

Kansas State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N087012		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 03/24/2026	
NAME OF PROVIDER OR SUPPLIER Medicalodges Goddard				STREET ADDRESS, CITY, STATE, ZIP CODE 501 EASY STREET , GODDARD, Kansas, 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	
S0000	INITIAL COMMENTS The following represent the findings of a resurvey for the above-named Residential Health Care Facility conducted on 03/23/26 and 03/24/26.		S0000				
S3085 SS = E	Negotiated Service Agreement CFR(s): 26-41-202 (a) (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This LICENSURE REQUIREMENT is NOT MET as evidenced by: The facility reported a census of eight residents with three residents included in the sample. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) was fully developed based on the resident's "Functional Capacity Screen" (FCS), service needs, and preferences for Resident (R)102 and R103. KAR 26-41-202 (a) (1) Findings included: - R102's medical record revealed she moved into the		S3085				

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S3085 SS = E	Continued from page 1 facility on 09/19/24 with a diagnosis of heart failure. The 03/14/26 FCS identified R102 was frequently incontinent of urine, had issues with short term memory, memory/recall and decision-making, and was assessed as having impaired vision and impaired hearing. The 03/14/26 NSA did not address what services staff provided R102 concerning her incontinence, cognitive issues, impaired vision, and impaired hearing. On 03/24/26 at 10:51 AM Administrative Staff A confirmed R102's NSA did not address what services staff provided for all that triggered on her FCS. The operator failed to ensure R102's NSA was fully developed to include all items that triggered on the FCS, her service needs, and preferences. - R103's medical record revealed he moved into the facility on 09/10/25 with a diagnosis atherosclerotic heart disease. The 02/23/26 FCS identified R103 was frequently incontinent of urine, had visual impairment and hearing impairment. The 02/23/26 NSA did not address what services staff provided R103 concerning his incontinence, visual impairment and hearing impairment. On 03/24/26 at 11:27 AM Administrative Staff A confirmed R103's NSA did not address all that triggered on the FCS. The operator failed to ensure R103's NSA was fully developed to include all items that triggered on the FCS, his service needs, and preferences.	S3085					