

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265251	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/01/2024
NAME OF PROVIDER OR SUPPLIER  Villa at Blue Ridge, The		STREET ADDRESS, CITY, STATE, ZIP CODE  701 Blue Ridge Road Columbia, MO 65201	
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 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>42815</p> <p>Based on observation, interview, and record review, facility staff failed to maintain professional standards of practice when staff did not document they provided one resident (Resident #1) out of three sampled residents wound treatment has orders by the physician . The facility census was 80.</p> <p>1. Review of the facility's policy titled, Physician Orders, undated, showed staff were directed to review and renew physician orders. The policy did not provide direction for staff in regard to ensuring accuracy when transcribing physician orders in the resident's medical records.</p> <p>2. Review of Resident #1's Quarterly Minimum Data Set (MDS), a federally mandated assessment tool, dated 06/25/24, showed staff assessed the resident as cognitively intact.</p> <p>Review of the resident's physician order, dated 07/17/24, showed a physician order to remove the old bandage, cleanse the wound, gently remove any dried blood from the wound with a wet Q-Tip, gently dry the wound, apply petroleum jelly ointment with a Q-Tip cut a nonstick pad to fit the wound and a small area around the wound. If the wound is draining, put a gauze pad or cotton balls on top of the nonstick pad, use paper tape to seal the bandage completely; and continue this care until the area is healed completely.</p> <p>Review of the resident's Physician Order Sheet (POS), dated 07/02/24 through 08/01/24, showed POS did not contain documentation of the physician order for wound care dated 07/17/24.</p> <p>Review of the resident's medical record, dated 07/24/24, showed staff documented the resident returned from his/her dermatology appointment. The dermatologist office unable to remove sutures due to wound infection of the right hand, left neck and left ear. The dermatologist prescribed Doxycycline (to treat bacterial infections) at 100 milligram (mg) twice a day for fourteen days.</p> <p>During an interview on 08/01/24 at 1:46 P.M., Licensed Practical Nurse (LPN) A said nurses and the Director of Nursing (DON) are responsible to input orders when received. He/She said the DON checked each order to verify accuracy when the order is transcribed into the resident's medical record. He/She said he/she did not think the resident had an order to cover his/her wounds with a dressing after his/her surgery on 07/14/24. He/She said if staff did not follow wound care orders, it could possibly cause an infection in the wound.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 265251
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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>During an interview on 08/01/24 at 2:05 P.M., the administrator said the charge nurse or DON was responsible to input orders into the resident's medical record. He/She said the DON tried to review all new orders verses what was inputted in the resident's medical record. He/She said he/she expected staff to accurately enter orders into the resident's medical record. He/She said the concern with staff not following wound care orders was the possibility the wound would not heal or could become infected.</p> <p>MO00239549</p>		