

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  175313	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/25/2024
NAME OF PROVIDER OR SUPPLIER  Medicalodges Arkansas City		STREET ADDRESS, CITY, STATE, ZIP CODE 203 E Osage Avenue Arkansas City, KS 67005	

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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41121</b></p> <p>The facility reported a census of 38 residents with six residents selected for review, including three residents reviewed for accidents. Based on observation, interview, and record review, the facility failed to ensure staff used a gait belt while assisting Resident (R)1 in the shower room on 07/22/24. R1 was no longer to bear weight and required staff to assist him to the floor. R1's leg was underneath him, which resulted in a left ankle fracture (broken bone).</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- The Medical Diagnosis tab for R1 included diagnoses of muscle weakness, other abnormalities of gait and mobility, hemiplegia (paralysis of one side of the body) affecting the left nondominant side, cerebral infarction (stroke- damage to tissues in the brain due to a loss of oxygen to the area), and nondisplaced oblique fracture (bone broken at an angle) of the shaft of the left fibula (one of the two bones of the lower leg).</li> </ul> <p>The Admission Minimum Data Set (MDS) dated [DATE], assessed R 1 with a Brief Interview of Mental Status (BIMS) score of 14, indicating intact cognition. R1 had impairment to his range of motion of his upper and lower extremities on one side, used a wheelchair for mobility, and was dependent on staff for moving from sitting to standing.</p> <p>The Falls Care Area assessment dated [DATE], revealed R1 was at risk for falls related to left-sided weakness and physical performance limitation affecting his balance, gait, strength, and muscle endurance. R1 required assistance with transfers.</p> <p>The Quarterly MDS dated [DATE], assessed R1 with a BIMS score of 10, indicating moderate cognitive impairment, he had no changes to his range of motion limitations, continued to use a wheelchair for mobility, and he required substantial/maximal assistance from staff to move from sitting to standing.</p> <p>The Care Plan dated 05/06/24, revealed R1 required assistance of one to two staff for transfers and occasionally required two staff to provide assistance when he was tired and had been up in the chair for extended periods. R1 was at risk to fall and required appropriate shoes and non-slip footwear.</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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>The Fall Risk assessment dated [DATE], revealed R1 was at moderate risk for falls and was not able to independently come to a standing position.</p> <p>The Progress Notes dated 07/22/24 at 05:28 PM, revealed while a Certified Nurse Aide (CNA) (lacked name) attempted to pull R1's pants up in the shower room, the CNA lowered R1 to the floor. Licensed Nurse (LN) G assessed R1 for injuries and no obvious injury noted, however, R1 complained of pain at a level 9 out of 10 to his left ankle. LN G assessed R1 to have typical range of motion to all four extremities. The staff used a total body mechanical lift to transfer residents to pick R1 off the floor and placed him in a wheelchair. LN G contacted the physician who ordered an x-ray to R1's left ankle. R1 had to be transported (lacked by who) to the hospital for the x-ray to be obtained.</p> <p>The facility Witness Statement for R1 on 07/22/24 by CNA M, revealed she had given R1 a shower and he stated yes when asked if he felt stable enough to stand so she could pull his pants up. CNA M then had R1 grab onto the grab rail with his good hand. CNA M held R1's pants with one hand and used her other hand to support him and when she was halfway done pulling up his pants, R1 fell dead weight and she lowered R1 to the ground as slow as possible. When CNA M lowered R1 to the floor, his ankle twisted, and he complained of ankle pain after staff lowered him to the floor. CNA M stated R1 had a gripper sock on and was on traction slips at the time of the fall.</p> <p>The facility Witness Statement for R1 on 07/22/24, by LN G, revealed R1 stated when he went down (when staff lowered him to the floor) his left foot went under him and twisted.</p> <p>The Imaging Results dated 07/22/24 revealed R1 had a left fibular [NAME] C fracture (a break in the fibula above the joint where the two leg bones connect).</p> <p>The facility investigation for the incident on 07/22/24 revealed CNA M did not utilize a gait belt when assisting R1.</p> <p>The Progress Note dated 07/23/24 revealed R1's physician rounded and gave new orders for him to be non-weight bearing to his left leg and the moon boot to be on when out of bed, likely six to eight weeks.</p> <p>On 09/25/24 at 10:03 AM, Administrative Nurse D stated gait belts are not included on the care plan as it was facility policy when providing more than supervision for transfers, a gait belt should always be used.</p> <p>On 09/25/24 at 10:48 AM, Administrative Staff A stated the facility did not have a policy for gait belt use, but it was the facility's standard practice.</p> <p>On 09/25/24 at 12:27 PM, CNA M stated R1 did not have use of his left foot or ankle due to a stroke and before transferring him on 07/22/24, she made sure R1 had his feet planted. CNA M stated while standing R1 he went dead weight (did not bear any weight) and she slowly lowered R1 to the floor. CNA M stated R1 had a gripper sock on his left foot and a shoe on his right foot, which was what he had in place when he she took him to the shower room. CNA M stated she was not using a gait belt when assisting R1.</p> <p>Observation on 09/25/24 at 12:59 PM, revealed R1 sitting up in his wheelchair in his room with a boot in place to his left foot (over 9 weeks since the fall).</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 09/25/24 at 01:00 PM, R1 stated his foot was in the boot because he broke it. He stated he had a hold of the bar in the shower room when standing and he went to take a step back and whoop down he went. R1 stated the girl helping him (did not know her name) was not using a gait belt. R1 stated he had a black gait belt but reported he did not know why she did not use the gait belt.</p> <p>On 09/25/24 at 01:15 PM, CNA N stated the staff were to use a gait belt on everyone and R1 had a stroke so R1 definitely should have one in use.</p> <p>On 09/25/24 at 01:32 PM, LN G stated when CNA M assisted R1 in the shower room on 07/22/24, she should have used a gait belt and he had told her she should have had one.</p> <p>On 09/25/24 at 02:15 PM, Administrative Staff A stated she expected CNA M to use a gait belt when standing R1 up.</p> <p>The facility failed to ensure staff utilized a gait belt when assisting R1, who required staff to assist in lowering him to the floor, which caused a fracture to his left ankle when his leg was underneath him.</p> <p>On 07/25/24, the onsite surveyor verified correction of the deficient practice when the facility completed these actions:</p> <ol style="list-style-type: none"> <li>1. LN G provided on the spot education to CNA M for use of gait belt with transfers.</li> <li>2. The facility trained all nursing staff on 07/28/24 and 07/29/24 for gait belt and mechanical lift training.</li> <li>3. The facility provided disciplinary action to CNA M on 07/31/24 for lack of gait belt use when transferring residents.</li> </ol> <p>All corrections were completed prior to the onsite survey, therefore the deficient practice was deemed past non-compliance and remained at a scope and severity of a G.</p>		