STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175258	A. Building B. Wing	07/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medicalodges Fort Scott	915 S Horton Fort Scott, KS 66701

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)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility reported a census of 34 residents. The sample included three residents. Based on observation, interview, and record review the facility failed to provide protective measures for Resident (R)1 following an allegation of abuse. This placed the resident at risk for abuse. Findings included: - R1's Electronic Medical Record (EMR) included the following diagnoses: schizophrenia (a mental disorder characterized by gross distortion of reality, disturbances of language and communication, and fragmentation of thought), bipolar disorder (a major mental illness that causes people to have episodes of severe high and low moods), major depressive disorder (MDD-major mood disorder that causes persistent feelings of sadness), intellectual disability (ID- a significantly below-average score on a test of mental ability or intelligence and limitations in the ability to function in areas of daily life), anxiety (mental or emotional reaction characterized by apprehension, uncertainty, and irrational fear) and hallucinations (sensing things while awake that appear to be real, but the mind created). R1's Annual Minimum Data Set (MDS), dated [DATE], documented the resident had a Brief Interview for Mental Status (BIMS) score of 12, indicating moderately impaired cognition. He had verbal behaviors for one to three days of the assessment period. The resident received antipsychotic (a class of drugs primarily used to treat psychosis, a condition where a person experiences a loss of contact with reality), antianxiety (drugs used to treat symptoms of anxiety and related disorders) and antidepressant (prescription drugs used to treat depression and other mental health conditions by affecting neurotransmitters in the brain) medications during the seven-day look-back period. R1's Cognitive Loss/Dementia Care Area Assessment (CAA), dated 03/14/25, documented the resident had mild cognitive impairment. R1's Urinary Incontinence/Indwelling Catheter CAA, dated 03/14/25, documented the resident required extensive assistance with toileting as he was frequently incontinent (inability to hold bowel and bladder) of bowel and bladder and wore briefs for protection and dignity. R1's Behavioral Symptoms and Psychosocial Well-Being CAAs, dated 03/14/25, documented the resident had an increase in behaviors and rejection of care. R1's physician had been made aware of the increase in behaviors. R1's Quarterly MDS, dated 06/13/25, documented the resident had a BIMS score of 11, indicating moderate cognitive impairment. He had verbal behaviors for one to three days of the assessment period. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175258	A. Building B. Wing	07/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medicalodges Fort Scott	915 S Horton Fort Scott, KS 66701

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)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The resident received antipsychotic, antianxiety, and antidepressant medications during the seven-day look-back period. R1's Care Plan, revised 07/02/25, instructed staff the resident could, at times, make false accusations against staff and was on psychotropic (drugs that affect brain activities associated with mental processes and behaviors) medications to assist in regulating his emotions and thought patterns. R1 was receiving psychiatric services through telemedicine and staff were to monitor him closely and redirect him to promote his safety. Staff were to utilize two staff members when providing care to the resident. A review of R1's EMR and information provided by the facility revealed on 06/29/25 the resident made an accusation of sexual abuse by staff while toileting. Staff approached the resident at approximately 11:15 in his room as the resident was in a chair watching TV and yelling. When staff entered R1's room, he yelled at them to get out. The resident was then heard by staff saying he was tired of the staff waking him up to play with his butthole and ding-dong and he was going to get them for sexual assault. Staff assessed R1 for physical and emotional safety at approximately 11:30 AM and he was stable with no signs of distress or harm. The facility was unable to provide evidence the alleged perpetrator of the abuse was removed from the facility and denied access to the residents during their investigation of the accusation. On 07/02/25 at 08:30 AM, R1 sat in his wheelchair in the front commons area with his peers. The resident was friendly and talkative and had no outward appearance of distress. On 07/02/25 at 08:57 AM, Certified Nurse Aide (CNA) O provided stand-by assistance while toileting R1. No other staff were in the room at the time of the care. On 07/02/25 at 11:21 AM, CNA M stated the resident would refuse care at times. CNA M stated the resident had an increase in behaviors and the nurse was aware of the changes. CNA M stated the resident was incontinent of bowel and bladder and required staff assistance with toileting. CNA M was not aware of the need to provide care to the resident in pairs. On 07/02/25 at 11:43 AM, Licensed Nurse (LN) G stated the resident had psychotic episodes which would include screaming and being aggressive towards staff verbally. LN G was not aware the staff was supposed to be providing resident care in pairs for the resident. On 07/02/25 at 01:17 PM, Administrative Staff A stated she was unaware the staff involved in the incident needed to be suspended, placed on leave, or otherwise formally denied access to the residents while the allegation was investigated. Administrative Staff A stated she was notified of the accusation immediately and was in the facility to begin the investigation within approximately 15 minutes. She reported the incident to the hotline via e-mail on 06/30/25. The facility policy for Abuse, Neglect and Exploitation, revised 10/2022, included: Any time a report of possible abuse, neglect or exploitation is made against an employee, that employee shall be immediately sent home and suspended without pay by the person in charge until a thorough investigation can be conducted by the DON and/or the Administrator.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175258	A. Building B. Wing	07/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medicalodges Fort Scott	915 S Horton Fort Scott, KS 66701

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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility reported a census of 34 residents. The sample included three residents. Based on observation, interview, and record review the facility failed to update Resident (R) 1's Care Plan, putting the resident at risk for inadequate care due to uncommunicated care needs. Findings included: - R1's Electronic Medical Record (EMR) included the following diagnoses: schizophrenia (a mental disorder characterized by gross distortion of reality, disturbances of language and communication, and fragmentation of thought), bipolar disorder (a major mental illness that causes people to have episodes of severe high and low moods), major depressive disorder (MDD-major mood disorder that causes persistent feelings of sadness), intellectual disability (ID- a significantly below-average score on a test of mental ability or intelligence and limitations in the ability to function in areas of daily life), anxiety (mental or emotional reaction characterized by apprehension, uncertainty, and irrational fear) and hallucinations (sensing things while awake that appear to be real, but the mind created). R1's Annual Minimum Data Set (MDS), dated [DATE], documented the resident had a Brief Interview for Mental Status (BIMS) score of 12, indicating moderately impaired cognition. He had verbal behaviors for one to three days of the assessment period. The resident received antipsychotic (a class of drugs primarily used to treat psychosis, a condition where a person experiences a loss of contact with reality), antianxiety (drugs used to treat symptoms of anxiety and related disorders) and antidepressant (prescription drugs used to treat depression and other mental health conditions by affecting neurotransmitters in the brain) medications during the seven-day look-back period. R1's Cognitive Loss/Dementia Care Area Assessment (CAA), dated 03/14/25, documented the resident had mild cognitive impairment. R1's Urinary Incontinence/Indwelling Catheter CAA, dated 03/14/25, documented the resident required extensive assistance with toileting as he was frequently incontinent (inability to hold bowel and bladder) of bowel and bladder and wore briefs for protection and dignity. R1's Behavioral Symptoms and Psychosocial Well-Being CAAs, dated 03/14/25, documented the resident had an increase in behaviors and rejection of care. R1's physician had been made aware of the increase in behaviors. R1's Quarterly MDS, dated 06/13/25, documented the resident had a BIMS score of 11, indicating moderate cognitive impairment. He had verbal behaviors for one to three days of the assessment period. The resident received antipsychotic, antianxiety, and antidepressant medications during the seven-day look-back period. R1's Care Plan, revised 07/02/25, instructed staff the resident could, at times, make false accusations against staff and was on psychotropic (drugs that affect brain activities associated with mental processes and behaviors) medications to assist in regulating his emotions and thought patterns. R1 was receiving psychiatric services through telemedicine and staff were to monitor him closely and redirect him to promote his safety. Staff were to utilize two staff members when providing care to (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175258	A. Building B. Wing	07/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medicalodges Fort Scott	915 S Horton Fort Scott, KS 66701

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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	the resident. On 07/02/25 at 08:30 AM, R1 sat in his wheelchair in the front commons area with his peers. The resident was friendly and talkative and had no outward appearance of distress. On 07/02/25 at 08:57 AM, Certified Nurse Aide (CNA) O provided stand-by assistance while toileting R1. No other staff were in the room at the time of the care. On 07/02/25 at 11:21 AM, CNA M stated she was not aware of the need to provide care to the resident in pairs. On 07/02/25 at 11:30 AM, CNA N stated staff did care for the resident in pairs on the day he made the accusations of staff not treating him appropriately but had not been told to continue to do care in pairs after that day. On 07/02/25 at 11:37 AM, CNA O stated staff were to be doing care with the resident in pairs, but it was not always happening. On 07/02/25 at 11:43 AM, Licensed Nurse (LN) G stated she was not aware the staff was to be providing resident care in pairs for the resident. On 07/02/25 at 01:17 PM, Administrative Nurse D stated the resident's care plan had not been reviewed and revised to include staff instruction to complete the resident's care in pairs only until 07/02/25, while the incident took place 06/29/25. The facility's undated policy for Care Plans documented each resident's care plan would be reviewed and revised with any new interventions.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175258	A. Building B. Wing	07/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medicalodges Fort Scott	915 S Horton Fort Scott, KS 66701

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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. The facility reported a census of 34 residents. Based on observation, interview, and record review, the facility failed to ensure an accurate and adequate system for monitoring and reconciliation of narcotic medications in the facility emergency kits (e-kit), putting the residents at risk of misappropriation of medications. Findings included: - A tour of the medication room on 07/02/25 at 09:09 AM with Licensed Nurse (LN) G revealed the following concerns: 1. A narcotic (a psychoactive compound with numbing or paralyzing properties) e-kit which contained 10 tablets (tabs) of hydrocodone-acetaminophen (a narcotic pain medication) 5-325 milligrams (mg); five tabs of hydrocodone-acetaminophen 7.5-325 mg; hydrocodone-acetaminophen 10-325 mg and a 15 milliliter (ml) bottle of morphine sulfate (MS) 20 mg/ml. The lock-out tag number did not match the number documented on the Controlled Medication Shift Count. 2. An e-kit which contained five tabs of alprazolam (an antianxiety medication) 0.25 mg; five tabs APAP-Codeine #3 (a pain medication); five tabs clonazepam (an antianxiety medication) 0.5 mg; five tabs lorazepam (antianxiety medication) 0.5 mg; five tabs zolpidem (a hypnotic-a class of medications used to induce sleep) 5 mg and Tramadol (a pain medication) 50 mg. The lock-out tag number did not match the number documented on the Controlled Medication Shift Count. A review of the Controlled Medication Shift Count sheet in the medication room revealed the staff signed off on the count and reconciliation of the e-kits three times from 06/01/25 to 07/01/25. On 07/02/25 at 09:13 AM, LN G stated the lock-out tags on the e-kits in the medication room were not checked and documented by the oncoming and off-going nurses at shift change. On 07/02/25 at 01:21 PM, Administrative Nurse D stated it was the facility's expectation for nurses to verify the lock-out tag number of all e-kits and compare them to the documented numbers on the Controlled Medication Reconciliation form at the beginning and end of each shift. Admin Nurse D said the nurses were to date and sign the form to indicate the e-kits had been reconciled. The facility policy for Controlled Medication Reconciliation, revised 11/2024, included: At each shift change or with a change in licensed nurse responsibility for the medication cart or storage area, the oncoming licensed nurse will verify the number of the Emergency kit tags on all emergency kits (refrigerated narcotic/insulin's emergency kit, narcotic emergency kit, regular emergency kit, and IV emergency kit) match the Pharmamerica Emergency Kit Lock Tracking Log.