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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEDICALODGES GODDARD	501 EASY STREET GODDARD, KS 67052

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F 000	INITIAL COMMENTS The following citations represent the findings of a Focused Infection Control/Targeted Infection Control survey in preparation for COVID-19 in accordance with the Centers for Medicare and Medicaid Services (CMS), a health resurvey, and complaint investigation KS00156165.	F 000		
F 698 SS=D	Dialysis CFR(s): 483.25(l) §483.25(l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: The facility census totaled 38 residents, with 12 included in the sample, with one resident reviewed for dialysis (the clinical purification of blood, as a substitute for the kidney's normal function). Based on interview, observation, and record review, the facility failed to provide the necessary care and service to attain or maintain a resident's highest practicable physical well-being related to dialysis by not documenting assessments of Resident (R) 28's dialysis fistula (a connection, made by a vascular surgeon, of an artery to a vein site). Findings included: - The review of R28's signed "Physician Orders" dated 02/12/20 revealed the following diagnoses: chronic kidney disease, dependence on renal dialysis, hypotension (low blood pressure).	F 698		

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

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Review of the "Significant Change Minimum Data Set" (MDS) dated 03/19/20 revealed a "Brief Interview for Mental Status" (BIMS) score of 15, indicating intact cognition. R28 received dialysis treatments.

Review of the Quarterly MDS dated 08/27/20 revealed a BIMS score of 15 indicating intact cognition and no behaviors present. Received dialysis treatments.

Review of R28's "Care Plan" dated 07/17/17, revealed he had renal failure and went to dialysis three times per week (07/17/17). R28 had a functional Arteriovenous (AV) fistula in his left arm and received dialysis through this fistula. The "Care Plan" did not mention anything about assessing the fistula, thrill (a fine vibration felt which reflects the blood flow by a dialysis resident's shunt), and bruit (blowing or swishing sound heard which reflects the blood flow with a dialysis resident's shunt) each shift and documenting this on the Treatment Administration Record (TAR) as specified in the Dialysis Management Guideline Policy.

Review of R28's "Physician Orders" dated 06/27/20 revealed nursing staff were to check vital signs before and after dialysis on Tuesday, Thursday, and Saturday.

Review of the August, September, and October TARs revealed no documentation of the AV fistula site assessment for bleeding, bruit or thrill.

An observation on 10/20/20 at 01:23 PM revealed R28 came back from dialysis. A dialysis notebook was returned and included a completed communication sheet. At 01:33 PM, Certified

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F 698	Continued From page 2	F 698		

Medication Aide (CMA) E obtained vital signs for R28. By 02:05 PM the charge nurse had not assessed the fistula site upon R28's returning from dialysis and did not include any documentation in her notes to state she had assessed the fistula site.

During an interview on 10/20/20 at 02:05 PM R28 stated nursing staff checked his fistula site sometimes but not on a regular basis.

During an interview on 10/22/20 at 11:02 AM, Administrative Nurse B, stated she personally assessed the left arm fistula site for bleeding, thrill and bruit but stated that she had not documented this in R28's medical records. Administrative Nurse B stated the fistula site should be documented on the TAR and this had been done in the past but was taken off the TAR when R28 used a dialysis catheter in his chest and the AV fistula assessment was never put back on the TAR since using the AV fistula on his left arm.

During an interview on 10/22/20 at 03:45PM, Administrative Nurse A stated she expected nursing staff to assess R28's fistula site for bleeding and for thrill and bruit and expected this to be documented in a nursing note upon return from the dialysis facility.

Review of the Dialysis Management Guideline policy dated 04/2015 revealed, "Assessment of the dialysis access site is to be documented in the TAR every shift. All access site types are to be assessed every shift for bleeding, signs symptoms of infection. AV fistulas are to be assessed every shift for thrill and bruit."

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F 698	Continued From page 3 The facility failed to ensure nursing staff performed and documented post-dialysis assessments of R28's fistula site.	F 698		
F 757 SS=D	Drug Regimen is Free from Unnecessary Drugs CFR(s): 483.45(d)(1)-(6) §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used- §483.45(d)(1) In excessive dose (including duplicate drug therapy); or §483.45(d)(2) For excessive duration; or §483.45(d)(3) Without adequate monitoring; or §483.45(d)(4) Without adequate indications for its use; or §483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or §483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. This REQUIREMENT is not met as evidenced by: The facility census totaled 38 residents, with 12 included in the sample, and five residents reviewed for unnecessary medications. Based on interview, observation, and record review, the facility failed to ensure staff held Resident (R)28's Midodrine (medication used to increase blood pressure) when the resident's systolic blood pressure (SBP) was greater than 150 mmHg	F 757		

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(millimeters of mercury).

Findings included:

- Review of R28's signed "Physician Orders" dated 02/12/20 included a diagnosis of hypotension (low blood pressure).

Review of the "Significant Change Minimum Data Set" (MDS) dated 03/19/20 revealed a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. R28 received dialysis (the clinical purification of blood by dialysis, as a substitute for the kidney's normal function) treatments.

A review of the "Quarterly MDS" dated 08/27/20 revealed a BIMS score of 15, indicating intact cognition, and he continued to receive dialysis treatments.

Review of R28's "Care Plan" dated 07/17/17 revealed he had renal failure and went to dialysis three times per week.

Review of R28's "Physician Orders" dated 06/26/20 revealed R28 received Midodrine (a medication used to increase blood pressure) 10 milligrams (mg), give one tablet by mouth three times a day related to other hypotension. The staff were not to administer the medication if the resident's SBP was greater than 150 mmHg.

A review of the September 2020 "Electronic Medication Administration Record" (EMAR) revealed staff administered the medication when his SBP was greater than 150 mmHg on:
09/13/20 at 08:00 with a SBP of 164/100 mmHg
09/23/20 at 02:00 with a SBP of 151/77 mmHg

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Review of the October 2020 EMAR revealed staff did not hold the administration of Midodrine when his SBP was greater than 150 mmHg on:
10/05/20 at 08:00 with a SBP of 166/86 mmHg
10/10/20 at 08:00 with a SBP of 163/95 mmHg
10/13/20 at 02:00 with a SBP of 157/81 mmHg
10/18/20 at 08:00 with a SBP of 152/85 mmHg

An observation on 10/20/20 at 01:23 PM revealed R28 came back from dialysis, with a dialysis notebook which included a completed communication sheet. At 01:33 PM staff obtained vital signs.

During an interview on 10/22/20 at 10:20 AM, Certified Medication Aide (CMA) E stated R28 received Midodrine, intended to raise his blood pressure. CMA E reported the staff were not to administer the medication if R28's SBP was above 150 mmHg. CMA E said if the staff held any medication, they documented in the EMAR an "H" for held or "VS" for vital signs out of parameters.

During an interview on 10/22/20 at 11:02 AM, Administrative Nurse B confirmed the occasions the staff administered the medication when the vital signs were out of parameters.

During an interview on 10/22/20 at 03:45 PM, Administrative Nurse A stated she expected the nursing staff to follow medication parameters as ordered and not administer medication outside of the parameters.

The facility did not provide a policy concerning unnecessary medications or parameters as requested on 10/27/20.

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F 757	Continued From page 6 The facility failed to ensure R28 did not receive unnecessary medications when the staff administered medication to R28, outside of the ordered parameters.	F 757		
F 758 SS=D	Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5) §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic Based on a comprehensive assessment of a resident, the facility must ensure that--- §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record; §483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs; §483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented	F 758		

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in the clinical record; and

§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.

§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication.
This REQUIREMENT is not met as evidenced by:
The facility reported a census of 38 residents with 12 sampled for review, including five for unnecessary medications. Based on observation, interview, and record review the facility failed to provide proper assessments for psychotropic drug use for residents (R)18 and R25 by not assessing for drug-induced movement disorders.

Findings included:

- Review of R18's "Physician Order Sheet" dated 09/18/20 included the following diagnoses; MDD- (Major depressive disorder- major mood disorder) and Posttraumatic stress disorder (PTSD, a psychiatric disorder characterized by an acute emotional response to a traumatic event or situation involving severe environmental stress, such as natural disaster, military combat, serious automobile accident, airplane crash or physical torture).

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Review of the "Admission Minimum Data Set" (MDS) dated 05/15/20 documented a Brief Mental Status (BIMS) score of 15, indicating intact cognition. R18 received scheduled antipsychotic (class of medications used to treat psychosis and other mental, emotional conditions) medications seven days of the seven day look back period.

Review of the "Quarterly MDS" dated 08/06/20 documented a BIMS score of 10, indicating moderately impaired cognition. R18 received scheduled antipsychotic medications seven days of the seven day look back period.

Review of "Physician Orders" dated 09/18/20 documented R18 received Abilify (an antipsychotic medication) 5 milligrams (mg) daily, ordered on 05/08/20.

Review of "Pharmacy Reviews" dated 04/16/20 and 07/24/29 documented that the recommendations were to complete the Dyskinesia Identification System: Condensed User Scale (DISCUS, used to assess drug-induced movement disorders) assessment.

A review of the "DISCUS" assessments revealed the last completed assessment was on 04/20/20. There was no documentation of an assessment being completed in July 2020, as recommended by the pharmacist.

Following multiple telephone attempts during the survey period, LN D was unavailable for an interview.

Interview on 10/22/20 at 10:20 AM with Administrative Nurse B revealed that Licensed Nurse (LN) D would complete the DISCUS

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assessments with each quarterly MDS.

Interview on 10/22/20 at 03:22 PM Administrative Nurse A revealed that LN D would do DISCUS assessment quarterly with the MDS. She confirmed there were outstanding assessments, and she had forwarded them on to LN D.

Review of the facilities 11/17 dated policy "Medication Regimen Review and Reporting" documented the care center was to verify and take appropriate action within 30 days of the pharmacist's recommendations.

The facility failed to properly assess the use of antipsychotic medications for R18 preventing possible side effects and unnecessary medications.

- Review of the "Physician Order Sheet" dated 09/18/20 documented the following diagnosis for Resident (R) 25; hallucinations (sensing things while awake that appear to be real, but the mind created), delusions (untrue persistent belief or perception held by a person although evidence shows it was untrue), and MDD (Major depressive disorder- major mood disorder).

Review of the "Annual Minimum Data Set" (MDS) dated 5/21/20 revealed a Staff Assessment of Mental Status of modified independence, indicating some difficulty in new situations only. R25 received scheduled antipsychotic (class of medications used to treat psychosis and other mental, emotional conditions) medications seven days of the seven day look back period.

Review of the "Quarterly MDS" dated 08/20/20 documented a BIMS score of 13, indicating intact

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cognition. R25 received scheduled antipsychotic medications seven days of the seven day look back period.

A review of the "Psychotropic Drug Use Care Area Assessment" (CAA) documented that R25 received antipsychotic medication for all seven days during that seven day review period.

Review of "Physician Orders" dated 09/18/20 documented R25 received Seroquel (an antipsychotic medication) 25 milligrams (mg) daily at bedtime, ordered on 4/20/20.

Review of "Pharmacy Reviews" dated 04/16/20 and 07/24/29 documented that the recommendations were to complete the Dyskinesia Identification System: Condensed User Scale (DISCUS, used to assess drug-induced movement disorders) assessment.

A review of the "DISCUS" assessments revealed the last completed assessment was on 04/20/20. There was no documentation of an assessment being completed in July 2020, as recommended by the pharmacist.

Following multiple telephone attempts during the survey period, LN D was unavailable for an interview.

Interview on 10/22/20 at 10:20 AM with Administrative Nurse B revealed that Licensed Nurse (LN) D would complete the DISCUS assessments with each quarterly MDS.

Interview on 10/22/20 at 03:22 PM Administrative Nurse A revealed that LN D would do DISCUS assessment quarterly with the MDS. She

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F 758	Continued From page 11 confirmed there were outstanding assessments, and she had forwarded them on to LN D. Review of the facilities 11/17 dated policy "Medication Regimen Review and Reporting" documented the care center was to verify and take appropriate action within 30 days of the pharmacist's recommendations. The facility failed to properly assess the use of antipsychotic medications for R25 preventing possible side effects and unnecessary medications.	F 758		