

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265254	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Heart of the Ozarks Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2004 Crestview Street Ava, MO 65608	
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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48187</p> <p>Based on observation, interview, and record review, the facility failed ensure residents only self-administered medications if it had been determined it was clinically appropriate when staff left medication in one resident's room (Resident #1) to self-administer without a documented assessed and orders of the self-administration . The facility census was 81.</p> <p>Review of the facility's policy titled Administering Medications, dated April 2019, showed the following:</p> <ul style="list-style-type: none"> -Medications are administered in accordance with prescriber orders; -The individual administering the medication checked the label three times to verify the right resident, right medication, right dosage, right time, and right method (route) of administration before giving the medication. <p>1. Review of Resident #1's face sheet (brief resident profile sheet) showed the following information:</p> <ul style="list-style-type: none"> -admitted [DATE]; -Diagnoses included stroke, seizures, and aphasia (difficulty with speech). <p>Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated assessment instrument completed by facility staff), dated 07/06/24, showed the following information:</p> <ul style="list-style-type: none"> -Severe cognitive impairment; -Mechanically altered diet. <p>Review of the resident's care plan, revised 04/24/24, showed staff to administer medications as ordered. (The care plan did not show the resident self-administered medications.)</p> <p>Review of the resident's current physician orders showed the following information:</p> <ul style="list-style-type: none"> -An order, dated 07/01/24, for aspirin EC 81 milligram (mg) tablet daily for stroke; <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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265254	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Heart of the Ozarks Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2004 Crestview Street Ava, MO 65608	

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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-An order, dated 07/18/24, for to give atorvastatin calcium (used to reduce calcium) 40 mg tablet daily for cholesterol;</p> <p>-An order, dated 07/18/24, for baclofen (a muscle relaxant) 10 mg table three times a day for muscle spasms;</p> <p>-An order, dated 07/01/24, for diltiazem HCL (used to treat high blood pressure) 120 mg three times a day for blood pressure;</p> <p>-An order, dated 07/01/24, for docusate sodium (stool softener) 100 mg capsule daily as needed for constipation;</p> <p>-An order, dated 07/01/24, for Eliquis (blood thinner) 5 mg tablet twice a day for stroke;</p> <p>-An order, dated 07/01/24, for folic acid (vitamin) 400 mcg one tablet daily for vitamin deficiency;</p> <p>-An order, dated 07/19/24, for lamotrigine (an anticonvulsant medication) 200 mg tablet twice a day for seizures;</p> <p>-An order, dated 07/01/24, for loratadine (antihistamine) 10mg tablet daily for allergies;</p> <p>-An order, dated 07/01/24, for magnesium oxide (vitamin) 400 mg tablet twice daily for muscle spasms;</p> <p>-An order, dated 07/19/24, for metoprolol tartrate (used to treat high blood pressure) 100 mg tablet twice daily for blood pressure;</p> <p>-An order, dated 07/18/24, for venlafaxine HCl ER (an antidepressant) 37.5 mg tablet daily for depression;</p> <p>-An order, dated 07/01/24, for vitamin B12 500 mg tablet daily for vitamin deficiency.</p> <p>(Staff did not document an order for self-administration of medication.)</p> <p>Review of the resident's Medication Administration Record (MAR), dated July 2024 and August 2024, staff documented staff administered the resident's medications each day.</p> <p>Observation on 08/21/24, at 9:35 A.M., showed Certified Medication Technician (CMT) G prepared the following medications:</p> <p>-Aspirin EC 81 mg one tablet;</p> <p>-Atorvastatin calcium 40 mg one tablet;</p> <p>-Baclofen 10 mg one tablet;</p> <p>-Diltiazem HCl 120 mg one tablet;</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265254	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Heart of the Ozarks Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2004 Crestview Street Ava, MO 65608	

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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Docusate sodium 100 mg one capsule;</p> <p>-Eliquis 5 mg one tablet;</p> <p>-Folic Acid 400 mcg one tablet;</p> <p>-Lamotrigine 200 mg two tablets;</p> <p>-Loratadine 10 mg one tablet;</p> <p>-Magnesium oxide 400 mg one tablet;</p> <p>-Metoprolol tartrate 100 mg one tablet;</p> <p>-Venlafaxine HCl ER 37.5 mg one tablet.</p> <p>-The CMT placed the above medications into a medication cup. The CMT entered the resident's room and placed the medication cup on the resident's side table, instructed the resident to take his/her medications, and left the room. The medications remained in the cup sitting on the side table.</p> <p>During an interview on 08/21/24, at 10:51 A.M., the resident said the staff always left his/her medications on the table and left the room. He/she sometimes got choked while taking his/her meds. He/she can drink some water and is able to get the meds down.</p> <p>During an interview on 08/21/24, at 1:00 P.M., CMT G, said he/she should not have left the cup of pills on the resident's bedside table.</p> <p>During an interview on 08/21/24, at 1:06 P.M., CMT H said that he/she always watched the resident take all his/her medications before leaving the room.</p> <p>During an interview on 08/22/24, at 8:45 A.M., CMT I said he/she always watched the residents take all their medications before leaving the room.</p> <p>During an interview on 08/21/24, at 1:09 P.M., Registered Nurse (RN) B said he/she always watched the resident take his/her medication before leaving the room and expected all staff to do the same.</p> <p>During an interview on 08/21/24, at 1:19 P.M., the Assistant Director of Nursing (ADON) said he/she expected staff to give the medications and watch the resident take all the medications, and not leave the medications in a cup on the bedside table.</p> <p>During an interview on 08/21/24, at 2:22 P.M., the Director of Nursing (DON) said that staff should watch the resident take all the medications and not leave a cup of medications on the resident's bedside table.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265254	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Heart of the Ozarks Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2004 Crestview Street Ava, MO 65608	
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 0678</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident's advance directives.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34871</p> <p>Based on interview, and record review, the facility failed to ensure a resident's choice of code status (the level of medical interventions a resident wishes to have if their heart or breathing stops) was clearly and consistently documented throughout the resident's medical record for one resident (Resident #73) out of a sample of 22 residents. The facility census was 81.</p> <p>Review of the facility's policy titled, Do Not Resuscitate Order, revised [DATE], showed the following:</p> <ul style="list-style-type: none"> -The facility will not use cardiopulmonary resuscitation (CPR - an emergency procedure that is performed when a person's heartbeat or breathing has stopped) and related emergency measures to maintain life functions on a resident where there is a do not resuscitate (DNR - do not attempt CPR) order in effect; -A DNR order form must be completed and signed by the attending physician and resident (or resident's legal surrogate, as permitted by state law) and placed in the front of the resident's medical record; -DNR orders will remain in effect until the resident (or legal surrogate) provides the facility with a signed and dated request to end the DNR order; -The interdisciplinary care planning team will review advance directives with the resident during quarterly care planning sessions to determine if the resident wishes to make changes in such directives; -The resident's attending physician will clarify and present any relevant medical issues and decisions to the resident or legal representative as the resident's condition changes in an effort to clarify and adhere to the resident's wishes. <p>1. Review of Resident #'73's face sheet (admission data) showed the following:</p> <ul style="list-style-type: none"> -admitted [DATE]; -Code status of full code (if a person's heart stopped beating and/or they stopped breathing, all resuscitation (including CPR) procedures will be provided to keep alive). <p>Review of the resident's care plan, dated [DATE] showed the following:</p> <ul style="list-style-type: none"> -The resident's code status as full code; -Ensure the resident's code status is updated yearly or with a significant change in condition; -Staff should see the physician order sheet for the resident's code status. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265254	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Heart of the Ozarks Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2004 Crestview Street Ava, MO 65608	

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 0678</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's Physician's Order Sheet (POS), dated [DATE], showed the resident's code status as a full code.</p> <p>Review of the resident's progress note dated [DATE], at 12:08 P.M., showed the MDS/Care Plan Coordinator documented staff held the resident's quarterly care plan meeting with the resident, family member, and the care plan team. The resident was a full code but requested for his/her code status to change to DNR.</p> <p>Review of the resident's social service progress note dated [DATE], at 12:27 P.M. showed the Social Service Director (SSD) documented the resident was a full code status. The resident said he/she would like to change his/her code status to DNR.</p> <p>During an interview on [DATE], at 10:36 A.M., Certified Nurse Aide (CNA) E said the resident's code status showed a full code in the computer.</p> <p>During an interview on [DATE], at 10:48 A.M., Licensed Practical Nurse (LPN) F said the following:</p> <ul style="list-style-type: none"> -The resident's code status showed as full code on the computer and on the face sheet in the physical chart; -He/she did not know of the resident's code status change request from the [DATE] progress note. <p>During an interview on [DATE], at 11:09 A.M., the SSD said the following:</p> <ul style="list-style-type: none"> -The resident requested to change his/her code status to DNR during the care plan meeting on [DATE]; -She assumed the MDS Coordinator had the resident sign the DNR form. <p>During an interview on [DATE], at 11:53 A.M., the Minimum Data Set (MDS - a federally mandated assessment completed by facility staff)/Care Plan Coordinator said the following:</p> <ul style="list-style-type: none"> -On [DATE], in the care plan meeting, the resident requested to change his/her code status from full code to DNR; -She informed the charge nurse of the resident's request to change his/her code status from full code to DNR; -She did not check to ensure the code status was changed from full code to DNR. <p>During an interview on [DATE], at 1:26 P.M., the Director of Nursing (DON) said staff should have changed the resident's requested change of code status from full code to DNR during the care plan meeting.</p> <p>During an interview on [DATE], at approximately 9:30 A.M., Registered Nurse (RN) C said the following:</p> <ul style="list-style-type: none"> -Staff finds a resident's code status in the physical chart and on the computer; <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265254	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Heart of the Ozarks Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2004 Crestview Street Ava, MO 65608	
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 0678</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-He/she checks the left corner in the computer for a resident's code status;</p> <p>-He/she thought the SSD and nurses completed the initial code status determination;</p> <p>-Staff have the resident or responsible party sign the DNR form if they want to change code status;</p> <p>-Staff make a copy of the DNR for the chart and send it to the physician to sign;</p> <p>-SSD informed nursing staff if a resident's changes code status;</p> <p>-Nurses changed the code status order in the computer;</p> <p>-MDS/Care Plan Coordinator updated the care plan.</p> <p>During an interview on [DATE], at 10:36 A.M., Certified Nurse Aide (CNA) E said the following:</p> <p>-He/she finds a resident's code status on the computer and in the paper charts;</p> <p>-The Care Plan Coordinator updated the care plan.</p> <p>During an interview on [DATE], at 10:48 A.M., LPN F said the following:</p> <p>-Staff find a resident's code status in the computer, care plan, and on the physician orders;</p> <p>-The admitting nurse talked with the resident or responsible party of code status at admission;</p> <p>-Staff completed appropriate paperwork and changed the code status in the computer, care plan, and face sheet if a resident requested a change in his/her code status to DNR;</p> <p>-Staff were informed a code status change through word of mouth, morning staff meetings, and updated care plans.</p> <p>During an interview on [DATE], at 11:09 A.M., the SSD said the following:</p> <p>-The nurses explained the code status to residents and/or the responsible party;</p> <p>-Nurses explained the code status upon admission and have the resident or the responsible party sign the DNR form;</p> <p>-Nurses entered the code status in the computer and place the DNR in the physical chart;</p> <p>-Residents or responsible party informed staff in the care plan meeting of a requested change of code status;</p> <p>-A DNR should be signed immediately if a resident has a change of code status from full code to DNR;</p> <p>-The MDS Coordinator had the resident or responsible party sign the DNR form;</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265254	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Heart of the Ozarks Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2004 Crestview Street Ava, MO 65608	
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 0678</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Staff send the DNR form to the physician to sign and return which is put on a purple form and placed in the resident's medical record;</p> <p>-The nurses changed the code status order in the computer;</p> <p>-The MDS Coordinator updated the resident's care plan with the updated code status.</p> <p>During an interview on [DATE], at 11:53 A.M., the MDS/Care Plan Coordinator said the following:</p> <p>-Nurses reviewed the resident's code status upon the initial admission;</p> <p>-Nurses entered the code status in the computer which is found under the physician orders, care plans, and in the physical chart;</p> <p>-She reviewed code status with residents at the care plan meetings which are quarterly and yearly;</p> <p>-She informed the nurses if a resident requested a code status change which they have the resident sign;</p> <p>-She updated the resident's code status on the care plan;</p> <p>-She placed a care plan summary form to update the nurses and aides of any changes with residents which includes code status;</p> <p>-Staff should change a resident's requested code status change immediately.</p> <p>During an interview on [DATE], at 1:26 P.M., the DON said the following:</p> <p>-Nurses discussed the code status with the resident or responsible party upon admission;</p> <p>-Code status can be found in the computer system on the header, physician orders, and the care plan;</p> <p>-The DNR form can be found in the physical chart behind the face sheet on a purple paper form;</p> <p>-She expected staff to follow up with a change of code status request immediately.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265254	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Heart of the Ozarks Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2004 Crestview Street Ava, MO 65608	
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 0689</p> <p>Level of Harm - Minimal harm or potential for 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45190</p> <p>Based on observation, record review, and interview, the staff failed to ensure an environment as free from hazards as possible when staff failed to care plan use of and document monitoring of a personal electronic monitoring device as ordered for one resident (Resident #50), out of a sample of three residents, with a prior elopement attempt and history of wandering. The facility's census was 81.</p> <p>Review of the facility's policy entitled, Elopement precautions/Missing Resident, revised 2007, showed the following:</p> <ul style="list-style-type: none"> -If an electronic monitoring system is available in the facility, any resident who is an elopement risk shall have a device placed on their wrist, ankle, or assistive devise. -The monitoring device is to be checked according to manufacturer specifications to assure ongoing working order. -The doors that are activated by a personal electronic monitoring system in the facility are the front door, back door, and therapy door. <p>1. Review of Resident #50's face sheet (a brief resident profile) showed the following:</p> <ul style="list-style-type: none"> -admitted [DATE]; -Diagnoses include syncope and collapse (fainting or a sudden temporary loss of consciousness), delusional disorders, paranoid personality disorder, depression, anxiety disorder, and Alzheimer's disease (a progressive disease that destroys memory and other important mental functions). <p>Review of the resident's annual Minimum Data Set (MDS - a federally mandated assessment tool completed by facility staff), dated 07/16/24, showed the following:</p> <ul style="list-style-type: none"> -Severe cognitive impairment; -Wandering behavior occurred daily; -Resident was independent with mobility and transfers or required supervision/touching assistance. <p>Review of the resident's care plan, start date 01/22/24, showed the following:</p> <ul style="list-style-type: none"> -Resident wandered; -Goal for wandering to not contribute to injury; -Staff place resident in area where frequent observation is possible; <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265254	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Heart of the Ozarks Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2004 Crestview Street Ava, MO 65608	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-If resident wanders away from unit, instruct staff to stay with resident, converse and gently persuade the resident walk back to designated area with them;</p> <p>-Alert staff to wandering behavior.</p> <p>Review of the resident's progress note, dated 06/03/24, showed at approximately 3:45 P.M. the resident and another resident went out the lower east hall door. Staff brought the residents back inside immediately and assessed the residents for injuries with none noted. Staff educated to ensure the alarms are on and in working condition. Staff notified resident's family and placed resident on 15 minute checks.</p> <p>Review of the resident's care plan, updated 06/03/24, showed resident had an elopement attempt. Staff educated on checking the door alarms to ensure they are activated.</p> <p>Review of the resident's physician orders showed an order dated 06/28/24, with a start date of 07/01/24, for check personal electronic monitoring device placement and functionality every day/every shift, two times a day for elopement risk. If device was not functioning, replace as soon as possible.</p> <p>Review of the resident's care plan, dated 07/16/24, showed the following:</p> <p>-The resident was an elopement risk/wanderer related to Alzheimer's disease and resident wandered aimlessly;</p> <p>-Alert staff to wandering behavior;</p> <p>-Place resident in area where frequent observation is possible;</p> <p>-Wander alert in place;</p> <p>-Resident's safety will be maintained through the review date.</p> <p>(Staff did not care plan regarding the orders for the personal electronic monitoring device.)</p> <p>Review of the resident's July 2024 and August 2024 Treatment Administration Record showed staff did not document checking the resident's personal electronic monitoring device for placement and functionality every day/every shift, two times a day for elopement risk.</p> <p>Observation on 08/21/24, at 12:08 P.M., showed the resident sat in the dining room with personal electronic monitoring device placed on his/her right wrist.</p> <p>Observation on 08/22/24, at 9:05 A.M., showed the resident sat in the dining room with a personal electronic monitoring device placed on his/her right wrist.</p> <p>During an interview on 08/22/24, at 10:23 A.M., Certified Nursing Aide (CNA) A said the following:</p> <p>-He/she was aware the resident wore a personal electronic monitoring device;</p> <p>-Nurses complete personal electronic monitoring device checks two times daily;</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265254	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Heart of the Ozarks Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2004 Crestview Street Ava, MO 65608	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-He/she made observations of the residents for personal electronic monitoring device placement and notified the nurse if the resident does not have the personal electronic monitoring device in place;</p> <p>-The resident had not had any recent elopement attempts, but can ambulate on his/her own and does wander resident room to resident room and required redirection.</p> <p>During an interview and observation on 08/22/24, at 10:53 A.M., Registered Nurse (RN) B said the following:</p> <p>-He/she was aware the resident wore a personal electronic monitoring device;</p> <p>-Staff are alerted to complete personal electronic monitoring device checks by the TAR;</p> <p>-Staff use a device to check the personal electronic monitoring device for functionality and also check for placement every shift, which is two times per day;</p> <p>-Staff document personal electronic monitoring device checks on the TAR only;</p> <p>-Staff would not know to complete personal electronic monitoring device placement and functionality checks if not indicated in the TAR;</p> <p>-He/she had been doing checks on the resident and had been documenting them in the TAR;</p> <p>-He/she pulled up the orders and TAR on the resident's electronic record and noticed the personal electronic monitoring device checks were not listed in the TAR per the physician order;</p> <p>-He/she would not have been conducting the checks because the information is not in the TAR;</p> <p>-The resident is ambulatory and is a wanderer.</p> <p>During an interview on 08/22/24, at 12:40 P.M., the Director of Nursing (DON) said the following:</p> <p>-The elopement assessment score triggers personal electronic monitoring device placement for residents;</p> <p>-Staff notify the physician for an order and placement will depend on a resident's mobility or use of assistive devices;</p> <p>-Staff use devices to check personal electronic monitoring device every shift for functionality and placement;</p> <p>-The TAR indicated the task for residents to be checked from the physician order and staff documented the check in the TAR;</p> <p>-She entered the personal electronic monitoring device check order incorrectly in the new system for the resident by not choosing TAR in the drop-down menu;</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265254	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Heart of the Ozarks Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2004 Crestview Street Ava, MO 65608	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Staff was not checking the resident's personal electronic monitoring device due to the order entered incorrectly.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265254	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Heart of the Ozarks Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2004 Crestview Street Ava, MO 65608	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34871</p> <p>Based on observation, interview, and record review, the facility failed to ensure any resident weight loss was unavoidable when staff failed identify weight loss risk timely, care plan interventions, and implement new interventions after continued weight loss one resident (Resident #64). The facility also failed to identify weight loss risk timely and failed to notify the physician regarding one resident's (Resident #26) weight loss. A sample of 22 residents was reviewed in a facility with a census of 81.</p> <p>Review of the facility policy titled 'Weight Assessment and Intervention, revised March 2022 showed the following:</p> <ul style="list-style-type: none"> -Resident weights are monitored for undesirable or unintended weight loss or gain; -Residents are weighed upon admission and at intervals established by the interdisciplinary team; -Weights are recorded in each unit's weight record chart and in the individual's medical record; -Any weight change of 5 percent or more since the last weight assessment is retaken the next day for confirmation; -Unless notified of significant weight change, the dietitian will review the unit weight record monthly to follow individual weight trends over time; -The threshold of significant unplanned and undesired weight loss will be based on the following criteria: one month a 5% weight loss is significant and greater than 5% is severe; three months 7.5% weight loss is significant and greater than 7.5% is severe; and six months 10% weight loss is significant and greater than 10% is severe; -Undesirable weight change is evaluated by the treatment team whether or not the criteria for significant weight change has been met. -he physician and the multidisciplinary team identify conditions and medications that may be causing anorexia, weight loss, or increasing the risk of weight loss. For example, cognitive or functional decline, chewing or swallowing abnormalities, pain, medication-related adverse consequences, environmental factors, increased need for calories and/or protein, poor digestion or absorption, fluid and nutrient loss and/or inadequate availability of food or fluids; -Individualized care plans shall address, to the extent possible, the identified causes of weight loss, goals and benchmarks for improvement and time frames and parameters for monitoring and reassessment. <p>1. Review of Resident #64's face sheet (brief resident profile sheet) showed the following information:</p> <ul style="list-style-type: none"> -admitted [DATE]; <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265254	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Heart of the Ozarks Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2004 Crestview Street Ava, MO 65608	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Diagnoses included metabolic encephalopathy (a change in how the brain works due to an underlying condition), aphasia (a language disorder that affects a person's ability to communicate), osteoarthritis, spastic hemiplegia (a type of spastic cerebral palsy where the part of the brain controlling movement is damaged) affecting right dominant side, and cognitive communication deficit.</p> <p>Review of the resident's vital signs, dated 05/02/24, showed the resident weighed 151 pounds.</p> <p>Review of the Dietary Manager's (DM) Nutrition Evaluation of the resident dated 05/06/24, at 8:14 A.M., showed the following:</p> <ul style="list-style-type: none"> -Initial assessment; -No weight loss or gain; -Diet type was regular and vegan; -The resident's family member brought meals for the resident; -The resident ate twice daily and had a good appetite. <p>Review of the resident's DM progress note dated 05/06/24, at 8:25 A.M., showed the resident was a new admission with weight of 151 pounds. The resident had a regular diet and vegan. The resident's family member brought in the resident's meals. The resident ate two meals a day. The resident's appetite was good and staff to continue to monitor.</p> <p>Review of the resident's Physician Order Sheet (POS), dated 05/08/24, showed an order for vegan (regular) diet with nectar thick liquids.</p> <p>Review of the resident's progress note dated 05/08/24, at 10:06 A.M., showed staff documented the resident had new orders for nectar thick liquids.</p> <p>Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated assessment instrument completed by facility staff), dated 05/09/24, showed the following information:</p> <ul style="list-style-type: none"> -Severely impaired cognitive skills; -Impairment of movement on one side upper and lower extremity; -Substantial/maximal assistance with eating; -Weight of 151 pounds. <p>Review of the resident's Registered Dietician's (RD) Nutrition Evaluation dated 05/10/24, at 8:56 A.M., showed the following:</p> <ul style="list-style-type: none"> -Initial assessment; -Weight of 151 pounds; <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265254	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Heart of the Ozarks Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2004 Crestview Street Ava, MO 65608	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Vegan diet;</p> <p>-Regular diet texture;</p> <p>-Resident was a new admission with low normal base metabolic index (BMI);</p> <p>-Per staff, the resident's family member brought the resident food and the resident ate twice per day with a good appetite;</p> <p>-Add vegan supplement shake once daily (soy or pea protein based would work) to help the resident gain weight to a healthy BMI for age;</p> <p>-Continue current care plan;</p> <p>-If cannot get vegan supplement for resident, can provide vegan snacks twice a day to increase overall calorie intake;</p> <p>-RD will monitor and follow up as needed.</p> <p>Review of the resident's vital signs, dated 05/11/24, showed the resident weighed 147 pounds (a 4 pound weight loss (2.7%) in nine days.)</p> <p>Review of the resident's care plan, dated 05/14/24 and reviewed on 08/02/24, showed the following information:</p> <p>-The resident was on a plant based diet. The resident's family member brought in food for two meals a day which had been the resident's usual;</p> <p>-Staff should notify the resident's physician of any significant weight loss;</p> <p>-Staff should weigh the resident per schedule and as needed;</p> <p>-Provide the resident diet as ordered;</p> <p>-Provide the resident with preferred food and beverages;</p> <p>-Provide set up assistance as needed, opening packages, cutting food, seasoning food, identify food;</p> <p>-Refer to dietician to evaluate nutritional status as needed.</p> <p>(Staff did not care plan the supplement or snack recommended by the RD or the order for nectar thick liquids.)</p> <p>Review of the resident's DM Progress Note dated 05/15/24, at 1:28 P.M., showed the resident had a diet change to mechanical soft and nectar thick liquid diet change was made on 05/06/24.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265254	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Heart of the Ozarks Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2004 Crestview Street Ava, MO 65608	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's care plan, dated 05/14/24 and reviewed on 08/02/24, showed staff did not update the care plan to reflect the diet change to a mechanical soft diet.</p> <p>Review of the resident's vital signs, dated 06/08/24, showed the resident weighed 145 pounds (a six pound loss (3.97%) in five week).</p> <p>Review of the resident's care plan, dated 05/14/24 and reviewed on 08/02/24, showed staff did not update the care plan regarding the weight loss or new interventions to prevent further weight loss.</p> <p>Review of the resident's current POS showed an order, dated 06/25/24 with a start date of 07/01/24, for regular diet, regular texture, nectar/mildly thick consistency, and vegan.</p> <p>Review of the facility's June 2024 Weight Sheet for June 2024 showed the following:</p> <ul style="list-style-type: none"> -The last weight in May 2024 the resident weighted 146 pounds; -Week one of June 2024 the resident weighed 145 pounds; -Staff did not document the resident's weight for week two, week three, or week four for the month of June 2024. <p>Review of the facility's Weight Sheet, dated July 2024, showed the following:</p> <ul style="list-style-type: none"> -The last weight in June 2024 was 145 pounds; -In week one of July 2024 the resident weighed 141 pounds (a lose of 10 pounds (6.6%) in two months); -Staff did not document the resident's weight for week two, week three, or week four for the month of July 2024. <p>Review of the resident's care plan, dated 05/14/24 and reviewed on 08/02/24, showed staff did not update the care plan regarding the weight loss or new interventions to prevent further weight loss.</p> <p>Review of the resident's vital signs, dated 07/13/24, showed the resident weighed 141 pounds.</p> <p>Review of the resident's progress note dated 07/20/24, at 12:57 A.M., showed a nurse documented the following:</p> <ul style="list-style-type: none"> -The resident weighed 141 pounds; -The resident took nutrition and hydration orally; -No complaints of thirst; -No signs or symptoms of a swallowing disorder. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265254	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Heart of the Ozarks Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2004 Crestview Street Ava, MO 65608	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's DM's Progress Note dated 07/30/24, at 1:21 A.M. showed the resident was seen for a quarterly review. The resident was a regular diet with regular texture and nectar thick liquids. The resident ate in the lobby on the hall. The resident was vegan plant based diet. The family brought in food, usually supper, for the resident and fresh fruits. The resident got a plant based protein shake with breakfast and lunch. The resident's appetite was good with 70% meal intake. (The RD did not address the resident's additional weight loss.)</p> <p>Review of the facility's weight sheet, dated August 2024, showed the following:</p> <ul style="list-style-type: none"> -The resident's last weight for July 2024 was 141 pounds; -The resident's week one for August 2024 was 135 pounds (a total weight loss of 16 pounds (10.5%) in three months; -Staff did not document the resident's weight for week two. <p>Review of the resident's care plan, dated 05/14/24 and reviewed on 08/02/24, showed staff did not update the care plan regarding the weight loss or new interventions to prevent further weight loss.</p> <p>Review of the resident's progress note dated 08/05/24, at 1:28 P.M., showed a nurse documented the following:</p> <ul style="list-style-type: none"> -Meal supplements ordered; -Required assistance with meals as needed; -No complaints of thirst. <p>(The nurse did not address the resident's weight loss in the note.)</p> <p>Review of the resident's quarterly MDS, dated [DATE], showed the following:</p> <ul style="list-style-type: none"> -Severely impaired cognitive skills; -Impairment on one side upper and lower extremity; -Partial/moderate assistance with eating; -Weight 141 pounds; -No weight loss. <p>Review of the resident's vital signs, dated 08/10/24, showed the resident weighed 135 lbs.</p> <p>Review of the physician's progress note, dated 08/13/24, showed the following:</p> <ul style="list-style-type: none"> -The resident was seen at the request of the nursing staff for management of chronic medical conditions; <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265254	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Heart of the Ozarks Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2004 Crestview Street Ava, MO 65608	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-The resident had no audible (able to be heard) cough or wheeze on exam;</p> <p>-The resident denied chest pain or palpitations;</p> <p>-The resident was eating with variable intake and sleeping well by staff report;</p> <p>-The resident was awake and alert on exam;</p> <p>-Resident had dysphasia (difficulty swallowing) post cerebrovascular accident (CVA-stroke) with noted weight loss;</p> <p>-Multifactorial-vegan diet;</p> <p>-The resident's family deferred any additional intervention. Staff will continue to monitor weights and encourage snacks and assist with meals.</p> <p>Review of the resident's care plan note dated 08/14/24, at 1:42 P.M., showed the MDS Coordinator documented the following:</p> <p>-Staff held the resident's quarterly care plan meeting;</p> <p>-The resident received a vegan plant based diet;</p> <p>-The resident's family member brought the resident in food. The dietary department provided a variety of plant based food in the kitchen for the resident;</p> <p>-The resident was currently 135 pounds The resident was down 20 pounds since admission;</p> <p>-The resident had a vegan shake with his/her breakfast in the mornings which will be increased to three times per day with each meal;</p> <p>-Staff to take the resident to the assisted dining room to be assisted as needed.</p> <p>Review of the resident's care plan, dated 05/14/24 and reviewed on 08/02/24, showed staff did not update the care plan regarding the weight loss or new interventions to prevent further weight loss.</p> <p>Review of the resident's social service note dated 08/15/24, at 12:50 P.M., showed the SSD documented the following:</p> <p>-The resident was due for his/her quarterly MDS assessment;</p> <p>-The resident was on a vegan plant based diet;</p> <p>-The resident's family member brought the resident's meals;</p> <p>-The resident was currently 135 pounds and had a 20 pound weight loss since admission;</p> <p>-Staff to assist the resident for meals in the assisted dining room;</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265254	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Heart of the Ozarks Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2004 Crestview Street Ava, MO 65608	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-The resident receives plant based protein shakes three times day;</p> <p>-The kitchen had a variety of plant based food for the resident;</p> <p>-The resident's family member was aware the resident needs more calorie intake that what he/she is providing.</p> <p>Review of the facility's committee meeting minutes for the weight meeting, dated 08/16/24, showed the following:</p> <p>-Staff documented the resident's weight was 135 pounds and down 16 pounds since admission;</p> <p>-Intervention of house shakes three times per day and the assisted dining room.</p> <p>Review of the resident's progress note dated 08/16/24, at 3:07 P.M., showed the Director of Nursing (DON) documented the resident's current weight was 135 pounds and was down about 16 pounds since admission. The resident's family member had him/her on a limited diet and only wanted him/her to have two meals a day. The resident's family member did agree to allow the facility to offer the resident health shakes three times a day as well as bring him/her the assisted dining room for meals to monitor him/her better. The resident had a plant based diet. The physician and the family member were aware. Staff will continue with weekly weights and bring back to next weight meeting.</p> <p>Review of the resident's care plan, revised on 08/16/24, showed the following:</p> <p>-The resident had weight loss related to poor intake;</p> <p>-Staff to give the resident supplements as ordered and alert nurse/dietician if not consuming on a routine basis;</p> <p>-House shakes three times a day;</p> <p>-If weight decline persists, contact physician and dietician immediately.</p> <p>Review of the resident's progress note dated 08/17/24, at 10:12 A.M., showed a nurse documented no new orders from the physician regarding the resident's weight loss. The physician ordered for staff to continue weight monitoring and recent interventions.</p> <p>During an observation on 08/20/24, at 11:49 A.M., the resident sat in his/her wheelchair in the dining room. A staff member assisted the resident to drink nectar thickened lemonade. Staff served the resident rice, tomatoes, lettuce and a red food. Certified Nurse Aide (CNA) N assisted the resident with eating with no issues. The CNA held the cup with the health shake up and the resident drank out of the straw. The DM said it was a plant based meat he/she incorporated with what the other residents ate for the meal. The CNA assisted the resident with a spoon. The CNA asked the resident if he/she wanted more food or finished, the resident said finished.</p> <p>During an phone interview on 08/20/24, at 2:00 P.M., and on 08/21/24, at 4:30 P.M., the resident's family member said following:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265254	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Heart of the Ozarks Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2004 Crestview Street Ava, MO 65608	

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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-The resident is on a plant based diet for breakfast and lunch. The family member said the American diet is super heavy;</p> <p>-He/she did not have any concerns of how staff care for the resident;</p> <p>-The resident is developing aphasia with swallowing;</p> <p>-The resident sometimes did not want to eat;</p> <p>-The facility gives the resident oatmeal and a variety of grains, greens and fruit;</p> <p>-The facility added health shakes with the meals;</p> <p>-The resident has been on a plant based diet since 2018.</p> <p>During an interview on 08/21/24, at 10:27 A.M., CNA D said the following:</p> <p>-The resident admitted in May 2024 to the facility;</p> <p>-The resident received a plant based diet;</p> <p>-The resident's family member brought meals to the facility for the resident;</p> <p>-The resident ate good and staff assisted him/her with meals;</p> <p>-The resident received a shake at each meal;</p> <p>-He/she did not know the resident had a weight loss.</p> <p>During an interview on 08/21/24, at 10:36 A.M., CNA E said the following:</p> <p>-The resident ate by himself/herself upon admission;</p> <p>-The resident received a plant based diet and now was care planned to receive more protein;</p> <p>-The resident had lost 20 pounds.</p> <p>During an interview on 08/21/24, at 10:48 A.M., Licensed Practical Nurse (LPN) F said the following:</p> <p>-The resident's family member only wanted the resident on a vegan diet and the facility tried to accommodate;</p> <p>-The resident originally ate only two meals per day. The facility added vegan health shakes;</p> <p>-The resident used to eat in the lobby on his/her hall;</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265254	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Heart of the Ozarks Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2004 Crestview Street Ava, MO 65608	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-The resident's family member brought in a lot of rice, vegetables, and tofu which the resident seemed to eat ok. The resident's family member always brought in a lot of fruit and vegetables;</p> <p>-If the resident did not want to eat, he/she would refuse.</p> <p>During an interview on 08/21/24, at 11:24 A.M. the DM said the following:</p> <p>-The resident received a plant based diet since admission;</p> <p>-The resident's family member brought in the plant based foods;</p> <p>-The resident's family member wanted the resident to eat twice a day (lunch and supper) due to their culture;</p> <p>-Staff offered the resident oatmeal for breakfast. The resident's family member brought in fruit, mangos and grapes;</p> <p>-She recently worked with corporate staff member (two weeks ago) to get the resident vegan options and went to buy vegan tofu and protein to offer at meals;</p> <p>-She did not document on the interventions;</p> <p>-The facility gave the resident shakes a few days after admission;</p> <p>-After admission, the resident's son brought in rice, vegetables, and tofu. The DM did not think it looked appealing and not a large quantity;</p> <p>-The resident's family member brought the food in the evening and assisted the resident with eating;</p> <p>-Speech therapy (ST) worked with the resident for swallowing and the nursing staff said the resident ate lunch fine;</p> <p>-She discussed with the Administrator of not a lot food for the resident at lunch so she added baked potatoes with no butter and offered vegetables;</p> <p>-On 08/14/24 was the first time they discussed weight loss interventions;</p> <p>-The resident had a significant weight loss since admission;</p> <p>-The MDS Coordinator spoke with the resident's family member about the amount of food;</p> <p>-She did not document or observe what the resident consumed. The aides said the resident ate fine or consumed all of the meal;</p> <p>-Staff should have moved the resident to the assisted dining room to monitor for meals before 08/14/24.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265254	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Heart of the Ozarks Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2004 Crestview Street Ava, MO 65608	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 08/21/24, at 11:43 A.M., the resident sat in the assisted dining room. The resident's plate contained tofu, green beans, carrots, cauliflower, squash, peanut butter and syrup, a health shake, and lemonade. A staff member assisted the resident with eating the meal with no issues.</p> <p>During an interview on 08/21/24, at 11:53 A.M., the MDS/Care Plan Coordinator said the following:</p> <ul style="list-style-type: none"> -The resident was on a regular vegan diet; -Staff implemented a plant based shake, but did not know date implemented. <p>During an interview on 08/21/24, at 1:49 P.M., CNA N said the following:</p> <ul style="list-style-type: none"> -Since 08/09/24, staff bring the resident to the assisted dining room for meals; -The resident drank the protein shakes well and ate half of the plate of food at meals; -The resident did not seem to have a big appetite; -The DM informed him/her the other day the resident lost 20 pounds. <p>During an interview on 08/21/24, at approximately 2:00 P.M., CNA/Restorative Nurse Aide (RNA) M said the following:</p> <ul style="list-style-type: none"> -The resident ate his/her meals; -The resident had a weight loss. He/she did not know what the staff had changed with the resident's diet; -Staff take the resident to the assisted dining room for meals and he/she received health shakes with meals. <p>During an interview on 08/21/24, at 2:59 P.M., the Speech Therapist said the following:</p> <ul style="list-style-type: none"> -ST worked on swallowing, speech, and basic communication skills with the resident after admission; -The resident tolerated regular textured food and nectar thickened liquids; -The resident had some behaviors holding food and liquids in his/her mouth. This was not a deficit, but a behavior from observations made by therapy staff; -The resident followed basic instructions without issues; -He/she spoke with the DM the first month of admission and wondered if the resident did not feel full or was not getting enough to eat or maybe this was a behavior; -The DM found a plant based shake and recently worked on finding food items to prepare for the resident; <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265254	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Heart of the Ozarks Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2004 Crestview Street Ava, MO 65608	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-He/she was concerned the resident was at risk for a weight loss. The resident ate great and other times would hold the food the family member brought in;</p> <p>-The resident would refuse or spit out food the kitchen offered or the family member offered at times.</p> <p>During an interview on 08/22/24, at 8:36 A.M. and 9:55 A.M., the DM said the following:</p> <p>-She did not document on the resident after 05/15/24;</p> <p>-May 2024 through August 2024, staff did not discuss the resident in the weekly weight meetings;</p> <p>-Staff only discussed the resident during the initial few weeks after admission. She did not know the reason staff did not discuss the resident;</p> <p>-On 08/10/24, she said the weight loss needed addressed;</p> <p>-She was not aware of the resident's gradual weight loss from May 2024 through August 2024;</p> <p>-The RD saw the resident in May 2024 and was scheduled to see the resident this month (August 2024) for a quarterly visit;</p> <p>-She did not remember discussing the resident with the RD in June 2024 and July 2024;</p> <p>-She did not monitor residents' calories.</p> <p>During an interview on 08/22/24, at 10:35 A.M., the Assistant Director of Nursing (ADON) said the following:</p> <p>-She did not see the resident's weight on the May 2024 weight sheet;</p> <p>-The June 2024 weight sheet showed the resident weighed 146 lbs and then 145 lbs;</p> <p>-The July 2024 weight showed 145 to 141 lbs. This was not a significant trigger so did not put the resident on weight meeting discussion;</p> <p>-The weight committee did not have the resident's admission weight of 151 lbs;</p> <p>-The resident did not show up on the weight report for any significant trigger for May 2024 and June 2024;</p> <p>-She did not have the 151 lbs weight and it would have pulled for May/June 2024 for 3.97% weight loss;</p> <p>-July 2024 was the new computer system and the staff did not look back at the papers of weights and did not have a weight report;</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265254	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Heart of the Ozarks Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2004 Crestview Street Ava, MO 65608	

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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-She considers the 10.6% a significant weight loss for the resident. Staff caught the weight loss at the 08/16/24 weight meeting;</p> <p>-The RD should know of the resident's weight loss from 05/02/24 through 07/13/24. There were no documented interventions for this time period.</p> <p>During an interview on 08/22/24, at 11:11 A.M., the Director of Nursing (DON) said the following:</p> <p>-The resident was not on the May 2024 weight sheet;</p> <p>-The resident's weights on the June 2024 weight sheet showed 146 lbs and 145 lbs. The 151 lb weight is not on the June 2024 weight sheet;</p> <p>-The July 2024 weight sheet showed the resident's weight at 145 lbs to 141 lbs. Staff did not discuss interventions for the resident. The resident did not trigger for 5% or 10% weight loss;</p> <p>-The August 2024 weight sheet showed 141 lbs and 135 lbs for the 08/02/24 weight meeting. Staff did not discuss interventions . She assumed the resident did not trigger for a weight loss;</p> <p>-If she had looked at the resident's 151 pound weight, it would have triggered for her and she did not know what happened;</p> <p>-She did not know for sure if the physician was aware of the May 2024 weight;</p> <p>-On 08/16/24, the resident's weight was down 16 pounds. She considered this weight a significant weight loss;</p> <p>-Staff should have discussed the resident's weight loss sooner than 08/16/24.</p> <p>During an interview on 08/22/24, at 11:11 A.M., the MDS Coordinator said the resident's care plan should have more interventions between 05/14/24 through 08/16/24.</p> <p>During an interview on 08/22/24, at 11:45 A.M., the RD said the following:</p> <p>-She saw the resident in May 2024 and the resident had not triggered for a weight loss since then;</p> <p>-Sounded like the weekly weight meeting had not found a weight loss for the resident;</p> <p>-She would have wanted to see the resident the weight loss from 05/02/24 to 07/13/24;</p> <p>-The resident should have triggered for a weight loss from 151 lbs to 141 lbs. This might have got lost in the system and during the computer transition;</p> <p>-She would look at if the resident was not eating and what percentage of the meals, snacks and supplements the resident consumed and the caloric of the vegan diet if a weight loss;</p> <p>-She would inquire what snacks the resident liked and talk with the staff and resident's family member;</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265254	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Heart of the Ozarks Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2004 Crestview Street Ava, MO 65608	

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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-She would had looked at the whole picture and if the family member still brought the resident food and how much calories the resident received and percentage of meals eaten;</p> <p>-If the resident's BMI was low, she would want the resident to gain weight and if not eating much at meal added an additional snack;</p> <p>-The resident was not getting enough of calories given the weight loss;</p> <p>-Staff should monitor closer on the resident's meal intake at least weekly.</p> <p>During an interview on 08/22/24, at 12:15 P.M., the Medical Director said the following:</p> <p>-The resident's family member did not allow staff to do anything. He tried a appetite stimulant;</p> <p>-He was aware of the resident's weight loss;</p> <p>-He wanted to address the weight loss with medication;</p> <p>-The resident had lost weight since admission and was intermittent with eating;</p> <p>-The family member refused the medication months ago.</p> <p>2. Review of Resident #26's face sheet showed the following information:</p> <p>-admitted [DATE] and readmitted [DATE];</p> <p>-Diagnoses included diabetes mellitus (chronic condition that results in too much sugar in the blood), anorexia, muscle wasting, depression, and muscle weakness.</p> <p>Review of the resident's admission MDS, dated [DATE], showed the following:</p> <p>-Moderate cognitive impairment;</p> <p>-Required set up or clean up assistance with eating;</p> <p>-Resident had no swallowing issues;</p> <p>-Mechanically altered diet.</p> <p>Review of the resident's care plan, revised 8/22/24, showed the following information:</p> <p>-Resident had the potential for weight loss;</p> <p>-House shakes three times daily with meals;</p> <p>-Refer to dietician to evaluate nutritional status as needed;</p> <p>-Weigh resident per schedule and as needed;</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265254	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Heart of the Ozarks Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2004 Crestview Street Ava, MO 65608	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Set up trays at meals and assist the resident as needed.</p> <p>Review of resident's weights summary showed on 07/12/24 the resident weighed 201.8 pounds upon readmission.</p> <p>Review of the resident's nutrition/dietary note dated 07/18/24, at 10:16 A.M., showed the resident had a regular diet and liked most foods. The resident ate meals in the dining room and appetite had been poor.</p> <p>Review of the resident's nutritional evaluation, dated 07/19/24, showed the following information:</p> <ul style="list-style-type: none"> -Resident on a regular diet; -Resident had a poor appetite with an intake of 60% of each meal; -Recommended weekly weights until appetite improved. <p>Review of the resident's nursing progress note, dated 07/30/24, showed resident continued with general decline and refused to get up to eat.</p> <p>Review of resident's weights summary showed on 08/10/24 the resident weighed 181 pounds (a loss of 20.8 pounds since admission).</p> <p>Review of the resident's current order summary report showed an order, dated 08/13/24, for protein shakes three times daily with meals.</p> <p>Review of resident's physician visit note, dated 08/13/24, showed a physician treatment plan that included protein shakes three times daily and monitor weights.</p> <p>Review of the resident's August 2024 MAR showed staff did not enter an order for protein shakes three times daily with meals.</p> <p>During an interview on 08/22/24, at 12:35 P.M., the Dietary Manager said:</p> <ul style="list-style-type: none"> -The resident did not eat well upon return from the hospital; -Staff do not monitor meal intake amounts; -He/she had not been informed of weight loss until 08/22/24. <p>During interviews on 08/22/24, at 11:49 A.M. and 12:50 P.M. RNA/CNA M said the following:</p> <ul style="list-style-type: none"> -He/she looked at the admission weight from the hospital and informed the DON of the significant weight loss; -He/she did not know the resident was a weekly weight; -He/she did not get orders for a weekly weight for the resident. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265254	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Heart of the Ozarks Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2004 Crestview Street Ava, MO 65608	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 08/22/24, at 1:00 P.M., LPN F said he/she was unaware of any weight loss.</p> <p>During an interview on 08/22/24, at 2:54 PM, the RD said:</p> <ul style="list-style-type: none"> -He/She recommended the resident have weekly weights; -He/She did not see weekly weights completed as recommended; -Resident noted to have a poor appetite; -Facility staff did not contact him/her on any additional weight concerns. <p>During interview on 08/22/24, at 12:33 P.M. and 3:07 P.M., the DON said the following:</p> <ul style="list-style-type: none"> -Resident had a steady decline and was not eating; -Physician visited resident on 08/13/24 and ordered protein shakes three times daily due to weight loss; -Staff did not inform the DON or ADON of any weight loss. <p>During an interview on 08/22/24, at 12:15 P.M., the Medical Director said the following:</p> <ul style="list-style-type: none"> -He did not remember the resident had a weight loss from 201 lbs to 182 lbs from 07/12/24 to 08/22/24; -Staff should send a weight percentage loss to his nurse and he sees the resident on his next visit to the facility; -He expected the facility to contact him with a weight loss; -If there was a 20 pound weight loss he would try to see what was going on. <p>3. During an interview on 08/21/24, at 10:27 A.M., CNA D said the following:</p> <ul style="list-style-type: none"> -A resident's weight loss shows red in the computer; -Staff should report to the nurse a weight loss; -The CNA or RNA weighed the residents; -Staff find a resident's diet in the chart or care plan. <p>4. During interviews on 08/21/24, at 10:48 A.M. and 1:00 P.M., LPN F said the following:</p> <ul style="list-style-type: none"> -Staff weigh new admissions and any resident who is out of the facility for over 24 hours; <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265254	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Heart of the Ozarks Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2004 Crestview Street Ava, MO 65608	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Staff discuss weight loss in the morning meeting which include the DON, the ADON, the Administrator, the SSD and therapy;</p> <p>-Interventions for weight loss include adding shakes and assistance in the assisted dining room;</p> <p>-Staff send the physician progress notes following the weight meetings for any possible changes;</p> <p>-A significant weight loss is anything more than 10% of body weight;</p> <p>-Staff should inform the physician with a five or seven pound lb weight loss;</p> <p>-The DON or ADON contact the physician if a resident needs to be weighed more often;</p> <p>-The DON, ADON, or charge nurse enter new weight orders into the computer;</p> <p>-Nurse assistants are informed of new weight orders in report;</p> <p>-The DON and ADON hold weight meetings.</p> <p>5. During an interview on 08/21/24, at 11:09 A.M., the SSD said the following:</p> <p>-Staff monitor residents weight loss during the weight meetings;</p> <p>-The DM, DON, and ADON ask nursing staff about a resident's weight loss during the morning meetings;</p> <p>-She did not do much with the weights. She was not sure when the weight meetings were scheduled.</p> <p>6. During interviews on 08/21/24, at 11:24 A.M., and on 08/22/24, at 8:36 A.M., 9:55 A.M., and 12:35 P.M., the DM said the following:</p> <p>-RNA M weighed the residents and printed a weight list for the DM, DON, and ADON to review;</p> <p>-The ADON printed off residents who trigger for a weight loss;</p> <p>-A significant weight loss is 5% or five lbs or more;</p> <p>-A significant weight loss is 10%;</p> <p>-Significant weight losses triggered on the computer;</p> <p>-The ADON and DON were in charge of the weekly weight meeting;</p> <p>-The DM, ADON, and DON discussed how much weight a resident had lost, what a resident was eating, do staff need to monitor, notification of the physician, notification of the responsible parties, place the resident on weekly weights, and attempted to figure out the cause of a weight loss;</p> <p>-The ADON and DON documented notification of the physician of a weight loss;</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265254	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Heart of the Ozarks Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2004 Crestview Street Ava, MO 65608	

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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Nursing writes the order if the RD recommended a dietary intervention.</p> <p>-She received a list of weights monthly;</p> <p>-Weight information was reviewed every Friday during the weekly weight meeting;</p> <p>-The RD came to the facility on ce a month;</p> <p>-The RD saw residents quarterly and entered consults into the computer;</p> <p>-The RD consult was sent to DON, ADON, and DM;.</p> <p>-She attended the we[TRUNCATED]</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265254	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Heart of the Ozarks Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2004 Crestview Street Ava, MO 65608	
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48187</p> <p>Based on observation, record review, and interview, the facility failed to ensure a medication error rate of less than 5% when the facility staff made two errors out of 26 opportunities resulting in an error rate of 7.69% when facility staff failed to administer the correct dose of two medications for two residents (Resident #44 and Resident #54). The facility census was 81.</p> <p>Review of the facility's policy titled Administering Medications, dated April 2019, showed the following:</p> <ul style="list-style-type: none"> -Medications are administered in accordance with prescriber orders; -The individual administering the medication checks the label three times to verify the right resident, right medication, right dosage, right time, and right method (route) of administration before giving the medication. <p>1. Review of Resident # 44's face sheet (brief resident profile sheet) showed the following information:</p> <ul style="list-style-type: none"> -admitted [DATE]; -Diagnoses included depression. <p>Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated assessment instrument completed by facility staff), dated 05/11/24, showed the resident had severe cognitive impairment.</p> <p>Review of the resident's care plan, revised 12/14/22, showed staff to administer escitalopram (an antidepressant) as ordered by physician.</p> <p>Review of the resident's current physician orders showed an order, dated 07/10/24, to administer escitalopram oxalate 5 milligram (mg) one tablet daily for depression.</p> <p>Review of the resident's Medication Administration Records (MAR), dated July 2024 and through August 22, 2024, showed the following information:</p> <ul style="list-style-type: none"> -Staff administered escitalopram oxalate 10 mg tablet 07/01/24 through 07/09/24; -Staff administered escitalopram oxalate 5 mg tablet 07/10/24 through 08/21/24. <p>Observation on 08/21/24, at 09:25 A.M., showed Certified Medication Technician (CMT) G prepared and administered escitalopram oxalate 10 mg tablet for the resident. (The current order was for 5 mg.)</p> <p>During an interview on 08/21/24, at 1:00 P.M., CMT G said he/she did administer the wrong dose of escitalopram oxalate to the resident. He/she should have cut the pill in half. The order was changed last month and he/she had been giving the old dose (10 mg) ever since.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265254	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Heart of the Ozarks Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2004 Crestview Street Ava, MO 65608	
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 08/21/24, at 1:40 P.M., the Assistant Director of Nursing (ADON) said when the order was changed on 07/10/24 it was the week they changed electronic medical record systems and the order never got faxed to pharmacy. The ADON looked in the medication cart and the medication room and could not find escitalopram 5 mg. He/she only found 10 mg cards so the facility never received escitalopram 5 mg. The ADON said he/she expected staff not to administer the 10 mg dosage.</p> <p>During an interview on 08/21/24, at 2:22 P.M., the Director of Nursing (DON) said the resident's escitalopram changed from 10 mg to 5 mg on 07/09/24. He/she expected staff to not administer the 10 mg tab.</p> <p>2. Review of Resident # 54's face sheet (brief resident profile sheet) showed the following information:</p> <p>-admitted [DATE]</p> <p>-Diagnoses included stroke.</p> <p>Review of the resident's quarterly MDS, dated [DATE], showed the resident had moderate cognitive impairment.</p> <p>Review of the resident's care plan, revised 07/31/24, showed staff to administer medications as ordered.</p> <p>Review of the resident's current physician orders showed an order, dated 07/01/24, for acetaminophen 500 mg one tablet three times a day for rheumatoid arthritis.</p> <p>Review of the resident's MAR, dated July 2024 through August 21, 2024, showed staff administered acetaminophen 500 mg tablet three times per day.</p> <p>Observation on 08/21/24, at 9:20 A.M., showed CMT G prepared and administered acetaminophen 325 mg one tablet to the resident. (The current order was for 500 mg.)</p> <p>During an interview on 08/21/24, at 1:00 P.M., CMT G said he/she thought it was okay to give the acetaminophen since it was a lower dose.</p> <p>During an interview on 08/21/24, at 2:22 P.M., the DON said if the resident had an order for acetaminophen 500 mg he/she expected staff to not administer acetaminophen 325 mg.</p> <p>3. During an interview on 08/21/24, at 1:06 P.M., CMT H said if there was ever a discrepancy with medications and dosage, he/she always clarified with the nurse. He/she would not administer the medication escitalopram 10 mg if the order was for 5 mg. He/she would not administer acetaminophen 325 mg if the order was for 500 mg.</p> <p>4. During an interview on 08/22/24, at 8:45 A.M., CMT I said he/she would not give a medication that was not the correct dose whether it was escitalopram or acetaminophen. He/she would let the charge nurse know.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265254	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Heart of the Ozarks Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2004 Crestview Street Ava, MO 65608	
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>5. During an interview on 08/21/24, at 1:09 P.M., Registered Nurse (RN) B said when staff get an order, whether it is a verbal or written, staff must fax pharmacy to get the new med. The doctor gave the order to the Assistant Director of Nursing (ADON) and was not sure if the order was ever faxed to pharmacy. He/she would expect the CMT to give the dose that was ordered and not any other dose. He/she only gives the dose that is ordered not any other dose.</p> <p>6. During an interview on 08/21/24, at 1:19 P.M., the ADON said all orders must be faxed to the pharmacy. If the medication was scored, then the medication could be cut in half. If the medication was not able to be cut in half, the ADON would expect staff to not give the incorrect dosage. The ADON expected staff to let him/her know if they are low or out of an over-the-counter medication and he/she can go purchase it immediately. The ADON expected staff to only give the dose that is ordered.</p> <p>7. During an interview on 08/21/24, at 2:22 P.M., the DON said orders, verbal and/or written, are faxed to pharmacy they get a new order. The pharmacy then brings the medication that night. If staff don't have the correct dosage to administer, the CMT should notify the nurse, and the nurse would call the physician.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265254	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Heart of the Ozarks Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2004 Crestview Street Ava, MO 65608	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>34871</p> <p>Based on observation, record review, and interview, the facility failed to keep all food safe from potential contamination when staff failed to keep dented cans separate from other canned goods and failed to ensure food from a dented cans was not served to residents. The facility census was 81.</p> <p>Review of the 2022 Food and Drug Administration (FDA) Food Code showed the following information:</p> <ul style="list-style-type: none"> -Depending on the circumstances, rusted, and pitted or dented cans may present a serious potential hazard; -Damaged or incorrectly applied packaging may allow the entry of bacteria or other contaminants into the contained food; -If the integrity of the packaging has been compromised, contaminants may find their way into the food. <p>Review of the facility policy entitled, Food Storage (Dry, Refrigerated, and Frozen), dated 2016, showed dented cans were to be set aside in a separate labeled area of the storeroom to avoid using them and discarded according to vendor procedure.</p> <p>1. Observation on 08/19/24, at 11:30 A.M., of the kitchen and food storage area showed two dented 6 pound (lb) 8 ounce (oz) cans of diced peaches on the bottom shelf of the rack which contained various cans of food.</p> <p>Observation on 08/19/24, at 11:49 A.M., showed the facility staff served the residents diced peaches in clear dishware for the lunch meal.</p> <p>Observation on 08/19/24, at 12:10 P.M., of the kitchen area showed one opened 6 lb 8 oz dented can of sliced peaches, dated 08/12/24, in the trash can.</p> <p>During an interview on 08/19/24, at 1:54 P.M., Dietary [NAME] J said the following:</p> <ul style="list-style-type: none"> -Staff should check canned foods for dents during the delivery process and refuse delivery of dented cans; -Staff should place any discovered dented cans on the dented can designated shelf; -Staff should check cans for dents before using and should never use food from a dented can; -He/she did not notice the cans of peaches were dented when he/she pulled them for lunch serve out; -He/she pulled three cans of peaches from the rack and dropped them two times when carrying from the storage to the kitchen area; -He/she noticed two of the cans were dented when opening the cans for serving peaches and thought the dents were from dropping the cans during transport; <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265254	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Heart of the Ozarks Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2004 Crestview Street Ava, MO 65608	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-He/she thought it is okay to serve if just the cans had just been dented.</p> <p>During an interview on 08/20/24, at 1:45 P.M., Dietary Aide (DA) K said the following:</p> <p>-He/she did not check canned foods for dents before opening and serving;</p> <p>-He/she would serve food from a dented can if it was a small dent, not if it was busted;</p> <p>-He/she did not know if there is a specific area for dented cans.</p> <p>During an interview on 08/20/24, at 2:05 P.M., DA L said the following:</p> <p>-He/she unloaded the delivery trucks, checked for dents, and put the canned food on the rack;</p> <p>-He/she placed the dented cans in a crate on the designated dented can cart for the vendor to pick up at the next delivery;</p> <p>-He/she rotated canned foods and checked for dents again at that time as cans sometimes roll off the rack and get dented;</p> <p>-He/she checked canned foods before opening and serving and would not use serve food from a dented can.</p> <p>During interviews on 08/19/24, at 1:18 P.M., and on 08/20/24, at 2:00 P.M., the Dietary Manager (DM) said the following:</p> <p>-She spoke with the staff member who opened the dented cans of diced peaches served them at the lunch meal;</p> <p>-The staff member worked two positions at once on 08/19/24 and should have looked for dented cans;</p> <p>-The new truck driver was not good about grabbing the dented cans upon delivery;</p> <p>-Staff should not serve food from dented cans due to rust could get in the can.</p> <p>-A designated staff usually checked the products from the delivery trucks and unloaded them;</p> <p>-He/she checks for dents in cans during delivery and when cans are rotated;</p> <p>-Staff should place dented cans on the specified rack for the vendors to pick up at the next delivery;</p> <p>-Staff should check canned foods for dents prior to serving;</p> <p>-Staff should not serve food from dented cans.</p> <p>During an interview on 08/22/24, at 3:56 P.M., the Director of Nursing (DON) said she expects staff to not serve food items from dented cans.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265254	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Heart of the Ozarks Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2004 Crestview Street Ava, MO 65608	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>45190</p>