

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265285	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/23/2024
NAME OF PROVIDER OR SUPPLIER  Jefferson City Manor Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1720 Vieth Dr Jefferson City, MO 65109	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview and record review, facility staff failed to develop and implement a comprehensive person-centered care plan for one resident (Resident# 2), and failed to update care plans at least quarterly in conjunction with the required Minimum Data Set ((MDS) a federally mandated assessment instrument), to provide interventions to meet individual needs for two residents (Resident #1 and #3) out of three sampled residents. The facility census was 68.</p> <p>1. Review of the facility's Goals, Objectives, and Care Plans policy, revised April 2000, showed staff are directed as follows:</p> <ul style="list-style-type: none"> <li>-Care plans shall incorporate goals and objectives that lead to the resident's highest obtainable level of independence;</li> <li>-Goals and objectives are entered onto the resident's so that all disciplines have access to such information and are able to report whether or not the desired outcomes are being achieved;</li> <li>-Goals and objectives are reviewed and/or revised at least quarterly.</li> </ul> <p>2. Review of Resident #1's quarterly MDS, dated [DATE], showed staff assessed the resident as follows:</p> <ul style="list-style-type: none"> <li>-Cognitively intact;</li> <li>-Used a diuretic, opioid and hypoglycemic (medication for low blood sugar);</li> <li>-Used a wheelchair;</li> <li>-Dependent on staff for transferring in and out of tub/shower, toilet and to and from a bed to a chair or wheelchair;</li> <li>-Required setup or cleanup assistance from staff with eating and oral and personal hygiene;</li> <li>-Dependent on staff for toileting assistance;</li> <li>-Required substantial to maximal assistance from staff with showering and lower body dressing;</li> </ul> <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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Required partial to moderate assistance from staff with upper body dressing;</p> <p>-Uses oxygen therapy.</p> <p>Review of the resident's care plan, dated 06/27/24, showed the care plan had not been updated with the 10/02/24 MDS assessment.</p> <p>3. Review of Resident #2's entry MDS, dated [DATE], showed it did not contain documentation of a completed MDS Assessment.</p> <p>Review of the resident's care plan, dated 10/31/24, showed the care plan had not been updated with the resident's activities of daily living (ADL) or the specific anticoagulant medication with the 10/31/24 assessment.</p> <p>4. Review of Resident #3's quarterly MDS, dated [DATE], showed staff assessed the resident as follows:</p> <p>-Cognitively intact;</p> <p>-Used an opioid, hypoglycemic and anticoagulant (medication used to prevent blood clots from forming or growing);</p> <p>-Independent for eating and oral hygiene;</p> <p>-Dependent on staff for toileting and lower body dressing;</p> <p>-Required substantial to maximal assistance from staff for bathing;</p> <p>-Required supervision from staff for upper body dressing;</p> <p>-Required setup assistance from staff for personal hygiene;</p> <p>-Used a wheelchair.</p> <p>Review of the resident's care plan, dated 05/01/24, showed the care plan had not been updated with the 10/26/24 MDS assessment.</p> <p>5. During an interview on 12/23/24 at 1:31 P.M., the MDS Coordinator said he/she was responsible to update and/or revise the care plans on a quarterly and annual basis. He/She said the comprehensive care plan should be completed within twenty one days of admission. The MDS Coordinator said he/she started his/her position in June and had been working on fixing the care plans.</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 - Few</p>	<p>During an interview on 12/23/24 at 2:24 P.M., the administrator said the MDS Coordinator was responsible to update and/or revise the care plans quarterly and annually. He/She said the comprehensive care plan should be completed within twenty one days of admission to the facility. He/She said the MDS Coordinator should be checking the care plans on a weekly basis to ensure the plans are completed according to guidelines. He/She said there was a form listing the residents scheduled care plan meetings as a resource for the MDS Coordinator. He/She said the facility hired a second person to assist with updating the care plans.</p> <p>During an interview on 12/23/24 at 2:25 P.M., the Director of Nursing (DON) said the MDS Coordinator was responsible to update and/or revise the care plans quarterly and annually. He/She said the comprehensive care plan should be completed by the MDS Coordinator within twenty one days from the date of admission. He/She said the MDS Coordinator should be checking the care plans on a weekly basis to ensure the plans are completed according to guidelines. He/She said there was a form listing the residents scheduled care plan meetings as a resource for the MDS Coordinator. He/She said the facility hired a second person to assist with updating the care plans. He/She said he/she just started his/her position and was working on getting the issue with the care plans resolved.</p> <p>MO00246774</p>		