

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175294	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/09/2024
NAME OF PROVIDER OR SUPPLIER Medicalodges Goddard		STREET ADDRESS, CITY, STATE, ZIP CODE 501 Easy Street Goddard, KS 67052	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40801</p> <p>The facility reported a census of 43 with 3 residents selected for review. Based on observation, interview, and record review, the facility failed to implement infection control measurements by the failure to cleansing hands between glove changes during a wound dressing change on Resident (R) 2.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - The Physicians Order dated 08/29/24 revealed R2 had diagnosis that included chronic multifocal osteomyelitis of multiple sites (local or generalized infection of the bone and bone marrow), and pressure ulcer (localized injury to the skin and/or underlying tissue usually over a bony prominence as results of pressure or pressure in combination with shear and/or friction). <p>The Quarterly Minimum Data Set (MDS) dated [DATE], revealed a Brief interview for Mental Status (BIMS) of 15, that indicated intact cognition. R2 had one stage three pressure ulcer injury over bony prominence upon admission. R2 used a pressure reducing device for chair and bed and was on a turning repositioning program.</p> <p>The Care Plan dated 08/16/24, revealed R2 was at risk for alteration in skin integrity related to limited mobility and pain. Staff to provide education on the need to change position with staff every two hours and as needed. Licensed staff instructed to provide wound care to the left hip, right buttocks, left buttocks, and right below knee amputation.</p> <p>The Wound Care Plus orders received on 09/03/24 included for the left hip/ Right stump: cleanse area with hypochlorous acid (a cleanser that acts as a preservative that inhabits microbial contamination), place gauze soaked in hypochlorous acid on the wound for 15 minutes and apply Santyl (medication used to remove dead tissue for chronic skin ulcers). Apply calcium alginate (used to treat wounds that are moderately to heavily drainage, helps to create a moist healing environment), and change dressing to areas every other day.</p> <p>The Electronic Medical Records dated 09/03/24, revealed R2 returned from the hospital with new wounds. R1 readmitted with wounds to the right shin, lateral buttock, to and one over the left greater trochanter (hip).</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
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 09/09/24 at 11:15 AM revealed wound care provided by Licensed Nurse (LN) G for the following areas of R2's right hip, right stump, and left hip. During the wound care observations, LN G failed to cleanse her hands after removing her soiled gloves and donning on clean gloves throughout the dressing changes.</p> <p>On 09/09/24 at 12:15 PM, Interview with Licensed Nurse G regarding proper hand sanitizer between the soiled gloves and clean gloves, LN G stated she was aware she needed to use hand sanitizer or wash her hands between each glove changes.</p> <p>On 09/09/24 at 04:30 PM, Interview with Administrative Nurse D revealed the expectations was the nurses to follow the standard procedure for wound care.</p> <p>The policy Wound Prevention and Management dated 12/2018 to provide a systematic approach for identifying resident at risk for skin breakdown and develop interventions to decrease the incidence of residents who develop pressure ulcers while providing guidelines for optimal care to promote healing for resident with all identified skin alterations.</p> <p>The facility failed to implement infection control measurements for R2 by not cleansing hands between gloves during wound care.</p>