

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 175363	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/26/2020
NAME OF PROVIDER OF SUPPLIER MEDICALDORGES FRONTENAC		STREET ADDRESS, CITY, STATE, ZIP 206 S DITTMAN STREET FRONTENAC, KS 66763	
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 0677 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>F 684 ML Frontenic The facility reported a census of 39 residents. Based on observation, interview and record review, the facility failed to provide adequate planned bathing to meet the personal hygiene needs of 4 (Resident (R)1, R2, R3, R4) of the six residents reviewed. Findings included: - Review of each of the four residents' care plans, the bathing schedule and bathing record documentation revealed the following: 1). Resident (R1)'s care plan, dated 07/17/2020, documented the resident requested showers on Sunday, Wednesday, and Friday evenings. The plan included the need for one staff extensive assistance with bathing needs. On 08/27/2020 at 12:15 PM, this resident complained he did not get his showers per his wishes and as planned. Documentation revealed the bath schedule included the resident showered on the day shift three days a week. Review of the resident's bathing record for the month of August 2020 revealed the resident only received showers on 08/07/20 and 08/17/20. The staff documented non applicable for 08/09/20 and 08/23/20. 2). R2's care plan dated 7/31/20 documented the resident preferred showers/baths scheduled for every Monday, Wednesday and Friday in the evenings, with the option if refused, for staff to offer the bath at another time. Review of the bathing record, for the month of August 2020, revealed the resident only received showers on 08/03/20 and 08/19/20. The staff documented non applicable for 08/10/20 and 08/24/20. On 08/26/20 at 3:45 PM the resident verified the staff failed to provide her with her showers as planned and requested. 3). R3's 08/21/20 care plan included, the resident preferred showers on Mondays and Thursday during the day. The bath schedule documented the staff scheduled her for Mondays and Fridays. Review of the bathing record, for the month of August 2020, revealed the resident received showers on 08/06/20 and a bed bath on 8/13/20. The staff documented on the record non applicable on 07/30/20, 08/03/20, 08/10/20, and 08/20/20. 4). R4's 07/30/20 care plan included, the resident's preference for showers was on Tuesdays and Friday during other days. The bath schedule evidenced the showers scheduled as requested. Review of the bathing record, for the month of August 2020, revealed the staff failed to provide bathing for the resident between 08/11/20 and 08/18/20 (a total of 7 days). On 08/26/20 at 11:55 AM, the resident reported staff were not providing showers as planned and as she wanted them. On 08/26/20 at 1:45 PM and 1:55 PM direct care staff C and D explained they did not always have time to complete showers/baths as planned. On 08/26/2020 at 3:00 PM, Administrative nurse B reported that the direct care staff should not be documenting the residents' baths as non-applicable. Nurse B also commented she needed to change the residents' bath/shower list. The current list was inappropriate due to the moving of residents on the new wing hallways. The bathing schedule ended up with several more residents scheduled on certain days than on others. On 08/27/20 at 11:25 AM, per telephone interview, Nurse B verified she failed to complete any bathing audits for 08/2020, to ensure the residents received the planned baths/showers. She commented the facility did not have a bathing policy but the facility would follow the best practice, resident preferences, as well as CMS guidelines. The facility failed to ensure the four sampled residents received adequate bathing to meet their personal hygiene needs.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

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.