STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265249	A. Building B. Wing	05/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maries Manor	174 Ballpark Road Vienna, MO 65582

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39644 Based on observation, interview, and record review, facility staff failed to review and revise care plan for one resident (Resident #3) out of one sampled resident with interventions for cellulitis and for one resident (Resident #47) out of one sampled resident with medication noncompliance. The facility census was 64. 1. Review of the facility's policies showed staff did not provide a policy for care plans. 2. Review of the facility's Minimum Data Set (MDS), a federally mandated assessment tool completed by facility staff, 3.0 and Care Planning Policy, undated, showed: -The Comprehensive Care Plan will also be individualized to each resident; -Comprehensive Care Plan will be updated when a change of condition is warranted; -Included in the Comprehensive Care Plan will be the resident's right to refuse treatment, any specialized services the facility will provide, the resident's goals for admission, desired outcomes, and discharge plans; -The Comprehensive Care Plan will be revised on an ongoing basis to reflect changes in the resident and/or changes in the care the resident is receiving including interventions, measurable objectives, goals, and care instructions; -The Comprehensive Care Plan shall be adhered to in caring for the resident and outline the resident's care needs; -All staff will have access to the comprehensive care plan and know that is it located in the resident's chart under the care plan tab. 3. Review of Resident #3's quarterly MDS, dated [DATE], showed staff assessed the resident as: -Severe cognitive impairment; -Diagnoses of peripheral vascular disease (a circulatory condition in which narrowed blood vessels reduce blood flow to the limbs), diabetes, and dementia (continued on next page)

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

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Dependent for activities of daily living (ADL)s and putting on/taking off footwear; -Application of dressings to feet. Review of the resident's care plan, dated 12/18/23, showed the care plan did not contain direction or interventions for the use of a compressive boot. Review of the resident's Physician Order Sheet (POS), dated 05/2024, showed an order to check legs daily, apply compression boot to lower left extremity and bilateral, change every three days for cellulitis. Observation on 05/20/24 at 12:30 P.M. showed the resident in his/her wheelchair in the dining room with compression boot to lower left extremity. Observation on 05/21/24 at 8:30 A.M., showed the resident in his/her wheelchair in the hallway by the nurses station with compression boot to lower left extremity . Observation on 05/22/24 at 3:20 P.M., showed the resident in his/her wheelchair in their room with compression boot to lower left extremity. Observation on 05/23/24 at 12:15 P.M., showed the resident in his/her wheelchair in the dining room with compression boot to lower left extremity. 4. Review of Resident #47's quarterly MDS, dated [DATE], showed staff assessed the resident as: -Cognitively intact; -Does not reject care; -Non-traumatic brain injury. Review of the resident's nurses note, dated 12/14/23 at 1:23 P.M., showed staff documented a nurse witnessed the resident attempted to conceal his/her pills when staff administered his/her medication to the resident. Review of the resident's nurses note, dated 03/13/24 at 1:48 P.M., showed staff documented to monitor the resident closely with medications as he/she has been found to conseal and store medications. Review of the resident's care plan, date 03/08/24, showed the care plan did not contain direction for staff in regard to the resident's noncompliant behavior to conceal and store his/her medications in his/her room. During an interview on 05/23/24 at 9:30 A.M., LPN E said the resident has had this behavior before, hiding pills instead of taking them, he/she believes they are poison. The doctor is aware, but he/she is not aware of any specific intervention in place other then watching the resident take their medications. (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 05/23/24 at 10:15 A.M. LPN H said resident specific information is what is expected to be on the residents care plan. LPN H said when staff administer medication they are expected to watch residents take them before they walk away. During an interview on 05/23/24 at 10:19 A.M. MDS Coordinator Registered Nurse said he/she is responsible for MDS and Care plans. The MDS Coordinator said any treatments or interventions should be on the care plan. If they are not on the care plan, it is because he/she was not made aware of it. During an interview on 05/23/24 at 4:58 P.M., the Director of Nursing (DON) said behaviors such as a medication refusals or hoarding pills should be care planned with interventions. The DON said any resident specific treatments and interventions are expected to be on a care plan. During an interview on 05/23/24 at 4:59 P.M. the Administrator said staff are expected to watch medications being given to each resident. The Administrator said she would expect medication issues or concerns, treatment and interventions to be on a residents care plan.

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47193 Based on observation, interview, and record review, facility staff failed to follow professional standards when staff prepared 40 medication cups with medications prior to the timed medication pass and performed resident blood sugar tests with expired test strips for four residents (Resident #14, #58, #61, and #62) out of four sampled residents. The facility census was 64. 1. Review of the facility's policy titled, Medication Administration Guidelines, dated ,d+[DATE], showed facility staff are directed as follows: -The complete act of administration entails removing an individual dose from a previously dispensed, properly labels container, verifying it with the physician's orders, giving the individual dose to the proper resident, and promptly recording the information; -Medications may not be prepared in advance and must be administered within one hour of preparation; -The same person preparing the doses for administration must administer the medications. 2. Observation on [DATE] at 9:08 A.M., showed the east side medication cart contained the following: -One medication cup labeled with a first name contained one pill; -One medication cup labeled with a first name contained half of a pill; -One medication cup labeled with a first name contained two pills; -Two medication cups labeled with a illegible name contained one pill; -Two medication cup labeled with a first name contained two pill; -One medication cup labeled with a first name contained 11 loose pills; -One medication cup labeled with a first name contained seven loose pills; -One medication cup labeled with a first name contained six loose pills; -One medication cup labeled with a first name contained 12 loose pills. During interview on [DATE] at 9:10 A.M., Certified Medication Technition (CMT) C said he/she only pre-pops medications for his/herself. He/She said that at least six of the pre-popped medications are narcotics. He/She said he/she pre-popped the narcotics this morning at 6:45 A.M. because the facility does not have enough cards for both medication carts. He/She said that is why he/she pre-pops the narcotics early. (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	3. Observation on [DATE] at 11:51 A.M., showed the east side medication cart drawer contained seven medication cups with various pills inside labeled with only first names. At this time, CMT C said he/she will give the medications in a bit. He/She said, actually I will go give them now. Observation showed CMT C went and delivered the pre-popped medications to the residents. 4. Observation on [DATE] at 8:55 A.M., east side medication cart contained the following: -One medication cup labeled with a first name contained four various pills; -One medication cup labeled with a first name contained eight various pills; -One medication cup labeled with a first name contained six various pills. During interview on [DATE] at 9:00 A.M., CMT C said he/she normally does not pre-pop medications. CMT C said risk of pre-popping medications and leaving them in the medication cart could be if cart was left unlocked another resident could get inside cart and take medications. He/She said if something was to happen and he/she had to leave, he/she would make sure the medications were administered before leaving. Is the CMT aware of the faciity policy of pre-popping medication? 5. Observation on [DATE] at 11:06 A.M., showed the memory care unit medication cart top drawer contained 27 medication cups labeled with first names only contained various medications inside each medication cup, stacked inside each other in three different rows. During interview on [DATE] at 11:10 A.M., Licensed Practical Nurse (LPN) D said one row of pre-popped medications were for the noon medication pass, one row was for 2 P.M. medication pass, and the other row were for the supper medication pass. He/She said the pharmacist said it is okay to pre-pop pills as long as he/she is the one giving the medications. The LPN said he/she would not be able to identify pills without looking at medication cards. During interview on [DATE] at 3:20 P.M., LPN D said he/she was not aware of what the policy said about pre-popping medications. LPN D said he/she spoke with the Director of Nursing (DON) and the DON said it is okay to pre-pop medications if he/she is the one administering them. During interview on [DATE] at 4:41 P.M., the Director of Nursing (DON) said per the medication technician instructors, they now allow pre-popping of medications. He/She said it is not acceptable to pre-pop medications more then one hour before giving medications. He/She said there are specific times medication are given during the day. He/She said he/she was not aware the facility policy stated pre-popping medication was not allowed. During interview on [DATE] at 4:45 P.M., the administrator said the only time pre-popping medication is allowed is if the person administering them can identify all the pills in the cup. He/She was not aware the policy said medication can not be pre-popped. 6. Review of the facility's policies showed staff did not provide a glucose strip policy. 7. Observation on [DATE] at 11:26 A.M., showed LPN E used a blood sugar test strip with an expiration date of [DATE] to obtain Resident #58's blood sugar. (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Observation on [DATE] at 11:41 A.M., showed LPN E used a blood sugar test strip with an expiration date of [DATE] to obtain Resident #14's blood sugar. Observation on [DATE] at 11:59 A.M., showed LPN E used a blood sugar test strip with an expiration date of [DATE] to obtain Resident #61's blood sugar. Observation on [DATE] at 12:04 A.M., showed LPN E used a blood sugar test strip with an expiration date of [DATE] to obtain Resident #62's blood sugar. During an interview on [DATE] at 12:06 P.M., LPN E said he/she did not know if the blood sugar test strips needed to be labeled with an open date, but he/she said it would probably be a good idea to have. He/She said he/she did not realize the test strips were expired when he/she used them for the residents. He/She said since they were expired, they were probably not very accurate. He/She said the nurse or CMT who is administering insulin is in charge of checking the insulin cart and the insulins as they are given. During an interview on [DATE] at 4:46 P.M., the DON said the nurse or CMT who is responsible for medication pass is also responsible for checking to ensure blood sugar test strips are not expired and should be check on every shift. He/She said it is his/her expectation staff would re-test the residents blood sugar if they discovered the test strips were expired to ensure its accuracy. During an interview on [DATE] at 4:48 P.M., the administrator said it is his/her expectation nurses or CMT's who are checking blood sugars are also looking at expiration dates of the glucose strips. He/She said using expired test strips runs the risk of not getting accurate readings. He/She said if a staff member realizes the testing strips are expired, they should discard the old ones and re-check the blood sugars with new testing strips.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47193 Based on observation, interview, and record review, facility staff failed to store and label medications in a safe and effective manner when staff failed to date the opened multi-dose medication bottles, insulin vials, and medications were left unattended on top of one medication cart. The facility census was 64. 1. Review of the facility's Storage of Medication policy, undated, shows facility staff were directed as follows: -All medications for residents must be stored at or near the nurse's station in a locked medicine room or one or more locked mobile medication carts; -All mobile medication carts must be under visual control of the staff at all times when not stored safely and securely; -No discontinued, outdated, or deteriorated drugs or biologicals may be retained for use. All such drugs must be returned to the issuing pharmacy or destroyed in accordance with established guidelines; -Drugs must be stored in an orderly manner in cabinets, drawers, or carts. 2. Observation on [DATE] at 9:08 A.M., showed the east side medication cart contained: -One opened bottle of magnesium oxide, undated; -One opened bottle of vitamin D, undated; -One opened bottle of vitamin B-1, undated; -One opened bottle of one-a-day multi vitamin, undated; -One opened bottle of saline nasal spray, undated; -One opened bottle of latanoprost oph (used to treat glaucoma) 0.005%, undated; -One opened bottle of fluticasone (treats allergy symptoms) nasal spray, undated. During an interview on [DATE] at 3:30 P.M., Certified Medication Tech (CMT) C said when opening bottles of medications, he/she should always put the open date on the bottle. He/She said if there is no open date then he/she is not sure how long is has been opened and the medication may not be effective anymore. He/She said it is the person opening the bottles responsibility to put the open date on bottle when it is opened. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview on [DATE] at 2:29 P.M., Licensed Practical Nurse (LPN) E said multidose medication bottles should always be labeled with an opened date. He/She said if there is no opened date then he/she would not know how long the bottle has been open and the medication may not be effective if it has been open to long. He/She said the medication should be disposed of if no open date and open a new bottle. He/She said it is the nurse or CMT's responsibility to label with open date when opening the bottle. During an interview on [DATE] at 4:41 P.M., the Director of Nursing (DON) said multidose medication bottles need to be labeled with an opened date when bottle is opened. He/She said if there is no open date on medication then the medication may be old and not effective. He/She said it is the CMT's and Nurse's responsibility to insure multi dose medication have open dates on them each shift. During an interview on [DATE] at 4:45 P.M., the administrator said all multidose medications should be dated when opened otherwise the medication may be expired and not effective anymore. He/She said the staff opening the bottle should label with open date. 3. Review of the facility's Insulin and Injectable Diabetic Medication Chart, undated, showed staff is to follow the insulin expiration dates after opening: -Humolog (treat diabetes) Kwik Pen 28 days; -Humulin R (treat diabetes) 3 milliliter (ml) vial 31 days; -Lantus (treat diabetes) SoloStar pen 28 days; -Levemir (treat diabetes) Flex touch pen 42 days; -Novolog (treat diabetes) Flex pen 28 days. 4. Observation on [DATE] at 9:12 A.M., showed the insulin cart contained: -Three opened Levemir Flex touch pens, undated; -Two opened Lantus SoloStar pens, undated; -One opened Humalog Kwik pen, undated; -One opened 3 ml vial of Humlin R labeled with an open date of [DATE]; -One opened Novolog flex pen labeled with an open date of opened [DATE]. Observation on [DATE] at 8:52 A.M., showed the insulin cart contained one opened Novolog flex pen with an open date of [DATE]. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview on [DATE] at 9:24 A.M., LPN E said insulin should be labeled when opened. He/She said the expiration date of insulins vary. He/She said there is a cheat sheet they use to keep track of insulin expiration dates once opened. He/She said it is the responsibility of the DON and their MDS coordinator to check medication carts and medication storage rooms. He/She said he/she believes they check the carts and storage rooms weekly. During an interview on [DATE] at 8:54 A.M., LPN E said insulin just got switched to one cart. He/She said opened dates and expiration dates should be checked at change of shift. He/She said he/she missed the expired and not dated medications the previous day during his/her checks. He/She said he/she must have missed that insulin pen the day before and today. During an interview on [DATE] at 4:46 P.M., the DON said the nurse or CMT who is responsible for the medication pass is also responsible for checking to ensure medications are labeled with opened dates. He/She said the expectation is it is done per shift. He/She said insulin pens are good for a limited time from the date of open. He/She said there is a list in each medication book and pharmacy also provided an insulin chart that gives the specific expiration dates from time of open. During an interview on [DATE] at 4:48 P.M., the administrator said it is his/her expectation that insulin pens are dated upon opening. He/She said the nurses or CMT's who are giving the insulins on the cart are responsible for maintaining the cart and making sure they are labeled. He/She said not labeling insulin pens runs the risk of giving an insulin that won't be effective. 5. Observation on [DATE] at 8:56 A.M. showed the west side medication cart, left unattended with a medication on top which contained: -One bottle of Senna-Plus 50 mg; -One bottle of Tylenol 325 mg; -One Fluticasone Propionate nasal spray; -One tube of Betamethasone Valerate cream (treat a variety of skin conditions). During an interview on [DATE] at 9:01 A.M., CMT C said he/she was not sure why medications were on left unattended on top of the medication cart. He/She said the cart was last used by the night shift and the medications were night time medications. He/She said medications should not be left unattended on top of medication carts. During an interview on [DATE] at 3:43 P.M., LPN H said it is his/her expectation medications not be left unattended on top of medication carts. He/She said it is very important medications are locked up and not accessible to residents. He/She said if he/she walks away he/she would lock it in his/her medication cart. he/she said if he/she found medications unattended on top of medication carts he/she would put it away and he/she would not leave it out. During an interview on [DATE] at 4:46 P.M., the DON said it is his/her expectation medications be in the medication storage room or a locked medication cart. He/She said he/she expects staff who find medications left out and unattended, to store the medications locked and away. He/She said he/she was unaware medications were left out and unattended on top of medication carts. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview on [DATE] at 4:48 P.M., the administrator said it is his/her expectation medications be kept in a locked medication cart or medication room. He/She said there is a risk a resident or visitor could get into the medications. He/She was not aware there were medications left out and unattended on top of medication carts. 50422

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F 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician. 33477 Based on interview and record review, facility staff failed to designate a person to serve as the Director of Food and Nutrition Services with the appropriate qualifications, when the facility did not employ a qualified dietitian or other clinically qualified nutrition professional full-time. This failure has the potential to affect all residents. The facility census was 64. 1. Review of the facility's Dining Services Supervision policy, dated May 2015, showed Overall supervisory responsibility of the Dining Services Department shall be assigned to a full-time qualified Dining Services Manager. This Dining Services Manager, if not qualified, functions with frequent regularly scheduled consultation from a person so qualified. Review showed the policy did not contain information related to the education and experience requirements for the dining services manager. Review of the facility's Dining Services Manager policy, dated May 2015, showed the policy listed the minimum qualifications for the Dining Services Manager as: -High school diploma or GED equivalent; -Two years of experience in a supervisory capacity of a hospital, skilled nursing care facility or other medical facility; -Certified Dietary Manager if required by state regulations. Review of the dietary manager's (DM) personnel records, showed a hire date of 03/26/24. Review showed the records did not contain documentation of at least two years prior dietary manager experience in a nursing facility and certification or other education required for the director of nutritional services position. During an interview on 05/20/24 at 9:05 A.M., the DM said he/she became the DM in March 2024 and had previously worked at the facility as the dietary manager from 2012 to 2014. The DM said prior to 2012 he/she was a certified nursing assistant and he/she did not have a degree, certification or education related to food service management. The DM said the administrator told him/her the facility would enroll him/her in a certification class after his/her 90-day probationary period and he/she did not know he/she needed to meet the qualifications upon hire. The DM said the facility has a part-time consultant registered dietician who comes to the facility on ce a month and they did not have any certified or clinically qualified nutrition staff employed full-time. During an interview on 05/21/24 at 3:05 PM, the administrator said he/she hired the DM in March 2024. The administrator said the DM had previously been the dietary manager, but the DM did not have a degree, certification or the required education required to be the director of nutritional services. The administrator said the facility policy is to wait until 90 days after hire to enroll the DM into a certification course and he/she did not know that the DM needed to meet the requirements upon hire. The administrator said the facility has a part-time registered dietician consultant and they did not have any certified or clinically qualified nutrition staff employed full-time.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 33477 Based on observation, interview and record review, the facility staff to wear facial hair restraints to protect food and food contact surfaces from potential contamination. The facility staff failed to allow sanitized dishes to air dry prior to stacking in storage and use to prevent the growth of food-borne pathogens. These failures have the potential to affect all residents. The facility census was 64. 1. Review of the facility's Dietary Personnel Guidelines policy, dated May 2015, showed the policy directed hairnets or bouffant disposable caps should be worn at all times and should cover the entire head of hair. Review showed the policy did not contain information related to facial hair restraints. Review of a sign posted on the back of the door to the mechanical dishwashing station, undated, showed Food employees shall wear hair restraints such as hats, hair coverings or nets and beard restraints that cover hair exceeding 1/4 of 1 inch and are designed to effectively keep their hair from contacting exposed food, clean equipment, utensils, linens and unwrapped single-service and single-use articles. Food employees shall also wear clothing that covers excessive body hair following the above stipulations. Observation on 05/20/24 at 10:01 A.M., showed [NAME] A had facial hair. Observation showed the cook prepared potatoes and ham and beans for service to residents at the lunch meal without use of a facial hair restraint. Observations on 05/20/24 from 10:50 A.M. to 11:06 A.M., showed [NAME] A continued to prepare food items, including ham and beans, potatoes and rice, for service to residents at the lunch meal without the use of a facial hair restraint. During an interview on 05/20/24 at 11:14 A.M. [NAME] A said he/she had worked at the facility for about three years and had always been told that if his/her facial hair was a quarter inch long or less, he/she did not need to wear a facial hair restraint. During an interview on 05/20/24 at 11:15 A.M., the dietary manager (DM) said the hair restraints sign was posted on the door in the kitchen when he/she became the manager in March 2024. The DM said he/she had questioned the cook about wearing a facial hair restraint and the cook said that he/she was told that if it was a quarter inch long or less then he/she did not need to wear one. The DM said based on the sign posted and the information from the cook, he/she did think the staff with facial hair needed to wear facial hair restraints. During an interview on 05/21/24 at 2:58 P.M., the administrator said staff should put on hair restraints, including facial hair restraints, when they enter the kitchen. The administrator said he/she did not know about the sign posted in the kitchen that directed for staff to only wear facial hair restraints if their facial hair was a quarter inch long or less. The administrator said the information on the sign was not correct and he/she did not know the DM did not know dietary staff with facial hair of any length should wear a facial hair restraint. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265249	A. Building B. Wing	05/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maries Manor	174 Ballpark Road Vienna, MO 65582

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	2. Review of the facility's Dishwashing policy, dated April 2011, showed the policy directed staff to allow cleansed dishes to thoroughly dry before storage. Observation on 05/20/24 at 9:31 A.M., showed four metal food preparation/service pans stacked together wet on the shelf by three compartment sink and eight plastic food storage containers stacked together wet on the shelf beneath the preparation counter. During an interview on 05/20/24 at 9:38 A.M., the DM said staff should allow dishes to air dry before they are put away and staff had been trained on this requirement. Observation on 05/20/24 at 9:58 A.M., showed 28 plastic food service trays stacked together wet in the upright position on the counter by the plate heater. Observation on 05/20/24, during the lunch meal service which began at 11:20 A.M., showed staff used the wet stacked trays to serve food to the residents. Observation on 05/20/24 at 1:13 P.M., showed dietary aide (DA) B removed sanitized trays from the mechanical dishwasher, stacked them together while wet and put them in storage. During an interview on 05/20/24 at 1:14 P.M., the DA said he/she did not know the dishes needed to be dry before he/she put them away. During an interview on 05/21/24 at 3:01 P.M., the administrator said staff should allow dishes to air dry before they are put away and staff should be trained on this requirement. The administrator said the dietary manager is responsible to monitor dish storage and he/she believed that the DM had trained the staff to allow dishes to air dry.

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	265249	A. Building B. Wing	05/23/2024

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F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that a working call system is available in each resident's bathroom and bathing area. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39644 Based on observation, interview, and record review, facility staff failed to ensure call lights were within reach for three residents (Resident #18, #44, and #51) out of 16 sampled residents. The facility census was 64. 1. Review of facility's Call Light, Use of policy, undated, showed the following: -Respond promptly to resident's call for assistance; -When providing care to residents, be sure to position the call light conveniently for the resident's use. -Be sure all call lights are placed on the bed at all times, never on the floor or bedside stand. -Check the call light system at regular intervals. 2. Review of Resident #18's Quarterly Minimum Data Set (MDS) a federally mandated assessment tool, dated 02/27/24, showed staff assessed the resident as: -Moderate cognitive impairment; -Diagnoses: Dementia, and Traumatic brain injury (TBI); -Dependent assistance needed for toilet transfers, tub/shower transfers, and personal hygiene. Review of the resident's care plan, last reviewed on 02/23/24, showed staff are directed to keep call light in reach. Observation on 05/21/24 at 1:12 P.M., showed the resident in his/her in his/her broda chair (a type of wheelchair that gives patients the ability to tilt and recline) with the call light on the bed, not within reach. Observation on 05/21/24 2:45 P.M., showed an unidentified staff member pushed the resident to his/her room. The staff member left the resident in the broda chair in front of the TV, with the call light on the bed behind the resident, not within reach. 3. Review of Resident #44's Annual MDS, dated [DATE], showed staff assessed the resident as: -Cognition not assessed; -Diagnoses of dementia and TBI; -Total dependent for activities of daily living (ADL)s and transfers. (continued on next page)

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	265249	A. Building B. Wing	05/23/2024

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F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the resident's care plan, last reviewed on 03/08/24, showed the facility are directed to keep call light within reach. Observation on 05/21/24 1:23 P.M. and 2:48 P.M., showed the resident in his/her room in his/her broda chair in front of the TV with the call light on the bed behind the resident, not within reach. Observation on 05/22/24 3:02 P.M., showed the resident in his/her room in his/her broda chair in front of the TV with the call light on the bed behind the resident, not within reach. Observation on 05/23/24 9:57 A,M, showed the resident in his/her room in his/her broda chair in front of the TV with the call light on the bed behind the resident, not within reach. 4. Review of Resident #51's quarterly MDS, dated [DATE], showed staff assessed the resident as: -Severe cognitive impairment; -Total dependent for activities of daily living (ADL)s and transfers. Review of the resident's care plan, last reviewed on 05/03/24, showed the facility are directed to keep call light within reach. Observation on 05/21/24 at 1:32 P.M., showed the resident in his/her bed with the call light draped over the bedside table next to the recliner not within reach. Observation on 05/22/24 at 9:00 A.M., showed the resident in his/her bed with the call light on the arm of the recliner not within reach. 5. During an interview on 05/23/24 at 3:15 P.M., Certified Nurse Aide (CNA) F and CNA G said resident call lights are to be in reach of residents at all times, and should be placed back into the residents reach after care is provided. CNA G said they make rounds to check for call light placement. During an interview on 05/23/24 at 4:37 P.M., Licensed Practical Nurse (LPN) H said call lights should be in reach of residents, sometimes they are pinned to the resident, or might be on their bed or chair. LPN H said even residents who are confused should still have their call lights within reach. During an interview on 05/23/24 at 4:58 P.M., the Director of Nursing said call lights should be within the resident's reach. During an interview on 05/23/24 at 4:59 P.M., the administrator said call lights should be within reach for all residents and staff should check when doing rounds that they are in place.