

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265857	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/06/2022
NAME OF PROVIDER OR SUPPLIER  Liberty Health and Wellness		STREET ADDRESS, CITY, STATE, ZIP CODE  2201 Glenn Hendren Dr Liberty, MO 64068	

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)
<p>F 0550</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 a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46987</b></p> <p>Based on observation, interview, and record review, facility staff failed to respect the dignity of two (Residents #5 and #84) of 19 sampled residents when a staff member spoke to Resident #5 in a demeaning manner and wheeled the resident in a wheelchair backwards down a hallway, and when staff failed to ensure they did not leave Resident #84 in the same stained clothing for three days. The facility census was 91.</p> <p>Review of the facility's resident rights policy, dated 8/2/22, showed:</p> <ul style="list-style-type: none"> <li>- The resident has the right to a dignified existence and self-determination.</li> <li>- The resident has the right to be treated with respect and dignity.</li> </ul> <p>Review of the facility's policy, Promoting and Maintaining Resident Dignity, dated 5/2/22, showed:</p> <ul style="list-style-type: none"> <li>- It is the practice of this facility to protect and promote residents' rights and to treat each resident with respect and dignity.</li> <li>- Staff will speak respectfully to residents at all times and avoid discussions about the resident in front of others.</li> </ul> <p>1. Review of Resident #5's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 11/29/22, showed:</p> <ul style="list-style-type: none"> <li>- Cognitively impaired;</li> <li>- Diagnoses of cerebral palsy (a congenital disorder of movement, muscle tone or posture), aphasia (loss of speech), quadriplegia (partial or total loss of arms and legs), seizures, anxiety, and depression;</li> <li>- The resident required the assistance of one staff with transfers, dressing, and personal hygiene;</li> <li>- The resident was independent with wheelchair mobility.</li> </ul> <p>Review of the resident's care plan, revised 11/29/22, showed:</p> <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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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> <li>- The resident required one to two person assistance with activities of daily living, transfers/bed mobility, and personal hygiene and grooming;</li> <li>- The resident needed monitoring at meals for difficulty with swallowing;</li> <li>- Allow the resident time to adjust to changes in his/her daily routine, do not rush him/her, face the resident when speaking to him/her and repeat if necessary.</li> </ul> <p>Observation on 11/28/22 at 11:05 A.M., showed:</p> <ul style="list-style-type: none"> <li>- The resident in the wheelchair wheeling him/herself independently moving at a fast pace up and down the halls by use of his/her feet;</li> <li>- The resident was going to other residents' tables in the dining room and other resident rooms to talk with other residents.</li> </ul> <p>Observation on 11/30/22 at 12:24 P.M., showed:</p> <ul style="list-style-type: none"> <li>- Certified Nursing Assistant (CNA) F pulled the resident down the hallway backwards in the wheelchair;</li> <li>- The resident had his/her hands on the wheelchair wheels trying to stop the wheelchair;</li> <li>- CNA F told the resident to be a good boy/girl and quit trying to stop it;</li> <li>- CNA F pushed the resident into his/her room and said to the resident, are you going to be a good boy/girl, then left him/her alone.</li> </ul> <p>During an interview on 11/30/22 at 12:24 P.M., CNA F said the resident will always say no then put his/her feet down to stop staff from moving the wheelchair. They have to pull the resident backwards in the wheelchair because the resident will put his/her feet down and will not go where he/she is supposed to go, and will go into other residents' rooms.</p> <p>During an interview on 12/1/22 at 4:35 P.M., Resident #85 said:</p> <ul style="list-style-type: none"> <li>- The staff talked to Resident #5 like he/she was a kid and like he/she was dumb, but he/she was not;</li> <li>- It made him/her angry when they talked to Resident #5 like that.</li> </ul> <p>During an interview on 12/2/22 at 2:30 P.M., the Director of Nursing (DON) said:</p> <ul style="list-style-type: none"> <li>- She would never approve of any staff member talking to a resident in a demeaning manner.</li> <li>- She would not approve of staff pulling residents backwards in their wheelchairs.</li> </ul> <p>During an interview on 12/2/22 at 2:47 P.M., the Administrator said:</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3. During an interview on 12/2/22 at 2:47 P.M., the Administrator said:</p> <ul style="list-style-type: none"> <li>- She expected all staff to treat residents with dignity and respect at all times.</li> <li>- She expected residents to be clean, well-groomed, and have their needs met.</li> </ul>		

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<p>F 0559</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 share a room with spouse or roommate of choice and receive written notice before a change is made.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 31102</p> <p>Based on observation, interview, and record review, facility staff failed to provide a written notice of room change that included the reason for the room change for two of 19 sampled residents (Resident #2 and #33). Facility staff also failed to take into consideration the residents' preferences or provide the residents with an opportunity to see the new room and ensure they were satisfied with their new rooms. This facility census was 91.</p> <p>Review of the facility's policy for notification of changes, revised 9/1/21, showed in part:</p> <ul style="list-style-type: none"> <li>- The purpose of this policy is to ensure the facility promptly informs the resident, consults the resident's physician; and notifies, consistent with his/her authority, the resident's representative when there is a change requiring notification;</li> <li>- Compliance guidelines: the facility must inform the resident, consult with the resident's physician and/or notify the resident's family member or legal representative when there is a change requiring such notification;</li> <li>- Circumstances requiring notification include: a change of room or roommate assignment;</li> <li>- Additional considerations: Competent individuals: the facility must still contact the resident's physician and notify resident's representative, if known.</li> </ul> <p>1. Review of Resident #2's medical record showed:</p> <ul style="list-style-type: none"> <li>- 5/13/22 at 2:24 P.M.- Social Services (SS) note: Resident told SS that he/she was refusing to move to another room in another hall. Resident stated that he/she had done this four other times and that it was not happening again. SS said that this would be noted in his/her file. SS will remind the resident of the Town Hall meeting on Monday to discuss this further with the Director of Nursing (DON) and the Administrator;</li> <li>- No further documentation related to moving rooms or notifications.</li> </ul> <p>Review of a typed statement provided by the Administrator, dated 5/15/22, showed:</p> <ul style="list-style-type: none"> <li>- This letter was to serve as a notice to you of a pending room move. You will be moving to a semi-private room within the facility. If you do not wish to move at this time you will have the option to pay privately a daily upcharge for a private room, at which time we would require a payment of 30 days in advance. Please contact me if you have any questions or wish to pay privately;</li> <li>- Statement is signed by the Administrator;</li> <li>- No notation of room number being moved to, when move would occur, or the reason for the room change.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0559</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 Minimum Data Set, (MDS), a federally mandated assessment instrument completed, dated 10/27/22, showed staff assessed the resident as cognitively intact.</p> <p>Review of the resident's medical record showed no documentaion regarding a room change.</p> <p>During an interview on 11/29/22 at 11:28 A.M., the resident said:</p> <ul style="list-style-type: none"> <li>- He/she was in room [ROOM NUMBER] for about 2.5 years;</li> <li>- Approximately a month ago, the staff just came in and told him/her they were going to move him/her and did not give him/her any notice;</li> <li>- He/she did not have the letter to show me and did not specify whether he/she received a letter;</li> <li>- He/she was not happy about changing rooms;</li> <li>- Facility staff moved him/her five times during the time he/she has lived in the facility, and when they put him/her in his/her previous room they said they would not move him/her again but the current Administrator moved him/her;</li> <li>- The resident was told by the previous DON he/she would be able to look at the rooms and pick one out but that did not happen. The staff just moved him/her.</li> </ul> <p>44395</p> <p>2. Review of a typed statement provided to Resident #33 by the Administrator, dated 5/15/22, showed:</p> <ul style="list-style-type: none"> <li>- This letter was to serve as a notice to you of a pending room move. You will be moving to a semi-private room within the facility. If you do not wish to move at this time you will have the option to pay privately a daily upcharge for a private room, at which time we would require a payment of 30 days in advance. Please contact me if you have any questions or wish to pay privately;</li> <li>- Statement is signed by the Administrator;</li> <li>- No notation of room number being moved to, when the move would occur, or reason for the room change.</li> </ul> <p>Review of the resident's admission MDS, dated [DATE], showed:</p> <ul style="list-style-type: none"> <li>- BIMS of 15 which indicated no cognitive impairment;</li> <li>- Understands and was understood;</li> <li>- Able to make needs known.</li> </ul> <p>Review of the resident's medical record showed no documentaion regarding a room change.</p> <p>(continued on next page)</p>

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<p>F 0559</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 11/28/22 at 12:49 P.M., the resident said:</p> <ul style="list-style-type: none"> <li>-He/she was moved approximately two weeks ago from the 300 hall after 2 years of living in the same room;</li> <li>-He/she did not like this room because the roommate had his/her television and lights on 24 hours a day;</li> <li>-He/she had asked to move and was told he/she cannot move back to his/her old room because it was becoming a rehabilitation hall;</li> <li>-He/she discussed his/her concerns with Administration and was told there was nothing that could be done;</li> <li>-He/she was told which room he/she would be moving to and was not offered a choice or an opportunity to see the room;</li> <li>-He/she was not asked if the room would accommodate him/her.</li> </ul> <p>3. During an interview on 12/1/22 at 3:55 P.M., the Social Services Director Director (SSD) and the Social Services Assistant (SSA) said:</p> <ul style="list-style-type: none"> <li>- The Director of Nursing (DON) determined the room changes;</li> <li>- Social Services was not involved in determining any room changes;</li> <li>- The social/psychological aspect was not considered in the room changes;</li> <li>- They were aware of at least two residents, Residents #2 and #33, who were very upset about having to move their rooms;</li> <li>- The residents were moved two weeks ago.</li> </ul> <p>During an interview on 12/2/22 at 2:31 P.M., the Administrator said:</p> <ul style="list-style-type: none"> <li>- If there were issues with roommates, they would move rooms;</li> <li>- The Interdisciplinary team talked about room moves and which rooms would be the best to move the residents into;</li> <li>- Residents were moved previously because of Coronavirus disease (COVID - 19, a highly contagious respiratory disease caused by SARS-CoV-2);</li> <li>- Those residents were offered to pay the upcharge and they were given that information;</li> <li>- Residents #2 and #33 were notified in May they would be coming up for a room move, but not for sure when the move would occur;</li> </ul> <p>(continued on next page)</p>

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<p>F 0559</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> <li>- The week they moved the residents, the residents were told they would be moved;</li> <li>-She is aware residents did not want to move and are upset about the room moves;</li> <li>-She expects staff to report any concerns residents have to the DON and Administrator;</li> <li>-Residents have been moved to create an area for a rehabilitation-to-home unit that will eventually open.</li> </ul>		



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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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44395</b></p> <p>Based on observation, record review, and interview, the facility failed to maintain a safe, clean and comfortable homelike environment. The facility census was 91.</p> <p>The facility did not provide a policy on cleaning.</p> <p>1. Observation on 11/28/22 at 11:25 A.M. of the 100 hall, showed:</p> <ul style="list-style-type: none"> <li>- The walls in the hallway by the dining room area with paint peeling off the walls;</li> <li>- Food particles dried on the wall;</li> <li>- Dried liquids streaking down the walls;</li> <li>- Visibly dirty hand rails with food stuck to them.</li> </ul> <p>2. Observation of the dining room on 11/28/22 at 12:30 P.M., showed:</p> <ul style="list-style-type: none"> <li>- Dried food on the floor under the table closest to the entrance of the dining room near the kitchen;</li> <li>- The floors visibly dirty around the baseboards with dust and food debris;</li> <li>- The outside of the ice machine was dirty and dusty;</li> <li>- The kitchen hallway carts sat in the dining room, visibly dirty with food particles dried onto the metal carts.</li> </ul> <p>3. Observation of the 100 hall on 11/28/22 at 3:45 P.M., showed:</p> <ul style="list-style-type: none"> <li>- room [ROOM NUMBER]: The floor had a build-up of dirt in the bedroom and bathroom;</li> <li>- room [ROOM NUMBER]: The floor had a build-up of dirt in the bedroom and bathroom;</li> <li>- room [ROOM NUMBER]: The floor was dirty with food spilled from the breakfast meal. A wheelchair in the room was dirty with dried food particles covering the sides of the wheelchair;</li> <li>- room [ROOM NUMBER]: The floor was dirty with wax and dirt build-up.</li> </ul> <p>4. Observation of resident room [ROOM NUMBER] on 11/30/22 at 12:16 P.M., showed:</p> <ul style="list-style-type: none"> <li>- A crusty and flaky cream-colored matter on the bed and mattress, the quarter side rails, at all joints, and on the bed controls;</li> </ul> <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>- A thick blue fall mat folded up against the wall with a torn covering and the yellow foam exposed in the folds of mat; dry crusty cream-colored matter splattered over the surface of the mat;</p> <p>- A gray fall mat at the bedside with dark areas of peeling vinyl and splatters of dry, crusty cream-colored matter.</p> <p>During an interview on 12/2/22 at 10:29 A.M. Certified Nurse Aide (CNA) C said:</p> <p>-He/she wiped down resident mattresses if they were soiled;</p> <p>-He/she did not know who was supposed to clean the beds.</p> <p>During an interview on 12/2/22 at 12:29 P.M. Housekeeping Staff A said:</p> <p>- He/she cleaned every room every day;</p> <p>- He/she did not clean the beds;</p> <p>- He/she was unsure who was responsible to clean the beds;</p> <p>- He/she wiped down surfaces and cleaned the floor and bathrooms.</p> <p>During an interview on 12/2/22 at 2:35 P.M., the Administrator said:</p> <p>- The facility should be clean and in good repair;</p> <p>- Housekeeping/cleaning staff were through a contracted company;</p> <p>- Cleaning staff were in the building every day;</p> <p>- He/She expected staff to clean surfaces daily; such as floors, rails, etc;</p> <p>- He/She expected rooms to be cleaned daily.</p> <p>44939</p> <p>5. Observation on 12/2/22 at 3:55 P.M., showed:</p> <p>- room [ROOM NUMBER] with an approximate 30 inch ( ) by 18 area on the ceiling that was discolored due to water damage.</p> <p>6. Observation on 12/6/22 at 8:20 A.M., showed:</p> <p>- room [ROOM NUMBER] had a 6 foot (") long by 3 area on the ceiling discolored from water damage.</p> <p>46987</p> <p>During an interview on 12/6/22 at 2:50 P.M., the Maintenance Director said:</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>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>31102</p> <p>Based on interview and record review, the facility failed to ensure staff provided services that met professional standards of quality of care when staff did not clarify the physician's order for one of 19 sampled residents (Resident #28). The facility census was 91.</p> <p>Review of the facility's policy for quality reporting: drug regimen review, dated 7/1/22, showed documentation shall include whether any clinically significant medication issues were identified, and how the issues were addressed. Documentation to support follow-up on identified issues shall include:</p> <p>a) Two-way communication (in person, by telephone, voice mail, electronic means, facsimile, or other) between the clinicians's and the physician by midnight of the next calendar day; AND</p> <p>b) All physician -prescribed /recommended actions were completed by midnight of the next calendar day.</p> <p>1. Review of Resident #28's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 11/11/22, showed:</p> <ul style="list-style-type: none"> <li>- Cognitive skills intact;</li> <li>- Diagnoses included hip and knee replacement, anxiety, high blood pressure, dementia, and A-fib;</li> <li>- Received anticoagulants seven times in the last seven days.</li> </ul> <p>Review of the resident's physician recommendations from the pharmacist, dated 7/22/22, showed:</p> <ul style="list-style-type: none"> <li>- The resident was on Eliquis (blood thinner) 5 milligrams (mg) daily for a diagnosis of atrial fibrillation (A-fib, an irregular, often rapid heart rate that commonly causes poor blood flow). The recommended dose is 5 mg twice daily for most residents. Please review current dose and adjust if deemed appropriate;</li> <li>- On 8/11/22, the physician documented increase Eliquis 5 mg daily for A-fib;</li> <li>- No note on the recommendations form to show staff noted the physician's order on 8/11/22.</li> </ul> <p>Review of the resident's progress notes showed staff did not document they contacted the physician to clarify the order.</p> <p>Review of the resident's care plan, revised 11/14/22, showed:</p> <ul style="list-style-type: none"> <li>- The resident is on anticoagulant therapy related to a decreased risk of stroke (damage to the brain from interruption of its blood supply);</li> <li>- Administer anticoagulant medications as ordered by physician.</li> </ul> <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>Review of the resident's physician order sheet (POS), dated November 2022, showed;</p> <ul style="list-style-type: none"> <li>- Order date: 9/14/21: Eliquis 5 mg daily in the morning for A-fib.</li> </ul> <p>During an interview on 12/1/22 at 10:37 A.M., the Director of Nursing (DON) said:</p> <ul style="list-style-type: none"> <li>- The staff should have clarified the physician's order.</li> </ul> <p>During an interview on 12/2/22 at 2:31 P.M., the Regional Nurse Consultant said:</p> <ul style="list-style-type: none"> <li>- The drug regimen reviews are completed at least quarterly then referred to the physician for recommendations. The pharmacist sends the reviews monthly so if it was not seen at the time, it would have been seen at least quarterly.</li> </ul>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 31102</p> <p>Based on observation, interview and record review, the facility failed to provide showers for five of 19 sampled residents, (Residents #2, #28, #40, #48, and #61) who required staff assistance with showers, and activities of daily living (ADLs: activities related to personal care, including bathing or showering, dressing, getting in and out of bed or a chair, walking, using the toilet, and eating). The facility also failed to provide incontinence care for one resident left soiled for an extended period of time (Resident #48). Facility census was 91.</p> <p>Review of the facility's policy for resident showers, dated 9/1/21, showed in part:</p> <ul style="list-style-type: none"> <li>- It is the practice of the facility to assist residents with bathing to maintain proper hygiene, stimulate circulation and help prevent skin issues as per current standards of practice;</li> <li>- Residents will be provided showers as per request or as per facility schedule protocols and based upon resident safety;</li> <li>- Partial baths may be given between regular shower schedules as per facility policy;</li> <li>- The certified nurse aide (CNA) will assess the skin for any changes while performing bathing and inform the nurse of any changes;</li> <li>- Assist the resident with showering as needed. (Wear gloves if you help with personal care). Give help and verbal cues as needed.</li> </ul> <p>The facility did not provide a policy on personal care or ADL care.</p> <p>1. Review of Resident #2's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 10/27/22, showed:</p> <ul style="list-style-type: none"> <li>- Cognitive skills intact;</li> <li>- Supervision by one staff for bed mobility, transfers, and dressing;</li> <li>- Extensive assistance of one staff with bathing;</li> </ul> <p>Review of the resident's bathing documentation in the facility's electronic medical record (EMR) for September 2022 showed:</p> <ul style="list-style-type: none"> <li>- 9/22/22- Staff documented 97, which indicated not applicable;</li> <li>- 9/26/22- Staff documented 97 (not applicable);</li> <li>- 9/29/22- Staff documented 97 (not applicable);</li> <li>- Staff did not provide any further shower documentation.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's shower sheets, dated September 2022, showed:</p> <ul style="list-style-type: none"> <li>- 9/8/22- the resident refused;</li> <li>- 9/9/22- staff provided the resident with a shower;</li> <li>- 9/28/22- staff provided the resident with a shower;</li> <li>- Staff did not provide any other shower sheets;</li> <li>- Staff did not provide any further shower documentation.</li> </ul> <p>Review of the resident's bathing documentation in the EMR for October 2022 showed:</p> <ul style="list-style-type: none"> <li>- 10/3/22- Staff documented 97 (not applicable);</li> <li>- 10/6/22- Staff documented 97 (not applicable);</li> <li>- 10/10/22- Staff documented 97 (not applicable);</li> <li>- 10/13/22- Staff documented 97 (not applicable);</li> <li>- 10/17/22- Staff documented 97 (not applicable);</li> <li>- 10/20/22- Staff provided the resident with a shower;</li> <li>- 10/27/22- Staff documented 97 (not applicable);</li> <li>- 10/31/22- Staff documented 97 (not applicable).</li> </ul> <p>Review of the resident's shower sheets, dated October 2022, showed:</p> <ul style="list-style-type: none"> <li>- 10/11/22- staff provided the resident with a shower;</li> <li>- 10/25/22- staff provided the resident with a shower.</li> </ul> <p>Review of the resident's care plan, revised 10/26/22, showed:</p> <ul style="list-style-type: none"> <li>- The resident had an activities of daily living (ADL) self-care performance deficit;</li> <li>- The resident required limited assistance of one staff with bathing/showering. Offer shower/bed bath to resident per resident preference and as needed.</li> </ul> <p>Review of the resident's bathing documentation in the EMR for November 2022 showed:</p> <ul style="list-style-type: none"> <li>- 11/7/22- Staff documented they provided the resident a shower;</li> <li>- 11/17/22- Staff documented they provided the resident a shower;</li> </ul> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- 11/21/22- Staff documented 97 (not applicable).</p> <p>Review of the resident's shower sheets, dated November 2022, showed;- 11/7/22- staff documented they provided the resident a shower;</p> <p>- 11/28/22- staff documented they provided the resident a shower.</p> <p>During an interview on 11/29/22 at 11:40 A.M., the resident said:</p> <p>- He/she did not get showered when he/she was supposed to;</p> <p>- It did not make him/her feel good when showers were missed;</p> <p>- He/she had his/her first shower yesterday after waiting for three weeks;</p> <p>- He/she asked staff about taking a shower and the staff tell him/her they did not have any shower aides.</p> <p>2. Review of Resident #28's quarterly MDS, dated [DATE], showed:</p> <p>- Cognitive skills intact;</p> <p>- Independent with bed mobility, transfers and dressing;</p> <p>- Required supervision of one staff with bathing;</p> <p>- Diagnoses included hip/knee replacement, anxiety, depression, glaucoma (a condition of increased pressure within the eyeball, causing gradual loss of sight), and dementia (impaired ability to remember, think or make decisions that interferes with doing every day activities).</p> <p>Review of the resident's bathing documentation in the EMR for September 2022 showed:</p> <p>- 9/22/22- Staff documented 97 (not applicable);</p> <p>- 9/27/22- Staff documented 97 (not applicable);</p> <p>- 9/29/22- Staff documented the resident had a shower.</p> <p>Review of the resident's shower sheets, dated September 2022 showed:</p> <p>- 9/1/22- the resident refused;</p> <p>- 9/29/22- staff documented the resident had a shower.</p> <p>Review of the resident's bathing documentation in the EMR for October 2022 showed:</p> <p>- 10/4/22- Staff documented 97 (not applicable);</p> <p>(continued on next page)</p>		



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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> <li>- 10/6/22- Staff documented 97 (not applicable);</li> <li>- 10/18/22- Staff documented 97 (not applicable);</li> <li>- 10/20/22- Staff documented the resident had a shower;</li> <li>- 10/27/22- Staff documented the resident had a shower.</li> </ul> <p>Review of the resident's shower sheets, dated October 2022, showed:</p> <ul style="list-style-type: none"> <li>- 10/7/22- staff documented the resident had a shower;</li> <li>- 10/13/22- staff documented the resident had a shower.</li> </ul> <p>Review of the resident's care plan, revised 11/4/22, showed:</p> <ul style="list-style-type: none"> <li>- The resident had an ADL self-care performance deficit related to right hip fracture;</li> <li>- The resident required supervision and assistance of one staff for bathing;</li> <li>- Offer showers/bed bath to resident per resident preference and as needed.</li> </ul> <p>Review of the resident's bathing documentation in the EMR for November 2022 showed:</p> <ul style="list-style-type: none"> <li>- 11/1/22- Staff documented 97 (not applicable);</li> <li>- 11/3/22- Staff documented the resident had a shower;</li> <li>- 11/8/22- Staff documented 97 (not applicable);</li> <li>- 11/17/22- Staff documented the resident had a shower;</li> <li>- 11/22/22- Staff documented 97 (not applicable);</li> <li>- 11/29/22- Staff documented the resident had a shower.</li> </ul> <p>Review of the resident's shower sheets, dated November 2022, showed;</p> <ul style="list-style-type: none"> <li>- 11/7/22- Staff documented the resident had a shower;</li> <li>- 11/28/22- Staff documented the resident had a shower.</li> </ul> <p>During an interview on 11/29/22 at 10:55 A.M., the resident said:</p> <ul style="list-style-type: none"> <li>- He/she gave his/herself a shower, but the staff do not ask if he/she needs any help or if he/she had even taken a shower. He/she does not think anyone keeps track of the showers;</li> <li>- He/she would like to have his/her showers twice weekly;</li> </ul> <p>(continued on next page)</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- He/she does not feel clean if not showered.</p> <p>44395</p> <p>3. Review of Resident #40's quarterly MDS, dated [DATE], showed:</p> <ul style="list-style-type: none"> <li>- Brief Interview for Mental Status (BIMS) of 11, indicating mild cognitive impairment;</li> <li>- Able to understand and was understood;</li> <li>- Limited assistance with ADLs;</li> <li>- Always continent of bowel and bladder;</li> <li>- Diagnoses of cancer, anemia, hypertension, diabetes and hip fracture.</li> </ul> <p>Review of the resident's face sheet showed an admitted [DATE].</p> <p>Review of the resident's comprehensive care plan, dated 8/19/22, showed:</p> <ul style="list-style-type: none"> <li>- ADL self-care deficit;</li> <li>-The resident required limited assistance of one staff with bathing/showering twice weekly and as necessary and dressing;</li> <li>-The resident required extensive assistance of one staff for toilet use.</li> </ul> <p>Review of the EMR ADL charting showed:</p> <ul style="list-style-type: none"> <li>- Bath days are Tuesday and Friday</li> <li>- Staff documented they bathed the resident on:</li> <li>- 9/23/22, 9/27/22, and 9/30/22. The resident missed 6 showers.</li> <li>- 10/4/22, 10/11/22, 10/14/22, 10/18/22, and 10/25/22. The resident missed two showers;</li> <li>- Staff did not document they provided any showers in the month of November.</li> </ul> <p>During observation and interview on 11/28/22 at 12:23 P.M., the resident said:</p> <ul style="list-style-type: none"> <li>- He/she has only had a few baths or showers since admission.</li> <li>- The resident's nails were long and broken; his/her hair appeared disheveled.</li> </ul> <p>4. Review of Resident #48's quarterly MDS, dated [DATE], showed:</p> <ul style="list-style-type: none"> <li>- No cognitive impairment;</li> </ul> <p>(continued on next page)</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> <li>- Extensive assistance to total dependence for ADLs;</li> <li>- Always incontinent of bowel and bladder;</li> <li>- No pressure ulcers;</li> <li>- Diagnoses of diabetes, anxiety, depression, amputation of lower extremity, morbid obesity and need for assistance with personal care.</li> </ul> <p>Review of the resident's comprehensive care plan, dated 7/27/22, showed:</p> <ul style="list-style-type: none"> <li>- ADL self-care performance deficit: the resident was totally dependent on 2 staff:</li> <li>- To provide bath/shower twice weekly and as necessary;</li> <li>- For repositioning and turning in bed;</li> <li>- For toilet use;</li> <li>- Negotiate a time for ADLs so that the resident participates in the decision process;</li> <li>- He/she had bowel incontinence;</li> <li>- He/she will remain free of skin break down due to incontinence and brief use;</li> <li>- Check resident frequently and assist with toileting as needed;</li> <li>- Provide incontinence care after each incontinence episode.</li> </ul> <p>Review of the resident's EMR ADL charting showed:</p> <ul style="list-style-type: none"> <li>- Bath days Monday and Thursday</li> <li>- Staff documented they bathed the resident on: 11/3/22, 11/10/22, 11/24/22, but did not document they provided bathing on 11/7/22, 11/14/22, 11/17/22, 11/21/22, and 11/28/22.</li> </ul> <p>During an interview on 11/29/22 at 3:47 P.M., the resident said:</p> <ul style="list-style-type: none"> <li>- Staff leave him/her wet overnight and for long periods during the day hours.</li> <li>- He/she had wounds from being left in a wet and soiled bed.</li> <li>- He/she told staff his/her buttocks were sore but nothing was done to treat the sores.</li> </ul> <p>During observation and interview on 11/30/22 at 11:43 A.M., the resident said:</p> <ul style="list-style-type: none"> <li>- Staff come in and turn his/her call light off then leave and do not come back for hours at a time.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> <li>- He/she has waited over two hours for help at times.</li> <li>- He/she turned the call light on for 45 minutes, staff came in and said they'd have to get help, turned the light off and left. It was another 2 hours before they came back and he/she had to turn the light on again.</li> <li>- His/her roommate had gone to find staff for assistance.</li> <li>- He/she did not receive showers as scheduled, and received maybe one a week.</li> <li>- He/she was currently in bed and the sheets on the bed were wet and soiled with feces.</li> </ul> <p>Observation and interview on 12/2/22 at 10:37 A.M., showed:</p> <ul style="list-style-type: none"> <li>- The resident's call light was turned on.</li> <li>- Certified Medication Technician (CMT) A stood outside the resident's room with the medication cart.</li> <li>- At 10:42 A.M., CMT A entered the resident's room, turned the call light off and told the resident he/she would send other staff in and left the room without assisting the resident.</li> <li>- At 10:45 A.M., the resident turned the call light back on.</li> <li>- At 10:51 A.M., CMT A pushed his/her medication cart down the hall without answering the call light.</li> <li>- At 10:52 A.M., CNA D went into the resident's room to answer the call light and said he/she would get assistance and return.</li> <li>- At 11:15 A.M., CNA D and CNA C provided incontinence care to the resident.</li> <li>- Fecal material and urine saturated the resident's bed.</li> <li>- A large puddle of urine was on the floor under the resident's bed running into the space between the resident's bed and his/her roommate's bed.</li> <li>- CNA D used a bath blanket to clean up the urine on the floor before he/she provided incontinence care to the resident.</li> <li>- The resident said staff had not been in to change him/her since 4:00 A.M.</li> <li>- The resident said multiple times he/she was sorry; he/she was such a mess.</li> <li>- He/she felt terrible that staff had to clean up his/her mess.</li> <li>- He/she hated having to lay like this, because it was so uncomfortable and the areas on his/her bottom were very sore.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> <li>- The resident had dried fecal material on his/her buttocks which flaked off onto the wet bed.</li> <li>- Staff sprayed his/her buttocks with cleansing spray, let it sit for three to five seconds, then used wipes to cleanse away the dried fecal material;</li> <li>- The resident had two open areas on his/her left buttock/coccyx area and two open areas on his/her thigh.</li> <li>- One area was dark red, approximately the length of a pinky finger with a scratch-like appearance and no drainage.</li> <li>- The second area was approximately a golf ball sized area with dark purple/black center, yellow/white surrounding slough, and red wound edges;</li> <li>- A third area on his/her right thigh which was beefy red in color, without drainage.</li> <li>- A fourth area on the resident's upper thigh, and was approximately dime size; beefy red in color, without drainage. The facility staff said they did not know about this area.</li> </ul> <p>During an interview on 12/02/22 at 10:37 A.M. CNA C said</p> <ul style="list-style-type: none"> <li>- He/she had not been in to check on the resident during his/her shift as he/she had not had time to complete everything.</li> <li>- He/she did not have enough help to do everything, but he/she did what he/she can.</li> <li>- They are supposed to turn, reposition and clean residents at least every 2 hours or as needed when soiled/wet.</li> <li>-He/she answers call lights along with the hospitality aides, as he/she is able.</li> </ul> <p>5. Review of Resident #61's quarterly MDS, dated [DATE], showed:</p> <ul style="list-style-type: none"> <li>- BIMS of 00, which indicates severe cognitive deficit;</li> <li>- Total dependence on staff for ADLs.</li> <li>- Always incontinent of bowel and bladder.</li> <li>- No pressure ulcers and no unhealed pressure ulcers.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- Diagnosis of: Rhett's syndrome (A rare genetic mutation affecting brain development where patients rapidly lose coordination, speech, and use of the hands), anxiety, schizotypal disorder (a disorder where effected people don't understand how relationships form or the impact of their behavior on others, and often have few, if any, personal relationships), post traumatic stress disorder (PTSD, a mental health condition that's triggered by a terrifying event. Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event.) encephalopathy(a disease in which the functioning of the brain is affected by some agent or condition), pressure ulcerations.</p> <p>Review of the resident's comprehensive care plan, dated 4/21/20, showed:</p> <p>- He/she has an ADL self care performance deficit: totally dependent on staff to provide showers, turning and repositioning in bed, toilet use, and dressing.</p> <p>- He/she was resistive to care: if he/she resisted ADLs, reassure the resident, leave and return in five to ten minutes and try again.</p> <p>Review of the resident's EMR ADL charting showed:</p> <p>- Bath days Tuesday and Friday</p> <p>- Staff documented they provided bathing on:</p> <p>- 11/1/22 and 11/8/22 out of 9 scheduled bath days in November;</p> <p>- Staff did not document any other bathing for the resident.</p> <p>Observation on 11/28/22 at 11:44 A.M., showed:</p> <p>- The resident lay in his/her bed on his/her right side.</p> <p>- His/her mouth appeared dry with a white film, his/her lips were cracked and peeling.</p> <p>- His/her nails were broken and jagged.</p> <p>-His/her hair was greasy and disheveled.</p> <p>Observation on 11/30/22 beginning at 12:16 P.M. until 3:25 P.M., showed:</p> <p>- The resident in bed lying on his/her right side.</p> <p>- His/her hair appeared greasy and disheveled.</p> <p>- His/her mouth was dry, his/her lips were cracked with a white caked film on them.</p> <p>- At 1:19 P.M., he/she remained on his/her right side.</p> <p>- At 3:25 P.M., he/she continued to lay on his/her right side.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Liberty Health and Wellness		STREET ADDRESS, CITY, STATE, ZIP CODE  2201 Glenn Hendren Dr Liberty, MO 64068	
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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> <li>- No staff entered the resident's room from 12:16 P.M. to 3:25 P.M.</li> </ul> <p>Review of the resident's EMR ADL charting showed:</p> <ul style="list-style-type: none"> <li>- Staff documented they only completed bed mobility at 12:45 A.M. on 11/30/22.</li> </ul> <p>During an interview on 11/30/22 at 3:26 P.M., the resident's guardian said:</p> <ul style="list-style-type: none"> <li>- Staff do not move the resident around at all; he/she lays on the right side all the time.</li> <li>- The resident must have things explained to him/her before being touched or having staff provide any type of care for him/her.</li> </ul> <p>During an interview on 12/2/22 at 10:29 A.M., CNA C said:</p> <ul style="list-style-type: none"> <li>- The residents should be turned every two hours or as the resident requests.</li> <li>- Sometimes residents will refuse and they notify the nurse.</li> <li>- Resident #61 did have resistive behaviors.</li> <li>- His/her behaviors do not keep him/her from getting care.</li> <li>- It is difficult to care for the resident at times, but it has to be done.</li> <li>- The shower aide gives the baths when there is one scheduled.</li> <li>- He/she tries to give a bed bath as time allows when showers or baths are missed.</li> </ul> <p>6. During an interview on 12/1/22 at 3:35 P.M., the shower aide said:</p> <ul style="list-style-type: none"> <li>- He/she was the only shower aide;</li> <li>- He/she usually just did the showers on the 100 hall;</li> <li>- The showers had been going really well until about a week and a half ago when staff were sick and he/she was pulled to the floor to work;</li> <li>- The staffing scheduler assigned the showers on the 200 hall and the 300 hall to other staff;</li> <li>- If he/she was pulled to work the floor, then the residents who were scheduled for a shower would have to wait until there next shower day;</li> <li>- He/she always filled out a shower sheet and documented in the EMR he/she when gave a shower.</li> </ul> <p>During an interview on 12/2/22 10:34 at A.M., CNA F said:</p> <ul style="list-style-type: none"> <li>- There are only three CNAs working in the whole building today.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> <li>- No baths are getting done.</li> <li>- We cannot get baths and all other care done without more help.</li> </ul> <p>During an interview on 12/2/22 at 10:28 A.M., Licensed Practical Nurse (LPN) A said:</p> <ul style="list-style-type: none"> <li>- The facility only had one full time shower aide;</li> <li>- The shower aide only did showers on the 100 hall. He/she did not know who did the showers on the other halls;</li> <li>- The facility was short staffed so the shower aide had been pulled to the floor and had not been able to give showers for the last two days;</li> <li>- If a resident missed a shower, then the resident would have to wait until their next shower day;</li> <li>- The shower aide fills out a shower sheet and documents in the EMR when they gave a resident a shower;</li> </ul> <p>During an interview on 12/2/22 at 12:16 P.M., LPN C said:</p> <ul style="list-style-type: none"> <li>- They have been struggling to get the showers done;</li> <li>- They are looking to hire a shower aide for the 200 hall and the 300 hall;</li> <li>- If a resident missed their shower, he/she would try to offer a sponge bath or the resident would have to wait until their next shower day;</li> <li>- He/she tried to make sure the residents were getting at least one shower a week;</li> </ul> <p>During an interview on 12/2/22 at 2:31 P.M., the Director of Nursing (DON) said:</p> <ul style="list-style-type: none"> <li>- The shower aide only did showers on the 100 hall;</li> <li>- The 200 and 300 halls showers are scheduled by the staffing coordinator;</li> <li>- She expected the residents to get two showers per week;</li> <li>- If the resident was supposed to be monitored or stand by assistance, then the staff should have the resident in sight;</li> <li>- Staff should document the showers in the EMR and on the shower sheets.</li> </ul> <p>During an interview on 12/6/22 at 2:50 P.M., the DON said:</p> <ul style="list-style-type: none"> <li>- The 97 on the computer charting was a computer issue;</li> </ul> <p>(continued on next page)</p>		



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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> <li>- If you live on the 100 hall and your shower days are Monday and Thursday, that was what was programmed into the computer.</li> <li>- So if you move to the 200 hall, your shower days might be Tuesday and Friday. The computer thinks your shower days are still Monday and Thursday.</li> <li>- The computer program does not like having empty slots, so it enters 97 to fill it.</li> <li>- She expected staff to turn, reposition, and provide care at least every two hours and as needed for the residents or as directed in the resident care plan.</li> </ul>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>44395</p> <p>Based on observation, interview, and record review, the facility failed to provide care and services consistent with standards of practice to to prevent pressure ulcers, including, turning and reposition, providing timely incontinent care, and ensuring a system for identification and treatment of pressure ulcers for one resident of 18 sampled residents (Residents #48) who was at risk for developing pressure ulcers. The facility census was 91.</p> <p>Review of Resident #48's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 11/26/22, showed:</p> <ul style="list-style-type: none"> <li>- No cognitive impairment;</li> <li>- Extensive assistance to total dependence for Activities of Daily Living (ADLs);</li> <li>- Always incontinent of bowel and bladder;</li> <li>- No pressure ulcers;</li> <li>- Diagnoses of diabetes, amputation of lower extremity, morbid obesity and need for assistance with personal care.</li> </ul> <p>Review of the resident's comprehensive care plan, dated 7/27/22, showed:</p> <ul style="list-style-type: none"> <li>- ADL self-care performance deficit: total dependence on 2 staff:</li> <li>- To provide bath/shower twice weekly and as necessary;</li> <li>- For repositioning and turning in bed;</li> <li>- For toilet use;</li> <li>- Negotiate a time for ADLs so that the resident participates in the decision process;</li> <li>- Bowel incontinence;</li> <li>- He/she will remain free of skin break down due to incontinence and brief use;</li> <li>- Check resident frequently and assist with toileting as needed;</li> <li>- Provide incontinence care after each incontinence episode.</li> </ul> <p>Review of the resident's electronic medical record (EMR) ADL charting showed:</p> <ul style="list-style-type: none"> <li>- Bath days Monday and Thursday</li> </ul> <p>(continued on next page)</p>

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Staff documented they bathed the resident on: 11/3/22, 11/10/22, 11/24/22, but did not document they provided bathing on 11/7/22, 11/14/22, 11/17/22, 11/21/22, and 11/28/22.</p> <p>Review of electronic health record ADL charting showed:</p> <p>-Bath days Monday and Thursday</p> <p>-Bathing not documented as completed on October 24th, November 7, 14, 17, 21 and 28.</p> <p>-Bed Mobility (turning and repositioning) not documented as completed on :</p> <p>-Day shift :</p> <p>-October 8, 11, 14, 21, 22, 24, 25</p> <p>-November 2, 4, 5, 7, 11, 14-21, 25, 28</p> <p>-Evening shift:</p> <p>-October 1, 3, 12, 14-20, 22-25, 29-31</p> <p>-November 1, 2, 4-6, 8-10, 12-23, 25, 26, 29, 30</p> <p>-Night shift:</p> <p>-October 2, 5, 8-16, 18, 19, 23, 25, 27-30</p> <p>-November 1-16, 18-23, 25-30</p> <p>Review of the Certified Nurse Aide (CNA) shower review documentation showed:</p> <p>-10/13/22 small sore to right buttock- entry signed by the charge nurse</p> <p>-11/10/22 sore on bottom</p> <p>-11/26/22 open sore on bottom signed by Licensed Practical Nurse (LPN) A, with a note that wound care saw him/her and a treatment was implemented.</p> <p>Review of the resident's physician order sheet (POS) showed:</p> <p>-An order dated 11/28/2022 for wound care to evaluate and treat.</p> <p>-An order dated 11/30/22- cleanse wound to left buttock with hypochlorous acid (used to disinfect wounds), no need to rinse away, apply Santyl (used to help the healing of pressure ulcers) nickel thick to wound, cut hydrofera blue (a dressing to cover wounds) to size of wound and moisten with normal saline, apply to wound, and cover with dry dressing. Change daily and as needed. May use antimicrobial dressing. May apply Santyl nickel thick to hydrofera blue prior to placing on wound and as needed.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-An order dated 11/30/22-Collagenase Ointment (used to remove damaged tissue from skin ulcers) 250 UNIT/GM, apply to left buttock topically every day shift for Wound Care and as needed</p> <p>Review of electronic health record notes showed:</p> <p>-11/27/2022 5:42 A.M. Resident has two new open areas to buttocks first one is about two cm long and red in color with pink surrounding skin, the second is black purple in color and circular shape with dark purple color skin surrounding it about 1 cm in size wound was cleansed and pat dry applied dry dressing to both sites which are very close in location on left buttocks will notify doctor of new findings.</p> <p>-11/27/2022 3:00 P.M. Resident presents with two new open areas on Left Buttock cheek. 1. sheering: 5 cm x 1.5 cm no depth- scant drainage, wound bed pink</p> <p>2. pressure open wound- 1 cm x 0.5 cm no depth, wound bed purple, scant amount of drainage, Applied copious amount of barrier cream as a dressing would not stay intact d/t multiple episodes of loose stools.</p> <p>-No notes about wounds to thigh.</p> <p>During an interview on 11/29/22 at 3:47 P.M., the resident said:</p> <p>- Staff leave him/her wet overnight and for long periods during the day hours.</p> <p>- He/she had wounds from being left in a wet and soiled bed.</p> <p>- He/she told staff his/her buttocks were sore, but nothing has been done to treat the sores.</p> <p>During observation and interview on 11/30/22 at 11:43 A.M., the resident said:</p> <p>- Staff come in and turn his/her call light off then leave and do not come back for hours at a time.</p> <p>- He/she has waited over two hours for help at times.</p> <p>- He/she turned the call light on for 45 minutes, staff came in and said they'd have to get help, turned the light off and left. It was another 2 hours before they came back and he/she had to turn the light on again.</p> <p>- His/her roommate had gone to find staff for assistance.</p> <p>- He/she did not receive showers as scheduled, and received maybe one a week.</p> <p>- He/she was currently in bed and the sheets on the bed were wet and soiled with feces.</p> <p>Observation and interview on 12/2/22 at 10:37 A.M., showed:</p> <p>- The resident's call light was turned on.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> <li>- Certified Medication Technician (CMT) A stood outside the resident's room with the medication cart.</li> <li>- At 10:42 A.M., CMT A entered the resident's room, turned the call light off and told the resident he/she would send other staff in and left the room without assisting the resident.</li> <li>- At 10:45 A.M., the resident turned the call light back on.</li> <li>- At 10:51 A.M., CMT A pushed his/her medication cart down the hall without answering the call light.</li> <li>- At 10:52 A.M., CNA D went into the resident's room to answer the call light and said he/she would get assistance and return.</li> <li>- At 11:15 A.M., CNA D and CNA C provided incontinence care to the resident.</li> <li>- Fecal material and urine saturated the resident's bed.</li> <li>- A large puddle of urine was on the floor under the resident's bed running into the space between the resident's bed and his/her roommate's bed.</li> <li>- CNA D used a bath blanket to clean up the urine on the floor before he/she provided incontinence care to the resident.</li> <li>- The resident said staff had not been in to change him/her since 4:00 A.M.</li> <li>- The resident said multiple times he/she was sorry; he/she was such a mess.</li> <li>- He/she felt terrible that staff had to clean up his/her mess.</li> <li>- He/she hated having to lay like this, because it was so uncomfortable and the areas on his/her bottom were very sore.</li> <li>- The resident had dried fecal material on his/her buttocks which flaked off onto the wet bed.</li> <li>- Staff sprayed his/her buttocks with cleansing spray, let it sit for three to five seconds, then used wipes to cleanse away the dried fecal material;</li> <li>- The resident had two open areas on his/her left buttock/coccyx area and two open areas on his/her thigh.</li> <li>- One area was dark red, approximately the length of a pinky finger with a scratch-like appearance and no drainage.</li> <li>- The second area was approximately a golf ball sized area with dark purple/black center, yellow/white surrounding slough, and red wound edges;</li> <li>- A third area on his/her right thigh which was beefy red in color, without drainage.</li> </ul> <p>(continued on next page)</p>

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- A forth area on the resident's upper thigh, and was approximately dime size; beefy red in color, without drainage. The facility staff said they did not know about this area.</p> <p>During an interview on 12/02/22 at 10:37 A.M. CNA C said</p> <p>- He/she had not been in to check on the resident during his/her shift as he/she had not had time to complete everything.</p> <p>- He/she did not have enough help to do everything, but he/she did what he/she can.</p> <p>- They are supposed to turn, reposition and clean residents at least every 2 hours or as needed when soiled/wet.</p> <p>-He/she answers call lights along with the hospitality aides, as he/she is able.</p> <p>During an interview on 12/02/22 at 10:37 A.M. CNA C said:</p> <p>-The areas on the residents skin look like they would be sore.</p> <p>-The two areas on the residents buttocks are not new areas.</p> <p>-He/she was unaware of the areas on the resident's thigh.</p> <p>-He/she has not been in to check on the resident during his/her shift because he/she has not had time to complete everything.</p> <p>-He/she doesn't have enough help to do everything, but he/she does what he/she can.</p> <p>-Residents are to be turned, repositioned and cleaned at least every two hours or as often as needed.</p> <p>-He/she is to notify the nurse immediately of any new areas on the residents skin.</p> <p>-If new areas are found during a shower, he/she is to note it on the CNA shower sheet for the nurse to review.</p> <p>During an interview on 12/02/22 at 11:19 A.M. Charge Nurse LPN A said:</p> <p>- The resident has two areas on his/her buttocks and one area that is healed.</p> <p>- He/she was unaware of the lower area on the resident's thigh.</p> <p>- CNAs are to notify the nurse immediately of any new areas.</p> <p>During an interview on 12/02/22 at 2:31 PM the Director of Nursing (DON) said:</p> <p>-When CNAs notice a wound they should notify the nurse immediately.</p> <p>(continued on next page)</p>

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-The Charge Nurse should get orders from the physician within 24 hours of a wound being found.</p> <p>-He/she expects the nurse to read the shower sheets every shift.</p> <p>-He/she expects residents to be turned at least every two hours and as needed, or per the resident plan of care.</p> <p>-He/she expects incontinent care to be completed every two hours with rounds or as often as needed.</p> <p>-He/she was not aware this resident had four wounds.</p> <p>During an interview on 12/2/22 at 3:00 PM the Administrator said:</p> <p>-He/she expects residents to be turned, repositioned, with incontinent care every two hours or as needed or care planned for specific resident.</p> <p>-He/she expects wounds to be addressed immediately.</p> <p>-He/she was not aware the resident had four wounds.</p>

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>44939</p> <p>Based on interview and record review, the facility failed to ensure they employed a registered nurse (RN) for eight consecutive hours per day, seven days per week. The facility census was 91.</p> <p>The facility did not provide a policy regarding RN staffing.</p> <p>Review of the Payroll Based Journal (PBJ) Staffing Data Report for Fiscal Year Quarter 4/1/22 through 6/30/22, showed the facility triggered on the report for not having RN hours for more than four days within the quarter.</p> <p>Review of the staffing sheets for August 2022 showed:</p> <ul style="list-style-type: none"> <li>- No RN scheduled for eight consecutive hours on 8/6/22.</li> </ul> <p>Review of the staffing sheets for September 2022 showed:</p> <ul style="list-style-type: none"> <li>- No RN scheduled for eight consecutive hours on 9/10/22 and 9/24/22.</li> </ul> <p>Review of the staffing sheets for October 2022 showed:</p> <ul style="list-style-type: none"> <li>- No RN scheduled for eight consecutive hours on 10/8/22, 10/22/22, and 10/29/22.</li> </ul> <p>Review of the staffing sheets for November 2022 showed:</p> <ul style="list-style-type: none"> <li>- No RN scheduled for eight consecutive hours 11/5/22, 11/19/22, and 11/26/22.</li> </ul> <p>During an interview on 12/2/22 at 2:35 P.M., the Administrator said:</p> <ul style="list-style-type: none"> <li>- The facility should have an RN working for 8 consecutive hours every day.</li> <li>- The facility has difficulty staffing RNs, particularly on weekends.</li> <li>- At the time of survey, there were 7 RNs employed by the facility.</li> <li>- There were days that there was no RN coverage.</li> </ul>		



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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46706</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents are allowed to make meal choices when no menus were posted in the facility. Additionally, facility staff did not provide three of 18 sampled residents (Residents #40, #48, and #85) with alternate food choices or choices of menu items. Facility census was 91.</p> <p>Review of the facility's policy for self-determination and resident choice, dated 8/2/22, showed:</p> <ul style="list-style-type: none"> <li>- The resident has the right to make their own choice regarding care, treatment, and life in the facility.</li> </ul> <p>Review of the facility's Promoting/Maintaining Resident Dignity policy, dated August 2022, showed:</p> <ul style="list-style-type: none"> <li>- It is the practice of this facility to protect resident rights and treat each resident with respect and dignity;</li> <li>- To care for each resident in a manner that maintains or enhances resident's quality of life by recognizing each resident's individuality;</li> <li>- The resident's former lifestyle and personal choices will be considered when providing care or services to meet the resident's needs and preferences.</li> </ul> <p>Review of the facility's policy for nutrition, dated 5/2/22, showed:</p> <ul style="list-style-type: none"> <li>- The resident has the right to request or choose interventions that encourage nutritional intake.</li> <li>- Residents will be monitored to ensure their dietary needs and requests are being met.</li> <li>- The facility will ensure that each resident's nutrition and hydration are met with a liberal diet promoted within diet guidelines.</li> </ul> <p>1. Observation of the facility on 11/28/22, at 10:05 AM showed:</p> <ul style="list-style-type: none"> <li>-Menu boards on the 100 hall, 200 hall and 300 hall had no menus posted.</li> </ul> <p>Observation of the facility on 11/29/22, at 09:48 AM showed:</p> <ul style="list-style-type: none"> <li>-Menu boards on the 100 hall, 200 hall and 300 hall had no menus posted.</li> </ul> <p>Observation of the facility on 11/30/22, at 11:05 AM showed:</p> <ul style="list-style-type: none"> <li>-Menu boards on the 100 hall, 200 hall and 300 hall had no menus posted.</li> </ul> <p>During an interview on 11/30/22, at 11:43 A.M. the Dietary Manager said:</p> <p>(continued on next page)</p>

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NAME OF PROVIDER OR SUPPLIER  Liberty Health and Wellness		STREET ADDRESS, CITY, STATE, ZIP CODE 2201 Glenn Hendren Dr Liberty, MO 64068	
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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-The menu boards have been broken for two months;</p> <p>-The residents complained to the kitchen staff about not knowing what they were serving for meals;</p> <p>-Meal tickets were supposed to be sent out and returned to the kitchen with resident choices but this did not happen for most of the residents because there was not enough help;</p> <p>-If there was no meal ticket, the resident got the main dish;</p> <p>-He/she told the administrator the menu boards were broken two months ago and they still have not been fixed;</p> <p>-He/she told the administrator about the resident complaints about not knowing what was being served for meals;</p> <p>-Menus should be posted in advance and accessible to the residents.</p> <p>46987</p> <p>2. Review of Resident #85's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 10/27/22 showed:</p> <p>- The resident's cognition was intact.</p> <p>- The resident feeds him/herself independently.</p> <p>Review of the physician's diet order for November and December 2022 showed:</p> <p>- Regular diabetic diet.</p> <p>Observation on 11/28/22 at 1:32 P.M., showed:</p> <p>- The resident sitting up in the wheelchair in his/her room eating lunch.</p> <p>- The resident voiced multiple food concerns including cold food, no condiments such as butter, jelly, and often no fork, spoon, or butter knife.</p> <p>During an interview on 12/1/22 at 1:06 P.M., the resident said:</p> <p>- He/she was waiting on the salad that he/she ordered from the kitchen.</p> <p>- His/her family was trying to bring vegetables in when they could.</p> <p>- He/she heard there was no salad or fresh vegetables in the building and this was validated by CNA E.</p> <p>Observation on 12/2/22 at 2:27 P.M., showed:</p> <p>(continued on next page)</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> <li>- The resident was upset in the hallway about not getting what was ordered for lunch.</li> <li>- The resident was talking with Resident #5 and Certified Nurse Assistant (CNA) E. The resident said he/she was frustrated about not getting a salad that he/she ordered.</li> <li>- The facility administrator overheard the conversation and told CNA E that if the kitchen did not have lettuce to let him/her know and he/she would go and get lettuce for a salad to be made.</li> </ul> <p>During an interview on 12/2/22 at 2:27 P.M , the resident said:</p> <ul style="list-style-type: none"> <li>- He/she ordered a salad for lunch yesterday and did not get it.</li> <li>- He/she ordered a salad today for lunch and did not get it.</li> <li>- He/she never got what was ordered.</li> <li>- He/she turns in a meal slip every meal.</li> <li>- He/she needed a salad and fresh vegetables in the diet, rather than being served starchy potatoes and corn.</li> </ul> <p>44395</p> <p>3. Review of Resident #40's quarterly MDS, dated [DATE], showed:</p> <ul style="list-style-type: none"> <li>-Brief Interview of Mental Status (BIMS) of 11, which indicates some cognitive impairment;</li> <li>-Able to make needs known;</li> <li>-Was understood and understands;</li> <li>-Limited assistance with Activities of Daily Living (ADLs: activities related to personal care that include, bathing, personal hygiene, and toilet use);</li> <li>-Independent for eating;</li> <li>-Diagnoses included cancer, anemia, hypertension, diabetes (a chronic (long-lasting) health condition that affects how your body turns food into energy) and a hip fracture.</li> </ul> <p>During an interview and observation on 11/28/22 at 12:23 P.M. the resident said:</p> <ul style="list-style-type: none"> <li>-He/she never got what was ordered on the daily menu.</li> <li>-The anytime menu was not available, staff tell him/her they are out.</li> <li>-Observation showed the anytime menu was not posted in the facility.</li> </ul> <p>During an interview on 12/01/22 at 9:36 A.M., the resident said:</p> <p>(continued on next page)</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-He/she was afraid to throw away a peanut butter sandwich, because he/she was not brought what was ordered and he/she did not want to go hungry or have low blood sugar.</p> <p>An observation and interview on 12/02/22 at 8:45 A.M., showed:</p> <p>-A Breakfast tray was delivered and left covered by the Hospitality Aide.</p> <p>-The Breakfast tray contained:</p> <p>-4 triangles of toast.</p> <p>-1 cup of coffee.</p> <p>-1 small glass of juice.</p> <p>-The resident stated he/she ordered an egg, meat, and toast.</p> <p>-The meal ticket was unavailable.</p> <p>During an interview and observation on 12/2/22 at 8:45 A.M., Hospitality Aide (HA) B said:</p> <p>-He/she would notify dietary of resident not receiving his/her ordered meal.</p> <p>-Residents often do not get what was ordered.</p> <p>-Dietary staff say they are out of things a lot when asking for alternates.</p> <p>-HA A requested new tray from dietary.</p> <p>-The meal ticket was unavailable.</p> <p>Observation on 12/2/22 at 9:15 A.M., showed:</p> <p>-No new breakfast tray delivered to the resident.</p> <p>4. Review of Resident #48's quarterly MDS dated [DATE] showed:</p> <p>-BIMS of 15: indicates no cognitive deficit.</p> <p>-Able to make needs/wants known.</p> <p>-Understands and is understood.</p> <p>-Independent with eating.</p> <p>During an interview and observation on 11/29/22 at 3:40 P.M., the resident said:</p> <p>-He/she did not get meal choices.</p> <p>(continued on next page)</p>

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-When trays were delivered, the ordered food was not provided, only the scheduled menu.</p> <p>-His/her roommate ordered fruits and vegetables online and shared with him/her, so he/she had fresh vegetables and fruits, because the facility doesn't have fresh fruit and veggies, only canned.</p> <p>-Multiple boxes of Misfit Market produce noted on shelves in his/her room, full of fresh vegetables and fruits, including but not limited to; kale, spinach, turnips, apples, and pears.</p> <p>5. During an interview on 12/01/22 at 09:02 A.M., the Registered Dietitian said:</p> <p>-Menu's should be posted in advance and resident food choices should be honored;</p> <p>-He/she was not aware that the menus were not posted at the facility.</p> <p>-Alternatives should be available and posted.</p> <p>During an interview on 12/02/22, at 2:31 P.M. the Administrator said:</p> <p>-Menus should be posted in advance in a visible area and accessible to the residents;</p> <p>-Dietary was responsible for posting the menus.</p> <p>-Alternatives should be posted and available.</p> <p>-He/she was aware one resident ordered fresh fruits and vegetables online, because they did not like what was provided by the facility.</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>46706</p> <p>Based on observation, interview and record review, the facility failed to ensure staff stored food in a sanitary manner and failed to maintain the kitchen in a sanitary manner. This has the potential to affect all residents residing in the facility. The facility census was 91.</p> <p>Review of the facility's Sanitation Inspection policy, dated September 2021, showed:</p> <ul style="list-style-type: none"> <li>- It is the policy of this facility to ensure food service areas are clean, sanitary and in compliance with state and federal regulations;</li> <li>- All food service areas shall be kept clean, sanitary and free from litter and rubbish;</li> <li>- A sanitation inspection will conducted daily by food service staff of refrigerators, coolers and dishwasher;</li> <li>- The dietary manager shall inspect food service areas weekly to ensure the areas are clean and comply with sanitation and food service regulations;</li> <li>- Inspections will be conducted in dish room, main production area, food preparation areas.</li> </ul> <p>Review of the facility's Dishwasher Temperature policy, dated July 2022, showed:</p> <ul style="list-style-type: none"> <li>- It is the policy of this facility to ensure dishes and utensils are cleaned under sanitary conditions through adequate dishwasher temperature;</li> <li>- All items cleaned in the dishwasher will be washed in water that is sufficient to sanitize any and all items;</li> <li>- For high temperature dishwashers (heat sanitization) the wash temperature shall be 150 degrees (F) Fahrenheit to 165 degrees F;</li> <li>- The final rinse temperature shall be 180 degrees F or above;</li> <li>- For low temperature dishwashers (chemical sanitization) the wash temperature shall be 120 degrees F and the sanitizing solutions shall be 50 PPM (parts per million);</li> <li>- Water temperatures shall be measured and recorded prior to each meal;</li> <li>- Chemical solutions shall be maintained at least once per shift.</li> </ul> <p>Review of the manufacturer's undated instructions for the American Dish Machine showed:</p> <ul style="list-style-type: none"> <li>- Flip the fill button;</li> </ul> <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>	<ul style="list-style-type: none"> <li>- It is recommended that 140 degrees F water be used;</li> <li>- Report temperatures below 120 degrees F and 160 degrees F to your supervisor.</li> </ul> <p>Review of the undated manufacturer's instructions for Knoxville Sanitizing Solution used for the sanitizer buckets showed:</p> <ul style="list-style-type: none"> <li>- Direction for use: concentration of 200 - 400 PPM should be maintained.</li> </ul> <p>1. Observation on 11/28/22 at 10:12 A.M., showed a pink sign on the wall of the dishroom that read:</p> <ul style="list-style-type: none"> <li>- Temperatures of the dishwasher are to be taken and recorded for all meals;</li> <li>- PPM to be taken and recorded;</li> <li>- Flatware is to be washed and stored properly;</li> <li>- Dishroom walls and floors are to be clean;</li> <li>- Trash cans and food carts are to be clean.</li> </ul> <p>Record review on 11/28/22 at 10:16 A.M., showed:</p> <ul style="list-style-type: none"> <li>- Sanitation/PPM log with no entries;</li> <li>- Dishwasher temperatures log with no entries;</li> <li>- No records for kitchen cleaning found.</li> </ul> <p>Observation on 11/28/22 at 10:20 A.M., showed:</p> <ul style="list-style-type: none"> <li>- The dish aide removed a rack of clean dishes out of the dishwasher that still had food particles on them;</li> <li>- The dish aide inserted a rack of dirty dishes in to the dishwasher;</li> <li>- The dish aide did not check or record the dishwasher temperature.</li> </ul> <p>During an interview on 11/28/22 at 11:38 A.M., Dish Aide A, said:</p> <ul style="list-style-type: none"> <li>- He/she never checked the dishwasher temperatures;</li> <li>- He/she did not know how to check the temperatures;</li> <li>- He/she did not how how to check the sanitizer ppm in the sanitizing solution used to wipe down surfaces in the kitchen;</li> </ul> <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>	<ul style="list-style-type: none"> <li>- If the dishwasher used sanitizer, he/she did not check it;</li> <li>- He/she had not been shown how to check the temperatures for the dishwasher or the sanitizing solution.</li> </ul> <p>During an interview on 11/28/22 at 1:42 P.M., Cook A said:</p> <ul style="list-style-type: none"> <li>- He/she had not been checking the temperatures on the dishwasher;</li> <li>- He/she had not been checking the PPM of the buckets of sanitizing solution used to wipe down surfaces in the kitchen because it comes out pre-measured and he/she did not think it had to be checked;</li> <li>- He/she thought the dishwasher temperatures needed to be checked daily.</li> </ul> <p>2. Observation on 11/30/22 at 11:14 A.M., showed:</p> <ul style="list-style-type: none"> <li>- The vent above the dishroom covered in dust and debris;</li> <li>- A basketball sized area of the ceiling above the coffee maker was falling down;</li> <li>- Two vents above the microwave covered with dust and debris;</li> <li>- The inside top, bottom and sides of the microwave covered in a red spattering;</li> <li>- A plastic container with no cover containing two spatulas, three large serving spoons and two pairs of tongs that had just been removed from the dishwasher, setting under the prep table by the window with food particles and debris covering the entire bottom of the container;</li> <li>- Inside of the commercial oven covered in grease and burnt debris;</li> <li>- Window by the stove covered with dust, dirt and debris.</li> </ul> <p>Observation on 11/30/22 at 11:32 A.M., showed:</p> <ul style="list-style-type: none"> <li>- Plastic container with no cover, under the prep table with food particles and debris covering the entire bottom of the container;</li> <li>- The cook removed a spoon from the plastic container and stirred a pot of carrots;</li> <li>- The cook removed a spoon from the plastic container and used it to stir a pot of meatballs taken out of the oven;</li> <li>- The cook removed a pair of tongs and stirred a pan of noodles.</li> </ul> <p>During an interview on 11/30/22 at 12:40 P.M., the cook said:</p> <ul style="list-style-type: none"> <li>- He/she did not notice the plastic container had dirt and debris in the bottom of it;</li> </ul> <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>	<ul style="list-style-type: none"> <li>- The clean utensils were stored in the plastic container;</li> <li>- Utensils should be stored in a clean and sanitary manner.</li> </ul> <p>During an interview on 12/2/22 at 9:02 A.M., the Registered Dietitian said;</p> <ul style="list-style-type: none"> <li>- The kitchen should be clean and sanitary.</li> <li>- The ceilings, vents, walls, windows and floors should be free of dust, dirt and debris.</li> <li>- The floors should be clean and free of dirt and debris.</li> <li>- The ovens, microwaves and prep tables should be free of food debris, dirt, grease and splatters.</li> <li>- The food prep table should be cleaned with sanitizing buckets. The sanitizer should be checked often to ensure the proper PPM of the sanitizing solution and to ensure the water is clean.</li> <li>- When a high temp dishwasher is used the temperatures should be checked at least three times a day; if sanitizer is used in the dishwasher, the sanitizer PPM should be checked at least three times a day to ensure the proper sanitization PPM is being used. The levels should be per the state and federal regulations, and manufacturer's instructions.</li> <li>- There should be no food particles left on the clean dishes, utensils or silverware.</li> <li>- All storage areas for kitchen equipment and utensils should be clean and free of dirt and debris.</li> </ul> <p>During an interview on 12/2/22 at 2:31 P.M., the Administrator said:</p> <ul style="list-style-type: none"> <li>- The kitchen staff are responsible for cleaning the kitchen;</li> <li>- The dishes should always be clean;</li> <li>- She expected the kitchen to be clean and to follow the sanitation checklists weekly;</li> <li>- She expected the kitchen staff to clean the walls, ceilings, windows at least monthly;</li> <li>- The dishwasher temperature and PPM of the sanitizing solution used in the sanitizer buckets should be checked daily;</li> <li>- She expected kitchen staff to know how to check the temperatures of the dishwasher and the PPM of the sanitizing solution.</li> </ul> <p>44939</p>		