

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265123	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2024
NAME OF PROVIDER OR SUPPLIER  Lebanon North Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  596 Morton Road Lebanon, MO 65536	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45176</b></p> <p>Based on interview and record review, the facility failed to complete a comprehensive care plan for one resident (Resident #1) that addressed the resident's bathing preference and potential behaviors when showers were given by staff. The facility with a census of 64.</p> <p>Review of the facility policy titled, Care Plan Comprehensive, undated, showed the following:</p> <ul style="list-style-type: none"> <li>-The interdisciplinary care plan team, with input from the resident and family, will develop and maintain a comprehensive care plan for each resident that identifies the highest level of functioning the resident may be expected to attain;</li> <li>-Assessment of each resident is an ongoing process and the care plan will be revised as changes occur in the resident's condition;</li> <li>-Assessing and planning for care to meet the resident's medical, nursing, mental and psychosocial needs;</li> <li>-Involving direct care staff with the care planning process relating to the resident's expected outcomes;</li> <li>-The interdisciplinary care plan team is responsible for the periodic review and updating of care plans when a significant change in the resident's condition occurred, at least quarterly and when changes occur that impact the resident's care.</li> </ul> <p>1. Review of the resident's face sheet showed the following:</p> <ul style="list-style-type: none"> <li>-admitted [DATE];</li> <li>-Diagnoses included displaced subtrochanteric fracture of right femur (hip fracture), senile degeneration of brain (memory loss), anxiety disorder due to physiological condition (intense anxiety or panic that are caused by a physical health problem), chronic pain, major depressive disorder (persistent feelings of sadness), bipolar disorder (causes extreme mood swings), and dementia (loss of memory).</li> </ul> <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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's admission Minimum Data Set (MDS - a federally mandated assessment tool completed by facility staff), dated 11/22/23, showed the following:</p> <ul style="list-style-type: none"> <li>-Cognitively impaired, inattention fluctuates, disorganized thinking is continuous;</li> <li>-No reported mood concerns;</li> <li>-No documented behaviors;</li> <li>-Requires partial to moderate assistance with oral hygiene, toileting, upper body dressing, and personal hygiene;</li> <li>-Dependent for bathing;</li> <li>-Always incontinent of bowel and bladder;</li> <li>-Resident is taking antidepressant and antipsychotic.</li> </ul> <p>Review of resident's behavioral monitoring for January 2024 to 02/07/24 showed staff did not document any behavioral monitoring.</p> <p>During an interview with on 02/07/24, at 9:32 A.M., the resident said someone sprayed water in his/her face before and he/she let them know what he/she thinks of them.</p> <p>During an interview with on 02/07/24, at 9:51 A.M., Nurse Aide (NA) A said the following:</p> <ul style="list-style-type: none"> <li>-The resident does not like showers;</li> <li>-He/she assisted in giving the resident a shower on 02/02/24 and the resident yelled and screamed throughout the shower;</li> <li>-He/she was told by other staff the resident did not like showers.</li> </ul> <p>During interviews on 02/07/24, at 11:15 A.M. and 1:08 P.M., Certified Nurse Aide (CNA) C said the following:</p> <ul style="list-style-type: none"> <li>-He/she knew the resident did not like showers because he/she has heard the resident yelling from the shower room when other staff have given the resident a shower;</li> <li>-He/she gave the resident a shower on 02/05/24 and he/she played music and sang with the resident during the shower and the resident did not yell or have behaviors.</li> </ul> <p>During interviews on 02/07/24, at 11:50 A.M. and 1:05 P.M., CNA D said the following:</p> <ul style="list-style-type: none"> <li>-He/she has given the resident showers and he/she always plays old hymns as the resident will sing hymns and he/she sings with the resident, and this sometimes calms the resident;</li> </ul> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-The resident has always had good and bad days, sometimes the resident will yell through parts or all the shower or sometimes all of it;</p> <p>-He/she was not told by anyone prior to giving the resident a shower that the resident would yell, he/she found it out on his/her own;</p> <p>-He/she tells other staff that's giving the resident a shower that the resident likes to have gospel music played, and the resident may yell out.</p> <p>During an interview on 02/07/24, at 1:11 P.M., Registered Nurse (RN) E said the following:</p> <p>-The care plan directs staff on the care a resident requires;</p> <p>-If staff are aware of behavior changes, they are to let nursing staff know of the behaviors and nursing staff passes this onto to the Director of Nursing (DON) and/or the MDS Coordinator to add to the care plan.</p> <p>During an interview with on 02/07/24, at 1:15 P.M., Licensed Practical Nurse (LPN) F said the following:</p> <p>-He/she has heard the resident yelling in the shower;</p> <p>-He/she said on 02/05/24 the staff that was giving the resident a shower had music playing and he/she could hear them singing and the resident was not yelling;</p> <p>-He/she knows the resident likes to listen to music;</p> <p>-Staff know what care to provide as they talk to each other about the care and the nurses also tell new staff;</p> <p>-He/she does not know much about the residents care plans;</p> <p>-When staff tell him/her about behaviors, he/she will call the physician, doctor and family and he/she would tell DON or MDS Coordinator;</p> <p>-Changes in the resident should be documented in the care plan.</p> <p>Review of the resident's care plan, last reviewed on 02/07/24 showed the following:</p> <p>-Resident had impaired thought processes;</p> <p>-Interventions will be in place to prevent injury due to cognitive deficits to the extent possible;</p> <p>-Approach the resident warmly and positively and in calm manner, address by preferred name, calmly talk to him/her and offer reassurance prior to initiating cares, monitor behavior and cognitive status, and report any change in cognitive statue to physician;</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-He/she may not understand everything that's being said to him/her. Resident will demonstrate ability to understand by answering questions appropriately. Staff will face resident when speaking to him/her, speak in clear, simple sentences and gesture to supplement communication if indicate, use non verbal communication, use a gently related tone;</p> <p>-He/she required assistance with dressing, bathing, toileting, hygiene;</p> <p>-He/she will continue to assist with care task complete to extent possible;</p> <p>-Shower/bathe with staff assist to include hair;</p> <p>-Resident had impaired vision;</p> <p>-Staff to announce self when entering resident's area and explain all procedures prior to beginning;</p> <p>-Resident is accepting of his/her loneliness and interacts with the residents of his/her choice. Resident will convey sense of belonging. Staff to assess for mood/behavior problems.</p> <p>(Staff did not care plan regarding the resident's bathing preferences and occasional behaviors while being showered.)</p> <p>During an interview with on 02/07/24, at 1:19 P.M., the MDS Coordinator said the following;</p> <p>-He/she has been responsible for doing care plans with someone from corporate helping;</p> <p>-He/she develops the care plan based upon the MDS triggers;</p> <p>-The care plan is done on admission, and changes are made quarterly and when significant change happens;</p> <p>-Care plan meetings include MDS Coordinator, social worker, dietary, activities, family, med techs, nurses, and the resident;</p> <p>-He/she depends upon staff to tell him/her about changes in resident's behavior, or interventions they're using to better care for the residents;</p> <p>-He/she was not aware the resident did not like showers and yelled while being given a shower;</p> <p>-Was not aware of any behavioral changes with the resident;</p> <p>-The residents care plan does not show the resident yells while being given a shower or likes music while in the shower;</p> <p>-He/she did know the resident likes to listen to music;</p> <p>-The care plan should list if the resident yells or dislikes showers and if staff use music to help the resident.</p> <p>(continued on next page)</p>		

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