

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265469	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/04/2023
NAME OF PROVIDER OR SUPPLIER Levering Regional Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1734 Market Street Hannibal, MO 63401	

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 0550 Level of Harm - Actual harm Residents Affected - Few	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32899</p> <p>Based on observation, interview, and record review, the facility failed to ensure staff spoke to five residents (Residents #2, #7, #12, #114, and #150), in a review of 54 sampled residents, and to two additional residents (Residents #3 and #102), in a respectful and dignified manner. Residents #2, #7, and #12 said the way staff spoke to them and treated them made them sad and/or made them cry. Resident #7 reported he/she no longer reports the way staff treat him/her because no one ever did anything to address it. The facility census was 169.</p> <p>Review of the facility policy Dignity and Respect revised 7/9/21 showed the following:</p> <p>Purpose: To ensure that every resident is treated with dignity and respect;</p> <p>Procedure:</p> <ul style="list-style-type: none"> -Every resident has the right to be treated with dignity and respect; -All staff will speak to and treat all residents with dignity and respect. <p>1. Review of Resident #12's Pre-Admission Screening and Resident Review (PASRR) evaluation (a federal assessment utilized to ensure individuals who have a mental disorder or intellectual disabilities are not inappropriately placed in nursing homes for long-term care), dated 12/10/19, showed the following:</p> <ul style="list-style-type: none"> -He/She had a major mental illness, which included bipolar disorder and schizophrenia; -He/She experienced depressed/sad mood, isolation/withdrawal, psychomotor agitation/retardation, distractibility, mood lability, irritability, impulsivity, hallucinations, delusions, paranoia/suspiciousness; -He/She reported feeling depressed and had crying spells lately; -He/She had limitations of delayed communication skills, poor insight and judgment; -He/She needed a structured environment with staff to establish consistent routines and provide instructions at the individual's level of understanding. <p>(continued on next page)</p>

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
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F 0550 Level of Harm - Actual harm Residents Affected - Few	<p>Review of the resident's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument, dated 10/4/22, showed the following:</p> <ul style="list-style-type: none"> -His/Her diagnoses included depression, manic depression (bipolar disease), psychotic disorder, and schizophrenia; -He/She clearly understood others and was able to make himself/herself understood; -His/Her cognition was intact. <p>Review of the resident's care plan, revised 12/8/22, showed the following:</p> <ul style="list-style-type: none"> -He/She had manifestations of behaviors related to his/her mental illness that may create disturbances that affect others, these behaviors included verbal aggression; -Staff were to assist the resident in addressing the root cause of change in behavior or mood as needed; -Staff were to give the resident positive feedback for good behavior; -If the resident was disturbing others, staff was to encourage him/her to go to a more private area to voice concerns/feelings to assist in decreasing episodes of disturbing others; -Non-pharmacological interventions included listening to music, talking to someone, and getting fresh air. <p>Review of a self-reported incident, which occurred on 9/4/22, showed the following:</p> <ul style="list-style-type: none"> -Resident #12 became upset with CNA AA and started charging at CNA AA; -Other residents tried to keep Resident #12 away from CNA AA while CNA AA called a code green for assistance; -Staff arrived and CNA AA told them 'you all better keep him/her the F away from me'; -CNA AA cursing in front of residents was not acceptable; -CNA AA was suspended pending facility investigation. <p>Review of the Director of Nursing's (DON) emails on 9/4/22 at 3:04 P.M. and 3:06 P.M., showed the following:</p> <ul style="list-style-type: none"> -Resident #12 advanced towards Certified Nurse Assistant (CNA) AA; -CNA AA attempted to call a code green (behavioral emergency) and back away from the resident; -Upon staff arriving to the unit, staff reported CNA AA used profanity in the presence of resident, saying they better keep him/her away; <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-CNA AA was suspended pending investigation.</p> <p>Review of the facility's investigation of the 9/4/22 self-reported incident, showed the following:</p> <p>-A Code Green was called due to a resident being verbally aggressive to staff;</p> <p>-Resident #12 was seen yelling in front of staff's face;</p> <p>-CNA AA's statement showed Resident #12 screamed in his/her face. Resident #12 threw his/her hands up as if to hit him/her (CNA AA), and CNA AA ran to call a code green. Staff showed up and he/she uttered a bad word - saying he/she had asked Resident #12 all damn day to stay behind the double door. He/She didn't cuss at Resident #12 or towards him/her; it was out of frustration;</p> <p>-CNA AA was suspended pending investigation.</p> <p>During interview on 1/17/23 at 10:04 A.M., Licensed Practical Nurse (LPN) BB said the following:</p> <p>-On 9/4/22, he/she arrived to assist with the code green regarding Resident #12;</p> <p>-CNA AA used profanity, but not directly at Resident #12;</p> <p>-He/She couldn't remember the exact words CNA AA said, but confirmed that CNA AA said F*** in the presence of residents during the code green.</p> <p>During an interview on 12/13/22 at 11:53 A.M. and 12/19/22 at 3:37 P.M., the resident said the following:</p> <p>-Staff say shut up to him/her and say to get out of their face;</p> <p>-It makes him/her cry when staff say these things to him/her.</p> <p>2. Review of Resident #114's care plan, last revised 5/11/22, showed the following:</p> <p>-History of behavioral challenges that require protective oversight in a secure setting;</p> <p>-Monitor the resident for protective oversight to ensure that his/her highest practicable level of physical, mental and psychosocial well-being is met;</p> <p>-When the resident becomes delusional such as sexual thoughts of someone touching him/her, etc., separate him/her from peers, place on one-on-one, allow to vent and verbalize feelings and concerns, notify everyone, Notify Long Term Psych Management (LTPM) as needed.</p> <p>Review of the resident's quarterly MDS, dated [DATE], showed the following:</p> <p>-Cognitive status not addressed;</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's quarterly MDS, dated [DATE], showed the following:</p> <ul style="list-style-type: none"> -Mild cognitive impairment; -No behaviors; -Wears hearing aids; sometimes understands others; responds adequately to simple direct communication. <p>During an interview on 12/13/22 at 8:24 A.M., the resident said the following:</p> <ul style="list-style-type: none"> -He/She feels like staff go out of their way to show him/her that they do not like him/her; -Staff have been known to be rude, laugh at him/her, are cold hearted and disrespectful; -Staff deny they treat him/her like this and always blame it on his/her diagnoses of schizophrenia and say he/she is having paranoid delusions; -Sometimes these comments make him/her cry; -Sometimes he/she cannot hear when they call for smoke break, and when he/she asks staff if it is smoke break, they grit their teeth and tell him/her in a stern voice that it is not smoke break time and tell him/her to listen for the page; -He/She had been having trouble getting his/her wheelchair up over the doorway lip into the dining room. When he/she saw the repairman working on the area, he/she stopped to talk to the repairman and explained his/her difficulties. The staff scolded him/her in front of the man and told him/her that was what the man was at the facility for, to fix the problem, and he/she did not need to show the man this. Staff instructed him/her to return to his/her room; he/she felt like a child being punished; -Quality of Life Advocate (QLA) W is the staff who treats him/her this way; -He/She stopped reporting these things long ago because no one ever did anything about them. <p>4. Review of Resident #150's quarterly MDS, dated [DATE], showed the following:</p> <ul style="list-style-type: none"> -Moderately impaired cognition; -Diagnoses of diabetes, dementia and depression. <p>During interview on 12/12/22 at 11:04 A.M. the resident said QLA W is a bitch. He/She is terrible. He/She acts like he/she is superior. He/She puts the residents down.</p> <p>5. Review of Resident #102's quarterly MDS, dated [DATE], showed the following:</p> <ul style="list-style-type: none"> -Cognitively intact; <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-Diagnoses of stroke and schizophrenia.</p> <p>During interview on 12/12/22 at 10:58 A.M., the resident said QLA W was very unprofessional and argues with the residents.</p> <p>6. Review of Resident #3's admission MDS, dated [DATE], showed the following:</p> <p>-Cognitively intact;</p> <p>-Diagnoses of anxiety, depression and schizophrenia.</p> <p>During interviews on 12/12/22 at 10:59 A.M. and 12/15/22 at 9:03 A.M., the resident said QLA W was rude. He/She doesn't get along with QLA W. QLA W smarted off at him/her today (the resident did not specify what QLA W said to him/her). He/She tries not to talk to QLA W.</p> <p>7. Review of Resident #2's diagnoses sheet showed his/her diagnoses included intellectual disabilities and major depressive disorder.</p> <p>Review of the resident's care plan, revised 2/18/21, showed the following:</p> <p>-Provide opportunity for expression of feelings related to situational stressors;</p> <p>-Provide listening ear to allow him/her to vent feelings and emotions;</p> <p>-Talk with him/her when making accusations;</p> <p>-Rooms well with present older resident due to he/she does not bother his/her things or get into his/her belongings;</p> <p>-Greater than [AGE] years age difference with roommate; observe for incompatibility; make room change if complaints voiced due to age or incompatibility.</p> <p>Review of the resident's quarterly MDS, dated [DATE], showed the following:</p> <p>-Mild cognitive impairment;</p> <p>-Makes self understood, sometimes understands others, and responds adequately to simple, direct communication.</p> <p>Review of the resident's progress notes showed on 12/5/22 at 1:08 A.M., staff documented the resident was complaining about his/her roommate earlier in the evening about him/her not staying in bed and being up and down all night.</p> <p>During an interview on 12/12/22 at 11:28 A.M., the resident said the following:</p> <p>-QLA V was rude to him/her; he/she calls him/her a liar when he/she reports that his/her roommate is getting into his/her personal items and getting into his/her space;</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-His/Her roommate sometimes does these things in the middle of the night when he/she is trying to sleep; it was very bothersome;</p> <p>-Recently when he/she tried to voice a concern, QLA V said, not this again and walked out of his/her room;</p> <p>-He/She just wants his/her concerns heard and not treated like he/she or his/her feelings do not matter;</p> <p>-Being treated like this makes him/her sad.</p> <p>8. During an interview on 12/20/22 at 2:48 P.M., the administrator said the following:</p> <p>-She expected staff to treat residents with dignity and respect;</p> <p>-Staff should not call residents liars, speak to them in a rude manner or laugh at them; these actions would not be treating residents with dignity and respect.</p> <p>MO197113</p> <p>MO192668</p> <p>36219</p> <p>41412</p> <p>44665</p>		

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<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>30813</p> <p>Based on interview and record review, the facility failed to promote self-determination through support of resident choice by failing to offer and provide the opportunity for two residents (Residents #16 and #132), in a review of 54 sampled residents, to smoke outside during designated smoke breaks. The facility assessed both residents were safe to smoke and neither resident had restrictions which would prevent them from smoking outside. The facility census was 169.</p> <p>1. Review of Resident #16's face sheet showed the resident had a guardian, and his/her diagnoses included anxiety.</p> <p>Review of the resident's care plan, initiated 12/21/21, showed the resident has chronic obstructive pulmonary disease (COPD; lung disorder) related to smoking. (The care plan was not specific to his/her smoking needs or requirements.)</p> <p>Review of the resident's facility smoking assessment, effective 10/10/22, showed the following:</p> <ul style="list-style-type: none"> -The resident used tobacco products; -He/She follows the facility policy on location and time of smoking; -No safety concerns, problems with tobacco use or interventions were noted. <p>During an interview on 12/12/22 at 2:22 P.M., the resident said the following:</p> <ul style="list-style-type: none"> -He/She is a smoker; -He/She has to smoke on the hall in the smoke room; -He/She would like to go outside to smoke, but was not given the opportunity to do so. <p>During an interview on 12/14/22 at 4:00 P.M., the resident said the following:</p> <ul style="list-style-type: none"> -Staff do not offer for any of the smokers to go outside to smoke in the courtyard; -He/She does not need supervision while smoking and to his/her knowledge has no restrictions to the floor. <p>Review of the second floor sign out sheet, for dates 12/5/22 through 12/15/22, showed the resident had not left the second floor (where his/her room was located) for any reason.</p> <p>Review of a facility spreadsheet, printed 12/15/22, listing guardian limitations, showed the resident's guardian had not placed a restriction/limitation as to where the resident could smoke, just that if there were issues at dialysis, he/she could not smoke upon arriving back to the facility and could resume smoking the next day.</p> <p>(continued on next page)</p>		

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<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. Review of Resident #132's facility face sheet showed the resident had a guardian and he/she had diagnoses that included tobacco use and major depressive disorder.</p> <p>Review of the resident's facility smoking assessment, effective 09/25/22, showed the following:</p> <ul style="list-style-type: none"> -The resident used tobacco products; -He/She follows the facility policy on location and time of smoking; -No safety concerns, problems with tobacco use or interventions were noted. <p>During an interview on 12/12/22 at 11:08 A.M., the resident said the following:</p> <ul style="list-style-type: none"> -He/She is a smoker; -He/She has to smoke on the hall in the smoke room; -He/She would like to go outside to smoke, but was not given the opportunity to do so; -He/She feels like he/she is on death row and confined to the hall; -He/She has a guardian but was not aware of any restrictions to the hall. <p>During an interview on 12/13/22 at 4:00 P.M., the resident said he/she does not need supervision while smoking and to his/her knowledge has no restrictions regarding smoking.</p> <p>Review of the second floor sign out sheet, for dates 12/5/22 through 12/15/22, showed the resident had not left the second floor (where his/her room was located) for any reason.</p> <p>Review of a facility spreadsheet, printed 12/15/22, listing guardian limitations, showed the resident's guardian had not placed any restriction/limitation for the resident (the box was blank).</p> <p>During an interview on 12/15/22 at 3:22 P.M., Quality of Life Advocate (QLA) V said residents should be allowed courtyard time at the 7:30 P.M. smoke break. There was only one resident on the second floor who had a smoking restriction and that resident was not Resident #132 or #16.</p> <p>During an interview on 12/12/22 at 3:10 P.M., Certified Medication Technician (CMT) Y said the following:</p> <ul style="list-style-type: none"> -He/She thought residents without restrictions could go outside to smoke at the 7:30 P.M. smoke break; -Sometimes staff forget to offer for residents to go outside to smoke; -Resident #16 and #132 did not have restrictions and could go to the courtyard to smoke. <p>During an interview on 12/20/22 at 2:48 P.M., the administrator said if a resident does not have restrictions and wants to go outside to smoke, staff should offer and allow such a privilege.</p> <p>(continued on next page)</p>		

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44665</p> <p>Based on interview and record review, the facility failed to notify the resident representative for one resident (Resident #99) when the resident received new medication orders. The facility census was 169.</p> <p>Review of the facility policy Resident Right's dated 4/7/21 showed the following:</p> <p>B. Notification to Legal Representative/Family of Changes in Resident Condition or Room:</p> <p>1. Facility must immediately inform resident, consult with the resident's physician, and if known, notify resident's legal representative or an interested family member when there is:</p> <p>i. An accident involving resident which results in injury and has the potential for requiring physician intervention;</p> <p>ii. A significant change in resident's physical, mental, or psychosocial status (i.e. a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);</p> <p>iii. A need to alter treatment significantly (i.e. a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment).</p> <p>1. Review of Resident #99's face sheet showed he/she had a legal guardian.</p> <p>Review of the resident's care plan revised 11/23/22 showed the following:</p> <p>-The resident was under guardianship. His/Her diagnoses included schizoaffective disorder and adjustment disorder with depressive symptoms;</p> <p>-The resident has cellulitis (a common bacterial skin infection that causes redness, swelling, and pain in the infected area of the skin) of the feet;</p> <p>-Administer antibiotics per physician's orders.</p> <p>Review of the resident's quarterly MDS dated [DATE] showed the resident was cognitively intact. He/She had diagnoses of anemia and schizophrenia (a serious mental disorder in which people interpret reality abnormally).</p> <p>Review of the resident's progress notes dated 11/30/22 at 12:45 P.M. showed the following:</p> <p>-Seen and assessed by primary care provider (PCP);</p> <p>-Edema (swelling) of both legs still noted;</p> <p>(continued on next page)</p>		

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-The resident also complains of constipation;</p> <p>-PCP ordered new labs to be obtained the next lab day, as well as Fleets enema (laxative) to address constipation.</p> <p>Review of the resident's medical record showed no documentation the facility staff notified the resident's guardian of new orders received on 11/30/22.</p> <p>Review of the resident's progress notes dated 12/7/22 at 12:34 P.M. showed the following:</p> <p>-The resident was seen by PCP at facility, he/she believes that the resident has a staph infection (infection caused by bacteria commonly found on the skin or in the nose);</p> <p>-Order received to discontinue Augmentin (antibiotic) and start doxycycline 100 milligrams (mg) by mouth twice daily for ten days.</p> <p>Review of the resident's December 2022 physician's orders showed an order for doxycycline 100 mg by mouth twice daily for ten days start date 12/7/22.</p> <p>Review of the resident's medical record showed no documentation facility staff notified the resident's guardian of new orders received on 12/7/22.</p> <p>During interview on 12/15/22 at 9:52 A.M. the resident's guardian's deputy director said the following:</p> <p>-They have not heard from the facility since the resident returned from the hospital on 11/27/22;</p> <p>-They were not aware the resident was receiving antibiotics and the resident's legs were being treated for cellulitis;</p> <p>-Their office would expect to be notified of condition changes and changes in medication.</p> <p>During interview on 12/20/22 at 1:13 P.M. the Director of Nursing and administrator said they expected the charge nurse, who was responsible for notifying the family and/or responsible party of condition changes and new orders, to make the appropriate notifications.</p> <p>MO 203596</p>

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NAME OF PROVIDER OR SUPPLIER Levering Regional Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1734 Market Street Hannibal, MO 63401	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0582</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>44665</p> <p>Based on interview and record review, the facility failed to inform three of three sampled residents (Residents #511, #512, and #99) prior to the date Medicare Part A services were scheduled to end when Notice of Medicare Non-Coverage (Form CMS 10123-NOMNC) forms were signed by residents or their representatives on or after the scheduled end date. The facility failed to provide a Skilled Nursing Facility Advanced Beneficiary Notice (SNFABN, Form CMS-10055) or a denial letter at the termination of Medicare Part A benefits for these residents who remained in the facility upon discharge from Medicare A services, when residents were instead given Advance Beneficiary Notice of Noncoverage (ABN, Form CMS-R-131 - used to convey non-covered Medicare Part B items or services) that did not include the effective end date of Medicare Part A services. Additionally, the ABN did not contain a checked option box for two of the three sampled residents (Residents #512 and #99) nor did it contain an annotation explaining why the boxes remained unmarked. The facility census was 169.</p> <p>Review of the Centers for Medicare and Medicaid Services (CMS) Survey and Certification memo (S&C-09-20), dated 1/9/09, showed the following:</p> <ul style="list-style-type: none"> -The Notice of Medicare Provider Non-Coverage (NOMNC, form CMS-10123) is issued when all covered Medicare services end for coverage reasons; -If the skilled nursing facility (SNF) believes on admission or during a resident's stay that Medicare will not pay for skilled nursing or specialized rehabilitative services and the provider believes that an otherwise covered item or service may be denied as not reasonable or necessary, the facility must inform the resident or his/her legal representative in writing why these specific services may not be covered and the beneficiary's potential liability for payment for the non-covered services. The SNF's responsibility to provide notice to the resident can be fulfilled by the use of either the SNFABN (Form CMS-10055) or one of the five uniform denial letters; -The SNF-ABN informs the beneficiary of potential liability for the non-covered services and of his/her right to file a standard claim appeal if the related claim submitted by the facility at the beneficiary's request is denied; -If the SNF provides the beneficiary with either the SNFABN or a denial letter at the initiation, reduction, or termination of Medicare Part A benefits, the provider has met its obligation to inform the beneficiary of his/her potential liability for payment and related standard claim appeal rights; -Issuing the NOMNC to a beneficiary only conveys notice to the beneficiary of his/her right to an expedited review of a service termination and does not fulfill the provider's obligation to advise the beneficiary of potential liability for payment. <p>Review of the CMS document, Form Instructions Skilled Nursing Facility Advanced Beneficiary Notice of Non-coverage (SNFABN) Form CMS-10055 (2018), showed the following:</p> <ul style="list-style-type: none"> -The SNFABN provides information to the beneficiary so that he/she can decide whether or not to get the care that may not be paid for by Medicare and assume financial responsibility; <p>(continued on next page)</p>		

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<p>F 0582</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>-SNFs must use the SNFABN when applicable for SNF Prospective Payment System services (Medicare Part A);</p> <p>-SNFs will continue to use the ABN Form CMS-R-131 when applicable for Medicare Part B items and services;</p> <p>-The SNFABN is a CMS-approved model notice and should be replicated as closely as possible when used as a mandatory notice. Failure to use this notice or significant alterations of the SNFABN could result in the notice being invalidated and/or the SNF being held liable for the care in question;</p> <p>-In the blank that follows Beginning on ., the SNF enters the date on which the beneficiary may be responsible for paying for care that Medicare isn't expected to cover;</p> <p>-There are three options listed on the SNFABN with corresponding check boxes. The beneficiary must check only one option box;</p> <p>-The beneficiary or their authorized representative must sign the signature box to acknowledge that they read and understood the notice. The SNF may fill in the date if the beneficiary needs help. This date should reflect the date that the SNF gave the notice to the beneficiary in-person, or when appropriate, the date contact was made with the beneficiary's authorized representative by phone;</p> <p>-If an authorized representative signs for the beneficiary, write (rep) or (representative) next to the signature;</p> <p>-If the beneficiary refuses to choose an option and/or refuses to sign the SNFABN when required, the SNF should annotate the original copy of the SNFABN indicating the refusal to sign and may list a witness to the refusal.</p> <p>Review of the facility's policy Resident's Rights, revised 4/29/21, showed the facility must inform a resident before, or at the time of admission, and periodically during the resident's stay of services available in facility and of charges for those services, including any charges for services not covered under Medicare or by facility's per diem rate.</p> <p>1. Review of Resident #511's NOMNC form showed the following:</p> <p>-The resident was to be discharged from Medicare Part A skilled services on 8/22/22;</p> <p>-The resident's representative signed the NOMNC form on 8/30/22 (eight days after skilled services were to end).</p> <p>Review of the resident's record showed no documentation of notification, such as via telephone, fax, or email, to the resident or his/her representative made prior to 8/22/22 regarding discharge from Medicare Part A skilled services.</p> <p>Review of the resident's ABN form showed the following:</p> <p>-The resident no longer requires Medicare Part A services at this time. Resident will return to skilled level of functioning;</p> <p>(continued on next page)</p>		

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<p>F 0582</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>-No date the resident or their representative may be responsible for paying for care that Medicare isn't expected to cover;</p> <p>-The resident's representative signed the ABN form on 8/30/22.</p> <p>2. Review of Resident #512's NOMNC form showed the following:</p> <p>-The resident was to be discharged from Medicare Part A skilled services on 12/7/22;</p> <p>-The resident signed the NOMNC form on 12/15/22 (eight days after skilled services were to end).</p> <p>Review of the resident's record showed no documentation of notification, such as via telephone, fax, or email, to the resident or his/her representative made prior to 12/7/22 regarding discharge from Medicare Part A skilled services.</p> <p>Review of the resident's ABN form showed the following:</p> <p>-The resident no longer requires Medicare Part A services. The resident will return to a skilled level of functioning;</p> <p>-No date the resident or their representative may be responsible for paying for care that Medicare isn't expected to cover;</p> <p>-No selection of options regarding whether to receive the care listed on the form, and no annotation indicating why no option was selected;</p> <p>-The resident's representative signed the ABN form on 12/15/22.</p> <p>3. Review of Resident #99's NOMNC form showed the following:</p> <p>-The resident was to be discharged from Medicare Part A skilled services on 9/26/22;</p> <p>-The resident's representative signed the NOMNC and dated the form 9/26/22.</p> <p>Review of the resident's record showed no documentation of notification, such as via telephone, fax, or email, to the resident or his/her representative made prior to 9/26/22 regarding discharge from Medicare Part A skilled services.</p> <p>Review of the resident's ABN form showed the following:</p> <p>-The resident will no longer require Medicare Part A services. The resident will now return to a skilled level of functioning;</p> <p>-No date the resident or their representative may be responsible for paying for care that Medicare isn't expected to cover;</p> <p>-No selection of options regarding whether to receive the care listed on the form, and no annotation indicating why no option was selected;</p> <p>(continued on next page)</p>		

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<p>F 0582</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>-The resident's representative signed the ABN form on 9/26/22.</p> <p>4. During an interview on 12/19/22 at 5:58 P.M., the social services director said the following:</p> <p>-The ABN and NOMNC forms were sometimes signed after the date covered services were scheduled to end, because it was difficult to get residents' guardians to return the forms timely after he/she emailed or faxed them the forms;</p> <p>-Resident #99 refused to mark a box on the ABN form;</p> <p>-He/She does not document why options on the ABN form are not marked or when the ABN or NOMNC forms are delayed in being signed.</p> <p>During an interview on 12/20/22 at 1:13 P.M., the administrator said the following:</p> <p>-She expected the ABN and NOMNC forms to be signed timely, such as prior to the date which Medicare services would end;</p> <p>-She expected an option to be checked on the ABN form if the resident or their guardian wanted to choose an option;</p> <p>-If staff knew why an option on the ABN form was not checked, she expected staff to document why no option was checked.</p>

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30813</p> <p>Based on observation, interview, and record review, the facility failed to provide a homelike environment. The facility census was 169.</p> <p>Observations on 12/12/22 between 9:00 A.M. and 4:06 P.M., showed the following:</p> <ul style="list-style-type: none"> -In resident room [ROOM NUMBER] a 4 feet by 5 inch area on the wall was not painted; -In resident room [ROOM NUMBER] a 6 feet by 4 feet area of wallpaper was peeling off the wall; -In resident room [ROOM NUMBER] an 8 inch by 1 inch scrape on the wall that was not painted; -In resident room [ROOM NUMBER] a 3 inch by 3 inch area of the sink counter top was missing and the bathroom toilet leaked; -In resident room [ROOM NUMBER] there was a hole in the mattress on the second bed in the room; -In resident room [ROOM NUMBER] the PTAC unit cover was broken and missing pieces; -In resident room [ROOM NUMBER] the PTAC unit cover was broken and the vents were dirty; -In resident room [ROOM NUMBER] the PTAC cover was broken and missing pieces; -In resident room [ROOM NUMBER] the closet door was missing; -In the third floor men's shower room a 6 inch by 6 inch ceiling vent cover had a thick layer of dust; -In resident room [ROOM NUMBER] a 0.5 inch black ring around the base of the toilet; -In resident room [ROOM NUMBER] brown stains on several ceiling tiles, a 0.5 inch black ring around the base of the toilet, approximately 85% of the paint on the north wall was loose and peeling with portions of bare drywall exposed and the door frame to the room had approximately 20% paint missing off of the frame; -In resident room [ROOM NUMBER] a black ring around the base of the toilet; -In resident room [ROOM NUMBER] both drawers under the closet were missing fronts; -In resident room [ROOM NUMBER] all of the wallpaper on the back wall with the window was peeling off the wall; -In the third floor janitor closet, a softball-sized mold spot on the ceiling tile; <p>(continued on next page)</p>

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-In the hallway between the snack room and room [ROOM NUMBER] the handrail was loose. Six tiles located below the handrail were broken;</p> <p>-In the hallway between room [ROOM NUMBER] and room [ROOM NUMBER] and from the TV room to room [ROOM NUMBER] there was dirt and gray like residue along the bottom of the cove base and tile;</p> <p>-In the hallway outside room [ROOM NUMBER] a large accumulation of dust on the air vent near the ceiling;</p> <p>-In the 300 long hall on the men's unit near the nurses station, the handrails were loose and missing the end pieces. The floor and cove base in this area had gray residue and dried 0.5 inch to 1 inch circular dried drips on the ground that were gray and pink in color.</p> <p>Observation on 12/13/22 between 8:00 A.M. and 4:45 P.M., showed the following:</p> <p>-In resident room [ROOM NUMBER] a 1 foot by 2 inch brown stain on the ceiling tile;</p> <p>-In resident room [ROOM NUMBER] the wallpaper by the PTAC unit was peeling off the wall, and there was a softball sized piece of sheet rock missing from under the sink;</p> <p>-In resident room [ROOM NUMBER] the wallpaper by the PTAC unit was peeling off of the wall, and a 4 inch by 2 inch piece of floor tile was missing in the bathroom;</p> <p>-In resident room [ROOM NUMBER] a brown ring around the base of the toilet;</p> <p>-In resident room [ROOM NUMBER] a brown ring around the base of the toilet;</p> <p>-In the second floor shower room, a softball sized hole in the wall;</p> <p>-In resident room [ROOM NUMBER] the window blind was broken, the wallpaper by the first bed was peeling, and there was a 2 inch by 3 foot area on the wall that appeared covered in mold;</p> <p>-In resident room [ROOM NUMBER] the toilet leaked;</p> <p>-In resident room [ROOM NUMBER] the wallpaper by the PTAC unit was peeling off the wall;</p> <p>-In the second floor smoke room two 4 inch by 4 inch ceiling vents were covered with a thick layer of dust;</p> <p>-In the second floor nursing office I two 8 inch by 8 inch ceiling vents were covered in a thick layer of dust;</p> <p>-In the second floor nursing office II a 4 inch by 4 inch ceiling vent was covered in a thick layer of dust;</p> <p>-In the second floor clean utility room an 8 inch by 8 inch ceiling vent was covered in a thick layer of dust;</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-In resident room [ROOM NUMBER] the window would not shut completely and there was a brown stain on the window seal;</p> <p>-In resident room [ROOM NUMBER] three 8 inch by 8 inch ceiling vents were covered with a thick layer of dust;</p> <p>-In resident room [ROOM NUMBER] the light above the sink did not work;</p> <p>-In resident room [ROOM NUMBER] the faucet at the sink was not secured;</p> <p>-In resident room [ROOM NUMBER] an 8 inch by 8 inch ceiling vent was covered with a thick layer of dust;</p> <p>-In resident room [ROOM NUMBER] the wallpaper and cove base were peeling off the wall by the bathroom;</p> <p>-In resident room [ROOM NUMBER] the wallpaper by the PTAC unit was peeling off the wall;</p> <p>-In resident room [ROOM NUMBER] a 0.5 inch black ring around the base of the toilet;</p> <p>-In resident room [ROOM NUMBER] a 0.5 inch black ring around the base of the toilet;</p> <p>-In resident room [ROOM NUMBER] the closet door was missing and the over the bed light for the first bed did not work;</p> <p>-In resident room [ROOM NUMBER] the PTAC cover was missing and there was a black ring around the base of the toilet.</p> <p>2. During an interview on 12/13/22 at 8:24 A.M., Resident #7 said the following:</p> <p>-His/Her toilet seat had a crack in it and it pinched his/her legs when he/she goes to get up off the toilet; it was very uncomfortable;</p> <p>-He/She has reported it to staff, but he/she could not recall who;</p> <p>-He/She and the housekeeper who cleans his/her bathroom discuss this every Friday when the housekeeper cleans;</p> <p>-The toilet seat had been broken for a month or two.</p> <p>Observation on 12/13/22 at 9:00 A.M. showed the following:</p> <p>-A toilet riser over the toilet in Resident #7's room (room [ROOM NUMBER]);</p> <p>-The left side of the toilet riser seat had a crack the width of the seat at the front of the toilet riser.</p> <p>(continued on next page)</p>

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. Observation on 12/19/22 at 5:19 P.M. in room [ROOM NUMBER] showed water dripped from the water connection from the toilet to the wall. Water was on the floor, base trim and wall, and a black substance was on the tile floor around the toilet. The toilet was not secured to the floor with bolts and freely moved when slid side to side. On the ceiling in the bathroom, the trim between the ceiling tiles had black spots speckled on the trim. The clip holding the night light cover in place was broken and did not stay closed and the bulb was not illuminated.</p> <p>During an interview on 12/19/22 at 5:19 P.M., Resident #115, who resided in room [ROOM NUMBER], said the soap dispenser at the sink had been out of soap for eight months. Staff give residents a stack of paper towels, but refuse to open the paper towel dispensers to put the paper towels in the dispenser. The night light was not working.</p> <p>4. During interview on 12/14/22 at 1:17 P.M., the maintenance supervisor said he was responsible for maintaining all the areas found during the inspection. He worked on repairs daily at the facility. Staff tell him about issues that need repair, and staff are supposed to fill out work orders, but sometimes they don't. He was not aware of all the areas found during the inspection.</p> <p>During interview on 12/14/22 at 11:00 A.M. and 12/20/22 at 2:48 P.M., the administrator said she expected the vents to be clean, the walls to be painted, with no scrapes or peeling paper. She expected no missing ceiling tiles or damaged ceiling tiles, no black rings around the toilet bases and no toilets to be leaking. She expected all broken things to be repaired or replaced. All equipment needed to be kept in good working order and repaired. If staff was aware of items that needed to be fixed, they should report those concerns and they should be fixed/repared. The management staff make daily rounds.</p> <p>MO203003</p> <p>MO209508</p> <p>MO208459</p> <p>MO 206928</p> <p>MO 192824</p> <p>MO 192489</p> <p>34536</p> <p>41412</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44665</p> <p>Based on interview and record review, the facility failed to ensure six residents under guardianship with psychiatric diagnoses and histories of substance abuse, (Resident #31, #34, #65, #88, #106, and #508), of 54 sampled residents, were free from abuse when facility staff, Security Psychiatric (Psych) Aide N, provided the residents with methamphetamines (an illegal drug). All six residents tested positive for methamphetamines. The facility census was 169.</p> <p>The administrator was notified of the Immediate Jeopardy (IJ) on 1/4/23 at 11:45 A.M. which began on 12/13/22. The IJ was removed on 1/4/23 as confirmed by surveyor onsite verification.</p> <p>Review of the facility's policy, titled Abuse and Neglect, revised 9/17/21, showed the following:</p> <p>-DEFINITIONS: Class I neglect - failure of an employee to provide reasonable and necessary services to maintain the physical and mental health of any resident when that failure presents either imminent danger to the health, safety, or welfare of a resident, or a substantial probability that death or physical injury would result. Class II neglect - failure of an employee to provide reasonable or necessary services to a resident according to the individualized treatment/habilitation plan, if feasible, or according to acceptable standards of care;</p> <p>-POLICY: III Mistreatment, neglect, or abuse of residents is prohibited by this facility.</p> <p>1. Review of Resident #65's Pre-Admission Screening and Resident Review (PASRR) evaluation (a federal assessment utilized to ensure individuals who have a mental disorder or intellectual disabilities are not inappropriately placed in nursing homes for long-term care), dated 11/18/21, showed the following:</p> <p>-He/She showed signs of a major mental illness, which included depression, impulsiveness, and hopelessness;</p> <p>-He/She had areas of impairment due to serious mental illness, which included difficulty interacting and communicating effectively with other persons, serious difficulty in adapting to changes in circumstances, and sustaining focused attention for long enough periods to complete common tasks;</p> <p>-He/She had a substance related disorder with the most recent substance abuse occurring in the past one to 30 days of the screening;</p> <p>-He/She had substantial functional limitation in self-direction, learning, and capacity for independent living.</p> <p>Review of the resident's admission Minimum Data Set (MDS), a federally mandated assessment instrument, dated 9/6/22, showed the following:</p> <p>-His/Her diagnoses included anxiety disorder, manic depression (bipolar disease), suicidal ideations, stimulant dependence, and post-traumatic stress disorder;</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>-He/She received antipsychotic and antidepressant medications seven of the previous seven days of the assessment;</p> <p>-He/She understood others and made himself/herself understood;</p> <p>-His/Her cognition was intact.</p> <p>Review of the resident's psychiatric visit, date of service 9/14/22, showed the following:</p> <p>-The resident reported he/she was not doing so great, was not sleeping, and had high anxiety;</p> <p>-Staff reported the resident went on pass with his/her family twice and both times took the family member's pain pills;</p> <p>-Past psychiatric history: first diagnosed 20 or more years ago. The resident said he/she had mental illness most of his/her life, several hospitalizations for mental illness, history of alcohol abuse and used cannabis (also known as marijuana, a psychoactive drug).</p> <p>Review of the resident's physician encounter notes, date of service 11/18/22, showed the resident had a history of stimulant dependence, essential hypertension (high blood pressure), generalized anxiety disorder, ongoing insomnia, and alcohol, narcotic (a drug or other substance that affects mood or behavior), and benzodiazepine (sedative medication) abuse.</p> <p>Review of the resident's care plan, revised 12/8/22, showed the following:</p> <p>-He/She had manifestations of behaviors related to his/her mental illness, including being manipulative with staff, buying, selling, and trading;</p> <p>-Staff were to assist the resident in addressing root cause of change in behavior or mood as needed;</p> <p>-Staff were to give positive feedback for good behavior;</p> <p>-Staff were to administer and monitor medications as ordered.</p> <p>(The resident's care plan provided no details of the resident's past history or related interventions regarding substance abuse or dependence.)</p> <p>Review of the resident's progress notes, on 12/13/22 at 2:03 P.M., showed the following:</p> <p>-The resident's name was brought up regarding contraband being brought in the building;</p> <p>-Staff obtained consent from the resident's guardian for a urine drug test to be collected and room search to be conducted;</p> <p>-Nothing was found during the completed room search;</p> <p>-The resident's guardian and primary care physician were made aware.</p> <p>(continued on next page)</p>

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Review of the resident's Urine Drug Screen Result, dated 12/14/22, showed he/she tested presumptive positive for methamphetamine.</p> <p>During interview on 12/15/22 at 11:49 A.M., the resident said the following:</p> <ul style="list-style-type: none"> -Security Psych Aide N usually worked on the floor where he/she resided and would bring meth (methamphetamine) in to residents; -Security Psych Aide N brought meth to the other residents and those residents got him/her (Resident #65) mixed up into it.; -He/She had never used meth before coming to the facility; -Other residents asked him/her to take their money, because they owed Security Psych Aide N money. He/She gave the money to Security Psych Aide N, it was small bills but it added up to about \$100; -He/She did meth quite a few times in his/her room, but most of the time it was in other residents' rooms. <p>During an interview on 12/28/22 at 9:16 A.M., the resident's representative said he/she was notified of the incident and was surprised that staff brought meth to the residents.</p> <p>2. Review of Resident #508's PASRR, dated 7/23/18, showed the following:</p> <ul style="list-style-type: none"> -His/Her diagnoses included bipolar disorder (a disorder associated with episodes of mood swings ranging from depressive lows to manic highs), schizophrenia (a disorder that affects a person's ability to think, feel, and behave clearly), alcohol abuse, learning disorder, mixed manic episode, depressed episode, and traumatic brain injury; -His/Her historical symptoms/behaviors included display of severely disorganized thinking with delusional content, high anxiety level and social phobia, mood lability, erratic impulsive behaviors, delusional ideation, confusion, request to emergency department staff for THC (the principal psychoactive constituent of cannabis) and morphine (a narcotic pain medication), request to nursing staff for cocaine (an illicit drug) and weed (marijuana); -He/She had a history of methamphetamine, alcohol, and THC abuse; -He/She had current symptoms/behaviors of disjointed sentences, excessive unrelated details, mild delusional content regarding gang activity/selling drugs, disorientation to day of week, short-term memory impairment, significantly impaired insight/judgment/concentration, occasional crying spells. <p>Review of the resident's psychiatric visit, date of service 9/21/22, showed the following:</p> <ul style="list-style-type: none"> -His/Her past psychiatric history included diagnoses of attention deficit/hyperactivity disorder (ADHD; a chronic condition including attention difficulty, hyperactivity, and impulsiveness), bipolar disorder at age 8, and several hospitalization s for mental illness; -His/Her social history included illicit drug abuse (meth, opiates, marijuana); <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>-Staff reported he/she was found to be smoking cannabis.</p> <p>Review of the resident's quarterly MDS, dated [DATE], showed the following:</p> <p>-His/Her diagnoses included traumatic brain injury and dysfunction, anxiety disorder, depression, manic depression (bipolar disease), psychotic disorder, stimulant abuse, and schizophrenia;</p> <p>-He/She received antipsychotic, anti anxiety, and antidepressant medications seven of the previous seven days of the assessment;</p> <p>-He/She understood others and made himself/herself understood;</p> <p>-His/Her cognition was intact.</p> <p>Review of resident's care plan, revised 12/8/22, showed the following:</p> <p>-He/She had manifestations of behaviors related to his/her mental illness;</p> <p>-On 8/2/22, the resident admitted he/she smoked contraband a couple days ago, drug test obtained was positive, floor move and notifications were made. He/She was restricted to the floor for one week. Staff were to continue to observe;</p> <p>-Staff were to assist him/her in addressing root cause of change in behavior or mood as needed;</p> <p>-Staff were to administer and monitor medications as ordered;</p> <p>-He/She was to receive a psych consultation (consult) for medication adjustments as needed/ordered;</p> <p>-He/She had schizoaffective bipolar type and major depression disorder;</p> <p>-Staff were to assist him/her in developing and providing a program of meaningful activities;</p> <p>-Staff were to monitor, document, and report any risk for harm to himself/herself and any signs/symptoms of depression;</p> <p>-He/She needed time to talk, staff were to encourage him/her to express feelings.</p> <p>Review of the resident's progress notes on 12/13/22 at 2:11 P.M. showed the following:</p> <p>-The resident's name was brought up regarding contraband being brought in the building;</p> <p>-Staff obtained consent from the resident's guardian for a urine drug test to be collected and room search to be conducted;</p> <p>-Nothing was found during the completed room search;</p> <p>-The resident's guardian and primary care physician were made aware.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Review of the resident's Urine Drug Screen Result, dated 12/14/22, showed he/she tested presumptive positive for methamphetamine.</p> <p>During interview on 12/15/22 at 12:21 P.M. and 4:10 P.M., the resident said the following:</p> <ul style="list-style-type: none"> -Security Psych Aide N brought meth to him/her three or four times in the last couple of months; -Security Psych Aide N brought meth in about a week ago and he/she (Resident #508) used it; -He/She gave his/her money (\$30) directly to Security Psych Aide N, and got meth; -He/She used the meth by snorting it in his/her room; -He/She asked Security Psych Aide N for the meth. <p>3. Review of Resident #88's annual MDS, dated [DATE], showed the following:</p> <ul style="list-style-type: none"> -His/Her diagnoses included progressive neurological conditions, metabolic encephalopathy (a series of neurological disorders not caused by primary structural abnormalities; rather, a result from systemic illness), alcohol dependence, psychoactive substance abuse, diabetes mellitus, thyroid disorder, depression, other specified diseases of liver, and dementia; -He/She received antipsychotic and antidepressant medications seven of the previous seven days of the assessment; -He/She understood others and made himself/herself understood; -His/Her cognition was intact. <p>Review of the resident's progress notes, dated 12/13/22 at 12:21 P.M., showed the following:</p> <ul style="list-style-type: none"> -The resident's name was brought up regarding contraband being brought in the building; -Staff obtained consent from the resident's guardian for a urine drug test to be collected and room search to be conducted; -Nothing was found during the completed room search; -The resident's guardian and primary care physician were made aware. <p>Review of the resident's Urine Drug Screen Result, dated 12/14/22, showed the resident tested presumptive positive for methamphetamine.</p> <p>Review of the resident's care plan, revised 12/18/22, showed the following:</p> <ul style="list-style-type: none"> -He/She had a diagnosis of alcohol dementia and had poor insight and judgment; <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>-On 12/13/22, the resident's name was brought up regarding contraband being brought in the building. Nothing was found during the completed room search. He/She tested positive for meth. Guardian notified and he/she was restricted to the floor for one week;</p> <p>-Staff were to administer medications as ordered and monitor/document for side effects and effectiveness;</p> <p>-Staff were to review his/her medications and record possible causes of cognitive deficit: new medications or dosage increases; anticholinergics, opioids, benzodiazepines, drug interactions, errors, or adverse drug reactions, drug toxicity.</p> <p>During an interview on 12/28/22 at 9:20 A.M., the resident's representative said the following:</p> <p>-He/She couldn't believe staff brought meth to the resident;</p> <p>-Staff were supposed to take care of and keep the resident safe at the facility.</p> <p>4. Review of Resident #31's care plan, last revised 6/14/22, showed the following:</p> <p>-The resident will remain safe in the skilled facility;</p> <p>-History of substance abuse.</p> <p>Review of the resident's quarterly MDS, dated [DATE], showed the following:</p> <p>-Moderately impaired cognition;</p> <p>-Diagnoses included traumatic brain injury, seizure disorder, and schizophrenia.</p> <p>Review of the resident's progress notes, dated 12/13/22 at 2:00 P.M., showed the following:</p> <p>-The resident's name was brought up regarding contraband being brought in the building;</p> <p>-Staff obtained consent from the resident's guardian for a urine drug test to be collected and room search to be conducted;</p> <p>-Nothing was found during the completed room search;</p> <p>-The resident's guardian and primary care physician were made aware.</p> <p>During interview on 12/15/22 at 12:52 P.M., the resident said the following:</p> <p>-Security Psych Aide N brought in meth to the residents a couple days ago;</p> <p>-A resident who obtained the meth (from Security Psych Aide N) gave it to him/her. He/She did meth in his/her room about a week ago.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Review of the resident's nurses notes, dated 12/15/22 at 6:34 P.M., showed the resident's urine sample was taken today after consent given. Results positive for methamphetamine.</p> <p>5. Review Resident #106's care plan, last revised 9/11/22, showed the following:</p> <ul style="list-style-type: none"> -The resident will remain free from signs/symptoms of distress through review date; -Monitor/document/report as needed (PRN) any risk for harm to self, risky actions (stockpiling pills), suicidal plan, sense of hopelessness, impaired judgement or safety awareness. <p>Review of the resident's quarterly MDS, dated [DATE], showed the following:</p> <ul style="list-style-type: none"> -Cognitively intact; -Anti-anxiety, antipsychotic and antidepressant taken in the last seven days. <p>Review of the resident's progress notes, dated 12/13/22 at 2:07 P.M., showed the following:</p> <ul style="list-style-type: none"> -The resident's name was brought up regarding contraband being brought in the building; -Staff obtained consent from the resident's guardian for a room search to be conducted; -Nothing was found during the completed room search; -The resident's guardian and primary care physician were made aware. <p>Review of the resident's nurses notes, dated 12/15/22 at 6:36 P.M., showed the resident's urine sample was taken today after consent given. Results positive for methamphetamine.</p> <p>During interview on 12/15/22 at 12:52 P.M., the resident said the following:</p> <ul style="list-style-type: none"> -Security Psych Aide N brought in meth to residents a couple days ago; -He/She did meth in his/her room about a week ago. Another resident got the meth from Security Psych Aide N. <p>6. Review of Resident #34's care plan, last revised 8/9/22, showed the following:</p> <ul style="list-style-type: none"> -The resident had a history of behavioral challenges that require protective oversight in a secure setting; -The facility will continue to monitor the resident for protective oversight to ensure that his/her highest practicable level of physical, mental, and psychosocial well being is met. <p>Review of the resident's quarterly MDS, dated [DATE] showed the following:</p> <ul style="list-style-type: none"> -Cognitively intact; <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>-Inattention and disorganized thinking.</p> <p>Review of the resident's progress notes, dated 12/13/22 at 2:13 P.M., showed the following:</p> <p>-The resident's name was brought up regarding contraband being brought in the building;</p> <p>-Staff obtained consent from the resident's guardian for a room search to be conducted;</p> <p>-Nothing was found during the completed room search;</p> <p>-The resident's guardian and primary care physician were made aware.</p> <p>Review of the resident's progress notes, dated 12/15/22 at 6:29 P.M., showed resident's urine sample was taken after consent was given. Results positive for methamphetamine.</p> <p>7. During an interview on 12/13/22 at 10:17 A.M. and 10:40 A.M., the administrator said the following:</p> <p>-Certified Medication Technician (CMT) K reported to her that Resident #65 was on a phone that belonged to another resident during the night. CMT K looked through the phone and found messages between Resident #65 and Resident #106;</p> <p>-Resident #65 confirmed Security Psych Aide N was bringing in meth for him/her and other residents;</p> <p>-Resident #65 confirmed doing meth a couple of times, and that the last time Security Psych Aide N brought in meth to residents was a couple weeks ago;</p> <p>-Staff conducted resident room searches with negative findings;</p> <p>-Staff were obtaining statements and conducting in-servicing.</p> <p>Review of the facility's investigation, dated 12/13/22, showed the following:</p> <p>-The the administrator was informed by staff who had reviewed a phone in the possession of Resident #65 that belonged to another resident;</p> <p>-Staff observed text messages mentioning exchanges of money and a line;</p> <p>-Resident #65 said he/she received meth from Security Psych Aide N a couple of weeks ago and had only done meth a couple of times;</p> <p>-Resident #65 mentioned several residents' names, saying he/she had sold to those who had money at different times;</p> <p>-Security Psych Aide N was interviewed, refused to provide a written statement, and was terminated from employment at the facility.</p> <p>(continued on next page)</p>

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During an interview on 12/20/22 at 1:13 P.M., the administrator said the following:</p> <ul style="list-style-type: none"> -Staff should not bring in illicit drugs to residents; -Staff bringing in drugs to residents had been an issue in the past. <p>NOTE: At the time of the recertification survey, the violation was determined to be at the immediate jeopardy level K. Based on observation, interview and record review completed during the onsite visit, it was determined the facility had implemented corrective action to remove the IJ violation at the time. A final revisit will be conducted to determine if the facility is in substantial compliance with participation requirements.</p> <p>At the time of exit, the severity of the deficiency was lowered to the E level. This statement does not denote that the facility has complied with State law (Section 198.026.1 RSMo.) requiring that prompt remedial action to be taken to address Class I violation(s).</p> <p>MO211512</p>

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>30813</p> <p>Based on interview and record review, the facility failed to follow their policies and procedures to complete required pre-employment screenings, including Criminal Background checks, Employee Disqualification List checks and the nurse aide registry checks, for nine employees in a review of ten newly hired employees. The facility census was 169.</p> <p>Review of the facility policy, Screening - Applicant, Employee, Volunteer and Vendor, last reviewed 5/9/22, showed the following:</p> <p>-Human Resources (HR) department will conduct pre-employment screens on applicants to determine whether the applicant has committed a disqualifying crime, is an excluded provider of any Federal or State healthcare programs, is eligible to work in the United States, and, if applicable, is duly licensed or certified to perform the duties of the position for which they applied;</p> <p>-Criminal History - Using the Request for Criminal Records Check, a criminal background check should be done through the Highway Patrol. A copy of the results must be printed with the original initiated and dated by the person who conducted the check. If a check is through the Family Care Safety Registry (FCSR) showing the applicant is registered and a no finding letter is received and printed, that will satisfy the CBC requirement and no check needs to be done with the Highway Patrol;</p> <p>-FCSR - This screening will check the sex offender, EDL and other state databases automatically. Enter the applicant Social Security Number, and print, date and initial the results. Registration and background check must be completed within fifteen days of the first date of employment;</p> <p>-EDL - The Missouri EDL must be checked for every applicant. The results must be printed with the original initialed and dated by the person who conducted the check. If a record is found, the applicant is on the EDL and may not be hired;</p> <p>-Certified Nurse Assistant (CNA) Registry Check - the CNA registry must be checked for all applicants regardless of the position for which they are applying. Any applicants listed with background problems or a federal indicator may not be hired for any position. Any applicant being hired for a CNA or Certified Medication Technician (CMT) position must have an active certification before beginning employment. The results must be printed with the original initialed and dated by the person who conducted the check;</p> <p>-The results of each background check must be printed with the original initiated and dated by the person who conducted the check. This original must be maintained in the applicant's background file. The background files will be kept secure and accessed only by those with need for the information.</p> <p>1. Review of Licensed Practical Nurse (LPN) A's employee file showed the following:</p> <p>-Date of hire 10/15/21;</p> <p>-Documentation staff checked a criminal background check, the EDL and CNA Registry on 12/15/22 during the survey process.</p> <p>(continued on next page)</p>		

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of Human Resources B's employee file showed the following:</p> <ul style="list-style-type: none"> -Date of hire 4/26/21; -Documentation showed staff checked a criminal background check, the EDL and CNA Registry on 12/15/22 during the survey process. <p>Review of Security Psych Aide (SPA) D's employee file showed the following:</p> <ul style="list-style-type: none"> -Date of hire 7/21/21; -Documentation showed staff checked a criminal background check, the EDL and CNA Registry on 12/15/22 during the survey process. <p>Review of CMT E's employee file showed the following:</p> <ul style="list-style-type: none"> -Date of hire 2/14/22; -Documentation showed staff checked a criminal background check, the EDL and CNA Registry on 12/15/22 during the survey process. <p>Review of CMT F's employee file showed the following:</p> <ul style="list-style-type: none"> -Date of hire 7/19/21; -Documentation showed staff checked the CNA registry on 7/19/21 (the date of hire); -Documentation showed staff checked a criminal background check and the EDL on 12/15/22 during the survey process. <p>Review of LPN G's employee file showed the following:</p> <ul style="list-style-type: none"> -Date of hire 8/2/21; -Documentation showed staff checked the CNA registry on 8/2/21 (the date of hire); -Documentation showed staff checked a criminal background check and the EDL on 12/15/22 during the survey process. <p>Review of Cook H's employee file showed the following:</p> <ul style="list-style-type: none"> -Date of hire 8/17/22; -Documentation showed staff checked a criminal background check and the EDL on 12/15/22 during the survey process; -No evidence there was a CNA Registry check completed. <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>16760</p> <p>Based on interview and record review, the facility failed to have an effective system of notification and reporting non emergency incidents that would support suspicion of a crime to local law enforcement authorities. The facility failed to report an allegation of abuse to the appropriate entities, including law enforcement, in a timely manner when Security Psychiatric (Psych) Aide N was alleged to have provided methamphetamines to residents. The facility became aware of the alleged incident on 12/13/22, and did not notify law enforcement until 12/30/22 at the time of survey. Six residents (Residents #106, #31, #34, #65, #508, and #88) tested positive for methamphetamines. The facility census was 169.</p> <p>Review of the facility's policy, Abuse and Neglect, revised 9/17/21, showed the following:</p> <p>-PURPOSE: To outline procedures for reporting and investigating complaints of abuse, neglect, and misuse of funds/property, and to define terms of types of abuse/neglect and misappropriation of funds and property. To ensure immediate reporting of all abuse allegations to the Administrator or designee and the Director of Nursing or designee and outside persons or agencies;</p> <p>-POLICY: VII. B. The facility must ensure that all alleged violations involving abuse, neglect, exploitation, mistreatment, or sexual assault are reported immediately, but no later than two hours after the allegation is made if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the State Survey Agency. If the abuse involves alleged suspicion of crime, it must also be reported to local law enforcement within those time frames.</p> <p>1. Review of the facility's investigation, effective 12/13/22 at 9:36 A.M., showed the following:</p> <p>-The incident date was 12/12/22;</p> <p>-The administrator was informed by staff who had reviewed a phone in the possession of Resident #65 that belonged to another resident;</p> <p>-Staff observed text messages mentioning exchanges of money and a line;</p> <p>-The administrator notified the facility's Director of Security Implementation and Development (DSID) (an off duty deputy with the county sheriff's department);</p> <p>-Resident #65 said he/she had received meth (methamphetamines) from Security Psych Aide N a couple of weeks ago and had only done it a couple of times;</p> <p>-Resident #65 mentioned several residents' names, saying Security Psych Aide N had sold to any residents who had money at different times;</p> <p>-Other residents interviewed said they were getting meth from Security Psych Aide N;</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Security Psych Aide N was interviewed, refused to provide a written statement, and was terminated from employment at the facility.</p> <p>2. Review of Resident #65's Urine Drug Screen Result, dated 12/14/22, showed he/she tested presumptive positive for methamphetamine.</p> <p>During interview on 12/15/22 at 11:49 A.M., the resident said the following:</p> <p>-Security Psych Aide N usually worked on the floor where he/she resided and would bring meth (methamphetamine) in to residents;</p> <p>-Security Psych Aide N brought meth to the other residents and those residents got him/her (Resident #65) mixed up into it;</p> <p>-Other residents asked him/her to take their money, because they owed Security Psych Aide N money. He/She gave the money to Security Psych Aide N, it was small bills but it added up to about \$100;</p> <p>-He/She did meth quite a few times in his/her room, but most of the time it was in other residents' rooms.</p> <p>3. Review of Resident #508's Urine Drug Screen Result, dated 12/14/22, showed he/she tested presumptive positive for methamphetamine.</p> <p>During interview on 12/15/22 at 12:21 P.M. and 4:10 P.M., the resident said the following:</p> <p>-Security Psych Aide N brought meth to him/her three or four times in the last couple of months;</p> <p>-Security Psych Aide N brought meth in about a week ago and he/she (Resident #508) used it;</p> <p>-He/She gave his/her money (\$30) directly to Security Psych Aide N, and got meth;</p> <p>-He/She used the meth by snorting it in his/her room.</p> <p>4. During interview on 12/15/22 at 12:52 P.M., Resident #31 said the following:</p> <p>-Security Psych Aide N brought in meth to the residents a couple days ago;</p> <p>-A resident who obtained the meth (from Security Psych Aide N) gave it to him/her. He/She did meth in his/her room about a week ago.</p> <p>Review of the resident's nurses notes, dated 12/15/22 at 6:34 P.M., showed the resident's urine sample was taken today after consent was given. Results positive for methamphetamine.</p> <p>5. During interview on 12/15/22 at 12:52 P.M., Resident #106 said the following:</p> <p>-Security Psych Aide N brought in meth to residents a couple days ago;</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-He/She did meth in his/her room about a week ago. Another resident got the meth from Security Psych Aide N.</p> <p>Review of the resident's progress notes, dated 12/15/22 at 6:36 P.M., showed the resident's urine sample was taken today after consent was given. Results were positive for methamphetamine.</p> <p>6. Review of Resident #34's progress notes, dated 12/15/22 at 6:29 P.M., showed the resident's urine sample was taken after consent was given. Results positive for methamphetamine.</p> <p>7. Review of Resident #88's Urine Drug Screen Result, dated 12/14/22, showed the resident tested presumptive positive for methamphetamine.</p> <p>8. Review of an email sent from the DSID to the Director of Nursing (DON) on 12/15/22 at 1:18 P.M. showed the following:</p> <p>-On 12/12/22, the DSID was contacted by evening staff about possible drug activities in the building, information that a possible employee was bringing in drugs and supplying it to residents;</p> <p>-The DSID directed the nurse to seek permission to search each resident's room that was involved;</p> <p>-On 12/13/22, the DSID reviewed resident statements and spoke with several residents who all mentioned the same name (Security Psych Aide N) as being somehow involved;</p> <p>-Security Psych Aide N advised DSID he/she would come in the next morning so DSID could speak with him/her;</p> <p>-DSID attempted to obtain a written statement from Security Psych Aide N upon arrival to the facility regarding the situation, Security Psych Aide N refused;</p> <p>-It was the DSID's professional recommendation that the next step was to release Security Psych Aide N of his/her job duties with the facility due to the nature and concern of the situation and believed involvement;</p> <p>-On 12/14/22, Security Psych Aide N was terminated due to his/her involvement with suspicion of bringing illegal substance in the building to residents. The DSID would be contacting local authorities for possible involvement in criminal activity.</p> <p>During an interview on 12/20/22 at 1:13 P.M., the administrator said the following:</p> <p>-The facility hired the DSID as a consultant who conducted his/her own investigation of the incident;</p> <p>-The DSID's investigation was separate from local law enforcement's investigation;</p> <p>-The DSID also worked for the local sheriff's office, but when the DSID came to the facility, he/she was not working under that capacity and was working for the facility.</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 12/30/22 at 2:09 P.M., dispatch staff with the local police department said review of records in the timeframe of 12/12/22 to 12/14/22 showed the facility had not filed a report with the police department regarding the incident.</p> <p>Review of the local police department incident report, showed the DON reported the following on 12/30/22 at 2:20 P.M.:</p> <ul style="list-style-type: none"> -The DON reported drug information at the facility alleging Security Psych Aide N allegedly selling meth to various residents; -The DON said the facility's investigation was concluded on 12/12/22; -The DON reported it to DSID and thought the DSID made an official report but had now learned the DSID never did. <p>During interview on 1/5/23 at 2:50 P.M, Law Enforcement Contact A said the facility had consistently failed to work with their department to ensure appropriate reporting to law enforcement. The facility continually sent reports that were not appropriate for law enforcement, but were not reporting incidents law enforcement should receive.</p>

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<p>F 0623</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>36219</p> <p>Based on interview and record review, the facility failed to notify three residents (Residents #136, #475 and #90), in a review of 54 sampled residents, and/or their representatives in writing of transfer to the hospital, including the reasons for the transfer, date of transfer, location to which resident was transferred, a statement of the resident's appeal rights and the name, address and phone number for the Ombudsman. The facility census was 169.</p> <p>1. Record review of Resident #136's medical record showed the resident had a guardian.</p> <p>Review of the resident's nurse's notes, dated 12/5/22 at 2:46 P.M., showed staff documented the resident was sent to the hospital by facility transport after the resident voiced concerns to nursing staff and staff got orders from the physician to send him/her to the hospital for evaluation and treatment.</p> <p>Review of the resident's nurse's notes, dated 12/13/22 at 8:17 A.M., showed staff documented the resident was sent to the hospital by emergency medical services after the resident was found with concerns of decline, in a lethargic state, unable to answer questions appropriately and not at baseline. Staff got orders from the physician to send the resident to the hospital for evaluation and treatment, and left the facility with emergency medical services (EMS) at 8:28 A.M.</p> <p>Review of the resident's medical record showed no documentation staff informed the resident or the resident's representative in writing of the transfer and the reasons for the transfer to the hospital on 12/5/22 or 12/13/22.</p> <p>During an interview on 12/20/22 at 2:10 P.M., the resident's guardian said the facility had never provided him/her a letter or anything in writing about the resident's transfer to the hospital.</p> <p>2. Record review of Resident #475's medical record showed he/she was his/her own responsible party. He/She had an emergency contact listed.</p> <p>Review of the resident's nurse's notes, dated 11/5/22 at 3:07 P.M., showed staff documented the resident was noted to have altered mental status and difficulty verbalizing with staff. The resident was sent to the hospital via EMS for evaluation and treatment.</p> <p>Review of the resident's nurse's notes, dated 11/14/22 at 3:13 P.M., showed staff documented the resident's roommate alerted staff the resident had rolled out of bed. A red area was noted to the forehead and the resident was complaining of upper and lower back pain. Physician was notified and new order received to send to the hospital for evaluation and treatment via EMS.</p> <p>Review of the resident's nurse's notes, dated 11/30/22 at 4:31 P.M., showed staff documented the resident was difficult to arouse with verbal and external stimuli. The resident sent to the hospital for evaluation and treatment.</p> <p>(continued on next page)</p>		

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<p>F 0623</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's medical record showed no documentation staff informed the resident or the resident's emergency contact in writing of the transfer and the reasons for the transfer to the hospital on 11/5/22, 11/14/22 or 11/30/22.</p> <p>During an interview on 12/12/22 at 1:42 P.M., the resident said the facility had never provided him/her with a letter or anything in writing about his/her transfers to the hospital.</p> <p>During an interview on 12/15/22 at 9:28 A.M., the resident's emergency contact said the facility had never provided him/her a letter or anything in writing about the resident's transfers to the hospital.</p> <p>During an interview on 12/20/22 at 2:48 P.M., the administrator said the following:</p> <ul style="list-style-type: none"> -She expected written notifications be given to the resident and responsible parties at time of transfer; -It was the responsibility of the nurse who sends the resident out to complete these written notifications. <p>41412</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>41412</p> <p>Based on observation, interview, and record review, the facility failed to obtain physician ordered blood work as ordered for two residents (Residents #16 and #104), in a review of 54 sampled residents. The facility census was 169.</p> <p>Record review of the facility policy, Transcription of Orders/Following Physician's Orders, last revised 04/2017, showed the following:</p> <p>-The purpose of this policy is to outline procedures in accurately transcribing physician's orders and to ensure that all the physician's orders are followed and that a process is in place to monitor nurses in accurately transcribing and following physician's orders;</p> <p>-After laboratory testing, diagnostic testing or other services are ordered, the nurse will sign that the order was received and fill out the corresponding requisition for the specific service to be obtained.</p> <p>1. Review of Resident #104's face sheet showed his/her diagnoses included diabetes, high blood pressure, epilepsy and acute kidney failure.</p> <p>Record review of the resident's physician's orders showed the following:</p> <p>-On 8/18/22, an order was received for Keppra (anticonvulsant) 500 milligrams (mg) every day;</p> <p>-On 8/22/22, an order was received for a comprehensive metabolic panel (CMP) (a blood test that provides important information about the body's chemical balance and metabolism; abnormal levels can be a sign of a serious health problem), Hemoglobin A1C (HgbA1C) (a blood test that shows the average blood sugar level over the past two to three months), Keppra levels (blood test to determine the amount of Keppra in the blood and to ensure the ordered dose is therapeutic) every three months.</p> <p>Review of the resident's medical record for August 2022 through December 2022 showed the following:</p> <p>-No documentation the resident's CMP was drawn on 8/22/22 as ordered or every three months;</p> <p>-No documentation the resident's HgbA1C was drawn on 8/22/22 as ordered or every three months;</p> <p>-No documentation the resident's Keppra level was drawn on 8/22/22 as ordered or every three months.</p> <p>2. Review of Resident #16's face sheet showed his/her diagnoses included dependence on renal dialysis, chronic kidney disease, high blood pressure, hypothyroidism (disorder of the thyroid where the thyroid does not produce enough thyroid hormone; deficiency can disrupt heart rate, body temperature and metabolism), anemia (low iron level; can lead to reduced oxygen flow to the body's organs), hyperlipidemia (high levels of fat in the blood) and hyponatremia (the level of sodium in the blood is too low).</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of the resident's December 2022 POS showed the following:</p> <ul style="list-style-type: none"> -Levothyroxine (thyroid supplement) 125 micrograms (mcg) every day (original order dated 11/04/21); -Divalproex Sodium Delayed Release (anticonvulsant) 500 mg every day (original order dated 11/11/21); -HgbA1C every six months (original order dated 11/5/21); -BMP, thyroid stimulating hormone (TSH) (blood test that measures the levels of the thyroid hormone), valporic acid level (VPA) (blood test to determine the amount of Divalproex Sodium in the blood and to ensure the ordered dose is therapeutic) every three months (original order dated 11/5/21); -Fasting lipid panel (FLP), VPA level, TSH, BMP and folate level (a blood test to measure the concentration of folate (vitamin B) in the liquid part of the blood) every three months (original order dated 2/21/22); -Yearly complete blood count (CBC) (blood test that looks at the overall health and a wide range of conditions including anemia, infection and leukemia (blood cancer)). <p>Review of the resident's medical medical record on 12/13/22 showed the following:</p> <ul style="list-style-type: none"> -No documentation the resident's CBC was drawn on 11/11/21 as ordered or yearly for 2022; -No documentation the resident's HgbA1C was drawn on 11/5/21 as ordered or every six months thereafter; -FLP last drawn 7/13/22; No documentation the resident's FLP was drawn in October 2022 or every three months as ordered; -VPA last drawn 7/13/22; No documentation the resident's VPA was drawn in October 2022 or every three months as ordered; -TSH last drawn 7/13/22; No documentation the resident's TSH was drawn in October 2022 or every three months as ordered; -BMP last drawn 7/13/22; No documentation the resident's BMP was drawn in October 2022 or every three months as ordered; -Folate last drawn 7/13/22; No documentation the resident's Folate was drawn in October 2022 or every three months as ordered. <p>During an interview on 12/14/22 at 2:15 P.M., Licensed Practical Nurse (LPN) S said the following:</p> <ul style="list-style-type: none"> -He/She was not sure how the blood draws were behind; -The lab company usually came and obtained the blood draws. <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 12/20/22 at 2:50 P.M., the Director of Nursing said the following:</p> <ul style="list-style-type: none"> -Requisitions for labs or blood draws are to be filled out by 10:00 A.M. the day prior to the lab for the lab company to come and draw the ordered labs; -Staff are to conduct audits of the lab draws to ensure they are getting completed as ordered. <p>During an interview on 12/20/22 at 2:48 P.M., the administrator said she expected lab or bloodwork to be obtained as ordered.</p> <p>MO 194911</p>		

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<p>F 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate foot care.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41412</p> <p>Based on observation, interview and record review, the facility failed to ensure proper treatment and care to maintain foot health for one resident (Resident #104) in a sample of 54 residents. The facility census was 169.</p> <p>Review of the facility's policy, titled Nail Care, last reviewed 7/9/21, showed the following:</p> <ul style="list-style-type: none"> -The purpose of this procedure is to promote cleanliness, prevent infection and enhance sense of well-being; -Nail clipping or cutting requires an order from the nurse. Do not cut or clip nails if skin around them is reddened, swollen or showing other signs of infection. Do not cut toenails; -Residents with diabetes require special nail care. Certified Nurse Assistants or Nurse Aides should not cut the nails of diabetic residents or residents with peripheral vascular disease (PVD); -Podiatry will be consulted for residents requiring extensive treatment; -Procedure: 6) gently clean under nails with orangewood stick. Work gently so as not to injure skin under the nails; 7) file toenails straight across; 8) use nail file to shape and smooth rough edges. Apply lotion after drying the hands and feet; -After care; 1) document in resident's record: a) nail care provided b) resident's response to procedure 2) report to supervisor any reddened, swollen or other signs of infection around the nail. <p>1. Review of Resident #104's face sheet showed he/she had diagnoses that included dementia, diabetes and glaucoma.</p> <p>Review of the resident's admission Minimum Data Set (MDS), a federally mandated assessment instrument, dated 8/31/22 showed the resident had moderately impaired cognition.</p> <p>Review of the resident's care plan dated 8/31/22 showed the following:</p> <ul style="list-style-type: none"> -Communication problem related to language barrier; -Limited physical ability due to dementia; -Provide supportive care. <p>Review of the resident's quarterly MDS, dated [DATE] showed the following:</p> <ul style="list-style-type: none"> -Usually makes self understood; -Usually understands others; <p>(continued on next page)</p>

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<p>F 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-No behaviors or rejection of cares;</p> <p>-Supervision - oversight, encouragement or cueing - set up help only for personal hygiene;</p> <p>-Physical help in part of bathing activity - set up help only.</p> <p>Observation on 12/12/22 at 12:55 P.M. in the resident's room showed the following:</p> <p>-The resident lay awake in his/her bed;</p> <p>-The resident's toenails on both feet were long and thick with brown debris under the nails;</p> <p>-The resident's bilateral great toenails were turned under.</p> <p>During an interview on 12/12/22 at 1:00 P.M., the resident said ouch when the surveyor pointed at his/her feet and asked if staff ever assisted with trimming his/her toenails.</p> <p>Observation on 12/13/22 at 2:25 P.M. in the resident's room showed the following:</p> <p>-The resident lay awake in bed;</p> <p>-The resident's toenails on both feet remained long and thick with brown debris under the nails, the bilateral great toenails turned under and the resident's fourth toenail on his/her left foot appeared sharp and stuck upward at a point.</p> <p>During interview on 12/14/22 at 2:22 P.M. Certified Medication Technician (CMT) Y said the Certified Nurse Aide's (CNAs) are responsible for nail care including trimming and cleaning. This was usually done during shower days or as needed. He/She could not find any shower sheets to indicate that Resident #104 had had nail care completed.</p> <p>During an interview on 12/15/22 at 11:18 A.M., Licensed Practical Nurse (LPN) Z said she was not aware of any toenail concerns with Resident #104.</p> <p>During interview on 12/20/22 at 2:48 P.M. the administrator said the following:</p> <p>-The CNAs are responsible for trimming and cleaning residents' nails; this should be monitored on shower days;</p> <p>-Licensed nursing staff are responsible for trimming diabetic nails; CNAs are responsible for letting licensed staff know when this needs completed;</p> <p>-A podiatrist does not come to the facility to see residents, residents have to be sent out for those appointments.</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41412</p> <p>Based on interview and record review, the facility failed to perform and document assessments for three of three residents sampled (Residents #103, #7, and #16) who received dialysis (a process of cleaning the blood by a special machine necessary when the kidneys are not able to filter the blood) treatment. The facility failed to provide residents on dialysis with services consistent with professional standards of practice by failing to assess dialysis access sites for signs and symptoms of infection and check bruit (an audible vascular sound associated with turbulent blood flow) and thrill (a vibratory sensation felt on the skin overlying an area of turbulence) after dialysis, follow policy to ensure blood pressures were not obtained on affected side (same side of body as dialysis access site, send meals or snacks with residents receiving dialysis treatments, and monitor and document daily resident weights as indicated in the resident's care plan for one resident (Resident #103). A sample of 54 residents was selected for review. The facility census was 169.</p> <p>Record review of the facility's Dialysis Policy, revised 3/18/22, showed the following:</p> <ul style="list-style-type: none"> -Ensure that residents who require dialysis receive such services as ordered by physician; -The facility will ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences; -The facility will ensure that each resident receives care and services for the provision of hemodialysis and/or peritoneal dialysis consistent with professional standards of practice including the: <ol style="list-style-type: none"> 1. Ongoing assessment of the resident's condition and monitoring for complications before and after dialysis treatments received at a certified dialysis facility; 3. Ongoing assessment and oversight of the resident before and after dialysis treatments; 5. To prevent injuries ensure care plan and CNA care plan indicate no BP measurements, venipunctures, or injections on the affected side. When blood flow through the vascular access is reduced, it can clot. Using a sign in room is also suggested; 6. The nurse will monitor bruit and thrill every shift and document in TAR. <p>Review of the National Kidney Foundation website, Clinical Practice Guideline for Hemodialysis, showed one should have a light meal a few hours before a dialysis appointment. One does not want to go through dialysis on a full stomach. That can make one feel nauseous. But going on an empty stomach can also make one feel uncomfortable.</p> <ol style="list-style-type: none"> 1. Review of Resident #103's undated face sheet showed the following: <ul style="list-style-type: none"> -Diagnoses included hypertensive heart and chronic kidney disease; -Dependence on renal dialysis. <p>(continued on next page)</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's annual Minimum Data Set (MDS), a federally mandated assessment instrument, completed by facility staff, dated 12/14/21, showed the resident received dialysis treatments.</p> <p>Review of the resident's care plan, revised 5/10/22, showed the following:</p> <ul style="list-style-type: none"> -The resident had renal failure related to end stage kidney disease; -The resident received dialysis three times weekly; -Staff were to obtain the resident's weight daily at the same time each day; -Staff were to monitor the resident for signs/symptoms of infection; -Staff were to monitor/document/report as needed: edema, weight gain of over 2 pounds a day, increased heart rate and elevated blood pressure. <p>Review of the resident's physician order summary for October 2022 showed the following:</p> <ul style="list-style-type: none"> -May have dialysis on Monday, Wednesday, and Friday or three times weekly (original order dated 7/22/22); -Check weekly weights (original order dated 7/22/22) <p>Review of the resident's October 2022 progress notes showed no documentation staff assessed the resident's dialysis access site after he/she returned from dialysis (as directed in the facility's policy) on 10/3, 10/5, 10/7, 10/10, or 10/12.</p> <p>Review of the resident's weight summary showed no documentation staff weighed the resident during the week of 10/9/22 through 10/15/22.</p> <p>Review of the resident's October 2022 progress notes showed no documentation staff assessed the resident's dialysis access site after he/she returned from dialysis on 10/17/22.</p> <p>Review of the resident's weight summary showed no documentation staff weighed the resident during the week of 10/16/22 through 10/22/22.</p> <p>Review of the resident's October 2022 progress notes showed no documentation staff assessed the resident's dialysis access site after he/she returned from dialysis on 10/26/22.</p> <p>Review of the resident's weight summary showed no documentation staff weighed the resident during the week of 10/30/22 through 11/5/22.</p> <p>Review of the resident's physician order summary for November 2022 showed the following:</p> <ul style="list-style-type: none"> -May have dialysis on Monday, Wednesday, and Friday or three times weekly (original order dated 7/22/22); -Check weekly weights (original order dated 7/22/22). <p>(continued on next page)</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's November 2022 progress notes showed no documentation staff assessed the resident's dialysis access site after he/she returned from dialysis on 11/9, 11/14, 11/16, 11/18, 11/21, and 11/25.</p> <p>Review of the resident's weight summary showed no documentation staff weighed the resident during the week of 11/20/22 through 11/26/22.</p> <p>Review of the resident's November 2022 progress notes showed no documentation staff assessed the resident's dialysis access site after he/she returned from dialysis on 11/28 and 11/30.</p> <p>Review of the resident's weight summary showed no documentation staff weighed the resident during the week of 11/27/22 through 12/3/22.</p> <p>Review of the resident's physician order summary for December 2022 showed the following:</p> <ul style="list-style-type: none"> -May have dialysis on Monday, Wednesday, and Friday or three times weekly (original order dated 7/22/22); -Check weekly weights (original order dated 7/22/22). <p>Review of the resident's November 2022 progress notes showed no documentation staff assessed the resident's dialysis access site after he/she returned from dialysis on 12/5, 12/7, 12/9, 12/12, and 12/14.</p> <p>Review of the resident's weight summary showed no documentation staff weighed the resident during the week of 12/11/22 through 12/17/22.</p> <p>During a telephone interview on 12/27/22 at 1:56 P.M., the resident said the following:</p> <ul style="list-style-type: none"> -He/She went for dialysis treatments outside of the facility on Mondays, Wednesdays, and Fridays; -Staff had not consistently assessed his/her access site after dialysis, and had not weighed him/her on a routine basis. <p>2. Review of Resident #16's face sheet showed diagnoses included the following:</p> <ul style="list-style-type: none"> -End stage chronic kidney disease; -Dependence on renal dialysis; -Personal history of other venous thrombosis and embolism (blood clot). <p>Review of the resident's care plan showed the following:</p> <ul style="list-style-type: none"> -Entry 2/17/20, dialysis every Monday, Wednesday and Friday; -Entry 5/8/20, no blood pressure, venipuncture or injections in the right arm; <p>(continued on next page)</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Entry 11/2/21, check dialysis fistula and check for bruit and thrill every shift and as needed;</p> <p>-Entry 12/21/21, history of hospitalization for cellulitis (infection) in his/her fistula.</p> <p>Review of the resident's quarterly MDS, dated [DATE], showed the resident received dialysis treatments.</p> <p>Review of the resident's vital sign record showed staff took the resident's blood pressure in his/her right arm (location of the resident's dialysis fistula) on 9/28/22 at 3:18 A.M. and 11:44 A.M., 9/30/22 at 1:30 A.M. and 10/01/22 at 4:25 A.M.</p> <p>Review of the resident's November 2022 treatment administration record (TAR) showed no documentation staff assessed the resident's dialysis fistula and checked for bruit and thrill every shift and as needed (as directed by his/her care plan and facility policy).</p> <p>Review of the resident's vital sign record showed staff took the resident's blood pressure in his/her right arm on 11/7/22 at 11:24 A.M.</p> <p>Review of the resident's December 2022 TAR showed no documentation staff assessed the resident's dialysis fistula and checked for bruit and thrill every shift and as needed (as directed by his/her care plan and facility policy).</p> <p>During an interview on 12/12/22 at 2:10 P.M. and 12/15/22 at 11:24 A.M., the resident said the following:</p> <p>-His/Her dialysis treatments were outside of the facility on Mondays, Wednesdays, and Fridays; he/she leaves for dialysis appointments around 5:15 A.M. and returns around 10:00 A.M.;</p> <p>-Staff rarely assess his/her access site after dialysis;</p> <p>-He/She gets his/her dialysis through a device in his/her right arm, and he/she sometimes has to remind staff to not take his/her blood pressure in his/her right arm because of the device;</p> <p>-He/She does not get breakfast before he/she goes to dialysis. He/She is usually hungry when he/she returns from treatments and breakfast is already closed. Staff tell him/her he/she has to wait until lunch; sometimes he/she does not get a bedtime snack, so waiting from supper time (6:00 P.M.) to lunch time (1:00 P.M.) to eat was a long time.</p> <p>3. Review of Resident #7's undated diagnosis sheet showed he/she had diagnoses that included chronic kidney disease.</p> <p>Review of the resident's January 2022 POS showed the resident received dialysis on Tuesdays, Thursdays, and Saturdays.</p> <p>Review of the resident's vital sign record showed staff took the resident's blood pressure in his/her left arm (location of the resident's dialysis fistula) on 1/14/22 at 8:31 A.M., 1/16/22 at 11:31 A.M. and 1/20/22 at 12:22 P.M.</p> <p>(continued on next page)</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's February 2022 POS showed the resident received dialysis on Tuesdays, Thursdays, and Saturdays.</p> <p>Review of the resident's vital sign record showed staff took the resident's blood pressure in his/her left arm (location of the resident's dialysis fistula) on 2/4/22 at 7:39 A.M., 2/14/22 at 7:22 A.M. and 3/2/22 at 10:54 A.M.</p> <p>Review of the resident's March 2022 POS showed the resident received dialysis on Tuesdays, Thursdays, and Saturdays.</p> <p>Review of the resident's vital sign record showed staff took the resident's blood pressure in his/her left arm (location of the resident's dialysis fistula) on 3/2/22 at 10:54 A.M.</p> <p>Review of the resident's care plan, revised 4/27/22, showed the following:</p> <ul style="list-style-type: none"> -Needs dialysis related to renal failure; -Receives dialysis four times weekly (this was not accurate as the resident received dialysis three times per week); -Do not draw or take blood pressure in arm with graft (was not specific to where fistula was located); -The care plan did not address/instruct to check dialysis fistula and check for bruit and thrill every shift and as needed. <p>Review of the resident's October 2022 POS showed the resident received dialysis on Tuesdays, Thursdays, and Saturdays.</p> <p>Review of the resident's October 2022 TAR showed no documentation staff checked the resident's dialysis fistula and checked for bruit and thrill every shift and as needed (as directed by the facility policy).</p> <p>Review of the resident's vital sign record showed staff took the resident's blood pressure in his/her left arm on 10/4/22 at 12:16 A.M.</p> <p>Review of the resident's quarterly MDS, dated [DATE], showed the resident received dialysis treatments.</p> <p>Review of the resident's November 2022 POS showed the resident received dialysis on Tuesdays, Thursdays, and Saturdays.</p> <p>Review of the resident's November 2022 TAR showed no documentation staff checked the resident's dialysis fistula and checked for bruit and thrill every shift and as needed (as directed by the facility policy).</p> <p>Review of the resident's November 2022 POS showed the resident received dialysis on Tuesdays, Thursdays, and Saturdays.</p> <p>(continued on next page)</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's December 2022 TAR showed no documentation staff checked his/her dialysis fistula and checked for bruit and thrill every shift and as needed (as directed by the facility policy).</p> <p>During an interview on 12/13/22 at 8:24 A.M., the resident said the following:</p> <ul style="list-style-type: none"> -His/Her dialysis treatments were outside of the facility on Mondays, Wednesdays, and Fridays; he/she leaves for dialysis appointments around 6:00 A.M. and returns around 12:00 P.M.; -Staff hardly ever assess his/her access site after dialysis; his/her access site is in his/her left upper arm; he/she returns from dialysis with a bandage on his/her arm that he/she usually takes off himself/herself; -Staff sometimes take his/her blood pressure in his/her left arm, and he/she has to tell them it cannot be taken there because of his/her fistula; -He/She does not get breakfast before he/she goes to dialysis; sometimes the dialysis nurse has to give him/her a snack because he/she gets hungry. <p>4. During an interview on 12/15/22 at 12:55 P.M., staff at the dialysis clinic said the following:</p> <ul style="list-style-type: none"> -Resident #16 and #7 do not come to the clinic appointments with a sack breakfast or snack; -Residents are allowed to eat and drink during dialysis appointments if they want; -Sometimes both resident's #16 and #7 have said they were hungry because they miss breakfast coming to their early dialysis appointments; sometimes the clinic has protein bars and snacks they can give them, but not always. <p>During an interview on 12/15/22 at 2:18 P.M., Licensed Practical Nurse (LPN) Z said he/she had just been instructed the day before to make sure post dialysis assessments were being documented on the resident's treatment administration record (TAR). Prior to this education, he/she sometimes documented an assessment for bruit and thrill checks in the progress notes, but not always. He/She knew this needed to be done after dialysis, but sometimes he/she forgot to do them. Having them populated on the TAR would now help him/her remember.</p> <p>During an interview on 12/20/22 at 1:13 P.M., the director of nursing said the following:</p> <ul style="list-style-type: none"> -She expected staff to assess a resident's dialysis access site when the resident returned from scheduled dialysis treatment; -She expected staff to document their assessments of the dialysis access site on a resident's TAR per the facility's dialysis policy; -Staff should not take vitals, such as blood pressure, in a resident's arm that had a dialysis access site; -She expected staff to follow physician's orders. <p>(continued on next page)</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 12/20/22 at 1:13 P.M., the administrator said:</p> <ul style="list-style-type: none"> -She expected breakfast to be sent with a resident to dialysis treatment if they were to miss that meal at the facility; -She expected staff to follow physician's orders. <p>Surveyor: [NAME], [NAME]</p>

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36219</p> <p>Based on interview and record review, the facility failed to attempt a gradual dose reduction (GDR) on psychotropic medication or document a clinical justification to continue current dosage for three residents (Residents #150, #58 and #16), in a review of 54 sampled residents. The facility also failed to obtain a 14-day stop date on as needed (PRN) psychotropic medication for one sampled resident (Residents #44), and did not provide documentation of a clinical reason to extend the use of the PRN medications. The facility census was 169.</p> <p>Review of the facility policy PRN Antipsychotic and Psychotropic Medications, last revised 7/5/22, showed the following:</p> <p>-Purpose: Establish facility policy and guidelines regarding the use of PRN medication orders for psychotropic and antipsychotic drug classifications;</p> <p>-When a medication, which is prescribed on a PRN basis, is requested by the resident and/or administered by staff on a regular basis, this may indicate a more regular schedule is needed;</p> <p>-PRN Psychotropic medication may be extended longer than 14 days with physician documentation explaining why the prescribing physician believes it to be appropriate to extend the time;</p> <p>a. A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories:</p> <p>i. Antipsychotic;</p> <p>ii. Antidepressant;</p> <p>iii. Antianxiety;</p> <p>b. Nursing and physician should evaluate efficacy of routine psychotropic medications and adjust as needed. Any medication adjustments should be clearly documented;</p> <p>c. Evaluation using telepsych-conference with the resident qualifies as an appropriate evaluation;</p> <p>d. The medical record documentation must clearly define other actions taken such as adjustment of routine medications to avoid need of PRN, hospitalizations, frequency of intramuscular (IM), behavior crisis and adjusted doses that correlate;</p> <p>e. Residents who use psychotropic drugs will receive GDR and behavior intervention, UNLESS clinically contraindicated, in an effort to discontinue these drugs;</p> <p>i. If GDR is not desired by the physician, they must document reasoning in the resident's clinical record;</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>ii. Documentation should include any previous attempts failed, and/or resident at baseline with current dose, and/or current dose is needed for resident to sustain quality of life, etc.</p> <p>1. Review of Resident #150's physician's orders, dated 12/28/21, showed an order for Remeron (antidepressant medication) 45 milligrams (mg) by mouth at bedtime.</p> <p>Review of the resident's admission Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 12/31/21, showed the following:</p> <ul style="list-style-type: none"> -Moderately impaired cognition; -Minimal depression; -Received antidepressant medication two of the last seven days; -Diagnoses of dementia and depression. <p>Review of the resident's care plan, dated 1/13/22, showed the following:</p> <ul style="list-style-type: none"> -The resident has depression related to dementia; -Pharmacy review monthly or per protocol. <p>Review of the resident's physician's orders for January, February, March and April 2022 showed the resident had an order for Remeron 45 mg at bedtime (original order dated 12/28/21).</p> <p>Review of the resident's quarterly MDS, dated [DATE], showed the following:</p> <ul style="list-style-type: none"> -No signs or symptoms of depression; -Received antidepressant medications seven of the last seven days; -No GDR attempted; -GDR has not been documented by a physician as clinically contraindicated. <p>Review of the resident's physician's orders for May and June 2022 showed the resident had an order for Remeron 45 mg at bedtime (original order dated 12/28/21).</p> <p>Review of the resident's quarterly MDS, dated [DATE], showed the following:</p> <ul style="list-style-type: none"> -The resident received antidepressant medication seven of the last seven days; -Depression score blank. <p>Review of the resident's physician's orders for July, August and September 2022 showed the resident had an order for Remeron 45 mg at bedtime (original order dated 12/28/21).</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's quarterly MDS, dated [DATE], showed the following:</p> <ul style="list-style-type: none"> -The resident received antidepressant medication seven of the last seven days; -No signs or symptoms of depression. <p>Review of the resident's physician's orders for October, November and December 2022 showed the resident had an order for Remeron 45 mg at bedtime (original order dated 12/28/21).</p> <p>Review of the resident's medical record dated 12/28/21 through 12/13/22 showed no documentation the pharmacist recommended a GDR for Remeron.</p> <p>Review of the resident's medical record showed no documentation a gradual dose reduction was attempted on the Remeron, and no documentation from the resident's physician to show a GDR of the medication was clinically contraindicated.</p> <p>2. Review of Resident #145's physician's orders, dated 4/23/21, showed an order for Duloxetine (antidepressant) 60 mg, give one tablet by mouth daily.</p> <p>Review of the resident's physician's orders dated May 2021 showed an order for Duloxetine 60 mg, give one tablet daily (original order dated 4/23/21).</p> <p>Review of the resident's admission MDS, dated [DATE], showed the following:</p> <ul style="list-style-type: none"> -Cognitively intact; -No behaviors; -Minimal depression; -Diagnoses of anxiety and depression; -Received antidepressant medication seven of the last seven days. <p>Review of the resident's physician's orders dated June 2021 through May 2022 showed an order for Duloxetine 60 mg, give one tablet daily (original order dated 4/23/21).</p> <p>Review of the resident's medical record from April 2021 through May 2022 showed no documentation a gradual dose reduction was attempted on the Duloxetine, and no documentation from the resident's physician to show a GDR of the medication was clinically contraindicated.</p> <p>Review of the resident's care plan revised 5/11/22 showed the following:</p> <ul style="list-style-type: none"> -The resident has a diagnosis of depression and anxiety with panic disorder; -Administer medications as ordered. Monitor/document for side effects and effectiveness. <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's physician's orders dated June 2022 through December 2022 showed an order for Duloxetine 60 mg, give one tablet daily (original order dated 4/23/21).</p> <p>Review of the resident's medical record from June 2022 through December 2022 showed no documentation a gradual dose reduction was attempted on the Duloxetine, and no documentation from the resident's physician to show a GDR of the medication was clinically contraindicated.</p> <p>Review of the resident's medical record showed no evidence the pharmacist recommended a GDR for Duloxetine 4/23/21 through 12/4/22.</p> <p>3. Review of Resident #16's face sheet showed his/her diagnoses included schizophrenia (mental disorder), schizoaffective disorder (mental disorder), bipolar disorder (mental disorder) and obsessive compulsive disorder.</p> <p>Review of the resident's care plan, dated 11/21/21, showed the following:</p> <ul style="list-style-type: none"> -The resident had diagnoses of schizophrenia; -Takes psychotropic medications. <p>Review of the resident's annual MDS, dated [DATE], showed the following:</p> <ul style="list-style-type: none"> -Moderately impaired cognition; -No behaviors; -Received antipsychotic medication seven of the last seven days; -Diagnoses of schizophrenia; -Medications reviewed on a routine basis; -No GDR attempted. <p>Review of the resident's psychiatric visit note, dated 11/9/22 showed the following:</p> <ul style="list-style-type: none"> -The resident was seen for a follow up visit and medication review management; -Medications attached to the encounter included Risperidone (antipsychotic) 2 mg twice daily (original order dated 1/17/18) and Latuda (antipsychotic) 80 mg every evening; -No documentation that a GDR was recommended or contraindicated. <p>Review of the resident's December 2022 physician's orders showed orders for the following:</p> <ul style="list-style-type: none"> -Risperidone 2 mg twice daily for schizophrenia (order date 1/17/18); -Latuda 80 mg every evening, order date of 11/4/21. <p>(continued on next page)</p>

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's medical record showed no documentation a GDR was attempted or contraindicated for the resident's Risperidone or Latuda in 2022.</p> <p>4. Review of Resident #44's face sheet showed his/her diagnoses included severe intellectual disabilities, intermittent explosive disorder, schizophrenia, major depressive disorder, anxiety disorder and traumatic brain injury (TBI).</p> <p>Review of the resident's medical record showed his/her last psychiatric visit note was on 10/28/21.</p> <p>Review of the resident's October 2022 POS showed an order dated 8/24/22 for Ativan (anti-anxiety) 0.25 milliliters (ml) every four hours as needed (PRN) for air hunger, anxiety and agitation. (Review showed no stop date for the medication, and no written rationale as to why the PRN order should be extended beyond 14 days.)</p> <p>Review of the resident's October 2022 medication administration record (MAR) showed no documentation Ativan 0.25 ml every four hours PRN was not administered on 8/24/22 (date the medication was ordered) through 10/31/22.</p> <p>Review of the resident's November 2022 POS showed an order for Ativan 0.25 ml every four hours PRN for air hunger, anxiety and agitation (order date of 8/24/22). (Review showed no stop date for the medication, and no written rationale as to why the PRN order should be extended beyond 14 days.)</p> <p>Review of the resident's November 2022 MAR showed no documentation Ativan 0.25 ml every four hours PRN was administered on 11/1/22 through 11/30/22.</p> <p>Review of the resident's quarterly MDS, dated [DATE], showed the following:</p> <ul style="list-style-type: none"> -Severely impaired cognition; -No behaviors; -Received anti-anxiety medications zero of the last seven days; -Diagnoses of TBI, anxiety, depression and schizophrenia; -Medications reviewed on a routine basis; -No GDR attempted. <p>Review of the resident's December 2022 POS showed an order for Ativan 0.25 ml every four hours PRN for air hunger, anxiety and agitation (order date of 8/24/22). (Review showed no stop date for the medication and no written rationale as to why the PRN order should be extended beyond 14 days.)</p> <p>Review of the resident's December 2022 MAR on 12/14/22 showed no documentation Ativan 0.25 ml every four hours PRN was administered on 12/1/22 through 12/14/22.</p> <p>Review of the resident's medical record showed no documentation to show a 14-day stop date had been obtained for the PRN antipsychotic medication, Ativan.</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>5. Review of Resident #58's diagnoses page showed his/her diagnoses included schizoaffective disorder and major depressive disorder.</p> <p>Review of the resident's annual MDS, dated [DATE], showed the following:</p> <ul style="list-style-type: none"> -Mild cognitively impaired; -No behaviors; -Received antipsychotic medication seven of the last seven days; -Received anti-anxiety medications seven of the last seven days; -Received anti-depressant medications seven of the last seven days; -Received hypnotic medications zero of the last seven days; -Diagnoses of depression, bipolar and schizophrenia; -Medications reviewed on a routine basis; -No GDR attempted. <p>Review of the resident's care plan, dated 9/19/22, showed the following:</p> <ul style="list-style-type: none"> -The resident had diagnoses of schizoaffective disorder; -The care plan did not address the resident's medications. <p>Review of the resident's psychiatric visit note, dated 10/05/22, showed the following:</p> <ul style="list-style-type: none"> -The resident was seen for a follow up visit and medication review management; -Medications attached to the encounter included fluphenazine (antipsychotic) 7.5 mg twice daily (start date 10/13/21) and Melatonin (hypnotic) 10 mg at bedtime (start date 6/2/20); -Medications reconciled: + GDR at this time. <p>Review of the resident's December 2022 POS showed orders for the following:</p> <ul style="list-style-type: none"> -Fluphenazine 7.5 mg twice daily (order date 10/13/21); -Melatonin 10 mg at bedtime (order date 6/2/20). <p>Review of the resident's medical record showed no documentation a GDR was attempted or contraindicated for the resident's fluphenazine or Melatonin since 10/31/21.</p> <p>During interview on 12/15/22 at 11:35 A.M., LPN S said the following:</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Psychiatry is responsible for the GDRs;</p> <p>-If a resident is not seen by psychiatry, then the pharmacy should recommend GDRs;</p> <p>-He/She did not know what + GDR at this time meant on Resident #58's psychiatry visit note.</p> <p>During interview on 12/20/22 at 1:13 P.M., the Director of Nursing said the following:</p> <p>-She expected GDRs to be recommended as required;</p> <p>-If psychiatry saw a resident, psychiatry would be responsible for requesting a GDR;</p> <p>-If psychiatry did not see a resident, the pharmacist consultant would be responsible for requesting a GDR;</p> <p>-Staff who obtain the PRN medication order should ask for a stop date when they obtain the medication order.</p> <p>During interview on 12/20/22 at 1:13 P.M., the Administrator said the following:</p> <p>-The DON was responsible for monitoring the GDR process;</p> <p>-She expected GDRs to be requested per the regulation.</p> <p>41412</p>

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<p>F 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs.</p> <p>34536</p> <p>Based on observation, interview, and record review, the facility failed to ensure three residents (Residents #2, #515, and #516) were served a nourishing and palatable diet, taking into consideration the preferences of each resident. The facility census was 169.</p> <p>Review of the spreadsheet menu for lunch on 12/12/22 showed residents were to receive brown sugar glazed pork chop, mashed potatoes and gravy, green peas with sauteed onions, brownie, roll/margarine and a beverage.</p> <p>During an interview on 12/12/22 at 10:25 A.M., Dietary Cook M said the menu today was pork chops with barbeque sauce, cheesy potatoes, and carrots. The alternate meal was ravioli.</p> <p>1. Observation on 12/12/22 at 1:24 P.M. showed Resident #2's tray ticket showed he/she disliked pork chops. Dietary Cook M prepared the resident's meal tray with a pork chop, mixed vegetables, and mashed potatoes without gravy.</p> <p>During an interview on 12/12/22 at 2:48 P.M., the resident said the following:</p> <ul style="list-style-type: none"> -He/She was served pork for lunch and he/she did not eat pork; -The kitchen never pays attention to his/her meal ticket and neither does staff when they serve the meals; -He/She had asked staff for a substitute (for the pork chops), but they never came back with anything; -All he/she ate for lunch was his/her vegetables and some of his/her mashed potatoes and was hungry. <p>2. Observation on 12/12/22 at 1:10 P.M. showed Resident #515's tray ticket showed he/she disliked vegetable blend. Dietary Cook M prepared the resident's meal tray with mixed vegetables (the alternate vegetable) and a ham/cheese sandwich.</p> <p>During interview on 12/14/22 at 3:04 P.M., the resident said he/she disliked mixed vegetables. If staff serve him/her mixed vegetables, he/she does not eat them.</p> <p>3. Observation on 12/12/22 at 1:10 P.M. showed Resident #516's tray ticket showed he/she disliked barbeque pork. Dietary Cook M prepared the resident's meal tray with a pork chop with barbeque sauce.</p> <p>4. During an interview on 12/13/22 at 10:37 A.M., Dietary Cook M said residents' dislikes are noted on the tray ticket, and should not be served. He/She tried to circle the disliked items or mark them according to that meal when he/she had time, to ensure residents were not served something they don't like.</p> <p>(continued on next page)</p>		

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<p>F 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 12/14/22 at 9:00 A.M., the Dietary Manager said resident likes and dislikes should be listed on the tray tickets. The cook was responsible for plating food items and ensuring they do not serve food items noted as dislikes. The aide at the end of the tray line should double check to ensure disliked items were not served. If the tray gets to the floor, nursing staff should ensure disliked items are not served and a substitution should be provided.</p> <p>41412</p> <p>MO 194246</p> <p>MO 198772</p> <p>MO 211162</p> <p>MO 191042</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>30813</p> <p>34536</p> <p>Based on observation, interview, and record review, the facility failed to ensure staff had access to menus for pureed diets which directed staff on the food items to serve and the appropriate portion sizes. Staff failed to serve pureed bread, as indicated by the spreadsheet menu, to five residents with a physician's order for a pureed diet. The facility census was 169.</p> <p>Review of the facility's Diet Type Report, dated 12/12/22 showed five residents had a physician's order for a pureed diet.</p> <p>Record review of the Week at a Glance menu for lunch on 12/12/22, located on the food preparation counter, showed staff were to serve the following</p> <ul style="list-style-type: none"> -Brown sugar glazed pork chop; -Mashed potatoes; -Gravy; -Green peas with sauteed onions; -Brownie. -Roll/margarine. <p>(The menu did not provide portion sizes or any particular guidance as to what items needed to be prepared for residents on a pureed diet.</p> <p>Review of the diet spreadsheet for lunch on 12/12/22, provided by the assistant dietary manager on 12/14/22, showed residents on a pureed diet should receive #20 scoop of pureed roll/margarine.</p> <p>During an interview on 12/12/22 at 10:56 A.M., Dietary Cook M said he/she used the Week at a Glance menu (located on the food preparation counter) to know what food items to prepare for the meal. Dietary Cook M said he/she tried to make the same food items for residents on a pureed diet as he/she made for the residents on a regular diet as much as possible. He/She did not have anything to refer to in order to know what food items to make for the residents on a pureed diet. He/She had worked at the facility for three months.</p> <p>During an interview on 12/12/22 at 11:15 A.M., the Assistant Dietary Manager said staff used the general menu (Week at a Glance menu) to know what items need to be prepared for the meal, and staff refer to the recipe book to see what portion size to serve for that item.</p> <p>(continued on next page)</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 12/12/22 at 12:20 P.M. of the main kitchen steam table showed no evidence staff prepared pureed bread and there was no pureed bread on the steam table just prior to start of the lunch service.</p> <p>Observation on 12/12/22 at 12:23 P.M. showed Dietary Cook M started the lunch meal service.</p> <p>Observation on 12/12/22 between 12:59 P.M. and 1:37 P.M. (during the lunch meal service) showed staff did not serve pureed bread to the residents on a pureed diet.</p> <p>During an interview on 12/14/22 at 9:00 A.M., the Dietary Manager said the following:</p> <ul style="list-style-type: none"> -Staff are expected to use the spreadsheet menu and recipe books to know what items to prepare and serve for the meal; -The cook was responsible for pureeing entrees and side items. <p>36219</p> <p>44665</p> <p>MO 194246</p> <p>MO 198772</p>

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>30813</p> <p>Based on observation, interview, and record review, the facility failed to provide food items to conserve nutritive value, flavor, appearance and temperature. The facility census was 169.</p> <p>1. During interview on 12/12/22 at 1:43 P.M., Resident #94 said the food does not taste good. He/She eats in his/her room. Sometimes the food was not hot.</p> <p>During interview on 12/12/22 at 2:01 P.M., Resident #55 said the food doesn't taste good.</p> <p>During interview on 12/12/22 at 2:15 P.M. Resident #57 said the pureed food is lousy; the taste is lousy.</p> <p>During interview on 12/12/12 at 12:08 P.M. and on 12/15/22 at 11:08 A.M., Resident #513 said the following:</p> <ul style="list-style-type: none"> -He/She wished the food had more seasonings; -The food was steamed too much and was watery. <p>During interview on 12/15/22 at 11:37 A.M., Resident #25 said sometimes the food is watery.</p> <p>During interview on 12/15/22 at 11:43 A.M., Resident #65 said the following:</p> <ul style="list-style-type: none"> -He/She has to salt and pepper the food a lot; -The vegetables are mushy and watery; -The pork chops/beef fritters are tough. <p>During interview on 12/15/22 11:04 A.M., Resident #514 said the food doesn't taste good.</p> <p>2. Record review of the diet spreadsheet for lunch on 12/12/22 showed staff were to serve the following</p> <ul style="list-style-type: none"> -Brown sugar glazed pork chop; -Green peas with sauteed onions (carrots were substituted for green peas); -Brownie (chocolate cake with caramel sauce was substituted for a brownie). <p>During an interview on 12/12/22 at 12:06 P.M., Dietary Cook M said he/she wanted temperatures of prepared food items to be 165-170 degrees Fahrenheit (F) for hot items.</p> <p>Observation on 12/12/22 at 12:23 P.M. showed Dietary Cook M started plating the lunch meal for the residents in the main kitchen.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 12/12/22 at 1:38 P.M. showed Dietary Cook M prepared the sample test tray after the last resident was served.</p> <p>Observation on 12/12/22 at 1:40 P.M. of the sample test tray, showed the following:</p> <ul style="list-style-type: none"> -The chocolate cake with caramel sauce was extremely dry; -The barbeque pork chop was tough and difficult to cut; -The temperature of the carrots was 102.5 degrees F, and they were cool to taste. <p>Record review of the diet spreadsheet for lunch on 12/13/22 showed staff were to serve the following:</p> <ul style="list-style-type: none"> -Chicken pasta Alfredo; -Toss salad/dressing (peas were substituted for salad). <p>Observation on 12/13/22 at 1:06 P.M. of the sample test tray, received after the last resident was served, showed the following:</p> <ul style="list-style-type: none"> -The chicken [NAME] was bland to taste and did not have much flavor; -The peas had no seasoning or flavor. <p>During an interview on 12/14/22 at 9:00 A.M., the dietary manager said the following:</p> <ul style="list-style-type: none"> -Staff were expected to use the spreadsheet menu and recipe books to know what items to prepare and serve for the meal; -Food temps at the time of service should be 125 F for a hot food item. <p>34536</p> <p>MO 198772</p> <p>MO 193268</p> <p>36219</p> <p>44665</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34536</p> <p>Based on observation, interview, and record review, the facility failed to ensure sanitary practices in the kitchen. The facility census was 169.</p> <p>1. Observation on [DATE] at 10:17 A.M. showed the kitchen range hood protected a six-burner stove and flat-top griddle and contained four baffle filters. Heavy yellow grease and dark-colored debris was visible on the filters over the stove. Yellow/brown grease drips and runs down the side of the metal range hood. A second section of range hood contained four baffle filters and protected a fryer and double oven. Heavy yellow grease and dark-colored debris was visible on the filters and on the fire suppression piping.</p> <p>Observation on [DATE] at 10:41 A.M. showed the range hood sticker showed the hood was last professionally cleaned on [DATE] and was due for professional cleaning in February 2023.</p> <p>2. Observation on [DATE] at 10:35 A.M. showed metal enclosed carts used for transporting meal trays sat in the kitchen. The carts were labeled Southeast, two were unlabeled, 3rd Men's, and Generations. There was orange and white food debris on the side of one of the unlabeled carts on the 3rd Men's cart, and one dead bug in the bottom of an unlabeled cart. There was food debris and dried liquids on the outside of all carts.</p> <p>3. Observation on [DATE] at 10:39 A.M. in the dry storage room in the kitchen, showed a large brown bag of flour was open and not sealed. Loose flour was on the electrical conduit behind the bag and on a nearby can of food.</p> <p>Observation on [DATE] at 10:43 A.M. showed the following undated spices/seasonings on the shelf above the metal preparation counter:</p> <p>-5-lb fresh peeled garlic was undated. The label showed keep refrigerated. The container had been opened and was ,d+[DATE] full and was not refrigerated;</p> <p>-10-ounce steak sauce was ,d+[DATE] full and was not refrigerated. The label showed to refrigerate after opening.</p> <p>Observation on [DATE] at 11:12 A.M. and on [DATE] at 10:10 A.M. of the walk-in cooler showed a large steamtable pan of raw chicken breasts sat on the bottom shelf and was dated ,d+[DATE].</p> <p>Observation on [DATE] at 11:30 A.M. and on [DATE] at 10:10 A.M. showed a large jug of soy sauce sat on the bottom rack of plastic shelving unit in the food sink area/beverage preparation area. One jug had been opened and was half empty. The jug was not refrigerated. The label on the jug showed refrigerate after opening for quality.</p> <p>4. Observation on [DATE] at 10:40 A.M. showed heavy black charred/yellow brown debris on the backsplash of the six-burner stove. Dried food debris was visible on the cooking surfaces around the burners.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>5. Observation on [DATE] at 10:41 A.M. showed heavy yellow grease drips, runs, and splatters on the tile wall behind and above the six-burner stove.</p> <p>6. Observation on [DATE] at 11:02 A.M. and on [DATE] at 10:22 A.M. showed the inside of the ice machine in the kitchen had a buildup of black debris on the white plastic baffle above the accumulated ice. The ice machine scoop sat on the outside of the ice machine on the left side directly on the exterior horizontal surface. The ice scoop sat amongst white crusty debris on the metal surface and was not stored in a protective container.</p> <p>7. Observation on [DATE] at 11:18 A.M. showed large stacks of steam table pans stored on a metal rack. A stack of three pans and another stack of five pans had water droplets in between the stacked pans when separated.</p> <p>Observation on [DATE] at 10:26 A.M. showed a stack of three large steam table pans and large stack of 15 baking sheets had water droplets between the pans when separated.</p> <p>8. During an interview on [DATE] at 9:00 A.M., the Dietary Manager said the following:</p> <ul style="list-style-type: none"> -Maintenance staff cleaned the range hood weekly and dietary staff cleaned it every three days. Dietary staff cleaned the range hood with a scrub brush and ran the filters through the dish machine; -The aides cleaned the tray carts inside and outside every Sunday. This was not documented; -Food items were dated on the day they were placed into the refrigerator and expire in three days. Food items should be covered when being stored or transported. The raw chicken should be discarded. The evening cook supervisor was responsible for discarding expired food items daily. He was not aware that soy sauce should be refrigerated, but the steak sauce and garlic should be in the refrigerator; -Dietary aides were responsible for cleaning walls weekly, but he was not aware of any cleaning that was done lately. He was trying to get that organized; -Maintenance staff was responsible for cleaning the ice machine, but he was not sure how often this was done. The vendor also came and did preventative maintenance on the unit; -The metal ice machine scoop should not be stored on the machine; -Clean dishware was supposed to be inverted to dry on the clean side of the dish machine. Items should be dried and should not be stored/stacked wet; -The cook should clean the stove backsplash daily. The backsplash can't really be cleaned anymore and he was planning to replace the six-burner stove. <p>During an interview on [DATE] at 9:41 A.M., the maintenance supervisor said dietary was responsible for cleaning the range hood filters three times a week. Maintenance was not allowed to touch anything in the kitchen. An outside vendor, not maintenance staff, cleaned and maintained the ice machine.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265469	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/04/2023
NAME OF PROVIDER OR SUPPLIER Levering Regional Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1734 Market Street Hannibal, MO 63401	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0868</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>36219</p> <p>Have the Quality Assessment and Assurance group have the required members and meet at least quarterly</p> <p>Based on interview and record review, the facility failed to ensure the Quality Assessment and Assurance (QAA) committee included the required members, including the Medical Director. Neither the Medical Director nor his designee attended quarterly QAA committee meetings. The facility census was 169.</p> <p>Review of the undated facility Quality Assurance Performance Implementation (QAPI) Plan showed all department managers, the Administrator, the Director of Nursing (DON), Antibiotic Steward, the Infection Control and Prevention office, Medical Director, consulting pharmacist, resident and/or family representatives (if appropriate), and three additional staff will provide QAPI leadership by being on the QAA committee.</p> <p>Review of a handwritten note at the bottom of the undated facility Quality Assurance Performance Implementation showed the team consisted of the Administrator, the Director of Nursing (DON), the Minimum Data Set Coordinator, Licensed Practical Nurse (LPN) S, Quality of Life Advocate (QLA) V, QLA W, QLA L, Housekeeping Supervisor, and Corporate Nurse X. A copy was faxed to the Medical Director's nurse.</p> <p>During interview on 12/19/22 at 5:05 P.M., the Administrator said the QAA committee met weekly on Fridays. The Medical Director does not attend the QAA meetings, but information from the meetings is sent to his office.</p>

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep all essential equipment working safely.</p> <p>30813</p> <p>Based on observation, interview, and record review, the facility failed to ensure patient care equipment ordered to assist one resident (Resident #2), in a review of 54 sampled residents, with positioning and safety in his/her wheelchair, was maintained in good repair. The census was 169.</p> <p>Review of Resident #2's diagnosis sheet showed his/her diagnoses included spina bifida (a birth defect in which the spinal cord fails to develop properly), paraplegia (paralysis of the legs and lower body), intellectual disabilities and convulsions.</p> <p>Review of the resident's care plan, revised 2/18/21, showed the resident was to have a seat belt in his/her wheelchair for positioning.</p> <p>Review of the resident's December 2022 Physician Order Sheets showed an order the resident could use a seat belt for repositioning while in the wheelchair.</p> <p>Observations on 12/12/22 at 11:25 A.M., 12/13/22 at 9:02 A.M., 12/14/22 at 3:16 P.M., and 12/15/22 at 10:22 A.M., showed the resident sat in his/her wheelchair at his/her bedside. The resident had a seatbelt that was not secured around the resident. The strap to the right of the resident had the female part of the buckle, and the strap to the left of the resident did not have the male part of the buckle; the seatbelt was not functional.</p> <p>During interviews on 12/12/22 at 11:28 A.M. and 12/15/22 at 10:32 A.M., the resident said the seatbelt on his/her wheelchair had been broken for a couple of weeks. He/She had to be careful leaning forward (in his/her wheelchair) because without the seatbelt, he/she could come out of the wheelchair.</p> <p>During an interview on 12/20/22 at 2:45 P.M., the physical therapy director said the following:</p> <ul style="list-style-type: none"> -He had just learned the resident's seatbelt (buckle portion) was lost; -It had been lost for about a week; -He/She was not sure whose responsibility it was to get the belt fixed; -The resident needed the seat belt for safety. <p>During an interview on 12/20/22 at 2:48 P.M., the administrator said if a resident was ordered to wear a seat belt for safety, she would expect staff to use the device as ordered (functional seat belt).</p>