 received antianxiety, antipsychotic, and antidepressant medications. The Care Plan, reviewed on 02/17/26, documented on 06/21/22 R2 had anxiety and documented the following interventions: On 06/21/22, staff would notify R2's family as needed. On 06/21/22, staff would notify the physician as needed. On 06/21/22, staff would provide reassurance and comfort. On 04/02/25, R2 took Xanax (alprazolam &ndash; an antianxiety medication) for his anxiety. The Care Plan, reviewed on 02/17/26, documented on 03/29/21, and revised on 11/26/25, R2 took therapeutic psychotropic medications to help regulate emotions and thought patterns. R2 took Risperdal (risperidone &ndash; an antipsychotic medication), Celexa (citalopram &ndash; an antidepressant medication), and trazodone (an antidepressant medication) for wandering and exit-seeking behaviors. R2 took Xanax (alprazolam) for tearfulness. The Care Plan documented the following interventions: On 03/29/21, staff would allow R2 to express his emotions without judgment or criticism. On 03/29/21 and revised on 10/18/22, staff would encourage R2 to attend offered activities and to offer again later or with a different staff member if refused. Staff would offer one-on-one activity visits if R2 declined to leave his room. On 10/18/22, R2 had a history of anxiety with tearfulness, wandering, and exit-seeking behaviors. On 10/18/22, staff would monitor for the effectiveness of the psychotropic medications and consult with the pharmacist and physician to adjust the medication dosages when clinically appropriate. Staff would also monitor for potential side effects and notify his family of adverse events. On 10/18/22 and revised on 08/27/25, staff would refer R2 to his physician for psychological referral as indicated, and R2 had a case worker who visited him. On 04/18/24, staff attempted a dose reduction with discontinuation of Xanax (alprazolam), with an increase in behaviors of throwing items on the floor in the dining area and talking to himself. On 05/28/24, R2 took Xanax (alprazolam) for his anxiety. On 06/30/25 and revised on 07/02/25, R2 had a history of making false accusations. Review of the EHR Physician's Orders documented the following: Risperdal (risperidone), one milligram (mg) tablet to be given orally, three times a day, related to bipolar disorder, dated 10/20/25 at 02:26 PM. Xanax (alprazolam) tablet 0.5mg to be given orally, three times daily, related to anxiety disorder, dated 10/20/25 at 07:00 PM.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175258	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2026
NAME OF PROVIDER OR SUPPLIER Medicalodges Fort Scott		STREET ADDRESS, CITY, STATE, ZIP CODE 915 S Horton Fort Scott, KS 66701	
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)		
<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Celexa (citalopram) tablet 40mg to be given orally, daily at bedtime, related to bipolar disorder, dated 10/20/25 at 02:22 PM. Review of the monthly medication regimen review (MRR) revealed on 07/03/25, the consultant pharmacist conducted a MRR and documented R2 took Risperdal 0.5mg three times daily along with Xanax (alprazolam) and Celexa (citalopram), and suggested the physician consider a dose reduction. The facility did not provide a copy of the provider or facility's response to the consultant pharmacist's recommendation. During an observation on 02/16/26 at 01:44 PM, R2 rested in his bed watching television (TV). R2 appeared calm and relaxed. During an observation on 02/17/26 at 09:10 PM, R2 sat in his wheelchair less than three feet from his TV, watching TV at full volume. R2 appeared calm and relaxed. During an observation on 02/18/26 at 10:00 AM, R2 was in his room with contract dental staff present. R2 appeared calm and relaxed. During an interview on 02/17/26 at 03:03 PM, Administrative Nurse D revealed the facility was unable to locate the physician's response to the pharmacist's recommendation that was dated 07/03/25. Administrative Nurse D stated the facility did not receive the physician's response and stated the expectation was for providers to follow up with pharmacy recommendations within seven to 14 days to allow for any clarification (if required) prior to the 30-day response period required by the facility. Additionally, Administrative Nurse D confirmed the medications listed in the pharmacy recommendation dated 07/03/25 were all psychotropic medications. Administrative Nurse D stated she had recently changed the system for responding to the MMR due to a lack of physician response. Administrative Nurse D further revealed she was still working with a new physician to set up sending out the pharmacy recommendations and receiving them back from the physicians in a more timely manner. During an interview on 02/18/26 at 06:01 PM, Consultant GG revealed the expectation was for physicians to respond to the MRR and GDR reports. Consultant GG revealed the GDR request for R2, dated 07/03/25, was just for the Risperdal (risperidone) 0.5mg dose, and he included the Xanax (alprazolam) and Celexa (citalopram) to document to the physician that R2 was on other psychotropic medications. Consultant GG reported he did not receive a response from the physician, but rather noted the physician actually increased the dose from 0.5mg to 1mg, so he did not repeat the GDR request in the August 2025 MRR report.</p> <p>The facility's undated Medication Monitoring Medication Regimen Review and Reporting policy, dated 2007, documented the nursing care center followed up on the recommendations to verify that appropriate actions were taken. The policy directed that recommendations should be acted upon within 30 calendar days or per facility-specific protocols. The policy documented issues that required a physician's intervention; the attending physician either accepted or acted upon the report and recommended or rejected all or some of the report. The policy documented the physician should document his or her rationale for why the recommendation was rejected in the resident's medical record.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175258	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2026
NAME OF PROVIDER OR SUPPLIER Medicalodges Fort Scott		STREET ADDRESS, CITY, STATE, ZIP CODE 915 S Horton Fort Scott, KS 66701	

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)
<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>The facility identified a census of 33 residents. The sample included 14 residents, with five residents reviewed for unnecessary medications. Based on observation, record review, and interviews, the facility failed to ensure Resident (R) 23's thyroid (organ at the front of the neck that secretes hormones) hormone levels were monitored to determine the effectiveness of his ordered thyroid hormone replacement medication. Findings included:- The Electronic Medical Record (EMR) for R23 documented a diagnosis of hypothyroidism (a condition characterized by decreased activity of the thyroid gland). The Annual Minimum Data Set (MDS), dated 01/23/26, documented R23 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated intact cognition. R23's MDS documented he required setup or clean-up assistance with showers/bathing himself and was independent with all other activities of daily living. R23's Care Plan, initiated 04/03/23, documented the pharmacist reviewed medication monthly and as needed. The plan of care directed staff to monitor labs and diagnostic tests as ordered by R23's physician, and documented the pharmacy, physician, and psychiatrist would review medications per protocol and as needed, initiated 01/23/26. R23's EMR under the Orders tab revealed the following physician orders: Levothyroxine Sodium (hormone replacement therapy used to treat hypothyroidism) oral tablet 50 micrograms (mcg), give one tablet by mouth one time a day, every other day, related to hypothyroidism, revised on 05/06/24. R23's physician orders lacked an order for thyroid-stimulating hormone (TSH- used to measure the level of this hormone in the blood to assess thyroid function) lab. R23's EMR, reviewed from January 2025 through February 2026, lacked evidence that a TSH was completed. On 02/17/26 at 09:14 AM, R23 lay in bed on his left side with his covers pulled up on his chest. On 02/18/26 at 11:15 AM, Administrative Nurse D stated she expected labs to be ordered for residents who were on levothyroxine. The facility's Medication Monitoring Medication Regimen Review and Reporting policy, dated 2007, documented the Medication Regimen Review (MRR) had the goal of promoting positive outcomes and minimizing adverse consequences and potential risks associated with medication.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175258	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2026
NAME OF PROVIDER OR SUPPLIER Medicalodges Fort Scott		STREET ADDRESS, CITY, STATE, ZIP CODE 915 S Horton Fort Scott, KS 66701	
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)		
<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility reported a census of 33 residents. Thirty medications administrations were observed with two medications errors identified resulting in a medications error rate of 6.67 percent. Based on observation, interview, and record review, the facility failed to ensure a medication error rates of five percent or less. - Resident (R)39's Physician Orders (POS) revealed orders for the following morning medication administration: Phenazopyridine HCL 200 milligrams (mg), by mouth, three times a day, after meals, ordered 02/13/26 Protonic oral tablet, 40 mg, delayed release tablet, give twice a day, 30 minutes to one-hour before meals. On 02/17/26 at 09:00 AM, Certified Medication Aide (CMA) R prepared the R39's medications. The phenazopyridine HCL 200 mg was omitted. She reported the phenazopyridine had not been available from the pharmacy for administration since it was ordered on admission [DATE]. On 2/17/26 at 09:08 AM, CMA R added the prescribed medication protonic oral tablet, 40 mg. She entered the resident's room and handed the medications to the resident R39 stated she had just finished eating. On 02/17/26 at 09:12AM, CMA R verified the above findings. She stated medications should be administered as ordered by the physician. On 02/18/2026 at 05:13 PM, Administrative Nurse D verified the above findings and stated she had not been made aware of the issue unavailable medication for R39. Administrative Nurse D reported that residents should receive their medications as ordered by the physician. The facility policy Medication ordering and Receiving from Pharmacy Provider, dated 01/2023, documentation included timely delivery of new orders is required so medication administration is not delayed. Promptly report omissions to the pharmacy and the charge nurse/supervisor. The facility Policy Liberalized Medication Administration, dated 12/2016, documentation included any medication with a specified time in the order is scheduled at the specific time. some medications must be taken before, after or with meals</p>		