

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 06/07/2024
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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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 hours per day, seven days a week. The facility census was 72.</p> <p>1. Review of the facility's policies showed the facility did not provide a policy for RN coverage.</p> <p>Review of the facility's RN staff schedule, dated March 2024, showed the facility did not have an RN in the building on:</p> <p>-Saturday 03/02/24;</p> <p>-Sunday 03/03/24;</p> <p>-Saturday 03/09/24;</p> <p>-Saturday 03/10/24;</p> <p>-Saturday 03/23/24;</p> <p>-Saturday 03/24/24;</p> <p>-Saturday 03/30/24;</p> <p>-Saturday 03/31/24.</p> <p>Review of the facility's RN staff schedule, dated April 2024, showed the facility did not have an RN in the building on the following dates:</p> <p>-Saturday 04/06/24;</p> <p>-Sunday 04/07/24;</p> <p>-Saturday 04/13/24;</p> <p>-Sunday 04/14/24;</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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Saturday 04/20/24;</p> <p>-Sunday 04/21/24;</p> <p>-Sunday 04/28/24.</p> <p>Review of the facility's RN staff schedule, dated May 2024, showed the facility did not have an RN in the building on the following dates:</p> <p>-Saturday 05/04/24;</p> <p>-Sunday 05/05/24;</p> <p>-Saturday 05/11/24;</p> <p>-Sunday 05/12/24;</p> <p>-Saturday 05/18/24;</p> <p>-Sunday 05/19/24;</p> <p>-Saturday 05/25/24;</p> <p>-Sunday 05/26/24.</p> <p>During an interview on 06/07/24 at 1:35 P.M., the Director of Nursing (DON) said he/she was aware the requirement to have an RN in the building for eight hours in a 24 hour period, however he/she was not aware the eight hours needed to be consecutive.</p> <p>During an interview on 06/07/24 at 1:35 P.M., the Administrator said he was aware of the requirement for an RN eight hours consecutively on a daily bases, but there are holes in the schedule due to not having enough RN's on staff. They have ads out and are looking to hire, but have not been able to fill positions.</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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 an effective manner when staff did not document the open date on medication in the medication cart and failed to discard expired medications. The facility census was 72.</p> <p>1. Review of the facility's policy titled, Administering Medications, revised 04/2019, showed the expiration/beyond use date on the medication label is checked prior to administering. When opening a multi-dose container, the date opened is recorded on the container.</p> <p>2. Observation on 06/04/24 at 8:16 A.M., showed the rehabilitation hall medication cart contained:</p> <ul style="list-style-type: none"> -One bottle of Fish Oil, opened and undated; -Two bottles of acetaminophen, opened and undated; -One bottle of omeprazole (used to treat hearburn), opened and undated; -One bottle of Ibuprofen, opened and undated. <p>Observation on 06/04/24 at 8:35 A.M., showed the 300 hall medication cart contained:</p> <ul style="list-style-type: none"> -One bottle of magnesium oxide (mineral supplement), opened and undated; -One bottle of ferrous sulfate, opened and undated with an expiration date of 1/24; -One bottle of calcium, opened and undated; -One bottle of senna (used to treat constipation), opened and dated 5/20/24, with an expiration date of 4/24; -One bottle of acetaminophen, opened and undated; -One bottle of melatonin, opened and undated; -One bottle potassium chloride, opened and undated; -One bottle milk of magnesia opened and undated. <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 - Some</p>	<p>During an interview on 06/04/24 at 8:26 A.M., certified medication technician (CMT) B said each hall has their own cart medication cart. He/She said whoever is passing medications on the cart is responsible for maintaining them. He/She said they are responsible for checking for open dates and expiration dates. He/She said all multi use bottles should be dated when opened. He/She said the cart should be cleaned every shift, restocked, checked for expiration dates. He/She said he/she was new and must have over looked some of the medications on his/her cart. He/She was responsible for the 300 cart, but had not checked or started on that cart yet.</p> <p>During an interview on 06/07/24 at 12:24 P.M., licensed practical nurse (LPN) A said it is the responsibility of the CMT's to maintain medication carts. He/She said they should check for expired medications and medications have open dates on every shift. He/She said staff should be labeling medication bottles every time they are opened and they should be checked during medication pass and during cart reviews every shift.</p> <p>During an interview on 06/07/24 at 1:42 P.M., Director of Nursing (DON) said CMT's are responsible for maintaining medication carts. He/She said he/she expects staff who takes ownership of the cart for the medication pass to maintain the cart, he/she expects staff to label the medications with open dates and check for expiration dates. He/She said it is his/her responsibility for making sure staff are checking the medication carts. He/She was not sure why the medication carts had expired medications and bottles without open dates.</p> <p>During an interview on 06/07/24 at 1:40 P.M., the administrator said it is his/her expectation CMT's are responsible for maintaining medication carts. He/She said he/she expects the DON is monitoring to make sure staff are checking for open dates and expired medications.</p>		

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<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>45564</p> <p>Based on observation, interview and record review, the facility staff failed to store food in a manner to prevent potential contamination and out-dated use. Facility staff failed to maintain the kitchen equipment and surfaces in a sanitary manner to prevent the growth of bacteria and cross-contamination. Facility staff failed to maintain and serve food at temperatures adequate to prevent food borne illness. The facility staff failed to ensure the ice machine, used to supply ice to residents, drained through an air gap to prevent cross-contamination. These failures have the potential to affect all residents. The facility census was 72.</p> <p>1. Review of the facility's policies showed the facility did not provide a policy for food dating and storage.</p> <p>2. Observation on 06/04/24 at 9:00 A.M., showed the reach in refrigerator contained a plastic pour container labeled as Italian with a use by date of 5/20/24 and an eight quart plastic container labeled as ham which was dated 5/12/24.</p> <p>3. Observation 06/04/24 at 9:05 A.M., showed the reach in freezer contained:</p> <ul style="list-style-type: none"> -An unlabeled, undated bag of breaded meat which was open to the air; -A plastic zipper bag labeled sausage which was dated 5/7/24; -A plastic zipper bag labeled fish which was dated 5/17/24; -A plastic zipper bag taco meat which was dated 5/28 and contained a use by date of 6/01. <p>4. Observation on 06/04/24 at 9:35 A.M., showed the walk in freezer contained:</p> <ul style="list-style-type: none"> -A plastic zipper bag which was labeled beef and was open to the air; -A green tube of meat which had one end loosely covered with aluminum foil. The tube did not contain a label or date; -An undated plastic zipper bag which contained a plastic bag labeled frozen vegetables; -A plastic zipper bag which was labeled sauerkraut and was dated 5/16. The use by date was not legible; -An unlabeled and undated plastic bag of frozen chicken which was held closed with a yellow plastic bread bag clip; -An unlabeled and undated plastic zipper bag of frozen beef. <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>5. Observation on 06/04/24 at 9:50 A.M., showed the cooks prep refrigerator, below the serving line, contained</p> <ul style="list-style-type: none"> -A plastic zipper bag of tortillas which was dated 3/17 and had a use by date of 4/19; -Two unlabeled and undated plastic pour bottles which contained an off white colored thick liquid; -A unlabeled and undated plastic rectangle bin which contained a tan colored thick liquid and was partially covered with aluminum foil. <p>During an interview on 06/04/24 at 9:51 A.M., [NAME] E said the containers in the cooks refrigerator were pancake batter and french toast mix. [NAME] E said the items should be labeled and dated by whoever prepares the items.</p> <p>6. Review of the facility's policies showed the facility did not provide a policy for kitchen cleanliness and equipment cleaning.</p> <p>7. Observation on 06/04/24 at 9:00 A.M., showed:</p> <ul style="list-style-type: none"> -An accumulation of grease and food debris around the lower center of the front and back range hood filters. The hood frame contained an accumulation of grease and grease drops which hung from the bottom of the frame; -An accumulation of grease on the side and back walls near the deep fryer; -The covered meat slicer contained an accumulation of grease and food debris on the back and underside of the meat slicer blade; -A heavily soiled white towel set under the cooks prep refrigerator. <p>8. Review of the facility's policies showed the facility did not provide a policy for food holding temperatures.</p> <p>Observation on 06/04/24 at 9:15 A.M., showed a sign mounted on the wall next to the serving line which instructed staff to keep hot food at 135 degrees Fahrenheit (F) or higher.</p> <p>Observation on 06/04/24 at 9:11 A.M., showed [NAME] D served the residents breakfast which included scrambled eggs, which were being held at 96 degrees Fahrenheit (F), sausage which was being held at 100 degrees F and gravy which was being held at 126 degrees F.</p> <p>9. Review of the facility's Legionella water management plan showed control measures included daily cleaning and weekly disinfecting of ice machines. Review showed the plan did not contain guidance related to maintaining an air gap in the machine drain.</p> <p>10. Observation on 06/04/24 at 10:25 A.M., showed;</p> <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-The ice machine drain in the main dining room did not contain an air gap. Observation showed the drain line was submerged below the opening of large white plastic drain and the ice machine drain contained a large accumulation of brown material where the drain line was submerged;</p> <p>-The ice machine drain in the activity room did not contain an air gap. The ice machine filter was dated 1/16/23 and contained manufacturer's instructions to replace the filter no later than six months after installation.</p> <p>During an interview on 06/06/24 at 10:30 A.M., the maintenance director said he/she was responsible for the ice machines and filters. The maintenance director said he/she overlooked the dining and activity room ice machine filters and he/she was not aware of the requirement to have an air gap at the drain.</p> <p>During an interview on 06/06/24 at 11:15 A.M., the administrator said the facility's dietary manager quit two weeks ago so he/she was acting as dietary manager in addition to administrator duties. The administrator said all food items should be labeled and dated by the staff member who put the items away. The administrator said the cook was responsible for ensuring foods are held and served at proper temperatures and keeping the cooking area clean. The administrator said the maintenance director was responsible for ensuring ice machine drains had an air gap and filters were changed when required. The administrator said the registered dietician came in regularly and had expressed concerns related to food dating and kitchen cleanliness. The administrator said his/her kitchen staff is fairly new and he/she had been trying to work on their training.</p>		

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<p>F 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services.</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 document collaboration of care with hospice providers for development and implementation of a coordinated plan of care and communication between the facility and local hospice provider for two (Resident #40 and #59) out of two sampled residents who received hospice services. The facility census was 72.</p> <p>1. Review of the facility's Nursing Facility Hospice and Respite Care Services Agreement, dated March 11, 2020, showed:</p> <p>-Hospice will develop, at the time a resident of the facility is admitted into Hospice's program, a Plan of Care for the management and palliation of the resident's terminal illness. The Plan of Care will be updated as often as the patient condition requires, but no less frequently than every 15 calendar days;</p> <p>-Quality Improvement: The Hospice and Facility representatives shall document and keep written records of all such communications and shall document that the services provided are furnished in accordance with the terms of this agreement;</p> <p>-Medical Record: Facility shall prepare and maintain medical records for each hospice patient receiving services pursuant to the is agreement in accordance with all applicable federal and state laws, rules, and regulations and generally accepted medical record practices and shall complete such records in the same timely manner as required by the staff personnel of Hospice. The medical records shall consist of at least progress notes and clinical notes describing all services and events.</p> <p>2. Review of Resident's #40's Quarterly Minimum Data Set (MDS), a federally mandated assessment, dated 03/06/24, showed:</p> <p>-Received hospice care;</p> <p>-The resident has a condition or disease that may result in a life expectancy of less than six months.</p> <p>Review of the facility matrix list, dated 06/04/24, showed staff identified the resident received hospice services.</p> <p>Review of the facility hospice binder did not contain documentation of a coordinated plan of care between the facility and the Hospice provider.</p> <p>Review of the resident's medical record,did not contain documentation of a coordinated plan of care between the facility and the ospice provider.</p> <p>3. Review of Resident's #59's Significant change MDS, dated [DATE], showed:</p> <p>-Received hospice care;</p> <p>(continued on next page)</p>		

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<p>F 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-The resident has a condition or disease that may result in a life expectancy of less than six months.</p> <p>Review of the facility matrix list showed staff identified the resident received hospice services.</p> <p>Review of the facility hospice binder did not contain documentation of a coordinated plan of care between the facility and the hospice provider.</p> <p>Review of the resident's medical record did not contain documentation of a coordinated plan of care between the facility and the hospice provider.</p> <p>4. During an interview on 06/07/24 at 12:04 P.M., Licensed practical nurse (LPN) A said there should be hospice communication in the binder at the nurse's station. He/She said if staff tell her new orders or anything important, he/she makes a progress note in the resident's chart, but the information on what care hospice provides and any changes should all be kept in the hospice communication book. He/She is not sure why there is not documentation in the Compassus binder.</p> <p>During an interview on 06/07/24 at 1:35 P.M., the Director of Nursing (DON) said she would expect there to be communication and documentation between the Hospice company and the facility. She said she was not aware that this information was not in the resident's medical record.</p> <p>During an interview on 06/07/24 at 1:36 P.M., the Administrator said his expectation is there be communication, and documentation between the facility and the Hospice provider in the residents chart.</p> <p>47193</p>