

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265302	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Parkside Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 Hunt Avenue Columbia, MO 65202	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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** 39644</p> <p>Based on observation, interview, and record review, facility staff failed to maintain professional standards of care, when staff failed to follow physician's orders regarding water flushes during medication administration for one resident (Resident #12) with a Percutaneous endoscopic gastrostomy (PEG) tube and one resident (Resident #38) with a Gastrostomy Tube (G-Tube), (tube inserted through the stomach used for administration of food, fluids, and medications). The facility census was 66.</p> <p>1. Review of the facility's policy for Medication, Administration by Naso-Gastric or Gastrostomy Tube, undated, showed staff are directed as follows:</p> <ul style="list-style-type: none"> -Wash hands; -Verify the recipient with physician orders and medication administration record; -Check residual, if less than 100 milliliters (ml) return to stomach and flush with amount of water as ordered; -Give medication only by gravity; -At completion of medication administration, flush tube with water as ordered. <p>2. Review of the facility's policy on Physician Orders, undated, showed staff are directed as follows regarding Tube Feeding:</p> <ul style="list-style-type: none"> -Specify the type of feeding, amount, frequency of feeding, frequency for tube change, and rationale if as needed; -Should always be followed by water. <p>3. Review of Resident #38's Annual Minimum Data Set (MDS), a federally mandated assessment tool, dated 12/04/24, showed staff assessed the resident with a feeding tube.</p> <p>Review of the resident's plan of care, last updated 09/13/24, showed staff assessed the resident as a nutritional risk, and risk of alteration in fluids related to feeding tube.</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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's Physician's Order Sheet (POS), dated December 2024, directed staff to flush G-tube with 30 milliliters (ml) of water before and after meds.</p> <p>Observation on 12/18/24 at 7:00 A.M., showed LPN G entered the resident's room with prepared medications, in total 4 medication cups. The LPN filled a graduated container with 500 ml of tap water. Observation showed LPN G attached a syringe to the resident's G-tube, and flushed with the 60 ml of water, LPN G administered each medication and flushed 30ml of water after each medication. He/She then flushed the remaining 320 ml of water and closed the tube. Staff did not flush the G-tube as ordered by the physician when they gave to much water during the medication administration.</p> <p>4. Review of Resident #12's Quarterly MDS, dated [DATE], showed staff assessed the resident with a feeding tube</p> <p>Review of the resident's plan of care, last updated 12/16/24, showed staff assessed the residents nutritional status as a Percutaneous Endoscopic Gastrostomy (PEG) tube with continuous feedings at night.</p> <p>Review of the resident's Physician's Order Sheet (POS), dated December 2024, directed staff to flush tube with 60 ml of water before and after meds.</p> <p>Observation on 12/18/24 at 7:20 A.M., showed LPN G entered the resident's room with prepared medications in four medication cups. The LPN filled a graduated container with 500 ml of tap water. Observation showed LPN G attached a syringe to the resident's PEG tube, and flushed with the 60 ml of water, LPN G administered each medication and flushed 30ml of water after each medication. He/She flushed 150 ml of water, leaving 200ml in the container and closed the tube. Staff did not flush the Peg tube as ordered by the physician when they gave to much water during the medication administration.</p> <p>5. During an interview on 12/19/24 at 2:35 P.M., LPN G said he/she was not sure on the amount of water for the flush for the resident with a G-Tube or Peg tube, Just went of the top of my head but said he/she should have looked at the order and followed it.</p> <p>During an interview on 12/19/24 at 3:10 P.M., the Director of Nursing (DON) said before the nurse gives the medications a flush is done, then another flush after all medications is given. The DON said he/she would expect the nurse to follow the physician's orders for the administration of medication, and if they are not sure then check the order.</p> <p>During an interview on 12/19/24 at 4:05 P.M., the administrator said she would expect the nurse to always follow the physician's orders when they administrator medication.</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide activities to meet all resident's needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39440</p> <p>Based on observation, interview, and record review, facility staff failed to provide an ongoing program of daily activities designed to meet the resident's interests for four residents (Residents #1, #55, #67 and #270) out of five sampled residents who reside on the Memory Care Unit (MCU). The facility's census was 66.</p> <p>1. Review of the facility's policies, showed the facility did not provide a policy for activities.</p> <p>2. Review of the facility's activity calendar in MCU, dated November 2024, showed:</p> <p>-Saturday, 11/02/24: Did not contain documentation of an activity;</p> <p>-Sunday, 11/03/24: Activity cart available;</p> <p>-Saturday, 11/09/24: Activity cart available;</p> <p>-Sunday, 11/10/24: Activity cart available;</p> <p>-Saturday, 11/16/24: Activity cart available;</p> <p>-Sunday, 11/17/24: Activity cart available;</p> <p>-Saturday, 11/23/24: Activity cart available;</p> <p>-Sunday, 11/24/24: Activity cart available;</p> <p>-Saturday, 11/30/24: Activity cart available.</p> <p>Observation on 12/16/24 at 11:00 A.M., 12/17/24 at 11:16 A.M. and 1:40 P.M., 12/18/24 at 10:32 A.M., and 12/19/24 at 10:23 A.M., showed the MCU did not contain a December 2024 activity calendar.</p> <p>3. Review of Resident #1's Annual Minimum Data Set (MDS), a federally mandated assessment tool, dated 08/16/24, showed staff assessed the resident as severe cognitive impairment, and prefers:</p> <p>-Reading books, newspapers, or magazines, listening to music;</p> <p>-Doing things with groups of people, participate in favorite activities, spending time outdoors;</p> <p>-Participating in religious activities or practices.</p> <p>Review of the resident's care plan, dated 12/16/24, showed staff documented the resident:</p> <p>-Needs encouragement, guidance, and assistance for socialization;</p> <p>-Will participate in group activities and enjoys going outdoor with staff;</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Enjoys one on one activities with staff;</p> <p>-Enjoys ball toss with staff and/or other residents multiple times a week for balance and socialization;</p> <p>-The plan did not contain direction for religious preference, activities, or practices.</p> <p>Observation on 12/17/24 at 11:16 A.M. and 1:40 P.M., showed the resident asleep in his/her bed. Observation showed an activity calendar on the wall, dated November 2024.</p> <p>Observation on 12/18/24 at 10:05 A.M., showed the resident awake in his/her wheelchair alone at the dining room table. Observation showed staff did not provide an activity.</p> <p>4. Review of Resident #55's Admission MDS, dated [DATE], showed staff assessed the resident as follows:</p> <p>-Moderate cognitive impairment;</p> <p>-Very important to listen to music, be around animals such as pets, and to do his/her favorite activities;</p> <p>-Somewhat important to have books, newspapers, and magazines to read, do things with groups of people, go outside to get fresh air when the weather is good, and participate in religious services or practices.</p> <p>Review of the resident's quarterly MDS, dated [DATE], showed staff assessed the resident as moderate cognitive impairment, supervision with transfers, and independent with walking at least 50 feet.</p> <p>Review of the resident's care plan, dated 11/07/24, showed staff were directed:</p> <p>-Provide an activities calendar and remind him/her of upcoming activities;</p> <p>-Provide in-room activities/reading material if he/she chooses to have them;</p> <p>-Discuss the activities offered while visiting with him/her;</p> <p>-Offer one-on-one visits for sensory stimulation, socialization, and emotional support;</p> <p>-The plan did not contain direction for religious preference, activities, or practices.</p> <p>Observation on 12/17/24 at 10:00 A.M. through 10:35 A.M., showed residents listened to Carolers in the facility's main dining room.</p> <p>Observation on 12/17/24 at 11:23 A.M., showed the resident in his/her room awake in the recliner. Observation showed an activity calendar on the wall, dated November 2024.</p> <p>Observation on 12/18/24 at 10:59 A.M., showed the resident awake in the recliner in his/her room. Observation showed staff did not provide an activity.</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 12/17/24 at 11:25 A.M., the resident said staff does not do any activities with him/her inside the room, and he/she did not know if there was an activity going on for the day. The resident said he/she would have enjoyed listening to the carolers singing but he/she did not know the carolers were there earlier.</p> <p>During an interview on 12/19/24 at 11:59 A.M., the AD said the resident would have loved to hear the Carolers, because he/she enjoyed it the last time the carolers were at the facility about a week prior. The AD said he/she did not bring the carolers to the MCU and did not bring any of the residents from the MCU to the main area to participate in any activities this week, as he/she was just busy. The AD said he/she did not think any other staff offered to bring any of the resident's out to the main area for any activities either.</p> <p>5. Review of Resident #67's Admission MDS, dated [DATE], showed staff assessed the resident as follows:</p> <ul style="list-style-type: none"> -Severe cognitive impairment; -Very important to do his/her favorite activities and go outside to get fresh air when the weather is good; -Somewhat important to have books, newspapers, and magazines to read, listen to music, and keep up with the news. <p>Review of the resident's care plan, dated 11/21/24, showed staff were directed:</p> <ul style="list-style-type: none"> -Provide an activities calendar and remind him/her of upcoming activities; -Offer one-on-one visits for sensory stimulation, socialization, and emotional support; -Discuss the activities offered while visiting with him/her; -If he/she is wandering, try offering pleasant diversions, structured activities, food, conversation, television (TV) or reading materials. <p>Observation on 12/16/24 at 2:30 P.M., showed residents played bingo in the facility's main dining room.</p> <p>Observation on 12/16/24 at 2:34 P.M., showed the resident in the hallway across from the TV alone and the TV off.</p> <p>Observation on 12/17/24 at 11:48 A.M., showed staff did not post an activity calendar in the resident's room. Observation showed there was not an activity calendar for December 2024 and staff did not provide an activity.</p> <p>Observation on 12/17/24 at 1:59 P.M., showed the resident wandered back and forth in the hallway. Observation showed there was not an activity calendar for December 2024 and staff did not provide an activity.</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 12/18/24 at 10:32 A.M., showed the resident wandered back and forth in the hallway. Observation showed there was not an activity calendar for December 2024 and staff did not provide an activity.</p> <p>During an interview on 12/19/24 at 12:02 P.M., the AD said he/she has not personally assessed the residents' specific interests, but has interacted with the resident, and was familiar with the directions for activities in the resident's care plan. He/She said he/she was not involved in the resident's activity preferences on the MDS.</p> <p>6. Review of Resident #270's Admission MDS, dated [DATE], showed staff assessed the resident as follows:</p> <ul style="list-style-type: none"> -Severe cognitive impairment; -Supervision with transfers and walking at least 150 feet; -Very important to do his/her favorite activities; -Somewhat important to have books, newspapers, and magazines to read, listen to music, do things with groups of people, and participate in religious services or practices. <p>Review of the resident's care plan, dated 12/11/24, showed staff were directed:</p> <ul style="list-style-type: none"> -Provide an activities calendar and remind him/her of upcoming activities; -Offer one-on-one visits for sensory stimulation, socialization, and emotional support; -Discuss the activities offered while visiting with him/her; -Provide in-room activities/reading material if he/she chooses to have them. <p>Observation on 12/17/24 at 2:53 P.M., showed the resident pacing back and forth in hallway. Observation showed there was not an activity calendar for December 2024 and staff did not provide an activity on the MCU. Observation showed residents played bingo in the facility's main dining room.</p> <p>Observation on 12/18/24 at 10:47 A.M., showed the resident pacing back and forth in hallway asking what do I do now? Observation showed there was not an activity calendar for December 2024 and staff did not provide an activity on the MCU.</p> <p>During an interview on 12/19/24 at 12:02 P.M., the AD said he/she has not personally assessed the residents' specific interests, but has interacted with the resident, and was familiar with the directions for activities in the resident's care plan.</p> <p>7. Observation on 12/17/24 at 1:51 P.M., showed Certified Nursing Assistant (CNA) J, and four residents sat on chairs in the hallway on the MCU, a Western Movie displayed on the TV.</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 12/17/24 from 2:03 P.M. through 2:07 P.M., showed CNA J sat on a chair in the hallway with his/her eyes closed, one resident sat next to him/her on each side, while three other residents wandered in the hallway. Observation showed staff did not engage in any one-on-one activity, in-room activity, or group activity with the residents.</p> <p>During an interview on 12/17/24 at 2:26 P.M., CNA J said there is usually one CNA scheduled to work on the MCU on the day shift. He/She said the CNA does random activities such as coloring, puzzles, a board with different locks to open and close, and movies, but sometimes the residents will just get up and leave. The CNA said the AD sometimes does one-on-one activities with the residents.</p> <p>8. Observation on 12/18/24 from 9:55 A.M. through 11:06 A.M., showed four residents sat on chairs in the hallway on the MCU, the TV in the hallway was turned off. Observation showed staff did not engage in any one-on-one activity, in-room activity, or group activity with the residents.</p> <p>During an interview on 12/18/24 at 10:51 A.M., CNA H said he/she did not know the routine for the residents on the MCU, and realizes the residents are ambulatory and active/busy. The CNA said there is a cabinet in the dining area that he/she thinks has stuff for activities, but the cabinet is locked, and the staff member who knows the code for the lock did not give him/her the code. The CNA said if there were two staff working on the MCU, one could be doing some activities with the residents, while the other staff helps to monitor the residents who wander the hallways or doesn't wish to participate in the activity.</p> <p>9. During an interview on 12/18/24 at 11:11 A.M., Certified Medication Technician (CMT) L said there is no scheduled activity on the MCU like there is on the other halls, and it seems to be a spur of the moment when the AD does something for the residents on the unit. The CMT said the CNA assigned to the MCU may play music on the TV in the hallway, play cards, or color with some of the residents, but only when they have time to do it, since there is usually just one person assigned to the MCU, and there is no activities staff at the facility on the weekends.</p> <p>During an interview on 12/19/24 at 11:59 A.M., the AD said he/she is the only activities staff at the facility and was working on a structure with reasonable times to conduct activities for the residents on the MCU, and tries to do one-on-one activities when he/she has time. The AD said the manager on duty (MOD) for the weekends does Bingo on Sundays for the other residents, but he/she does not offer any activities to the residents on the MCU on the weekends. The AD said he/she is expected to place a current activity calendar in residents' rooms monthly, but he/she had not had the chance to remove the November calendars and replace with the ones for December. The AD said an outdated calendar could confuse a resident with impaired cognition regarding timeframes and important events. The AD said he/she did not bring the Carolers to the MCU and did not bring any of the residents from the MCU to the main area to participate in any activities this week, as he/she was just busy. The AD said he/she did not think any other staff offered to bring any of the resident's out to the main area for any activities either. He/She said he/she became the AD at the end of August. The AD said he/she did not participate in the MDS process for activities.</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 12/19/24 at 3:12 P.M., the Director of Nursing (DON) said the activity calendar posted in the residents' rooms should be current, and there is a white board on the wall in the dining room with listed activities daily, but he/she understands staff could do more. The DON said the staff assigned to the MCU for each shift should have access to the locked cabinet to retrieve items to conduct activities. The DON said the AD does one-on-one activities with the residents on the MCU, the Social Services Director goes back and helps the CNAs, and the CNA can call the ADON for assistance with activities as well. He/She said he/she was not sure why staff did not offer to bring any of the residents from the MCU to any of the activities, to include listening to the Carolers in the main area this week. The DON said the AD should be involved in assessing each resident's activity preference on the MDS, and thought the AD was already doing the assessments.</p> <p>During an interview on 12/19/24 at 3:50 P.M., the administrator said he/she expects the activity calendar posted in the residents' rooms to be current, and there should be at least two activities scheduled daily for the residents on the MCU like there is for the other residents in the facility, and the activities should be tailored to meet the needs and interests of the residents on the MCU. The administrator said the MOD plays Bingo on Sundays with the other residents, and some residents watch church services, but there is nothing scheduled for the residents on the MCU on weekends.</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>39644</p> <p>Based on observation, interview and record review, facility staff failed to have a system in place for ongoing communication with the dialysis clinic for one resident (Resident #20) of one resident who received dialysis. The facility census was 66.</p> <p>1. Review of the facility's Dialysis, Care of a Resident Receiving policy, undated, showed communication between the facility and Dialysis Unit as follows:</p> <ul style="list-style-type: none"> -The Dialysis Communication Record will be sent with the resident on each dialysis visit; -All care concerns in the last 24 hours will be addressed, including last medications given and facility contact person; -The dialysis unit will complete the lower portion of the report to include weight prior to and after, any dialysis, any labs completed, medication given, follow up information and any new physician orders; -The lower portion will be signed by the dialysis nurse and returned to the facility; -The records will be maintained in the medical record. <p>2. Review of Resident #20's Quarterly Minimum Data Set (MDS), a federally mandated assessment tool, dated 11/11/24, showed facility staff assessed the resident as:</p> <ul style="list-style-type: none"> -Cognitively intact; -Diagnoses of End Stage Renal Disease; -Received dialysis. <p>Review of the resident's care plan, dated 12/16/24, showed the care plan did not reflect the resident received dialysis.</p> <p>Review of the Physician's Order Sheet (POS), dated 05/26/24, showed an order for Dialysis three times per week with a local dialysis clinic.</p> <p>Review of the resident's medical record did not contain dialysis communication records.</p> <p>During an interview on 12/18/24 at 5:00 A.M., the resident said he/she goes to dialysis on Mondays, Wednesdays, and Fridays.</p> <p>During an interview on 12/19/24 at 11:22 A.M., Licensed Practical Nurse (LPN) N said there use to be a communication form used by the facility and dialysis clinic but, I have not seen one in a while, so I don't think we do it.</p> <p>(continued on next page)</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 12/19/24 at 12:46 P.M., LPN G said the facility only has one resident on dialysis. He/She said the night shift nurse is responsible for doing vital signs and weights before he/she leaves for dialysis. He/She said they do not have a formal dialysis communication form and usually write the vital signs and weights on an index card and send it with the resident. He/She said when the resident returns, the day shift nurse weighs him/her. He/She said he/she does not keep the index card or document the vital signs or weights in the resident's chart. He/She said staff should be documenting all vital signs and weights to track and ensure the resident is maintaining his/her normal.</p> <p>During an interview on 12/19/24 at 3:10 P.M., the Director of Nursing (DON) said there is a form to use for communication between the facility and the dialysis clinic, he/she was unaware staff weren't using it. The DON said the expectation is to have the form for the resident to take with them to dialysis and bring it back. It is the nurse's responsibility to make sure this is done. The DON said the risk of not following this process, is staff not knowing the effects dialysis had on the resident. The DON said the responsibility ultimately is his/hers to make sure it is done but he/she has not been checking on it.</p> <p>During an interview on 12/19/24 at 4:00 P.M., the administrator said there is a form the facility uses that is sent with the resident to dialysis and he/she brings it back to the facility when they return. She said she does not know what happens to that form after it returns. The nurse is responsible for the form, but does not know why it is not in the residents chart.</p>		

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NAME OF PROVIDER OR SUPPLIER Parkside Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 Hunt Avenue Columbia, MO 65202	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39440</p> <p>Based on interview and record review, facility staff failed to provide adequate nursing staff on night shift, in accordance with their Facility Assessment based on the care needs of the residents. The facility's census was 66.</p> <p>1. Review of the facility's Facility Assessment, dated 07/02/24, showed facility staff documented for an average daily census of 65-70 residents, the staffing requirements needed on the night shift to meet the care needs of their residents are as follows:</p> <ul style="list-style-type: none"> -Two Licensed Nurses (one on each nurses' station); -Five to eight Certified Nursing Assistants (CNAs). <p>2. Review of the facility's Nursing Staff schedule, dated 12/12/24 through 12/17/24 showed:</p> <ul style="list-style-type: none"> -12/12/24: One-Licensed Nurse and Four-CNAs scheduled to work the shift; -12/13/24: One-Licensed Nurse and Four-CNAs scheduled to work the shift; -12/14/24: One-Licensed Nurse and Three-Nursing Assistants (NAs) scheduled to work the shift; -12/15/24: One-Licensed Nurse and Three-NAs scheduled to work the shift; -12/16/24: One-Licensed Nurse and Four-CNAs scheduled to work the shift; -12/17/24: One-Licensed Nurse and Four-CNAs scheduled to work the shift; <p>Review showed facility staff did not schedule at least two licensed nurses and five CNAs to work each night shift as directed by their facility assessment.</p> <p>3. Review of the facility's daily Nurse Staff posting, dated 12/12/24 through 12/17/24, showed staff documented a daily census of 66 residents, and one licensed nurse and four CNAs worked each night shift.</p> <p>4. Review of the facility's time-keeping records for the nursing staff showed:</p> <ul style="list-style-type: none"> -12/12/24: One-Licensed Nurse, Two-CNAs, and One-NA worked the shift; -12/13/24: One-Licensed Nurse, One-CNA, and Two-NAs worked the shift; -12/14/24: One-Licensed Nurse, and Three-NAs worked the shift; -12/15/24: One-Licensed Nurse, and Three-NAs worked the shift; <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-12/16/24: One-Licensed Nurse, Two-CNAs, and One-NA worked the shift;</p> <p>-12/17/24: One-Licensed Nurse, Two-CNAs, One-NA worked the full shift, One-CNA at 4:14 A.M.</p> <p>During an interview on 12/18/24 at 6:52 A.M., the administrator said the Assistant Director of Nursing (ADON) was responsible for scheduling the nursing staff. He/She said for a daily census of 66 residents, he/she expects the ADON to schedule at least four CNAs and one licensed nurse to work the night shift to ensure the residents' safety and their care needs are being met. The administrator said he/she was not aware there were less than four CNAs working the night shift because the facility has a system in place to ensure the minimum nurse staff requirements are being met.</p> <p>During an interview on 12/18/24 at 7:22 A.M., the administrator said he/she was not aware the ADON had only scheduled three NAs to work the night shift on 12/14/24 and 12/15/24, which was unacceptable since the NAs are not certified, and staff should have scheduled at least one CNA to work with the NAs.</p> <p>During an interview on 12/18/24 at 7:36 A.M., the ADON said he/she was responsible to schedule sufficient nursing staff for each shift, and for a census of 66 residents, he/she is expected to schedule at least four CNAs and one licensed nurse to work each night shift. The ADON said it was unacceptable to only have NAs work the shift as they lacked full competency to meet the residents' care needs.</p> <p>During an interview on 12/18/24 at 4:44 A.M., CNA K said he/she was the only staff assigned to the side of the building with Colonial Hall and the secured Memory Care Unit (MCU) for 12/17/24 night shift, and he/she was only responsible for the residents on the MCU.</p> <p>During an interview on 12/18/24 at 5:16 A.M., CNA K said there is not always a CNA assigned to work on Colonial Hall on the night shift. The CNA said he/she had been at work since beginning of shift on 12/17/24 at 6:00 P.M., and there was not a CNA assigned to Colonial Hall for the shift.</p> <p>During an interview on 12/18/24 at 6:52 A.M., the administrator said when there is only one licensed nurse working the night shift, he/she works from the [NAME] nurses' station located on the opposite side of the building from Colonial Hall, and if a CNA/NA was not assigned to Colonial Hall and a resident on Colonial Hall pushed his/her call light, the staff on [NAME] would not receive the call light notification unless someone physically walked over to Colonial Hall to check. He/She said it was unacceptable to not have any staff assigned to the Colonial Hall on night shift to ensure the residents' safety and their care needs are being met.</p> <p>During an interview on 12/19/24 at 1:12 P.M., the ADON said he/she is expected to schedule nursing staff based on the current facility assessment and for a census of 66 residents, he/she thought a minimum of one licensed nurse and four CNAs met the staffing requirement for the night shift. He/She said one CNA is assigned to the MCU each night and if four CNAs are scheduled, one is assigned to Colonial Hall, and two to [NAME] Hall. He/She said if three CNAs are scheduled, two are assigned to [NAME] due to the care needs of the residents, and likely no one assigned on Colonial.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 12/19/24 at 3:50 P.M., the administrator said the nursing staff requirements documented in the current facility assessment is accurate based on the census of 66 residents, but the facility is just not able to consistently provide two licensed nurses and five to eight CNAs to work the night shift due to a current staffing challenge.</p>		

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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>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>50422</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 66.</p> <p>1. Review of the facility's policies showed the facility did not provide a policy for RN coverage.</p> <p>2. Review of the facility's RN staff schedule, dated October 2024, showed the facility did not have an RN, eight consecutive hours a day, in the building for the dates of:</p> <p>-Tuesday 10/01/24; -Saturday 10/05/24; -Sunday 10/06/24; -Thursday 10/10/24; -Friday 10/11/24; -Saturday 10/12/24; -Sunday 10/13/24; -Monday 10/14/24; -Tuesday 10/15/24; -Friday 10/18/24; -Saturday 10/19/24; -Sunday 10/20/24; -Tuesday 10/22/24; -Thursday 10/24/24; -Friday 10/25/24; -Saturday 10/26/24; -Sunday 10/27/24;</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 - Some</p>	<p>-Tuesday 10/29/24;</p> <p>-Wednesday 10/30/24.</p> <p>3. Review of the facility's RN staff schedule, dated November 2024, showed the facility did not have an RN, eight consecutive hours a day, in the building for the dates on:</p> <p>-Friday 11/01/24;</p> <p>-Saturday 11/02/24;</p> <p>-Sunday 11/03/24;</p> <p>-Monday 11/04/24;</p> <p>-Tuesday 11/05/24;</p> <p>-Wednesday 11/06/24;</p> <p>-Friday 11/08/24;</p> <p>-Saturday 11/09/24;</p> <p>-Sunday 11/10/24;</p> <p>-Tuesday 11/12/24;</p> <p>-Friday 11/15/24;</p> <p>-Saturday 11/16/24;</p> <p>-Sunday 11/17/24;</p> <p>-Monday 11/18/24;</p> <p>-Tuesday 11/19/24;</p> <p>-Friday 11/22/24;</p> <p>-Saturday 11/23/24;</p> <p>-Sunday 11/24/24;</p> <p>-Monday 11/25/24;</p> <p>-Tuesday 11/26/24;</p> <p>-Thursday 11/28/24;</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 - Some</p>	<p>-Friday 11/29/24;</p> <p>-Saturday 11/30/24.</p> <p>4. Review of the facility's RN staff schedule, dated December 2024, showed the facility did not have an RN, eight consecutive hours a day, in the building for the dates of:</p> <p>-Sunday 12/01/24;</p> <p>-Saturday 12/07/24;</p> <p>-Monday 12/09/24;</p> <p>-Tuesday 12/10/24;</p> <p>-Friday 12/13/24;</p> <p>-Saturday 12/14/24;</p> <p>-Sunday 12/15/24.</p> <p>During an interview on 12/17/24 at 2:00 P.M., the Director of Nursing (DON) said he/she is currently the only RN on the schedule. He/She said its his/her expectation an RN needs to be in the facility eight consecutive hours daily. The DON said he/she was aware there was not an RN for several days because if he/she was not there, then there was no other RN to be in facility. He/She said the reason there were days that weren't full eight hours was because he/she is salaried and he/she was only in the building to take care of the facility needs and not really the RN coverage hours. He/She said the risk of not having an RN in the building eight consecutive hours daily is not having the RN knowledge in case something was to happen.</p> <p>During an interview on 12/17/24 at 2:10 P.M., the administrator said it is expected to have an RN on schedule eight consecutive hours daily. He/She said he/she was aware there hasn't been an RN eight consecutive hours daily because they currently only have one RN on schedule. He/She said the risk of not having an RN daily is not having the RN experience and knowledge in case something is needed.</p>

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<p>F 0728</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that nurse aides who have worked more than 4 months, are trained and competent; and nurse aides who have worked less than 4 months are enrolled in appropriate training.</p> <p>47193</p> <p>Based on interview and record review, facility staff failed to ensure three Nurse Aide's ((NA) NA A, NA C, and NA E) of five sampled staff completed the nurse aide training program within four months of his/her employment in the facility. The census was 66.</p> <ol style="list-style-type: none"> 1. Review of the facility's policies showed the facility did not provide a policy for NA qualifications. 2. Review of the facility's employee file, undated, showed NA A's hire date as 12/07/23. Review showed the NA's file did not contain documentation the NA completed a nurse aide training program. 3. Review of the facility's employee file, undated, showed NA C's hire date as 07/25/23. Review showed the NA's file did not contain documentation the NA completed a nurse aide training program. <p>During an interview on 12/18/24 at 4:45 A.M., NA C said he/she was told he/she needed to be certified within 90 days of hire. He/She said he/she has not taken any classes. He/She said they used to be able to take classes at another facility, but they are not able to take classes there anymore. He/She said the facility staff has not reached out to him/her about taking classes to become certified. NA C said he/she had not left his/her employment with the facility since January 2024. NA C said he/she had been employed as an NA in 2023 but then was rehired in January 2024.</p> <ol style="list-style-type: none"> 4. Review of the facility's employee file, undated, showed NA E's hire date as 08/08/23. Review showed the NA's file did not contain documentation the NA completed a nurse aide training program. 5. During an interview on 12/19/24 at 10:35 A.M., the Assistant Director of Nursing (ADON) said NA's need to be certified within 120 days from hire. He/She said he/she is aware they have NA's outside of 120 days. He/She said staff are outside the 120 days because they did not have a place for them to take the classes. He/She said staff were able to take classes at another facility previously and they are no longer able to take classes there. He/She said he/she has been looking for another place for the NA's to take classes. The ADON said he/she could not provide documentation to show attempts had been made to take classes elsewhere. <p>During an interview on 12/19/24 at 10:38 A.M., the administrator said they do not offer NA classes at their facility. He/She said he/she knows the regulation says NA's should be certified 120 days from date of hire. He/She said he/she is aware they have three NA's outside of the 120 days. He/She said they were using another facility to take the classes, but they are no longer able to use that facility. He/She said his/her ADON is working on finding a facility that they can get their NA's into. The administrator said he/she did not have any documentation to show the NA's had been in any CNA training classes at other facilities.</p> <p>(continued on next page)</p>		

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<p>F 0728</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 12/19/24 at 2:40 P.M., the Director of Nursing (DON) said NA's should be certified within 120 days of hire. He/She said they do not currently have any of their NA's taking classes. He/She said finding a place for the NA classes has been a struggle because the other facility used was bought out three weeks ago. He/She said the ADON has been responsible for looking for an alternative location for classes.</p>		

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<p>F 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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 residents (Resident #2 and #44) out of three sampled residents who received hospice services. The facility census was 66.</p> <p>1. Review of the Facility's Nursing Facility Hospice Services Agreement, dated 1/2016, showed:</p> <ul style="list-style-type: none"> -The Hospice and Facility representatives shall document and keep written records for all such communications and shall document that the services provided by the parties hereunder have been furnished in accordance with the terms of this agreement; -The medical records shall consist of at least progress notes and clinical notes describing all inpatient services and events. <p>Review of the Facility's Patient Hospice Chart Guide, undated, showed:</p> <ul style="list-style-type: none"> -Names and contact information for personnel responsible for professional management or delivery of hospice services for the patient, and instructions on how to access 24 hour on call system; -Hospice Election forms; -Advance Directive; -Updated Plan of care report with medication list included; -Current hospice and facility coordinated plan of care; -Current physician orders and medication orders; -Hospice visit notes; -Emergency preparedness planning worksheet (in back pocket). <p>2. Review of Resident #2's Quarterly Minimum Data Set (MDS), a federally mandated assessment tool, dated 09/01/24, showed staff assessed the resident as follows:</p> <ul style="list-style-type: none"> -Received hospice services; -The resident has a condition or disease may result in a life expectancy of less than six months. <p>Review of the facility matrix list, dated 12/2024, showed staff identified the resident received hospice services.</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 - Few</p>	<p>Review of the facility's hospice binder showed the binder did not contain a plan of care, or communication documentation for the resident between the facility and the hospice provider.</p> <p>Review of the resident's medical record showed the record did not contain a plan of care, or communication documentation for the resident between the facility and the hospice provider.</p> <p>3. Review of Resident 44's Quarterly MDS, dated [DATE], showed staff assessed the resident as follows:</p> <ul style="list-style-type: none"> -Received hospice services; -The resident has a condition or disease may result in a life expectancy of less than six months. <p>Review of the facility matrix list, dated 12/2024, showed staff identified the resident received hospice services.</p> <p>Review of the facility's hospice binder showed the binder did not contain a plan of care, or communication documentation for the resident between the facility and the hospice provider.</p> <p>Review of the resident's medical record, showed the record did not contain a plan of care, or communication documentation for the resident between the facility and the hospice provider.</p> <p>4. During an interview on 12/19/24 at 12:46 P.M., Licensed Practical Nurse (LPN) G said there are binders at the nurse's station which contain hospice communication and all the important documentation for each hospice agency's resident. He/She said each binder should contain communication and not certain why the binder did not have the communication. He/She said he/she would have to call the hospice agency if he/she had any questions about the residents care, and he/she would have to document in the residents electronic chart if the hospice agency had any important information for him/her.</p> <p>During an interview on 12/19/24 at 2:40 P.M., the Director of Nursing (DON) said each resident on hospice has a hospice communication book at the nurse's station. He/She said he/she expects the books to contain care plans, physician order sheets, and communication. He/She said he/she is not sure why the hospice books are not updated, he/she was not aware there wasn't communication in the books. He/She said he/she would expect hospice to at least have documentation of their visits. He/She said it is ultimately his/her responsibility to make sure it is done, and they have just been at the facility for a short time and did not know it wasn't done.</p> <p>During an interview on 12/19/24 at 3:50 A.M., the administrator said the hospice binder should contain care plans, physician order sheets and enough communication that any hospice aide or nurse can come in and get a run down on the resident. He/She would expect the hospice binder to be up to date and contain communication. He/She was not aware the communication book did not contain updated information.</p> <p>47193</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39644</p> <p>Based on observation, interview, and record review, facility staff failed to implement the Enhanced Barrier Precautions (EBP) policy when they did not alert staff and visitors of one resident (Resident #8) out of four sampled residents who required EBP, when staff failed to place an EBP sign by the resident's room. Facility staff failed to place appropriate personal protective equipment (PPE) in close proximity for three (Resident #8, #12, and #38) of four sampled residents. Facility staff failed to use appropriate PPE for four (Resident #8, #12, #18, and #38) of four sampled residents who required EBP. The facility's census was 66.</p> <p>1. Review of the Facility's Enhanced Barrier Precautions to Infection Control Guidance, dated 3/2024, showed:</p> <ul style="list-style-type: none"> -Who required EBP; -Residents known to be infected or colonized with multidrug resistant organism (MDRO); -Residents with indwelling medical device including the following: central venous catheter, urinary catheter, Percutaneous endoscopic gastrostomy ((PEG) tube inserted through the stomach used for administration of food, fluids, and medications) or gastric tube ((G-tube) is a flexible tube that's inserted into the stomach to provide nutrition, hydration, or medication), tracheostomy/ventilator regardless of their MDRO status; -Residents with a wound, regardless of their MDRO status; -When to use EBP; -Caring for or using an indwelling medical device; -Performing wound care; -Conduct proper hand hygiene before starting care; -Gloves and donning and doffing of gown are required when conducting high-contact resident care activities; -Residents that are placed on EBP should have PPE in close proximity outside the door. <p>2. Review of Resident #8's Quarterly Minimum Data Set (MDS), a federally mandated assessment tool, dated 10/17/24, showed staff assessed the resident as follows:</p> <ul style="list-style-type: none"> -Cognitively intact; -Required moderate assistance from staff with toileting, bathing, and lower and upper body dressing; <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Parkside Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 Hunt Avenue Columbia, MO 65202	
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-At risk for developing a pressure ulcer.</p> <p>Review of the resident's care plan, dated 11/07/24, showed staff assessed the resident at risk for alterations in skin integrity.</p> <p>Observation on 12/16/24 at 10:41 A.M., showed the resident's room did not contain a sign to alert staff on the use of EBP, or PPE in close proximity.</p> <p>Observation on 12/17/24 at 2:00 P.M., showed the resident's room did not contain a sign to alert staff on the use of EBP, or PPE in close proximity.</p> <p>Observation on 12/18/24 at 7:25 A.M., showed the resident's room did not contain a sign to alert staff on the use of EBP, or PPE in close proximity.</p> <p>Observation on 12/19/24 at 11:13 A.M., showed the resident's room did not contain a sign to alert staff on the use of EBP, or PPE in close proximity.</p> <p>Observation on 12/18/24 at 7:18 A.M., showed licensed practical nurse (LPN) F did not wear a gown when he/she provided wound care on the resident's left lower leg.</p> <p>During an interview on 12/18/24 at 7:25 A.M., LPN F said he/she was not sure why the resident's door did not have an EBP sign. He/She said the resident should have a EBP sign because he/she has a wound. He/She said he/she should have worn a gown and gloves while performing wound care because the resident is on EBP and was unsure why he/she didn't. He/She said it is in their policy to wear a gown and gloves when performing wound care.</p> <p>During an interview on 12/19/24 at 2:28 P.M., the infection preventionist (IP) said the resident is on EBP. He/She said the resident should have a sign on his/her door and the proper PPE in the resident's room. He/She was not aware the resident did not have the sign on his/her door. He/She said he/she would still expect staff to know to use the proper PPE since the resident has a wound.</p> <p>During an interview on 12/19/24 at 3:50 P.M., the administrator said the resident has a wound and should have a sign on his/her door alerting staff to use PPE. He/She said it is his/her expectation staff use PPE when providing care for this resident. He/She said it is the responsibility of the IP and/or DON to place the EBP signs and PPE.</p> <p>3. Review of Resident #12's Quarterly MDS, dated [DATE], showed staff assessed the resident as follows:</p> <p>-Moderate cognitive impairment;</p> <p>-Nutritional Approaches-Feeding tube.</p> <p>Observation on 12/16/24 at 10:30 A.M., showed the resident's room door contained an EBP sign, but did not have PPE in proximity of the resident's room to use for EBP for the resident with a PEG tube.</p> <p>Observation on 12/17/24 at 1:30 P.M., showed the resident's room door contained an EBP sign, but did not have PPE in proximity of the resident's room to use for EBP for the resident with a PEG tube.</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 - Some</p>	<p>Observation on 12/18/24 at 4:45 A.M., showed the resident's room door contained an EBP sign, but did not have PPE in proximity of the resident's room to use for EBP for the resident with a PEG tube.</p> <p>Observation on 12/19/24 at 9:00 A.M., showed the resident's room door contained an EBP sign, but did not have PPE in proximity of the resident's room to use for EBP for the resident with a PEG tube.</p> <p>Observation on 12/18/24 at 7:20 A.M., showed LPN G administered the resident medication by PEG Tube and did not wear PPE.</p> <p>During an interview on 12/18/24 at 7:40 A.M., LPN G said he/she wasn't sure why the EBP sign was on the resident's door, but typically it means there is some kind of infection. The LPN said he/she was not educated about EBP and the usage of PPE related in regards to this resident.</p> <p>During an interview on 12/19/24 at 2:28 P.M., the infection preventionist (IP) said the resident is on EBP and it is his/her expectation staff use PPE when providing care and administering medications through the feeding tube.</p> <p>During an interview on 12/19/24 at 3:50 P.M., the administrator said the resident has a PEG tube and should have a sign on his/her door alerting staff to use PPE. He/She said it is his/her expectation that nursing staff use PPE when providing care for the PEG tube and/or administering medications.</p> <p>4. Review of Resident #18's Annual MDS, dated [DATE], showed staff assessed the resident as follows:</p> <ul style="list-style-type: none"> -Severe cognitive impairment; -Required substantial/maximum assist from staff with personal hygiene; -Supervision with upper and lower body dressing. -Did not address tracheostomy care. <p>Review of the resident's care plan, dated 12/16/24, showed the resident is at risk for developing a MDRO and to take extra precautions when providing high contact resident care activities including dressing, bathing, transferring, hygiene, changing linen/briefs, and assisting with catheters, by utilizing a disposable gown and gloves.</p> <p>Observation on 12/18/24 at 6:00 A.M., showed a sign on the resident's door to alert staff on the use of EBP. Observation showed the resident had an open trach without a cannula. Certified Nursing Assistant (CNA) K entered the resident's room and did not wear a gown when he/she performed facial hygiene, changed the resident's brief, and clothing.</p> <p>During an interview on 12/18/24 at 6:01 A.M., CNA K said the sign on the door indicated how to keep the resident safe. The CNA said staff can wear a gown with cares, but he/she did not need to since the resident did not have a catheter.</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 - Some</p>	<p>During an interview on 12/19/24 at 2:56 P.M., the Director of Nursing (DON) said he/she was not sure if the resident should still be on EBP since his/her tracheostomy site is old, but since the EBP signs are still posted on his/her room door, he/she expects staff to follow the precautions and wear at least gown and gloves with cares.</p> <p>5. Review of Resident #38's Quarterly MDS, dated [DATE], showed staff assessed the resident as follows:</p> <p>-Cognitively intact;</p> <p>-Nutritional Approaches-Feeding tube.</p> <p>Observation on 12/16/24 at 10:30 A.M., showed the resident's room door contained an EBP sign, but did not have PPE in proximity of the resident's room .</p> <p>Observation on 12/17/24 at 11:38 A.M., showed LPN G flushed the residents PEG tube with water and did not wear PPE.</p> <p>Observation on 12/17/24 at 1:30 P.M., showed the resident's room door contained an EBP sign, but did not have PPE in proximity of the resident's room.</p> <p>Observation on 12/18/24 at 7:00 A.M., showed LPN G administered the resident medication by PEG tube and did not wear PPE.</p> <p>During an interview on 12/18/24 at 7:40 A.M., LPN G said he/she wasn't sure why the EBP sign was on the Resident #38's door, but typically it means there is some kind of infection.</p> <p>Observation on 12/18/24 at 4:45 A.M., showed the resident's room door contained an EBP sign, but did not have PPE in proximity of the resident's room.</p> <p>Observation from 12/19/24 at 9:00 A.M., showed the resident's room door contained an EBP sign, but did not have PPE in proximity of the resident's room.</p> <p>During an interview on 12/19/24 at 2:28 P.M., the IP said the resident is on EBP and it is his/her expectation staff use PPE when providing care and administering medications through the feeding tube.</p> <p>During an interview on 12/19/24 at 3:50 P.M., the administrator said the the resident has a G-tube and should have a sign on his/her door alerting staff to use PPE. He/She said it is his/her expectation that nursing staff use PPE when providing care for the G-tube and/or administering medications.</p> <p>6. During an interview on 12/19/24 at 2:28 P.M., the IP said he/she is responsible for ensuring everyone is educated on infection control policies. He/She said he/she is responsible for ensuring the signs are placed on the residents door. He/She said staff were educated on EBP. He/She said residents with wounds, tube feedings, indwelling devices, trachs or MDRO's should be on EBP. He/She said anyone on EBP should have red bags in their room for trash, drawers with gloves and gowns, and a sign on their door alerting staff.</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 - Some</p>	<p>During an interview on 12/19/24 at 2:40 P.M., the DON said residents who have wounds, catheters, feeding tubes, or MDRO's, should be on EBP. He/She said he/she expects those residents to have a sign on their door to alert staff they are on EBP, they should have a red box in their room for trash, and he/she expects them to have the proper PPE in available in their room. He/She said staff have been educated on EBP and he/she expects staff to use the proper PPE when needed. He/She said staff should use, gowns, gloves, and masks when caring for EBP residents.</p> <p>During an interview on 12/19/24 at 3:50 P.M., the administrator said anyone with a wound, catheter, trach, infectious illness, or indwelling device, like feeding tubes, should be on EBP. He/She said residents who are on EBP should have a sign on their door alerting staff to use PPE, they should have a table with available PPE, and they should have containers with red bags to dispose of PPE. He/She said staff were educated on EBP and it is his/her expectation that staff use PPE when providing care on those residents.</p> <p>47193</p>

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement a program that monitors antibiotic use.</p> <p>39644</p> <p>Based on interview and record review, facility staff failed to implement an Antibiotic Stewardship Program with antibiotic use protocols and a system to monitor and track antibiotic use within the facility. The facility census was 66.</p> <ol style="list-style-type: none"> 1. Review of the facility's policies showed the facility did not provide a policy for Antibiotic Stewardship. 2. Review of the facility's antibiotic stewardship program showed facility staff did not track antibiotic trends. <p>During an interview on 12/19/24 at 2:34 P.M., Infection Preventionist said he/she is responsible for the antibiotic stewardship program within the facility. He/She said he/she documents antibiotic usage for each resident in the facilities electronic medical record, but does not have a system in place currently to trend and monitor the usage. The Infection Preventionist said he/she knows it is an expectation of the program but has not implemented it yet. He/She said they are also the Minimum Data Set coordinator and care plan coordinator, but trys to devote as much time as they can to the Infection Preventionist position.</p> <p>During an interview on 12/19/24 at 3:10 P.M., the Director of Nursing (DON) said she does not know why the antibiotic stewardship program was not completed. The Infection Preventionist is responsible for the program. The DON said he/she just came to the facility in August and didn't know much about the Antibiotic Stewardship Program.</p> <p>During an interview on 12/19/24 at 4:00 P.M., the administrator said the Infection Preventionist is responsible for the antibiotic stewardship program, ultimately she would be responsible for over site that its being done. However, she was unaware it was not completed.</p>		