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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265247 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 11/26/2024 |
| NAME OF PROVIDER OR SUPPLIER Kirksville Manor Care Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 1705 East Laharpe Kirksville, MO 63501 | |

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 0557</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 be treated with respect and dignity and to retain and use personal possessions.</p> <p>36185</p> <p>Refer to Event ID M9W912</p> <p>Based on observation and interview, the facility failed to maintain resident dignity and self determination for four residents (Resident #1, #8, #2, and #7) when staff failed to provide grooming assistance to include basic haircuts. The facility census was 51.</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 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>36185</p> <p>Refer to Event ID M9W912</p> <p>Based on observation, interview, and record review, the facility failed to provide three residents (Resident #7, #8 and #2), of nine sampled residents, with assistance with activities of daily living (ADL) when staff failed to check for incontinence. The facility failed to ensure Resident #7's hair was groomed and pulled back out of the resident's face during meals and throughout the day. The facility also failed to ensure Resident #2 received routine showers. The facility census was 51.</p> |

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) | | |
| <p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> | <p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>36185</p> <p>Refer to Event ID M9W912</p> <p>Based on interview and record review, the facility failed to provide care and treatment following a fall with injury for one resident (Resident #9) with a personal history of a stroke and who was on Xarelto (anticoagulant or blood thinning medication) of nine sampled residents. The resident complained of right sided rib pain at the time of the fall and continued to complain of pain 9 out of 10 (on a scale from 0 to 10 with ten being the worst pain) to the right side. Approximately 2-1/2 hours after the resident was found, the resident's family member arrived at the facility to check on the resident and requested the resident be re-evaluated by staff due to the resident's severe pain, along with shortness of breath. Approximately 10-3/4 hours after the resident was found, the resident continued to complain of pain of 7 out of 10. Staff described the resident as very tearful and in a lot of pain when repositioned, and the physician was not notified. On 10/22/24, the resident's physician gave orders to send the resident to the emergency room (ER) for evaluation, nonemergent, due to a high blood potassium level. In the emergency department the resident was found to have a large right sided hemothorax (when a collection of blood accumulates in the chest cavity, often caused by trauma or injury, symptoms can include difficulty breathing and pain) with multiple displaced rib fractures and a right scapular fracture (a rare injury that occurs when the shoulder blade is directly or indirectly impacted by a significant amount of force such as a fall or blow to the shoulder). At the time of the fall, the on-call physician, who was not the resident's primary care physician, was notified that the resident had slipped from the wheelchair and there was no injury and the notification was facility procedure. The physician was not notified the resident was in pain after the fall and continued to have pain throughout the night, the use of an anticoagulant medication, the resident's shortness of breath or that the fall was unwitnessed. The facility census was 51.</p> | | |

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| <p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>36185</p> <p>Refer to Event ID M9W912</p> <p>Based on interview and record, review the facility failed to develop a care plan with interventions to prevent falls for one resident (Resident #9) of nine sampled residents, who was at risk for falls and was admitted to the facility after having falls at home. The resident sustained a fall while at the facility on 10/21/22. Staff failed to complete a thorough post fall assessment or notify the Director of Nursing (DON), as directed by facility policy, at the time of the fall. The facility failed to communicate the resident's fall to the oncoming shift at shift change. The facility failed to communicate pertinent information regarding the fall to the on-call physician, who was not familiar with the resident which delayed evaluation and treatment. As a result of the fall, the resident sustained a large right sided hemothorax (when a collection of blood accumulates in the chest cavity, often caused by trauma or injury, symptoms can include difficulty breathing and pain) with multiple displaced rib fractures (broken ribs where the pieces of bone have moved so that a gap has formed around the fracture, complications can include punctured lungs and damage to other organs) and a right scapular fracture (a rare injury that occurs when the shoulder blade is directly or indirectly impacted by a significant amount of force such as a fall or blow to the shoulder). The facility census was 51.</p> |

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| <p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>36185</p> <p>Refer to Event ID M9W912</p> <p>Based on observation, interview and record review, the facility failed to provide sufficient nursing staff to meet residents' needs for five sampled residents (Resident #7, #8, #2, #6, and #1). The facility failed to have adequate staffing to check and provide incontinence care to residents in a timely manner, to provide routine showers to ensure good personal hygiene, to answer call lights in a timely manner and to assist residents out of bed for meals, and ensure all residents were served meals. The facility census was 51.</p> |