

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265279	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/18/2024
NAME OF PROVIDER OR SUPPLIER Cedar Pointe		STREET ADDRESS, CITY, STATE, ZIP CODE 1800 White Columns Drive Rolla, MO 65401	

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 0567</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Honor the resident's right to manage his or her financial affairs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39644</p> <p>Based on interview and record review, facility staff failed to ensure six (Resident #7, #8, #10, #21, #24, and #25) out of 18 residents have appropriate access to their trust fund account to include on the weekends. The facility census was 70.</p> <p>1. Review of facility policy titled, Resident Funds/Money, dated 05/18/22, showed facility staff were to maintain a written account of all the resident's funds. Residents who have a trust account have access to their funds Monday through Friday, between 9:00 A.M and 4:00 P.M., excluding holidays. Residents who would like funds for the weekend can obtain funds on Friday before end of day. Depending on resident circumstances/financial necessity, staff may notify administration. If resident requests funds outside of normal banking hours and management will attempt to have manager local to facility go to facility to obtain funds for resident out of secured resident funds drawer.</p> <p>2. Review of Resident #7's Quarterly Minimum Data Set (MDS), a federally mandated assessment tool, dated 05/19/24, showed staff assessed the resident as cognitively intact.</p> <p>During an interview on 07/16/24 at 9:46 A.M., the resident said we are not able to get money on the weekends.</p> <p>3. Review of Resident #8's Quarterly MDS, dated [DATE], showed staff assessed the resident as cognitively intact.</p> <p>During an interview on 07/16/24 at 9:27 A.M., the resident said, I like to go out to eat or go shopping on the weekends with my family, but sometimes I don't have the money available. He/She said there is no one here on the weekends to give money.</p> <p>4. Review of Resident #10's Quarterly MDS, dated [DATE], showed staff assessed the resident as cognitively intact.</p> <p>During an interview on 7/16/24 at 8:50 A.M., the resident said, I am not able to get money in the evenings or weekends because there is no one here to give money.</p> <p>5. Review of Resident #21's Quarterly MDS, dated [DATE], showed staff assessed the resident as cognitively intact.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0567</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 07/16/24 at 1:57 P.M., the resident said if he/she needed money he/sh would ask the business office, but we do not get money on the weekends because there is no one here to give money.</p> <p>6. Review of Resident #24's Quarterly MDS, dated [DATE], showed staff assessed the resident as cognitively intact.</p> <p>During an interview on 07/16/24 at 12:35 P.M., the resident said there are only two people who can give you money at the facility, but neither are there often in the evenings or weekends. The resident said, Forget about getting money in the evenings or on the weekend. The resident said if they go with family or a friend on the weekend they must borrow money from that person and he/she said, I don't like that.</p> <p>7. Review of Resident #25's Quarterly MDS, dated [DATE], showed staff assessed the resident as cognitively intact.</p> <p>During an interview on 07/16/24 at 11:24 A.M., the resident said, We can not get any money on the weekends which sucks for us because if we do not like what is on the menu, we can not get our money to order something else.</p> <p>8. During an interview on 07/18/24 at 2:42 P.M., License Practical Nurse (LPN) A said residents do not have access to money in the evenings or weekends. He/She said if the residents need money, they must request it Friday.</p> <p>During an interview on 07/18/24 at 11:38 A.M., the Business Office said the banking hours are posted on his/her door (Monday-Friday 9am-4pm, closed Holidays). He/She said the residents know that if they want money on the weekends that they need to request it on Friday. He/She said nobody is here on the weekends to give money, residents have to get money on Fridays. He/She said he/she was not aware that residents had to have access to money on the weekends.</p> <p>During an interview on 07/18/24 at 3:02 P.M., the Director of Nursing (DON) said there is no one in the facility on the weekends to give money to residents. He/She said he/she was not aware that residents had to have access to money on weekends.</p> <p>During an interview on 07/18/24 at 3:38 P.M., the administrator said residents can get money Monday through Friday from the business office. He/She said he/she was not aware that money had to be available on weekends.</p> <p>50422</p>		

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50422</p> <p>Based on interview and record review, facility staff failed to implement their Grievance Policy for two residents (Resident #7 and #25) out of 18 residents when reported missing items and failed to maintain evidence demonstrating the results of all grievances for a period of no less than three years. The facility census was 70.</p> <p>1. Review of the facility's Grievance policy, dated 09/13/19, showed:</p> <ul style="list-style-type: none"> -A grievance will be translated into writing, containing the name and address of the person filing it if permitted; -The administrator or his/her designee shall conduct an investigation of the complaint; -The Grievance official will complete a review of the grievance no later than 30 days after its filing. The Resident has the right to obtain a written decision regarding his/her grievance; -All written grievance decisions will include the date the grievance was received, a summary statement of the residents grievance, the steps taken to investigate the grievance, a summary of pertinent findings or conclusions regarding the resident's concerns, a statement as to whether the grievance was confirmed or not confirmed, and corrective active taken or to be taken by the facility as a results of the grievance, and the date the written decision was issued; -Maintain evidence demonstrating the result of all grievances for a period of no less than three years from the issuance of the grievance decision. <p>Review of facility's grievance binder, showed the binder contained two grievance forms completed in 2024.</p> <p>2. Review of Resident #7's Quarterly Minimum Data Set (MDS), a federally mandated assessment tool, dated 05/19/24, showed staff assessed the resident as cognitively intact.</p> <p>Review of resident's medical record did not contain a inventory list for the resident's property.</p> <p>During an interview on 07/16/24 at 9:47 A.M., the resident said three weeks ago he/she had abluetooth ear bud set go missing from his/her room. He/She said he/she reported it to the administrator but never received an update. He/She said the facility has not replaced his/her bluetooth ear buds.</p> <p>During interview on 07/17/24 at 2:20 P.M., the administrator said that he did not know about the bluetooth ear bud set that was missing by the resident.</p> <p>3. Review of Resident #25's Quarterly MDS, dated [DATE], showed staff assessed the resident as cognitively intact.</p> <p>Review of resident's medical record did not contain a inventory list for the resdient's property.</p> <p>(continued on next page)</p>		

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 07/16/24 at 11:26 A.M., the resident said one month ago his/her cell phone went missing from his/her bedside table in his/her room. He/She said it was reported to the administrator and business office manager, but never received an update. He/She said the facility has not replaced his/her cell phone.</p> <p>During interview on 07/17/24 at 2:10 P.M., the Business Office Manager said the resident did report his/her phone missing. He/She said the facility has looked for it and it has not been found. He/She said he/she needs to talk with the administrator about what needs to be done next.</p> <p>During interview on 07/17/24 at 2:20 P.M., the administrator said the resident did report cell phone missing. He said the facility looked for it and the cell phone was not found.</p> <p>4. During interview on 07/17/24 at 2:10 P.M., the Business Office Manager said when a resident reports something missing, he/she looks for the missing item. He/She said a grievance form is filled out and discussed with administrator what to do if unable to find missing item. He/She said he/she does not have any grievances from past years. He/She said the grievances he/she has is in the grievance binder.</p> <p>During an interview on 07/18/24 at 3:03 P.M., the Director of Nursing (DON) said if a resident reports something missing, a grievance form should be filled out and investigate the missing item. He/She said she expects the grievance form to be filled out within 24 hours of reporting to help keep track of grievance and to start investigating the missing item.</p> <p>During an interview on 07/18/24 at 3:38 P.M., the administrator said residents know to report missing items to him/herself or business office manager, a grievance form is filled out, and they investigate the missing item. He said the grievance form should be filled out as soon as possible once item is reported missing. He said if they are unable to locate missing item, they contact family to see if resident had the item or if they happened to take it with them, or if its money the facility will reimburse the resident. He said the grievance should be resolved as soon as possible. He said they try to resolve the grievance same day.</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>39644</p> <p>Based on observation, interview, and record review, facility staff failed to thoroughly investigate and document bruises of unknown origin for one resident (Resident #15) out of one sampled residents as directed by the facility policy. The facility census was 70.</p> <p>1. Review of the facility's Abuse Policy and Procedures/Investigation Protocols, dated December 14, 2018, showed an injury of unknown source defined as not witnessed by any person and the source of the injury could not be explained by the resident, and the injury raises suspicions of possible abuse or neglect because of the extent of the injury or the location of the injury or the number of injuries observed at one particular point in time or the incidence of injuries over time. Review showed the charge nurse to complete the documentation, neurological flow sheet (if appropriate), notify the responsible party, medical directorm and clinical manager. Review showed staff are directed to:</p> <ul style="list-style-type: none"> -Complete a Situation, Background, Assessment, Recommendation (SBAR) -Head to toe assessment; -Secure treatment orders if applicable/complete pain assessment; -Social Services intervention five times a week for two weeks, then reassess; -Residents on same assignment interviewed; -Staff Interviews; -72hr post incident observation; -Physical Therapy/Occupational Therapy (PT/OT) referral, if applicable; -Care plan review and revision, if applicable. <p>2. Review of Resident #15's Annual Minimum Data Set (MDS), a federally mandated assessment tool used by staff, dated 06/15/24, showed staff assessed the resident as follows:</p> <ul style="list-style-type: none"> -Cognition intact; -Dependent on staff for toileting and lower body dressing; -Diagnoses of Hemiplegia (muscle weakness or partial paralysis on one side of the body that can affect the arms, legs, and facial muscles) or Hemiparesis (one-sided muscle weakness), Stroke (Damage to the brain from interruption of its blood supply). -Uses wheelchair. <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's plan of care, dated 06/03/24, showed staff assessed the resident speech unclear, at risk for falls and has a history of falls. The resident's care plan did not contain documentaion of a fall or bruise.</p> <p>Review of the resident's medical record, showed the record did not contain documentation of the resident's bruises, or a facility investigation of the injury of unknown origin.</p> <p>Observation on 07/15/24 at 1:45 P.M., showed the resident in his/her wheelchair with a bruise on the right side of his/her forehead and on lateral right eye area.</p> <p>During an interview on 07/18/24 at 9:25 A.M., Certified Nursing Assistant (CNA) J said the resident had the bruises on his/her face on 07/11/24 when he/she gave him/her a shower. CNA J said we only document skin issues on shower sheets if it is new, but the nurse already knew about this bruise so he/she did not put it on the shower sheet.</p> <p>During an interview on 07/18/24 at 10:45 A.M., the Nurse Practitioner (NP) said he/she seen the resident last on 07/11/24 and the bruises were there and appeared fresh. The NP said he/she did not talk to staff after his/her visit and figured they already knew about the bruises as they were obvious and in plain sight.</p> <p>During an interview on 07/18/24 at 3:54 P.M., the Director of Nursing (DON) said he/she was not notified in a timely manner of the incident. The DON said after he/she found out about it, he/she was not sure where to go with it, so there was not a complete investigation done. The DON said he/she would expect the CNA to notify the charge nurse, who would then report to him/her.</p> <p>During an interview on 07/18/24 at 3:55 P.M., the Administrator said this would be considered an injury of unknown origin, and the expectation it to investigate and find out what happened. The administrator said it was not reported earlier, he just found out when he walked in on Monday. The Administrator said he would expect the CNA to report something like this to their charge nurse, then that charge nurse should tell me and DON about it.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39644</p> <p>Based on interview, and record review, facility staff failed to review and revise the care plan after a fall for five (Resident #13, #21, #36, #44, and #52) out of eighteen sampled residents. Facility staff failed to document and update care plans in regard to pressure ulcers for two (Resident #5 and #44) out of seven sampled residents. Staff failed to address and update behaviors for one (Resident #4) of one sampled resident. The facility census was 70.</p> <p>1. Review of the facility's Minimum Data Set (MDS) Policy, undated, showed the care plans will be updated quarterly and with changes to the resident plan of care. Changes made to the care will be communicated to the interdisciplinary team. The staff member completing the care assessment for the specified section will also complete the comprehensive care plan on the resident.</p> <p>2. Review of the Resident #13's Quarterly MDS, a federally mandated assessment tool, dated 05/02/24, showed staff assessed the resident as:</p> <ul style="list-style-type: none"> -Moderate cognitive impairment; -One fall since admission with injury; -Diagnosis of Quadriplegia (paralysis affects the body from the neck down. Can result in partial or total loss of function in the arms, legs, trunk, and pelvis). <p>Review of the resident's medical record showed staff documented the resident fell on [DATE] in the dining room, resident was positioned straight up from eating and slid out of chair.</p> <p>Review of the resident's care plan, dated 06/18/24, showed the care plan did not contain documentation of the resident's fall on 6/11/24 or updated fall interventions.</p> <p>3. Review of Resident #21's Quarterly MDS, dated [DATE], showed staff assessed the resident as:</p> <ul style="list-style-type: none"> -Cognitively intact; -One fall with major injury since last MDS. <p>Review of the resident's medical record, showed staff documented the resident fell on [DATE] in his/her room while ambulating to the bathroom and fractured his/her left arm.</p> <p>Review of resident's care plan, dated 07/01/24, showed the care plan did not contain documentation of the resident's fall on 06/26/24 or updated fall interventions.</p> <p>4. Review of Resident #36's Quarterly MDS, dated [DATE], showed staff assessed the resident as:</p> <ul style="list-style-type: none"> -Moderate cognitive impairment; <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-One fall with no injury since last MDS</p> <p>-Dependent with bed-to-chair transfer and bed mobility.</p> <p>Review of resident's medical record showed staff documented the resident fell on [DATE] in his/her room next to his/her bed.</p> <p>Review of resident's care plan, dated 07/01/24, showed the care plan did not contain documentation of the resident's fall on 04/24/24 or updated fall interventions.</p> <p>5. Review of the Resident #44's Significant Change MDS, dated [DATE], showed staff assessed the resident as:</p> <p>-Moderate cognitive impairment;</p> <p>-Documentation two falls since admission with injury;</p> <p>-Documentation of one stage 3 pressure ulcer, a diabetic foot ulcer, and other open lesions on foot;</p> <p>-Diagnosis of Alzheimer Disease, dementia, Peripheral vascular disease (is a slow and progressive disorder of the blood vessels) and Diabetes mellitus.</p> <p>Review of resident's medical record, showed a fall on 07/04/24 in his/her room, resulting in a hematoma to the left side of his/her face.</p> <p>-The resident had a stage III pressure ulcer on right ischium.</p> <p>Review of resident's care plan, dated 07/09/24, showed the plan did not contain the following:</p> <p>-Documentation of the resident's fall on 07/04/24 or updated fall interventions;</p> <p>-Documentation of the resident's stage III pressure ulcer on the right ischium (lower buttock) or interventions.</p> <p>6. Review of Resident #52's Admission MDS, dated [DATE], showed staff assessed the resident as:</p> <p>-Severe cognitive impairment;</p> <p>-No falls since last MDS;</p> <p>-Dependent for sit to stand and bed-to-chair transfers.</p> <p>Review of resident's medical record, showed the resident suffered a fall on 07/06/24 out of his/her wheelchair landing on his/her face and right side.</p> <p>Review of resident's care plan, dated 05/31/24, showed the care plan did not contain documentation of the resident's fall on 07/06/24 or updated fall interventions.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>7. Review of Resident #5's Quarterly MDS, dated [DATE], showed staff assessed the resident as:</p> <ul style="list-style-type: none"> -Severe cognitive impairment; -Documentation of a stage IV pressure ulcer (Full thickness tissue loss with exposed bone, tendon, or muscle) and other open lesion on foot; -Diagnosis of diabetes mellitus. <p>Review of resident's medical record showed staff documented the resident had a Stage IV pressure ulcer on right heel.</p> <p>Review of resident's care plan, dated 05/31/24, showed the plan did not contain documentation of the resident's Stage IV pressure ulcer or interventions.</p> <p>8. Review of the Resident #4's Annual MDS, dated [DATE], showed staff assessed the resident as:</p> <ul style="list-style-type: none"> -Severe cognitive impairment; -One physical behavior directed toward others; -Two verbal behaviors directed toward others; -One behavioral symptom not directed toward others; -Wandering daily; -Behaviors worse than previous review; -Diagnosis of Alzheimer's, dementia, anxiety, depression, and traumatic brain injury. <p>Review of resident's medical record showed staff documented a resident to resident altercation on 06/22/24, in the diningroom.</p> <p>Review of resident's care plan, dated 06/17/24, showed the care plan did not contain documentation on how to care for the resident's behaviors.</p> <p>During an interview on 07/18/24 at 10:38 A.M., Certified nurse aide (CNA) H said the resident is an emotional person with behaviors daily. He/She said the resident will often swat at staff during care and is easily frustrated. He/She said he/she is not an aggressive person, that handling him/her is all in the approach. He/She said he/she rarely has issues with the resident because he/she knows how to redirect him/her.</p> <p>During an interview on 07/18/24 at 11:12 A.M., CNA I said did not received education after the resident altercation. He/She said the resident is easily agitated, but always easily redirected. He/She said the resident gets very emotional, at times likes to be in peoples faces and can get frustrated if others don't want to be near him/her.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 07/18/24 at 11:21 A.M., licensed practical nurse (LPN) E said he/she was not aware the resident had an altercation with another resident and did not receive education regarding interventions. He/She said the resident can be emotional, easily agitated, and often refuses to sleep. He/She said the resident is easily redirected.</p> <p>During an interview on 07/18/24 at 3:01 P.M., the Director of Nursing (DON) said he/she it is the Care Plan Coordinators responsibility to update the care plans as needed with interventions and resident specific care. She would expect the residents frequent behaviors to be addressed on the care plan with interventions.</p> <p>9. During an interview on 07/17/24 at 3:21 P.M., LPN G said he/she is responsible for care plans. The LPN said they took over the job in May of 2024, but there had not been a care plan coordinator since 2023. The LPN said resident information is shared in morning meeting or it can be placed in their box. LPN G said the care plan should be updated as needed with interventions, change in conditions and care information as soon as possible.</p> <p>During an interview on 07/18/24 at 3:54 P.M., the DON said gathered information, goals, and interventions are all included in the care plan. The The DON said he/she would expect any issues, changes in condition, medication changes, behaviors, wounds and falls with interventions to be updated in the care plan as needed.</p> <p>During an interview on 07/18/24 at 3:55 P.M., the Administrator said the expectation is the care plan to be updated as things come up and for resident's needs. The administrator said it is the Care Plan Coordinators responsibility to update the care plans as needed, he said he is not sure how quickly care plans should be updated after a change with the resident.</p> <p>47193</p> <p>50422</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50422</p> <p>Based on observation, interview, and record review, facility staff failed to maintain professional standards of practice when staff did not complete neurological assessments for for three residents (Resident #7, #21, and #36) out of 18 sampled residents after unwitnessed falls. The facility census was 70.</p> <p>1. Review of the facility's policy titled, Neurological Assessments, undated, showed when resident has an incident with a head injury/trauma, or an unwitnessed fall, the nurse is the perform neurological assessment. Review showed the nurse is required to:</p> <ul style="list-style-type: none"> -Document the results on the neurological assessment flow sheet in the resident's chart; -Complete checks-Every 15 minutes for one hour, every 30 minutes for the next two hours, and every shift until the 72 hours are completed; -Neurological checks consist of level of consciousness, pupil size, hand grasps, extremities, pain response, and vital signs; -All items above must be completed on each neurological check. <p>2. Review of Resident #7's Quarterly Minimum Data Set (MDS), a federally mandated assessment tool, dated 05/19/24, showed staff assessed the resident as:</p> <ul style="list-style-type: none"> -Cognitively intact; -One fall with no injury since last MDS. <p>Review of the resident's medical record showed staff documented the resident had an unwitnessed fall on 05/06/24. Review showed the medical record did not contain neurological checks as directed in the facility policy.</p> <p>3. Review of Resident #21's Quarterly MDS, dated [DATE], showed staff assessed the resident as:</p> <ul style="list-style-type: none"> -Cognitively intact; -One fall with major injury since last MDS. <p>Review of the resident's medical record showed staff documented the resident had an unwitnessed fall on 06/26/24. Review showed the medical record did not contain neurological checks as directed in the facility policy.</p> <p>4. Review of Resident #36's Quarterly MDS, dated [DATE], showed staff assessed the resident as:</p> <ul style="list-style-type: none"> -Moderate cognitive impairment; <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-One fall with no injury since last MDS</p> <p>-Dependent with bed-to-chair transfer and bed mobility.</p> <p>Review of the resident's medical record showed staff documented the resident had an unwitnessed fall on 04/24/24. Review showed the medical record did not contain neurological checks as directed in the facility policy.</p> <p>5. During an interview on 07/18/24 at 2:42 P.M., Licensed Practical Nurse (LPN) A said with unwitnessed falls, the nurse should do a full skin assessment and vitals. He/She said a neurological exam should be completed for unwitnessed falls or if resident hits their head.</p> <p>During an interview on 07/18/24 at 3:06 P.M., the Director of Nursing (DON) said after an unwitnessed fall he/she expects neurological checks to be done for first 72 hours and an incident report to be completed.</p> <p>During an interview on 07/18/24 at 3:38 P.M., the administrator said for unwitnessed falls, he/she expects the nurse to complete an incident report, monitor the resident, and complete neurological checks for 72 hours.</p>		

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<p>F 0679</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Provide activities to meet all resident's needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47193</p> <p>Based on observation, interview, and record review, facility staff failed to provide an ongoing program of activities designed to meet the residents' interest on the weekends for three (Resident #10, #21, and #25) out of 18 residents. The facility census was 70.</p> <p>1. Review of the facility's policy titled, Activity Department, dated 08/17/21, showed the facility to have an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident. Activities will provide one on one to any resident that do not want to participate in group activities or are not able to attend group activities.</p> <p>Review of the facility's Activity Calendar, dated June, 2024, showed:</p> <ul style="list-style-type: none"> -Saturday, 06/01/24; did not contain a time, Bingo; -Sunday, 06/02/24; did not contain a time, game day; -Saturday, 06/08/24; did not contain a time, Bingo; -Sunday, 06/09/24 at 3:00 P.M., Church; -Saturday, 06/22/24; did not contain a time, Bingo; -Sunday, 06/23/24; did not contain a time, Game Day; -Saturday, 06/29/24; did not contain a time, Bingo; -Sunday, 06/30/24; did not contain a time, Game Day. <p>2. Review of Resident #10's Annual Minimum Data Set (MDS), a federally mandated assessment tool, dated 04/08/24, showed staff assessed the resident as follows:</p> <ul style="list-style-type: none"> -Independent for decisions; -Very important to listen to music, do favorite activities, and go outside to get fresh air when weather is good; -Somewhat important to participate in religious services or practices. <p>Review of the resident's care plan, dated 06/21/24, showed staff documented the resident will participate in three or more activities per week through next review.</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 07/16/24 at 8:47 A.M., the resident said he/she loves activities, and the activities keep him/her busy. He/She said the facility does not have activities on the weekends. He/She said sometimes a helper will come in and do bingo once a month on Saturday. He/She said sometimes there is church on Sunday if they are lucky, but not every Sunday. He/She said he/she would love if there were activities on the weekends and he/she would play them if the facility had them.</p> <p>3. Review of Resident #21's Annual MDS, dated [DATE], showed staff assessed the resident as follows:</p> <ul style="list-style-type: none"> -Independent for decisions; -Very important to listen to music, do things with groups of people, do favorite activities; -Somewhat important to participate in religious services or practices, have books, newspapers, and magazines to read, and go outside to get fresh air when weather is good. <p>Review of the resident's care plan, dated 07/01/24, showed staff documented the resident will participate in three or more activities per week through next review.</p> <p>During an interview on 07/16/24 at 1:56 P.M., the resident said he/she enjoys going to activities and loves to play bingo. He/She said the facility does not have activities on the weekends. He/She said he/she would love if there were activities on the weekends.</p> <p>4. Review of Resident #25's Annual MDS, dated [DATE], showed staff assessed the resident as follows:</p> <ul style="list-style-type: none"> -Independent for decisions; -Very important to keep up with the news; -Somewhat important to do favorite activities, listen to music, and have books, newspapers, and magazines to read. <p>Review of the resident's care plan, dated 06/07/24, showed staff documented the resident will take part in preferred activity pursuits and demonstrate satisfaction with his/her ability to engage in preferred activities.</p> <p>During an interview on 07/16/24 at 11:20 A.M., the resident said he/she wishes the facility would do more activities. He/She said the facility does not have activities on the weekends. He/She said the weekends are boring without activities.</p> <p>5. During an interview on 07/18/24 at 2:48 P.M., Certified Nurse Aide (CNA) B said the facility does not have anything scheduled for activities on the weekends.</p> <p>During an interview on 07/18/24 at 2:42 P.M., Licenses Practical Nurse (LPN) A said there are no activities on the weekends. He/She said no staff comes in to do activities on the weekends.</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 07/22/24 at 1:01 P.M., the Activities Director said the facility has bingo on Saturdays and every second Sunday there is church service. He/She said he/she has an assistant that comes in one weekend a month to help with activities. He/She said on the other Sundays when there is no Church, there are games that the residents could play or watch church on tv. The activity director said the assistant helps one weekend a month, otherwise its the receptionist if he/she is there or CNA's if they have time.</p> <p>During an interview on 07/18/24 at 3:02 P.M., the Director of Nursing (DON) said he/she is unaware of any scheduled activities on the weekends. He/She said he/she is unaware if staff comes in on Saturday or Sunday to do activities.</p> <p>During an interview on 07/18/24 at 3:38 P.M., the Administrator said the facility has some crafts on the weekends. He/She said one weekend a month the activity assistant comes in to play bingo. The administrator said staff working on the weekends are responsible for activities on the weekend.</p> <p>50422</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>47193</p> <p>Based on interview and record review, the facility staff failed to provide staff in accordance with their Facility Assessment based on the care needs of their residents. The facility census was 70.</p> <p>1. Review of the Facility Assessment, dated 04/10/24, showed facility staff documented the staffing requirements needed on a 24-hour basis to meet the needs of their residents for an average census of 70-80 are as follows:</p> <p>-West Unit: Registered Nurse (RN) or Licensed practical nurse: 1 for each shift;</p> <p>-East Unit: Registered Nurse (RN) or Licensed practical nurse: 1 for each shift.</p> <p>2. Review of the facility night shift staff schedule for the west and east area of the facility, dated 04/20/24 through 04/30/24, showed the facility scheduled only one LPN and did not have an addition LPN or RN to staff the west and east location from 04/06/24-04/30/24 as directed in the facility assessment.</p> <p>3. Review of the facility night shift staff schedule west and east area of the facility, dated 05/01/24 through 05/31/24, showed the facility scheduled only one LPN and did not have an addition LPN or RN to staff the west and east location from 05/01/24, 05/02/24, 05/05/24- 05/09/24, 05/11/24, 05/12/24, 05/14/24- 05/31/24 as directed in the facility assessment.</p> <p>4. Review of the facility night shift staff schedule the west and east area of the facility, dated 06/01/24 through 06/30/24, showed the facility scheduled only one LPN and did not have an addition LPN or RN to staff the west and east location from 06/01/24 -06/03/24, 06/06/24, 06/08/24-06/30/24 as directed in the facility assessment.</p> <p>5. Review of the facility night shift staff schedule the west and east area of the facility, dated 07/01/24 through 07/18/24, showed the facility scheduled only one LPN and did not have an addition LPN or RN to staff the west and east location from 07/01/24-07/04/24 and 07/15/24-07/18/24 as directed in the facility assessment.</p> <p>6. During an interview on 07/18/24 at 1:20 P.M., the Director of Nursing (DON) said the facility always has a licensed nurse scheduled at each shift but not always two. He/She said he/she questioned it when he/she first started because he/she was not sure of the guidelines. He/She said he/she was not aware the facility assessment says they should have two licensed nurses at night.</p> <p>During an interview on 07/18/24 at 2:18 P.M., the administrator said the facility always has a licensed nurse in the building, just not two. He was not aware the facility assessment said he/her needed two licensed nurses per unit, per shift.</p>		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>47193</p> <p>Based on interview and record review, facility staff failed to provide the services of a Registered Nurse (RN) for at least eight consecutive hours per day, seven days a week. The facility census was 70.</p> <p>1. Review of the facility's Resident Services Policy, dated March 27, 2017, showed the facility provides sufficient licensed nursing and ancillary services 24 hours a day, including a registered nurse for at least 8 consecutive hours daily.</p> <p>2. Review of the facility's RN staff schedule, dated June 2024, showed the facility did not have an RN in the building on:</p> <p>-06/01/24;</p> <p>-06/02/24;</p> <p>-06/08/24;</p> <p>-06/09/24;</p> <p>-06/15/24;</p> <p>-06/16/24;</p> <p>-06/22/24;</p> <p>-06/23/24;</p> <p>-06/29/24;</p> <p>-06/30/24.</p> <p>3. Review of the facility's RN staff schedule, dated July 2024, showed the facility did not have an RN in the building on 07/06/24 and 07/07/24.</p> <p>4. During an interview on 07/16/24 at 6:50 A.M., RN F said he/she is the certified nurse aide (CNA) instructor for the facility. RN F said, I am here every day, because I am the only RN on staff right now other than the DON, and I work Monday thru Friday.</p> <p>During an interview on 07/18/24 at 1:20 P.M., the Director of Nursing (DON) said the facility currently is short two RN positions. He/She said they do not have a full time RN to work weekends and their CNA instructor is working as their RN through the week.</p> <p>(continued on next page)</p>		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 07/18/24 at 2:18 P.M., the administrator said he/she is trying to hire an RN. He/She said he/she currently doesn't have an RN scheduled every weekend and the DON and CNA instructor are the RN's who cover the eight hour shifts during the week.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>47193</p> <p>Based on observation, interview, and record review, facility staff failed to store and label medications in a safe and effective manner when staff failed to date the open multi-dose medication bottles, and placed non-medication in medication storage room refrigerator. The facility census was 70.</p> <p>1. Review of the facility's Storage of Medication policy, undated, showed facility staff are directed as follows:</p> <ul style="list-style-type: none"> -The nursing staff shall be responsible for maintaining medication storage and preparation areas in a clean, safe, and sanitary manner; -Medications require refrigeration must be store in a refrigerator located in the drug room at the nurses' station or other secured location. -Medications must be stored separately from food and must be labeled accordingly. <p>Review of the facility's Administering Medications policy, dated 03/07/22, showed the facility staff are directed to record the open date on the container when opening a multi-dose medication container.</p> <p>2. Observation on 07/15/24 at 9:30 A.M., showed the west wing medication cart contained:</p> <ul style="list-style-type: none"> -One opened bottle of vegetable laxative, undated; -One opened bottle of diphenhydramine, undated and without a lid; -One opened bottle of ibuprofen, undated; -One opened bottle of calcium, undated; -One opened bottle of milk of magnesia, undated. <p>3. Observation on 07/15/24 at 9:50 A.M., showed the [NAME] wing medication storage room contained:</p> <ul style="list-style-type: none"> -One opened bottle of dietary supplement, undated; -One opened bottle of Vitamin D3, undated. <p>4. Observation on 07/15/24 at 9:50 A.M., showed the medication refrigerator in [NAME] wing medication storage room contained:</p> <ul style="list-style-type: none"> -One to-go container containing a cinnamon roll; <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Two sandwiches;</p> <p>-One leftover box of pizza;</p> <p>-One container of butter;</p> <p>-One soda,</p> <p>-One bottle of chipotle ranch;</p> <p>-One bottle of lime juice;</p> <p>-One box of leftovers;</p> <p>-One cup of coffee.</p> <p>During an interview on 07/15/24 at 9:40 A.M., certified medication technician (CMT) C said he/she usually labels the lid of the medication bottle when he/she opens it. He/She said the CMT on the medication cart is responsible for maintaining the medication cart, labeling medications when opened, and help maintain medication storage rooms.</p> <p>During an interview on 07/15/24 at 10:05 A.M., licensed practical nurse (LPN) A said the person on the medication cart is responsible for maintaining it for that shift. He/She expects staff to label and date bottles as they are opened. He/She said he/she is not sure what the policy is on the medication storage room refrigerator containing food in the same refrigerator as the medications. He/She said that fridge always ends up with food in it due to the staff refrigerator being full and staff not having a place to put resident food and leftovers.</p> <p>During an interview on 07/18/24 at 3:01 P.M., the Director of Nursing (DON) said it is the responsibility of the nurse or CMT who is on the medication cart, to maintain it. He/She said he/she also does monthly audits of the medication carts. He/She said staff should be going over the carts at change of shift and signing off that they are good. He/She said he/she expects staff to label medications with an open date when they first open the bottle. He/She was not aware staff were not labeling the medications when opening them. He/She said it is his/her expectation that food is not kept in the same refrigerator as medications. He/She was aware there was an issue. He/She said he/she has cleaned out the fridge and staff keep refilling it. He/She said he/she has been looking for a solution.</p> <p>During an interview on 07/18/24 at 3:36 P.M., the administrator said it is his/her expectation that charge nurses, CMT's, should maintain the medication carts and the assistant director of nursing (ADON), and the DON should oversee them to ensure it is done. He/She said the nurses and CMT's should be checking medication carts daily per shift and the DON and ADON should be checking them weekly. He/She said he/she is not sure what the policy is for labeling medications once they are opened.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39644 45564</p> <p>Based on observation, interview and record review, the facility staff failed to develop and implement complete policies and procedures for the inspection, testing and maintenance of the facility's water systems to inhibit the growth of waterborne pathogens and reduce the risk of an outbreak of Legionnaire's Disease (LD- a serious type of pneumonia (lung infection) caused by Legionella bacteria. Facility staff failed to develop and implement complete policies and procedures for the inspection, testing and maintenance of the facility's water systems has the potential for the failure of staff to identify and mitigate the presence of waterborne pathogens, which places all residents of the facility at risk of exposure which could lead to illness. Facility staff failed to use appropriate infection control procedures to prevent the spread of bacteria or other infectious causing contaminants when staff failed to use a barrier when performing blood sugars for three (Resident #42, #51, and #53) of four sampled residents. The facility census was 70.</p> <p>1. Review of the Centers for Medicare and Medicaid Services (CMS) Survey and Certification (S&C) letter 17-30, dated 06/02/17 and revised on 06/09/17, showed:</p> <p>-The bacterium Legionella can cause a serious type of pneumonia called LD in persons at risk. Those at risk include persons who are at least [AGE] years old, smokers, or those with underlying medical conditions such as chronic lung disease or immunosuppression. Outbreaks have been linked to poorly maintained water systems in buildings with large or complex water systems including hospitals and long-term care facilities. Transmission can occur via aerosols from devices such as shower heads, cooking towers, hot tubs, and decorative fountains;</p> <p>-Facilities must develop and adhere to policies and procedures that inhibit microbial growth in building water systems that reduce the risk of growth and spread of Legionella and other opportunistic pathogens in water;</p> <p>-CMS expects Medicare certified healthcare facilities to have water management policies and procedures to reduce the risk of growth and spread of Legionella and other opportunistic pathogens in building water systems. An industry standard calling for the development and implementation of water management programs in large or complex building water systems to reduce the risk of legionellosis was published in 2015 by American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE). In 2016, the Centers for Disease Control and Prevention (CDC) and its partners developed a toolkit to facilitate implementation of this ASHRAE Standard (https://www.cdc.gov/legionella/maintenance/wmp-toolkit.html). Environmental, clinical, and epidemiological considerations for healthcare facilities are described in this toolkit;</p> <p>-Surveyors will review policies, procedures, and reports documenting water management implementation results to verify that facilities:</p> <p>-Conduct a facility risk assessment to identify where Legionella and other opportunistic waterborne pathogens (e.g. Pseudomonas, Acinetobacter, Burkholderia, Stenotrophomonas, nontuberculous mycobacteria, and fungi) could grow and spread in the facility water system;</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-Implement a water management program that considers the ASHRAE industry standard and the CDC toolkit, and includes control measures such as physical controls, temperature management, disinfectant level control, visual inspections, and environmental testing for pathogens;</p> <p>-Specify testing protocols and acceptable ranges for control measures, and document the results of testing and corrective actions taken when control limits are not maintained.</p> <p>Review of the facility's Water Management Program - Legionella, undated, showed the members of the committee will ensure the inspections of the identified areas where Legionella could grow are completed and the results are within regulatory guidelines. Maintenance will ensure the areas where Legionella could grow in the equipment are inspected, cleaned and free of bacteria. Logs will be kept in the maintenance shed.</p> <p>Review showed the plan indicated the facility's water flow comes from the city. Water enters the building from the water main at the street level through the building's main line. Review showed the plan did not contain a description of the building water system using text or a flow diagram.</p> <p>Review of the plan showed water heaters, eye wash stations, faucets, flow restrictors, whirlpool tubs, water fountains and pipes/valves/fittings were identified as areas where Legionella could grow. Review showed the control measures for water heaters were visual inspection and maintaining proper temperatures. Review showed the plan did not include a description of the visual inspection or a temperature range. Review showed the plan did not contain control measures or interventions for the additional identified areas.</p> <p>Review of the plan showed maintenance logs and routine maintenance for equipment such as water heaters, ice machines, backflow preventers, etc. can be found with the maintenance director. These logs are kept up to date and filed in the maintenance office. Review showed the maintenance records did not contain water management program documentation.</p> <p>During an interview on 07/18/24 at 12:20 P.M., the maintenance director said he/she flushes the water heaters for 30 seconds every month. The maintenance director said he/she checks the eyewash station tags and performs a brief function check every month, but he/she had never deep cleaned or flushed the eye wash stations. The maintenance director said housekeeping staff cleaned the water fountains and flushed toilets and sinks. The maintenance director said the shower aides cleaned and sanitized the whirlpools.</p> <p>During an interview on 07/18/24 at 8:00 A.M., the administrator said he/she was not familiar with the CDC Toolkit or the requirement for a water system flow diagram, control measures or specific corrective actions to be taken if control measures were out of range.</p> <p>X. Review of the facility's policy titled, Blood Glucose Monitoring, revised 04/19/23, showed staff are directed to place glucometers on clean surfaces.</p> <p>Review of the facility's policy titled, Infection Prevention and Control Program, undated, showed equipment or items in the resident environment likely to have been contaminated with infectious fluids or other potentially infectious matter must be handled in a manner so as to prevent transmission of infectious agents (e.g. wear gloves for handling soiled equipment and properly clean and disinfect or sterilize reusable equipment before use on another resident).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265279	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/18/2024
NAME OF PROVIDER OR SUPPLIER Cedar Pointe		STREET ADDRESS, CITY, STATE, ZIP CODE 1800 White Columns Drive Rolla, MO 65401	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>X. Observation on 07/17/24 at 11:47 A.M., showed Licensed Practical Nurse (LPN) D entered Resident #42's room to perform a blood sugar check on the resident. LPN D placed the glucometer on the resident's bedside table without a barrier and prepped the resident for the blood sugar test. LPN D tested the resident's blood sugar and placed the glucometer on the bedside table. LPN D removed the glucometer and placed it on the top of the medication cart without a barrier before he/she removed his/her gloves and performed hand hygiene. LPN D replaced his/her gloves and cleaned the glucometer with a wipe before placing the clean glucometer back on the medication cart without a barrier.</p> <p>X. Observation on 07/17/24 at 11:30 A.M., showed LPN D entered the dining room to perform a blood sugar check on Resident #51. LPN D placed the glucometer on the dining room table without a barrier as he/she prepped the resident for the blood sugar test. LPN D tested the resident's blood sugar and placed the glucometer on the dining room table. LPN D removed the glucometer and placed it on the top of the medication cart without a barrier before he/she removed his/her gloves and performed hand hygiene. LPN D replaced his/her gloves and cleaned the glucometer with a wipe before placing the clean glucometer back on the medication cart without a barrier.</p> <p>X. Observation on 07/17/24 at 11:38 A.M., showed LPN D performed Resident #53's blood sugar check in the East wing hallway and placed the glucometer on the medication cart without a barrier. LPN D cleaned the glucometer and then placed it back on the medication cart without a barrier.</p> <p>X. During an interview on 07/18/24 at 3:01 P.M., the Director of Nursing (DON) said it is his/her expectation that staff do not place glucometers on dining room tables, bedside tables, or medication carts that are not sanitized. He/She said placing used glucometers on tables presents a risk for transmitting blood born pathogens or bacteria. He/She was not aware nursing staff were placing glucometers on these surfaces without a barrier.</p> <p>During an interview on 07/18/24 at 3:36 P.M., the administrator said it is his/her expectation staff do not place glucometers on any surface without a barrier because it is not sanitary. He/She said he/she was not aware staff were not using a barrier.</p> <p>During in interview on 07/26/24 at 3:52 P.M., LPN D said staff should use a barrier before placing the glucometer on surfaces. He/She said it is an infection control concern. He/She said he/she did not use a barrier because he/she did not have one at the time.</p>		

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<p>F 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.</p> <p>39644</p> <p>Based on interview and record review, facility staff failed to designate one or more individuals with specialized training in Infection Prevention and Control (IPC) as the Infection Preventionist for the facility's infection prevention and control program. The facility census was 70.</p> <p>1. Review of the facility policies showed staff did not provide a policy for specialized training for the Infection Preventionist.</p> <p>During an interview on 07/18/24 at 3:50 P.M., the administrator said the Assistant Director of Nursing (ADON) is the facility's Infection Preventionist. He said the ADON started the required classes sometime last month, but he is not sure how much longer she/he has. The administrator said he was aware the training and certification needed to be completed before given the position or title of Infection Preventionist.</p> <p>During an interview on 07/23/24 at 10:15 A.M., the ADON said he/she was not aware he/she was the actual Infection Preventionist (IP) yet, due to he/she is enrolled in the Centers for Disease Control and Prevention Infection Preventionist training but is not certified. He/She said they are only about halfway through the modules. The ADON said he/she was aware the certification needed to be completed before they assumed that title of Infection Preventionist.</p>