STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175294	A. BUILDING _____ B. WING _____	C 01/14/2025

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) COMPLETION DATE
F 000	INITIAL COMMENTS The following citations represent the findings of complaint investigations KS00192730 and KS00192089. The 2567 was electronically sent on 1/28/25.	F 000		
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: The facility reported a census of 44 residents with three residents included in the sample. Based on observation, interview, and record review the facility failed to ensure an environment free of accident hazards on 01/14/25 when Certified Nurse Aide (CNA) M did not follow the standard of care and utilize another staff member assistance during the transfer of Resident (R) 1 from his wheelchair to his bed, using a Hoyer Lift (a mechanical device that helps people with limited mobility be transferred safely with minimal physical effort). Findings included: - The "Quarterly Minimum Data Set" (MDS) dated 11/01/24 revealed R1 had a "Brief Interview for Mental Status" (BIMS) score of 14, indicating	F 689		

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

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F 689	Continued From page 1	F 689		

intact cognition.

The "Care Plan" revision dated 12/31/24 revealed R1 required assistance from staff with all transfers.

An observation on 01/14/25 at 12:35 PM revealed CNA M transferred R1 from his wheelchair to his bed using the Hoyer lift by herself.

An interview on 01/14/25 at 12:35 PM with CNA M revealed if the resident was light, they could use the Hoyer and lift the resident by themselves.

An interview on 01/14/25 at 01:25 PM with Administrative Nurse D revealed the protocol for transfers of a resident using the Hoyer lift was two staff members to always be present to assist with transfers.

An interview on 01/14/25 at 02:50 PM with CNA N revealed the facility provided training on the Hoyer and Sit-to-Stand lifts and noted they were to always have two staff members while using the lifts.

On 01/14/25 at 03:00 PM Administrative Nurse D stated the facility did not have a policy regarding "Transfers" and further stated staff were to follow known standards of care utilizing two staff to transfer residents using a Hoyer lift.

The facility failed to ensure an environment free of accident hazards on 01/14/25 when CNA M transferred R1 from his wheelchair to his bed with the use of a Hoyer lift and did not have an additional staff member present for the transfer.