

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/18/2024
NAME OF PROVIDER OR SUPPLIER Medicalodges Frontenac		STREET ADDRESS, CITY, STATE, ZIP CODE 206 S Dittman Street Frontenac, KS 66763	

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 - Few</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>28560</p> <p>The facility reported a census of 36 residents. Based on observation and interview, the facility failed to ensure a safe, sanitary, and homelike environment in two resident rooms and one hallway.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Observation on 11/13/24 at 10:30AM, revealed a strong urine odor in the west hallway near a resident room and inside the resident room. <p>Observation on 11/13/24 at 10:35 AM, revealed multiple arched black streaks on the wall beside a resident's bed on the west hall.</p> <p>Observation on 11/13/24 at 10:40 AM, revealed a resident room on the west hall with two yellow brown irregular circle like stains on the ceiling which measured approximately 10 inches.</p> <p>During the environmental tour on 11/18/24 at 12:24 PM, Administrative Staff A and Housekeeping Staff V confirmed the above. Administrative Staff A stated the resident's mattress may need replaced and the black streaks were due to the positioning bar scraping against the wall repetitively and may need to reposition the bed. Housekeeping Staff V stated she would notify maintenance of the ceiling stains.</p> <p>The facility policy Housekeeping, Laundry, and Maintenance reviewed 02/2024, instructed staff to provide basic housekeeping services to resident living areas and utility and public areas.</p> <p>The facility failed to maintain a safe, sanitary, and homelike environment in two resident rooms and one hallway.</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: 175363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/18/2024
NAME OF PROVIDER OR SUPPLIER Medicalodges Frontenac		STREET ADDRESS, CITY, STATE, ZIP CODE 206 S Dittman Street Frontenac, KS 66763	

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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34056</p> <p>The facility reported a census of 36 residents with 14 residents sampled, including one resident reviewed for hospitalization . Based on observation, interview, and record review, the facility failed to provide Resident (R)14 a Bed Hold upon admission to an acute care hospital.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of the R14's EMR, on 10/19/24, revealed the resident admitted to an acute care hospital with a diagnosis of a urinary tract infection (UTI-an infection in any part of the urinary system) and sepsis (life threatening systemic reaction that develops due to infections which cause inflammation throughout the entire body). The resident returned to the facility on [DATE]. <p>Review of the resident's EMR lacked a signed bed hold related to the 10/19/24 hospitalization for R14.</p> <p>On 11/18/24 at 12:10 PM, Administrative Nurse D stated the facility did not obtain a signed bed hold for this resident when she admitted to the hospital, and stated they expected staff to have a bed hold signed each time a resident admitted to the hospital.</p> <p>The facility policy for Notice of Bed Hold Policy and Returns, revised 12/14/17, included: The policy shall provide a written notice to residents, family members or legal representatives of the facility's bed hold policies at the time of transfer of a resident to a hospital.</p> <p>The facility failed to obtain a signed bed hold for R14 who admitted to an acute care hospital.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/18/2024
NAME OF PROVIDER OR SUPPLIER Medicalodges Frontenac		STREET ADDRESS, CITY, STATE, ZIP CODE 206 S Dittman Street Frontenac, KS 66763	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28560</p> <p>The facility reported a census of 36 residents with 14 residents selected for review. Based on observation, interview, and record review, the facility failed to ensure the development of a personalize comprehensive care plan for an optimal toileting program for Resident (R)22.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of Resident (R)22's medical record revealed diagnoses that included cardiomyopathy (heart disease), depression (abnormal emotional state characterized by exaggerated feelings of sadness, worthlessness, and emptiness), and history of urinary tract infections. <p>The Annual Minimum Data Set (MDS), dated [DATE], assessed the resident with a Brief Interview for Mental Status (BIMS) score of 15 which indicated no cognitive impairment. The resident was always incontinent of bowel and bladder. The resident received diuretics (medication to promote the formation and excretion of urine).</p> <p>The Urinary Incontinence and Indwelling Catheter Care Area Assessment (CAA), dated 08/17/24, revealed the resident required total to substantial maximum assistance of two staff for cares and often refused incontinence care. The resident was able to make her needs known.</p> <p>The Care Plan reviewed 09/04/24, instructed staff the resident required total to substantial maximum assistance with cares, and often refused incontinence care. The resident had a history of urinary tract infections and staff instructed to encourage the resident to allow incontinence care and notify the nurse if the resident declined. Staff instructed to check and change the resident. The care plan lacked instructions on the frequency for the check and change program, interventions for refusal of incontinence care, and enhancement of incontinence products to prevent the frequent urine saturation of the bed to meet the needs of this incontinent resident.</p> <p>A Physician's order, dated 08/23/24, instructed staff to administer furosemide (a medication used to remove excess fluid from the body through the excretion of urine) 80 milligrams, daily for pulmonary hypertension (elevated pressure in the blood vessels of the lungs) due to heart disease.</p> <p>The [NAME] Bowel and Bladder assessment dated [DATE], assessed the resident had functional incontinence and required scheduled toileting. The resident refused to transfer to a bedside commode. This assessment revealed the resident had incontinence without the sensation of urine loss, had pain with movement, enuresis (incontinence at night) and received an antidepressant.</p> <p>Observation on 11/13/24 at 10:34 AM, revealed the resident in bed, in a slumped position toward the right. The resident was alert and answered questions. The room had a strong urine odor. The resident stated she could not find her call light which was out of her reach on the headboard of the bed. The call light was disconnected from the wall. Certified Nurse Aide (CNA) MM reconnected the call light and positioned it within reach of the resident. CNA PP checked the resident for incontinence and provided incontinence care which included change of bed linen due to urine saturation.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/18/2024
NAME OF PROVIDER OR SUPPLIER Medicalodges Frontenac		STREET ADDRESS, CITY, STATE, ZIP CODE 206 S Dittman Street Frontenac, KS 66763	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 11/14/24 at 01:00 PM, revealed a strong urine odor in R22's room with the resident slumped to the right. Interview at that time with CNA MM, revealed the resident was changed before lunch at approximately 12:00 PM, and the resident had soaked the entire bed with urine. CNA MM stated the resident does not get out of bed and does not always notify staff the need for incontinence care.</p> <p>Observation on 11/14/24 at 03:01 PM, revealed the resident in bed, slumped to her right. The room had a strong urine odor. CNA P and CNA Q provided incontinence care. The resident saturated her brief and urine soaked through onto the mattress. CNA Q stated the resident was cooperative with staff with cares but often reports to staff that she did not need to be changed, when incontinent of urine. CNA Q stated staff check and change the resident every two hours.</p> <p>Observation on 11/18/24 at 08:50 AM, revealed the room with a strong urine odor and the resident positioned in bed, slumped to the right. The resident stated staff did not change her this morning and she felt wet. CNA QQ stated the resident refused to be changed during the 04:00 AM rounds, and she had not been changed yet this morning. The resident declined the surveyor observation of incontinence care at that time.</p> <p>Observation on 11/18/24 at 12:24 PM, during the environmental tour with Administrative Staff A and Housekeeping Staff V, confirmed a strong urine odor in the room. Administrative Staff A stated the mattress may need replaced.</p> <p>Interview on 11/14/24 at 02:56 PM, with Licensed Nurse (LN) G, revealed the resident d nodd often use her call light, preferred to lay slumped in bed and turned to her right. LN G stated the resident refused showers and to get out of bed so staff provide bed baths.</p> <p>Interview on 11/18/24 at 01:30 PM with Administrative Nurse D, revealed the resident refused showers so staff provided bed baths, but did not know the resident refused incontinence care or the care plan indicated the resident often refused incontinent care. Administrative Nurse D stated the resident saturated the briefs and soaked through to the mattress due to large urine capacity of her bladder and staff provided check and change every two hours. Administrative Nurse D stated the resident brief was appropriate for the resident but did not know if/when staff assessed the urinary incontinence to determine a pattern or if the check and change every two hours was adequate.</p> <p>The facility did not provide a policy for development of the comprehensive care plan.</p> <p>The facility failed to provide this dependent resident a personalized comprehensive care plan to include strategies for refusal of incomitance care, a personalized check and change program, and assessment of incontinence products to prevent leakage of urine to enhance this resident's well-being.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/18/2024
NAME OF PROVIDER OR SUPPLIER Medicalodges Frontenac		STREET ADDRESS, CITY, STATE, ZIP CODE 206 S Dittman Street Frontenac, KS 66763	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34056</p> <p>The facility reported a census of 36 residents with 14 residents included in the sample, including three residents reviewed for Activities of Daily Living (ADL). Based on record review, interview and observation, the facility failed to shave Resident (R) 29 on a regular basis.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of Resident (R)29's electronic medical record (EMR) revealed a diagnosis of dementia (progressive mental disorder characterized by failing memory, confusion). <p>The Significant Change Minimum Data Set (MDS), dated [DATE], documented a staff assessment for cognition, which revealed moderate cognitive impairment. He had no impairment in functional range of motion (ROM) and had no rejection of cares. He was dependent on staff for personal hygiene.</p> <p>The Cognitive Loss/Dementia Care Area Assessment (CAA), dated 08/10/24, documented the resident was unable to make his wants and needs known to staff.</p> <p>The Functional Abilities CAA, dated 08/10/24, documented the resident required moderate assistance with his ADL cares. Staff were to anticipate his needs.</p> <p>The Quarterly MDS, dated [DATE], documented the staff assessment for cognition revealed moderate cognitive impairment. He had no impairment in functional ROM and had no rejection of cares. He was dependent on staff for personal hygiene.</p> <p>The Care Plan for ADLs, revised 08/20/24, instructed staff the resident required substantial to maximum assistance with ADLs related to a diagnosis of dementia. The resident was unable to make his needs known and required one staff for completion of personal cares.</p> <p>Review of the resident's EMR, from 10/16/24 through 11/17/24, revealed the resident required maximal assistance to being dependent on staff for assistance with personal hygiene, including facial shaving. The review also revealed the resident had no rejections of care.</p> <p>On 11/13/24 at 02:30 PM, the resident sat in his chair in his room. The resident had long, unshaven facial hair.</p> <p>On 11/14/24 at 08:07 AM, Certified Nurse Aides (CNA) N and CNA M ambulated with the resident from the dining room to his room. The resident had long, unshaven facial hair.</p> <p>On 11/18/24 at 08:19 AM, the resident sat at the dining room table with his peers for breakfast. The resident remained with long, unshaven facial hair.</p> <p>On 11/14/24 at 08:07 AM, CNA N stated staff were to shave residents on their shower days and more often if they ask. CNA N confirmed the resident was unable to voice his needs to staff.</p> <p>On 11/14/24 at 02:00 PM, CNA O stated staff were to shave residents on their shower days.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/18/2024
NAME OF PROVIDER OR SUPPLIER Medicalodges Frontenac		STREET ADDRESS, CITY, STATE, ZIP CODE 206 S Dittman Street Frontenac, KS 66763	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/14/24 at 02:00 PM, CNA P stated staff should shave residents on their shower days. CNA P stated the resident did not refuse cares.</p> <p>On 11/18/24 at 01:30 PM, Administrative Nurse D stated residents should be shaven on shower days and in the mornings when they are getting up and ready for the day.</p> <p>The facility lacked a policy for ADLs.</p> <p>The facility failed to ensure this dependent resident was shaven on a regular basis.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/18/2024
NAME OF PROVIDER OR SUPPLIER Medicalodges Frontenac		STREET ADDRESS, CITY, STATE, ZIP CODE 206 S Dittman Street Frontenac, KS 66763	
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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34056</p> <p>The facility reported a census of 36 residents with 14 residents sampled, including six residents reviewed for accidents. Based on observation, interview, and record review, the facility failed to safely transfer two Residents (R) 15 and R 32 and failed to ensure chemicals were kept locked on one resident hall, which housed eight confused residents.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of Resident (R) 15's Electronic Medical Record (EMR) revealed the following diagnoses: depression (a mood disorder that causes a persistent feeling of sadness and loss of interest) and pain (physical suffering or discomfort caused by illness or injury). <p>The Admission Minimum Data Set (MDS), dated [DATE], documented the resident had a Brief Interview for Mental Status (BIMS) score of eight, indicating moderate cognitive impairment. She was dependent on staff for sit to stand and chair to bed to chair transfers.</p> <p>The Functional Abilities Care Area Assessment (CAA), dated 05/27/24, documented the resident required total staff assistance of two staff for completion of Activities of Daily Living (ADL).</p> <p>The Quarterly MDS, dated [DATE], documented the resident had a BIMS score of seven, indicating severe cognitive impairment. She required maximum assistance for sit-to-stand and chair-to-bed-to-chair transfers.</p> <p>The Care Plan for ADLs, revised 08/30/24, instructed staff the resident required two staff for transfers. The resident was to wear non-skid footwear at all times.</p> <p>Review of the resident's EMR, from 10/16/24 through 11/17/24, revealed the resident required maximum assistance to total dependence on staff for transfers.</p> <p>On 11/14/24 at 11:01 PM, Certified Nurse Aides (CNA) N and CNA M transferred the resident from the recliner in the commons area to her wheelchair with total assistance of two staff and the use of the gait belt (device that helps to prevent falls). The resident was unable to bear weight during the transfer with her socked feet skimming the floor in between the recliner and the wheelchair. The resident's socks were not non-skid.</p> <p>On 11/14/24 at 01:14 PM, CNA M and CNA N transferred the resident from her wheelchair to the recliner in the commons area with total assistance of two staff and the use of the gait belt. The resident was unable to bear her full weight during the transfer. The resident wore non-skid socks at the time of the transfer.</p> <p>On 11/14/24 at 11:01 AM, CNA N confirmed the resident was not always able to bear full weight during transfers. CNA N stated the resident was to wear non-skid footwear at all times.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/18/2024
NAME OF PROVIDER OR SUPPLIER Medicalodges Frontenac		STREET ADDRESS, CITY, STATE, ZIP CODE 206 S Dittman Street Frontenac, KS 66763	
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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 11/14/24 at 11:01 AM, CNA M confirmed the resident was not able to bear weight during transfers. CNA M stated the resident could bear weight at times, but not always.</p> <p>On 11/14/24 at 02:00 PM, CNA O stated staff were to transfer the resident with two staff and the gait belt. The resident was not always able to bear her full weight.</p> <p>On 11/18/24 at 01:42 PM, Administrative Nurse D stated it was the expectation that residents could bear weight in order to be transferred with a gait belt.</p> <p>The facility failed to provide a policy regarding safe transfers.</p> <p>The facility failed to safely transfer this dependent resident who was unable to fully bear her weight.</p> <p>- Review of Resident (R)32's electronic medical record (EMR) revealed a diagnosis of dementia (progressive mental disorder characterized by failing memory, confusion).</p> <p>The Admission Minimum Data Set (MDS), dated [DATE], documented the resident had a Brief Interview for Mental Status (BIMS) score of six, indicating severe cognitive impairment. She had no impairment in functional range of motion (ROM) and used a wheelchair for mobility. She required moderate assistance of staff for sit-to-stand and chair-to-bed-to-chair transfers.</p> <p>The Functional Abilities Care Area Assessment (CAA), dated 05/21/24, documented the resident required maximum assistance of two staff or transfers with occasional use of the hooyer lift (a full body lift).</p> <p>The Quarterly MDS, dated [DATE], documented the resident had a BIMS score of five, indicating severe cognitive impairment. She had no impairment in functional range of motion (ROM) and used a wheelchair for mobility. She was dependent on staff for sit-to-stand and chair-to-bed-to-chair transfers.</p> <p>The Care Plan for Activities of Daily Living (ADL), revised 08/30/24, instructed staff the resident required maximum assistance of two staff for transfers. Staff were to utilize the sit to stand lift (a mechanical device designed to assist individuals in moving from a sitting to a standing position and vice versa) for transfers.</p> <p>Review of the resident's EMR, from 10/16/24 through 11/17/24, revealed the resident was dependent on staff assistance for transfers.</p> <p>On 11/14/24 at 08:10 AM, Certified Nurse Aide (CNA) M and CNA N transferred the resident from her wheelchair to her bed with the use of the sit to stand lift. The resident was unable to hold onto the handles of the lift for the entire duration of the transfer, as she slipped down her arms raised up, causing the belt of the lift to move upward and lodge in the resident's arm pits, which placed the resident in a suspended position with arms splayed in a manner that resembled a chicken wing.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/18/2024
NAME OF PROVIDER OR SUPPLIER Medicalodges Frontenac		STREET ADDRESS, CITY, STATE, ZIP CODE 206 S Dittman Street Frontenac, KS 66763	
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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 11/14/24 at 09:30 AM, CNA M and CNA N transferred the resident from her wheelchair to the recliner in the commons area with the use of the sit to stand lift. The resident was unable to hold onto the handles of the lift for the entire duration of the transfer, as she slipped down her arms raised up, causing the belt of the lift to move upward and lodge in the resident's arm pits, which placed the resident in a suspended position with arms splayed in a manner that resembled a chicken wing.</p> <p>On 11/14/24 at 09:30 AM, CNA N stated the resident would often have the lift belt raise up into her arm pits while transferring because the resident was not always able to hold onto the handles of the lift properly during transfers.</p> <p>On 11/14/24 at 02:00 PM, CNA Q stated the resident was not always able to bear her full weight on the sit to stand during transfers. She also was not able to always hold onto the handles which would causes the belt to slide up into her arm pits.</p> <p>On 11/18/24 at 01:42 PM, Administrative Nurse D stated it was the expectation that residents be able to bear weight and hold onto the handles of the lift while being transferred with the sit to stand lift.</p> <p>The facility failed to provide a policy regarding safe transfers.</p> <p>The facility failed to safely transfer this dependent resident who was unable to fully bear her weight and unable to hold onto the handles of the sit to stand lift appropriately.</p> <p>- During an environmental tour on 11/13/24 at 03:33 PM, the following items of concern were noted:</p> <p>An unlocked janitor's closet on the East Hall contained two bottles of cleaning supplies (Clorox Germicidal Bleach Spray) and (Virex II 256), which were labeled harmful if swallowed.</p> <p>On 11/13/24 at 03:35 PM, Consultant Staff GG stated the closet should be locked as it contained cleaning chemicals. The East Hall had 16 residents, including eight residents who were noted with confusion.</p> <p>The facility failed to provide a policy for unlocked chemicals.</p> <p>The facility failed to keep eight confused residents safe by having unlocked chemicals in the janitor's closet.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/18/2024
NAME OF PROVIDER OR SUPPLIER Medicalodges Frontenac		STREET ADDRESS, CITY, STATE, ZIP CODE 206 S Dittman Street Frontenac, KS 66763	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28560</p> <p>The facility reported a census of 36 residents with 14 residents selected for review, which included two residents reviewed for urinary incontinence. Based on observation, interview, and record review, the facility failed to ensure adequate toileting opportunities for Resident (R)22.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of Resident (R)22's medical record revealed diagnoses that included cardiomyopathy (heart disease), depression (abnormal emotional state characterized by exaggerated feelings of sadness, worthlessness, and emptiness), and history of urinary tract infections. <p>The Annual Minimum Data Set (MDS), dated [DATE], assessed the resident with a Brief Interview for Mental Status (BIMS) score of 15 which indicated no cognitive impairment. The resident was always incontinent of bowel and bladder. The resident received diuretics (medication to promote the formation and excretion of urine).</p> <p>The Urinary Incontinence and Indwelling Catheter Care Area Assessment (CAA), dated 08/17/24, revealed the resident required total to substantial maximum assistance of two staff for cares and often refused incontinence care. The resident was able to make her needs known.</p> <p>The Care Plan reviewed 09/04/24, instructed staff the resident required total to substantial maximum assistance with cares, and often refused incontinence care. The resident had a history of urinary tract infections and staff instructed to encourage the resident to allow incontinence care and notify the nurse if the resident declined. Staff instructed to check and change the resident.</p> <p>A Physician's order, dated 08/23/24, instructed staff to administer furosemide (a medication used to remove excess fluid from the body through the excretion of urine) 80 milligrams, daily for pulmonary hypertension (elevated pressure in the blood vessels of the lungs) due to heart disease.</p> <p>The [NAME] Bowel and Bladder assessment dated [DATE], assessed the resident had functional incontinence and required scheduled toileting. The resident refused to transfer to a bedside commode. This assessment revealed the resident had incontinence without the sensation of urine loss, had pain with movement, enuresis (incontinence at night) and received an antidepressant.</p> <p>Observation, on 11/13/24 at 10:34 AM, revealed the resident in bed, in a slumped position toward the right. The resident was alert and answered questions. The room had a strong urine odor. The resident stated she could not find her call light which was out of her reach on the headboard of the bed. The call light was disconnected from the wall. Certified Nurse Aide (CNA) MM reconnected the call light and positioned it within reach of the resident. CNA PP checked the resident for incontinence and provided incontinence care which included change of bed linen due to urine saturation.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/18/2024
NAME OF PROVIDER OR SUPPLIER Medicalodges Frontenac		STREET ADDRESS, CITY, STATE, ZIP CODE 206 S Dittman Street Frontenac, KS 66763	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation, on 11/14/24 at 01:00 PM, revealed a strong urine odor in R22's room with the resident slumped to the right. Interview at that time with CNA MM, revealed the resident was changed before lunch at approximately 12:00 PM, and the resident had soaked the entire bed with urine. CNA MM stated the resident does not get out of bed and does not always confirm with staff the need for incontinence care.</p> <p>Observation, on 11/14/24 at 03:01 PM, revealed the resident in bed, slumped to her right. The room had a strong urine odor. CNA P and CNA Q provided incontinence care. The resident saturated her brief and urine soaked through onto the mattress. CNA Q stated the resident was cooperative with staff with cares but often reports to staff that she did not need to be changed, when incontinent of urine. CNA Q stated staff check and change the resident every two hours.</p> <p>Observation, on 11/18/24 at 08:50 AM, revealed the room with a strong urine odor and the resident positioned in bed, slumped to the right. The resident stated staff did not change her this morning and she felt wet. CNA QQ stated the resident refused to be changed during the 04:00 AM rounds, and she had not been changed yet this morning. The resident declined the surveyor observation of incontinence care at that time.</p> <p>Observation, on 11/18/24 at 12:24 PM, during the environmental tour with Administrative Staff A and Housekeeping Staff V, confirmed a strong urine odor in the room. Administrative Staff A stated the mattress may need replaced.</p> <p>Interview, on 11/14/24 at 02:56 PM, with Licensed Nurse (LN) G, revealed the resident does not often use her call light, and prefers to lay slumped in bed, turned to her right. LN G stated the resident refused showers, so staff provide bed baths and the resident refused to get up out of bed.</p> <p>Interview, on 11/18/24 at 01:30 PM with Administrative Nurse D, revealed the resident refused showers so staff provided bed baths, but did not know the resident refused incontinence care. Administrative Nurse D stated the resident saturated the briefs and soaked through to the mattress due to large urine capacity of her bladder and staff provided check and change every two hours. Administrative Nurse D stated the resident brief was appropriate for the resident but did not know if/when staff assessed the urinary incontinence to determine a pattern. The resident did have a history of urinary tract infections, and was treated with antibiotics in March, April, and May 2024.</p> <p>The facility policy Incontinence Management Policy reviewed 02/2024, instructed staff to assess the resident's history and pattern of bladder function and complete a three day toileting diary upon admission annually and with significant change in health status. The plan of care will address individualized focus, goals and interventions directed towards managing the resident's bladder incontinence.</p> <p>The facility failed to provide this dependent resident a thorough assessment of her urinary incontinence to ensure staff provided an optimal toileting plan to decrease the risk of urinary tract infections.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/18/2024
NAME OF PROVIDER OR SUPPLIER Medicalodges Frontenac		STREET ADDRESS, CITY, STATE, ZIP CODE 206 S Dittman Street Frontenac, KS 66763	

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>34056</p> <p>The facility reported a census of 36 residents. Based on interview and record review, the facility failed to complete an annual performance review at least once every 12 months for three of the five Certified Nurse Aides (CNA) reviewed, CNA R, CNA MM, and CNA NN.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of five employee personnel files, employed by the facility for greater than one year, revealed the following concerns: <p>Certified Nurse Aide (CNA) R, hired 10/18/19, lacked an annual performance review in her personnel file.</p> <p>CNA MM, hired 12/15/22, lacked an annual performance review in her personnel file.</p> <p>CNA NN, hired 05/17/22, lacked an annual performance review in her personnel file.</p> <p>The facility's Employee Handbook, undated, included: In order to assist employees, improve their performance, and to identify the areas in which they excel and the areas in which they need to improve, the facility would complete annual performance evaluations.</p> <p>On 11/18/24 at 01:30 PM, Administrative Nurse D stated the staff's annual evaluations were not up to date.</p> <p>The facility failed to complete an annual performance review for this resident, employed by the facility for greater than one year.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/18/2024
NAME OF PROVIDER OR SUPPLIER Medicalodges Frontenac		STREET ADDRESS, CITY, STATE, ZIP CODE 206 S Dittman Street Frontenac, KS 66763	

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 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>34056</p> <p>The facility reported a census of 36 residents. Based on interview, and record review the facility failed to electronically submit to the Centers for Medicare and Medicaid Services (CMS), accurate direct staffing information, based on payroll and other verifiable and auditable data in a uniform format according to specifications established by CMS (i.e. Payroll Base Journal (PBJ), related to licensed nursing staffing information, when the facility failed to accurately report weekend staffing for Quarters 1 2024 (October 1-December 31), Quarter 2 2024 (January 1-March 31) and Quarter 3 2024 (April 1- June 30).</p> <p>Findings Included:</p> <ul style="list-style-type: none"> - Review of the Payroll Base Journal (PBJ) Staffing Data Report for fiscal year (FY), Quarter 1 2024 (October 1-December 31), Quarter 2 2024 (January 1-March 31) and Quarter 3 2024 (April 1-June 30), revealed excessively low weekend staffing. <p>Review of the staffing schedules for the weekends revealed the staffing was the same as during the weekdays.</p> <p>On 11/18/24 at 03:30 PM, Administrative Staff A stated the PBJ reporting was inaccurate.</p> <p>The facility lacked a policy for reporting PBJ hours.</p> <p>The facility failed to electronically submit to CMS accurate direct staffing information, based on payroll and other verifiable and auditable data in a uniform format according to specifications established by CMS (i.e. PBJ), related to licensed nursing staffing information when the facility failed to accurately report weekend staffing from 01/01/24 through 12/31/24.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/18/2024
NAME OF PROVIDER OR SUPPLIER Medicalodges Frontenac		STREET ADDRESS, CITY, STATE, ZIP CODE 206 S Dittman Street Frontenac, KS 66763	
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 - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>28560</p> <p>The facility reported a census of 36 residents. Based on observation, interview, and record review, the facility failed to provide a sanitary dressing change for Resident (R)5, failed to track and trend infections and causative organisms, and failed to store personal protective equipment (PPE) in a sanitary manner to prevent the spread of infection.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Observation, on 11/14/24 at 08:13 AM, revealed Licensed Nurse (LN) G, provided a dressing change to Resident (R)5's stage three pressure ulcer (a deep wound that involves full-thickness tissue loss, but does not expose the bone, tendon, or muscle) on the residents left buttock. LN G placed the dressing supplies directly onto the resident's overbed table without prior sanitizing the table. LN G opened the large final dressing and placed the pieces of calcium alginate (a substance used to absorb drainage from wounds) and Santyl (a substance used to remove dead tissue and promote wound healing) on the opened package interior. LN G placed four by four-inch gauze directly on the overbed table and proceeded to use the four by fours to cleanse the wound bed. Interview, on 11/14/24 at 08:15 AM, with LN G, confirmed she did not sanitize the overbed table prior to laying the supplies on it but did protect the Santyl and calcium alginate by placing it on the opened package of the final dressing interior. Interview, on 11/18/24 at 11:45 AM, with Administrative Nurse D, revealed she expected staff to sanitize the overbed table prior to placing dressing supplies on it. Administrative Nurse D stated the facility utilized the standards for practice as a guide for wound dressings. <p>The facility policy Skills Check-Clean Dressing Change undated, instructed staff to clean a surface and provide a clean field to place supplies.</p> <p>The facility failed to ensure staff provided sanitary dressing changes by sanitizing the work surface prior to placing dressing supplies.</p> <p>- Review of the facility's Infection Surveillance Monthly Report revealed the following areas of concern:</p> <p>The May 2024 report documented six residents with urinary tract infections (UTI) without culture results if done. Three of the resident's signs and symptoms listed as dysuria (pain/discomfort with urination) one resident with altered mental status and one lacked signs and symptoms. All the urinary tract infections lacked culture reports, if done, and all were treated with antibiotics. One of the residents with a UTI had a treatment start date of 04/24/24 with a closed date of 05/01/24.</p> <p>The June 2024 report documented six residents with urinary tract infections without culture results if done. The signs and symptoms for one resident include altered mental status, fatigue/malaise (generalize ill feeling) and weakness. Three residents with dysuria and two lacked signs and symptoms, and all were treated with antibiotics. One resident began antibiotics on 06/03/24. The other six residents were carried over from May 2024 and all had a close date of 07/01/24.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/18/2024
NAME OF PROVIDER OR SUPPLIER Medicalodges Frontenac		STREET ADDRESS, CITY, STATE, ZIP CODE 206 S Dittman Street Frontenac, KS 66763	
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 - Many</p>	<p>The July 2024 report documented the same six residents from the June report and all had a close date of 07/01/24.</p> <p>The September 2024 report documented one resident with a UTI with signs and symptoms of new onset of confusion and dysuria. The report lacked culture report if done, and a closed date of 11/04/24.</p> <p>The October 2024 report documented two residents with UTI's with signs and symptoms of new onset of confusion. One resident's sign and symptoms included dysuria, general complaints, and pain and all were treated with antibiotics. One resident had documentation of a completed culture but was not listed on the report. All had a closed date of 11/04/24.</p> <p>The Infection by Unit Report from May 1, 2024 through November 18, 2024, revealed 11 residents with UTIs and with four culture reports.</p> <p>Interview on 11/18/24 at 01:00 PM with Administrative Nurse D, revealed the facility had three infection preventionist within the past year, and the current infection preventionist was new to the role. Administrative Nurse D stated facility utilized McGeers criteria (a guideline to determine need for antibiotic initiation based on symptoms) but did not know where/if the completed documents were located.</p> <p>Interview, on 11/18/24 at 01:30 PM with Licensed Nurse G, revealed staff notify the medical provider of resident symptoms and usually receive orders for a urinalysis with culture if indicated. The medical provider usually awaited the culture reports, depending on symptoms. Staff receive culture results per the fax machine, and then forwards it to the medical provider.</p> <p>The facility policy Infection Control Surveillance revised 11/2023, instructed staff to prevent, identify, monitor, analyze, and report infections in the facility. Staff instructed to analyze data routinely to determine trends clusters and/or outbreaks in the facility. Antibiotic initiation is to be based on the specific organism identified on lab results a per the physician orders. The infection preventionist is to review antibiotic orders for dosage, route, duration, location of infection rational for antibiotic usage and met McGeers criteria for use. Staff to utilize the electronic medical record module Infection Screening Evaluation with identified changes in resident condition.</p> <p>The facility failed to complete the Infection Surveillance Monthly Reports to include culture results for causative organisms and failed to determine compliance with McGeers criteria, to determine the ongoing infections in the facility as required.</p> <p>34056</p> <p>- During an environmental tour on 11/13/24 at 08:48 AM, the following areas of concern were noted in the Utility Room on South Hall:</p> <ol style="list-style-type: none"> 1. An open box of COVID-19 (an acute disease in humans caused by a coronavirus, which is characterized mainly by fever and cough and was capable of progressing to severe symptoms and in some cases death, especially in older people and those with underlying health conditions) tests, which contained 25 unused tests, rested directly on the floor. 2. An open box of COVID-19 tests, which contained 32 unused tests, rested directly on the floor. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/18/2024
NAME OF PROVIDER OR SUPPLIER Medicalodges Frontenac		STREET ADDRESS, CITY, STATE, ZIP CODE 206 S Dittman Street Frontenac, KS 66763	

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 - Many</p>	<p>3. An open box of COVID-19 tests, which contained 96 unused tests, rested directly on the floor.</p> <p>4. An open box of 160 individually wrapped plastic gowns used as personal protective equipment (PPE-clothing and equipment that is worn or used to provide protection against hazardous substances or environments), half full, rested directly on the floor.</p> <p>5. An open box of 100 yellow gowns, used as PPE, three-quarters full, rested directly on the floor.</p> <p>6. An unopened box of 100 yellow gowns, used as PPE, rested directly on the floor.</p> <p>7. An unopened box of 100 eye shields, used as PPE, rested directly on the floor.</p> <p>8. The cabinet underneath the sink was partially open and spilled out a bag of blue gowns, used as PPE, directly onto the floor.</p> <p>On 11/13/24 at 09:30 AM, Administrative Staff A stated the boxes should not rest directly on the floor. The boxes contained staff PPE and COVID testing supplies.</p> <p>The facility failed to provide a policy regarding storage of supply boxes.</p> <p>The facility failed to store PPE and COVID-19 testing supplies in a clean and sanitary manner.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/18/2024
NAME OF PROVIDER OR SUPPLIER Medicalodges Frontenac		STREET ADDRESS, CITY, STATE, ZIP CODE 206 S Dittman Street Frontenac, KS 66763	
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 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement a program that monitors antibiotic use.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28560</p> <p>The facility reported a census of 36 residents. Based on observation, interview, and record review, the facility failed to ensure staff followed the principles of antibiotic stewardship to ensure the residents received appropriate antibiotics for causative organisms.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of Resident (R)22's medical record revealed diagnoses that included cardiomyopathy (heart disease), depression (abnormal emotional state characterized by exaggerated feelings of sadness, worthlessness, and emptiness), and history of urinary tract infections. <p>The Annual Minimum Data Set (MDS), dated [DATE], assessed the resident with a Brief Interview for Mental Status (BIMS) score of 15 which indicated no cognitive impairment. The resident was always incontinent of bowel and bladder. The resident received diuretics (medication to promote the formation and excretion of urine).</p> <p>The Urinary Incontinence and Indwelling Catheter Care Area Assessment (CAA), dated 08/17/24, revealed the resident required total to substantial maximum assistance of two staff for cares and often refused incontinence care. The resident was able to make her needs known.</p> <p>The Care Plan reviewed 09/04/24, instructed staff the resident required total to substantial maximum assistance with cares, and often refused incontinence care. The resident had a history of urinary tract infections and staff instructed to encourage the resident to allow incontinence care and notify the nurse if the resident declined. Staff instructed to check and change the resident.</p> <p>A Physician's Order dated 03/22/24, instructed staff to administer cefdinir (an antibiotic) 300 milligrams (mg) twice a day for seven days for urinary tract infection (UTI). The causative organisms (proteus mirabilis and Escherichia coli) per culture report were susceptible to the antibiotic.</p> <p>A urine sample obtained by a catheter (a flexible tube) inserted into the bladder for a sterile urine sample on 03/26/24 revealed no UTI for R22.</p> <p>A Physician's Order dated 04/03/24 instructed staff to administer Macrochantin (an antibiotic) 100 mg twice a day for seven days for UTI for R22. The medical record lacked a culture report for the use of this antibiotic.</p> <p>A Physician's Order dated 05/20/24, instructed staff to administer cefuroxime axetil (an antibiotic) 250mg twice a day for UTI for R22. The culture report revealed the causative organism as proteus mirabilis which was susceptible to the antibiotic.</p> <p>Interview, on 11/18/24 at 01:00 PM with Administrative Nurse D, revealed the resident received the antibiotic order from the emergency room physician and the facility did not receive the culture report.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/18/2024
NAME OF PROVIDER OR SUPPLIER Medicalodges Frontenac		STREET ADDRESS, CITY, STATE, ZIP CODE 206 S Dittman Street Frontenac, KS 66763	
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 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility policy Infection Control Surveillance revised 11/2023, instructed staff to review the clinical record for diagnostic or lab results which support the use of current antibiotics prescribed.</p> <p>The facility failed to obtain the culture results to ensure the appropriate use of Macrochantin ordered on 04/03/34, was effective to ensure antibiotic stewardship to prevent multidrug resistant bacterial infections for this incontinent resident with UTIs.</p>		