STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087012	A. BUILDING: _____ B. WING _____	09/24/2024

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS The following citation represents the findings of a Re-Licensure Survey with complaint investigation 87616 for the above named Assisted Living Facility conducted on 09/24/24.	S 000		
S3082 SS=E	26-41-201 (d) Functional Capacity Screen Accurate d) Designated facility staff shall ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form. This REQUIREMENT is not met as evidenced by: K.A.R 26-41-201 (d) The facility reported a census of 10 residents(R). The sample included three residents. Based on interview and record review, the operator failed to ensure designated staff completed three (R3, R4, and R5) sample residents "Functional Capacity Screen" accurately to reflect their functional ability related to management of medications, medical treatments, and falls. Findings Included: - Review of R3's medical record revealed she moved into the facility on 10/21/22 with diagnoses of major depression and chronic pain. R3's "Functional Capacity Screen" (FCS) dated 07/30/24 staff coded R3 as independent with management of medications and medical treatments and did not identify her at risk for falls. Review of R3's September 2024 Medication	S3082		

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

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S3082	Continued From page 1 Administration Record revealed staff initialed administration of medications to indicate staff administered them. Review of R3's nursing progress notes included documentation of R3 having a non-injury fall on 07/12/24, less than a month prior to completion of the FCS. Interview on 09/24/24 at 01:58 PM Certified Medication Aide B acknowledged the staff administered medications and any treatments to R3. Interview on 09/24/24 at 12:50 PM Operator/Certified Medication Aide A reported she coded a 0 for medications and treatments because the resident is taking the cup and doing the act of taking the medications herself. Operator/Certified Medication Aide A also reported falls should have been marked as a concern because she had a fall shortly before the FCS was completed. Operator/Certified Medication Aide A acknowledged she had not coded R3's FCS accurately for medications, treatments, or falls. - R4's record revealed she moved into the facility on 09/19/24 with diagnosis of insomnia and osteoporosis. R4's "Functional Capacity Screen" (FCS) dated 09/19/24 staff coded R4 as independent with management of medications and management of medical treatments. Review of R4's September 2024 Medication Administration Record revealed staff initialed for administration of medications.	S3082		

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S3082	Continued From page 2 Interview on 09/24/24 at 02:30 PM Certified Medication Aide B acknowledged facility staff administered R4's medications. - Review of R5's medical record revealed she moved into the facility on 02/01/21 with diagnosis of heart failure. R5's "Functional Capacity Screen" (FCS) dated 09/18/24 staff coded R5 as independent with management of medications and medical treatments. Review of R5's September 2024 Medication Administration Record included staff initials to indicate staff administered R5 her medications. Interview on 09/24/24 at 03:59 PM resident stated that she is very knowledgeable of her medications and is very involved but the staff administer them to her. Interview on 09/24/24 at 02:45 PM Certified Medication Aide B acknowledged staff administer medications and treatments for R5. Interview on 09/24/24 at 04:12 Operator/Certified Medication Aide A acknowledged she had not coded R3, R4, or R5's FCS accurately according to manual definitions.	S3082		