STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265110	A. Building B. Wing	07/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Moore-Few Care Center	901 South Adams Nevada, MO 64772

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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 29015 Based on observation, interview, and record review, the facility failed to ensure residents were assessed for safety and physician orders obtained prior to self-administration of medication when one resident (Resident #28) had medications for self-administration at his/her bedside. Review of the facility's policy titled Self-Administration of Medications, dated 02/2021, showed the following: -Residents have the right to self-administer medications if the interdisciplinary team has determined that it is clinically appropriate and safe for the resident to do so. -If it is deemed safe and appropriate for a resident to self-administer medications, this is documented in the medical record, and the care plan. -The decision that a resident can safely self-administer medications is re-assessed periodically based on changes in the resident's medical and/or decision making status. -Self-administered medications are stored in a safe and secure place, which is not accessible by other residents. 1. Review of Resident #28's Admission Record, undated, located in the EMR under the Profile tab, showed the following: -admitted [DATE]; -Readmitted [DATE]; -Diagnoses included myasthenia gravis (chronic autoimmune disorder resulting in weakness of skeletal muscles) with acute exacerbation of pulmonary hypertension (high blood pressure in the lungs), acute respiratory failure with hypoxia (low oxygen), chronic obstructive pulmonary disease (COPD) with acute exacerbation, symptoms and signs involving cognitive functions and awareness, and cognitive communication deficit. Review of the resident's annual Minimum Data Set (MDS - a federally mandated assessment completed by facility staff), with an ARD of 05/28/24, located in the EMR under the MDS tab, showed the following: (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265110	A. Building B. Wing	07/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Moore-Few Care Center	901 South Adams Nevada, MO 64772

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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Resident was cognitively intact. -Resident did not exhibit any behaviors during the assessment period; -Resident required substantial assistance with toileting hygiene, shower/bathe self, upper body dressing, and lower body dressing. Observations during the initial tour on 07/29/24, at 12:02 P.M., showed medications located on the resident's bedside table in a small open basket. The medications included an albuterol (medication used to treat breathing) inhaler 90 microgram (mcg), a 50 milliliters (ml) bottle of saline nasal mist, and a 1/2 ounce bottle of artificial tears. Observation on 07/30/24, at 9:18 A.M., showed the resident's medications were still on his/her bedside table. Observations and interview on 07/31/24, at 9:20 A.M., during the Medication Pass with Certified Medication Technician (CMT) 1 showed the same medications inside a basket on the resident's over the bed table in his/her room. The resident said that his/her family brought him/her eye drops and saline spray for his/her nose and he/she kept his/her inhaler near his/her in case the facility cannot get his/her medications for any reason. CMT1 removed the medications from the resident's room and said he/she thought the resident had an order to keep his/her inhaler at his/her bedside. CMT1 said he/she had not observed the medications in the resident's room before. After reviewing the resident's medication orders on his/her computer at the medication cart, an order for the resident to keep the three medications at the bedside for the resident to use as needed was not found. CMT1 said the resident had never told him/her he/she takes these medications so he/she can get an order and document the dosage. CMT1 showed he/she would let the charge nurse know about the medications. During an interview on 07/31/24, at 1:45 P.M., the Director of Nursing (DON) said he/she was made aware of the resident's unsecured medications this afternoon. The DON said her expectations were the resident would be assessed to self-administer his/her own medications and reassessed, as necessary. Additionally, this would be documented in the resident's medical record, to include a physician's order, and where the medications would be stored. The DON confirmed the resident had not been assessed for self-administration of medications.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265110	A. Building B. Wing	07/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Moore-Few Care Center	901 South Adams Nevada, MO 64772

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 29015 Based on observation, interview, and record review, the facility failed to ensure residents were as free from accident hazards as possible when staff failed to have an effective process in place to reduce the likelihood of residents burning themselves with hot liquids resulting in one resident (Resident #13) suffering a burn on his/her foot from hot chocolate and when the facility staff left a mechanical lift stored in a resident's room resulting in one resident (Resident #1) falling. 1. Review of the facility's policy titled Safety of Hot Liquids, dated 10/2014, showed the following: -Residents will be evaluated for safety concerns and potential for injury from hot liquids upon admission, readmission and on change of condition; -Appropriate precautions will be implemented to maximize choice of beverages while minimizing the potential for injury; -The potential for burns from hot liquids is considered an ongoing concern among residents with weakened motor skills, balance issues, impaired cognition, and nerve or musculoskeletal conditions; -Once risk factors for injury from hot liquids are identified, appropriate interventions will be implemented to minimize the risk from burns; -Interventions may include maintaining hot liquids serving temperature of not more than 140 degrees Fahrenheit; serving hot beverages in a cup with a lid; encouraging residents to sit at a table while drinking or eating hot liquids; providing protective lap covering or clothing to protect skin from accidental spills; and staff supervision or assistance with hot beverages. Review of Resident #13's Admission Record, undated, located in the electronic medical record (EMR), under the Profile tab, showed the following: -Initial admitted [DATE]; -Readmitted [DATE]; -Diagnoses included cerebral infarction (stroke), ankylosing spondylitis in spine (arthritis causing inflammation in the spine), cognitive communication deficit, and dementia. Review of the resident's admission Minimum Data Set (MDS - a federally mandated assessment tool completed by facility staff) with an Assessment Reference Date (ARD) of 07/14/23, located in the EMR under the MDS tab, showed the following: -The resident was moderately cognitively impaired. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265110	A. Building B. Wing	07/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Moore-Few Care Center	901 South Adams Nevada, MO 64772

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-The resident was dependent with bed mobility, transfers, dressing, toilet use, and personal hygiene. -The resident was assessed as requiring supervision, oversight, encouragement, or cueing for eating. -The resident was wheelchair bound. Review of the resident's quarterly MDS, with an ARD of 05/21/24, located in the EMR under the MDS tab, showed the following: -The resident was cognitively intact. -The resident was dependent with bed mobility, transfers, dressing, toilet use, and personal hygiene. -The resident was assessed as requiring supervision of oversight, encouragement or cueing for eating. -The resident required supervision or touching assistance for eating. -The resident was wheelchair bound. Review of the resident's Skin/Wound Note, dated 05/22/24, located in the EMR, under the Progress Notes tab, showed the nurse was called to the dining room as the resident knocked his/her hot chocolate off the table and burned his/her left foot. Upon assessment, the top of his/her left foot was very red and blistering. Education given to staff about putting some ice in hot drinks before being served. Staff notified physician and an order was received to apply antibiotic ointment to a nonstick dressing pad, apply to the top of her foot, and use spandage to hold in place. Review of the resident's Incident Report dated 05/22/24, at 4:48 P.M., supplied by the facility, showed the incident occurred in the dining room and the resident said he/she dropped his/her cup and it spilled. Observation on 07/29/24, at 12:23 P.M., showed the resident in the dining room reclined at approximately 30 degrees in his/her tilt in space wheelchair. Observation on 07/30/24, at 11:35 A.M., with the Director of Nursing (DON) showed the temperature of the water brewed for the hot chocolate measured at 160 degrees Fahrenheit (F) as verified by two thermometers and the DON. During an interview on 07/29/24, at 12:41 P.M., the resident said he/she had burned the top of his/her foot recently. During an interview on 07/30/24, at 11:40 A.M., the DON said he/she was not sure if anyone monitored the water temperatures of the liquids served at meals. The staff had been educated after the incident to place ice cubes in the hot liquids. The DON expected staff to check the temperatures prior to giving residents hot liquids. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265110	A. Building B. Wing	07/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Moore-Few Care Center	901 South Adams Nevada, MO 64772

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	29728 2. Review of the facility's policy titled, "Assessing Falls and Their Causes," dated 03/2018, showed the following; -'The purpose of this procedure is to provide guidelines for assessing a resident after a fall and to assist staff in identifying causes of the fall. -If a resident has just fallen, or is found on the floor without a witness to the event, evaluate for possible injuries to the head, neck, spine and extremities. -Identifying causes of a fall or fall risk such as if any environmental risk factors were involved (such as slippery floor, poor lighting, furniture, or objects in the way). Review of Resident #1's "Admission Record," located in the EMR under the "Profile" tab, showed the following: -admitted [DATE]; -Diagnoses included dementia, difficulty in walking, unspecified fall, and unsteadiness on feet. Review of the resident's quarterly MDS, located in the EMR under the "MDS" tab, with an ARD of 05/21/24, showed the following: -The resident was moderately cognitively impaired. -The resident required moderate assistance with most activities of daily living. -The resident used a wheelchair for mobility. -The resident had not experienced a fall within the last three months. Review of the resident's "Progress Note, located in the EMR under the "Progress Note tab and dated 07/20/24, showed 'the resident was found sitting on the floor in front of the sit-to-stand beside his/her roommate's bed. The resident denied hitting his/her head. Staff found no bumps, bruises, or skin tears. Resident denied pain. Order received to not leave lift equipment in resident's room. Staff notified the resident's family and medical doctor.' Review of the resident's "Incident Report," provided by the DON, showed the resident was found sitting on the floor in front of a sit-to-stand lift beside his/her roommate's bed. The resident denied hitting his/her head, denied pain, and had no bumps, bruises, or skin tears noted. Per the report, an order was placed to not leave equipment in the resident's room. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265110	A. Building B. Wing	07/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Moore-Few Care Center	901 South Adams Nevada, MO 64772

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 07/31/24, at 8:40 A.M., Registered Nurse (RN) 3 said he/she walked by the resident's room and saw the resident on the floor in front of the roommate's bed with his/her legs draped over the stand base. RN3 recalled the resident told him/her he/she was trying to go to bed. RN3 said he/she added an intervention to the care plan to never leave the lift in the resident's room. RN3 said Certified Nurse Aide (CNA) 4, who was working with the resident that evening, was new. RN3 thought this was the first time CNA4 had worked by him/herself. RN3 talked to CNA4 about not leaving the lift in the room after it was used, but place it in the shower room at the end of the hall. RN3 said CNA4 told him/her he/she left the lift in the room for convenience. CNA4 used it to get the resident up for dinner and left it in the room to use it again to put the resident back in bed. During an interview on 07/31/24, at 10:20 A.M., CNA4 said he/she was the one that left the lift in the resident's room. He/she had only worked in the facility for one month, but had been a CNA for seventeen years. He/she received training on the proper use and storage of the lifts, and he/she should have known better than to leave it in the room. The resident and his/her roommate were the only two residents that used the sit-to-stand lift, so he/she pushed it under the roommate's bed since he/she was going to use it to put the resident back to bed. He/she was instructed by the nurse to never leave the lift in the room again and he/she had not. CNA4 said this was the only time he/she had left it in the room and the lifts left in the shower room. During an interview on 07/31/24, at 1:40 P.M., the DON said it was her expectation the lift should not be left in the resident's room. It should always be stored in the shower room.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265110	A. Building B. Wing	07/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Moore-Few Care Center	901 South Adams Nevada, MO 64772

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40847 Based on observations, interviews, and record review, the facility failed to provide respiratory care per standards of practice when staff failed to ensure proper storage of oxygen/nebulizer supplies for two residents (Resident #3 and #28) of two residents reviewed for oxygen management out of a total sample of 16 residents. Review of the facility's policy titled Oxygen Therapy, dated 07/2023, showed staff to store cannulas and masks in plastic bags when not in use. Staff to change cannula, mask, tubing, and storage bag every seven days or as indicated. 1. Review of Resident #3's Admission Record, undated, located under the "Profile" tab, showed the following; -admitted [DATE]; -Diagnoses included acute and chronic respiratory failure with hypoxia (oxygen is insufficient at the tissue level). Review of the resident's annual "Minimum Data Set (MDS - a federally mandated assessment completed by facility staff)," located in the resident's EMR under the "MDS" tab, with an Assessment Reference Date (ARD) of 06/04/24, showed the resident had moderately impaired cognition. Review of the resident's "Physician Orders," located in the resident's EMR "Orders" tab, showed the following: -An order, dated 08/2024, for oxygen at two liters per minute by nasal cannula to keep oxygen saturations greater than 92% every shift; -An order, dated 08/2024, for albuterol sulfate inhalation aerosol solution (medication used to help with breathing), two puffs, inhale orally every four hours as needed for shortness of breath/wheezing; -An order, dated 08/2024, to change oxygen tubing on wheelchair and concentrator weekly and change humidifier/clean filter on oxygen concentrator every Wednesday on night shift. During an observation on 07/29/24, at 12:07 P.M., in the resident's room, showed the resident's nasal cannula was draped on the oxygen concentrator not labeled, dated, or stored in a bag to protect from debris. During an observation on 07/29/24, at 2:07 P.M., in the resident's room, showed the resident's nasal cannula was draped on the oxygen concentrator not labeled, dated, or stored in a bag. During an observation on 07/30/24, at 9:07 A.M., in the resident's room, showed the resident's nasal cannula was draped on the oxygen concentrator not labeled, dated, or stored in a bag. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265110	A. Building B. Wing	07/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Moore-Few Care Center	901 South Adams Nevada, MO 64772

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	29015 2. Review of Resident #28's Admission Record, undated, located in the EMR under the Profile tab showed the following: -admitted [DATE] and readmitted [DATE]; -Diagnoses included myasthenia gravis (chronic autoimmune disorder resulting in weakness of skeletal muscles) with acute exacerbation of pulmonary hypertension (high blood pressure in the lungs), acute respiratory failure with hypoxia, chronic obstructive pulmonary disease (COPD - prevents airflow to the lungs, causing breathing problems) with acute exacerbation, symptoms and signs involving cognitive functions and awareness, and cognitive communication deficit. Review of the resident's annual MDS, with an ARD of 05/28/24, located in the EMR under the MDS tab, showed the following: -Resident was cognitively intact. -Resident did not exhibit any behaviors during the assessment period. -Resident required substantial assistance with toileting hygiene, shower/bathe self, upper body dressing, and lower body dressing. Review of the resident's Physician Orders, dated 03/01/23, located in the EMR Orders tab, showed the following: -A current order to change oxygen bottle, tubing for concentrator, place in plastic bags, every Wednesday night on night shift; -A current order for albuterol sulfate 2.5 mg per 3 milliliters (ml), one vial inhaled orally every four hours as needed for shortness of air. Observations on 07/29/24, at 11:42 A.M., and on 07/30/24, at 9:09 AM, showed the resident's oxygen tubing was on the floor. There was no label indicating when the resident's oxygen tubing had been changed. The resident's nebulizer mouthpiece that was connected by an oxygen tubing to the nebulizer machine was observed sitting on a bedside table in a Styrofoam cup open to air. There was no label on the oxygen tubing. Observation on 07/30/24, at 9:18 A.M., in the resident's room, showed Licensed Practical Nurse (LPN) 2 confirmed that the resident's oxygen tubing was observed on the floor and was not labeled, and the nebulizer mouthpiece was not in plastic bag. 3. During an interview on 07/30/24, at 9:15 A.M., LPN 2 said the oxygen tubing was changed every Wednesday by night shift staff and it should be labeled when changed. The nebulizer was cleaned between uses and stored in a plastic bag. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265110	A. Building B. Wing	07/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Moore-Few Care Center	901 South Adams Nevada, MO 64772

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	4. During an interview on 07/30/24, at 10:17 A.M., the Director of Nursing (DON) said oxygen tubing should be changed weekly, and the equipment should be protected from contamination by placing it in plastic bags.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265110	A. Building B. Wing	07/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Moore-Few Care Center	901 South Adams Nevada, MO 64772

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. 29015 Based on observation, interview, and record review, the facility failed to ensure facility staff adhered to the facility policy and standards of care for wearing the appropriate Personal Protective Equipment (PPE) for residents that had tested positive for COVID for four of four residents (Resident #95, #22, #94, and #144) observed for transmission-based precautions. Review of the facility's policy titled COVID-19, effective 09/19/23, showed the following: -Residents who test positive will be in a private rooms unless another resident is positive. In this case, cohorting will be permissible. Cohorting is not permissible for a positive resident and a presumptive resident. Movement outside the room will be extremely limited during quarantine period. -Staff will be required to wear full PPE including goggles, gloves, and N95 (K95) (filtration) masks when providing care or entering the room. Review of the Centers for Disease Control and Prevention's (CDC) website titled, Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 (COVID) Infection or Exposure to SARS-CoV-2, dated 03/18/24, showed the following: -Healthcare personnel with mild to moderate illness can return to work once symptoms have improved if at least 24 hours have passed without fever and at least seven days have passed since symptoms first appeared with a negative test; or when 10 days have passed if a second test is not performed. -Healthcare personnel who are asymptomatic can return to work when at least seven days have passed since the first positive test when a negative test is obtained; or 10 days have passed if a second test is not performed. 1. Observations on 07/29/24, at 2:01 P.M., showed Certified Nursing Assistant (CNA) 1 and CNA 2 entered Resident #95's room, who had tested positive for COVID and was on transmission-based precautions (TBP) droplet precautions. Neither of the CNAs were wore goggles or a face shield while providing care to resident. During an interview on 07/29/24, at 2:06 P.M., both CNA1 and CNA2 confirmed they had not worn goggles or face shield while in the resident's room and that they were supposed to be wearing them. 2. Observations and interview on 07/29/24, at 2:05 P.M., showed CNA3 was observed entering Resident #22's room, which was identified as TBP-droplet precautions. CNA3 did not wear a face shield or goggles. Upon exiting the room at 2:10 PM, CNA3 was questioned about PPE requirements for droplet isolation and should he/she wear a face mask or goggles. The CNA said yes, I should wear a face shield, but I did not. I also tested positive this morning for COVID-19 and am only working with COVID positive residents. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265110	A. Building B. Wing	07/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Moore-Few Care Center	901 South Adams Nevada, MO 64772

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	3. Observation and interview on 07/29/24, at 2:09 P.M., showed Registered Nurse (RN) 2 in Resident #94's room, which was identified as TBP-droplet precautions, providing care to the resident. The RN was not wearing goggles or a face shield. RN2 confirmed he/she was not wearing either of them, but that was because they were not available for use. 4. Observation and interview on 07/30/24, at 9:15 A.M., showed the Housekeeping Supervisor (HSKS) was standing outside of door of Resident #144's room and said one of the residents was moved because this was now a COVID positive room. There were no TBP-droplet precautions signs on the door, and no PPE cart was located outside of the resident's room. During an interview on 07/30/24, RN2 said when he/she came in that morning, he/she was aware the resident tested positive for COVID, and had asked staff to put the sign and PPE at the door. The RN was unaware of why it was not there. Observation and interview on 07/30/24, at 9:20 A.M., showed a visitor was observed coming out of the resident's room only wearing a surgical mask and no other PPE. When asked, the visitor said he/she knew the resident was positive for COVID, but was not aware of what PPE to wear since he/she had not visited a positive resident for two years. During an interview on 07/30/24, at 9:30 A.M., the Director of Nursing (DON) said the resident had tested positive for COVID later on 07/29/24 and a sign and PPE cart should have been located outside the door. She was unaware of why it was not there. 5. During an interview on 07/29/24, at 2:22 P.M., the Administrator said she expected the staff to follow the TBP-droplet precautions while providing care to COVID positive residents. Additionally, she has asked COVID positive staff members, whether asymptomatic, or symptomatic, not work. 6. During an interview on 07/30/24, at 9:30 A.M., the DON said staff were expected to wear goggles or face shields while providing resident care to COVID positive residents. 40847

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265110	A. Building B. Wing	07/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Moore-Few Care Center	901 South Adams Nevada, MO 64772

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 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 29015 Based on interview and record review, the facility failed to ensure that all residents who wished to receive pneumococcal vaccines received them when staff failed to administer one pneumococcal vaccine to one resident (Resident #9) of five residents reviewed for immunizations. Review of the facility's policy titled Immunization Records, dated 07/2023, showed the following: -Adult pneumococcal recommendations if previous PPSV23 [pneumococcal polysaccharide vaccine - Pneumovax 23] only administer PCV20 or PCV15. 1. Review of the Resident #9's Admission Record, undated, located in the resident's electronic medical record (EMR), under the Profile tab, showed the resident was admitted on [DATE] with a readmission on 05/24/23. Review of the resident's Vaccine Consent Form, dated 09/22/23, showed the requested vaccines included Pneumovax23 and Prevnar13 (pneumococcal conjugate vaccine (PCV) 13). Review of the resident's complete EMR showed the resident received the Pneumovax23 on 11/30/18, but had not received either the PCV 13, 15, or 20 vaccinations. Additionally, there was no physician's order for the vaccination located in the EMR. During an interview on 07/30/24, at 10:22 A.M., the Director of Nursing (DON), who was the current Infection Control Preventionist, confirmed the resident's vaccination consent was signed, but the vaccination was not given, and it should have been given.