

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265337	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/26/2024
NAME OF PROVIDER OR SUPPLIER Pacific Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 105 South Sixth Street Pacific, MO 63069	

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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35558</p> <p>Based on interview and record review, facility staff failed to notify the State Long-Term Care Ombudsman in writing of a resident transfer to the hospital, including the reason for transfer for four residents (Resident #9, #13, #21, and #49) out of 14 sampled residents. The facility's census was 54.</p> <ol style="list-style-type: none"> Review of the facility's policies showed they did not contain a policy for notifying the ombudsman for transfers and discharges. Review of Resident #9's medical record showed the resident transferred to the emergency room (ER) on 07/01/24 and readmitted to the facility on [DATE]. The record did not contain documentation staff notified the ombudsman of the resident's transfer. Review of Resident #13's medical record showed the resident transferred to acute care on 07/23/24. The record did not contain documentaion staff notified the ombudsman of the resident's transfer. Review of Resident #21's medical record showed the resident transferred to acute care on 05/14/24 and readmitted to the facility on [DATE]. The record did not contain documentation staff notified the Ombudsman of the resident's transfer. Review of Resident #49's medical record showed the resident transferred to the emergency room (ER) on 07/13/24 and readmitted on [DATE]. The record did not contain documentation staff notified the Ombudsman of the resident's transfer. During an interview on 07/25/24 at 2:22 P.M., the Social Service Director (SSD) said he/she notifies the ombudsman when nursing staff completes the bed hold information. The SSD said he/she does not think the nursing staff is completing the bed holds so he/she not getting notified of resident transfers. He/She said if he/she is not notified of the transfer then he/she does not know he/she needs to notify the ombudsman. The SSD said he/she typically notifies the ombudsman with every transfer/discharge notification he/she receives. <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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 07/25/24 at 2:22 P.M., the Administrator said the charge nurses are responsible to complete a bed hold when a resident is transferred and give it to the SSD. The Administrator said the SSD is responsible to notify the Ombudsman of the transfer. The Administrator said a ombudsman notification must be completed with each resident transfer, including aER on ly visit. The Administrator said the Ombudsman notifications are not being completed and he/she is aware of that.</p> <p>During an interview on 07/26/24 at 9:36 A.M., Licensed Practical Nurse (LPN) C said he/she is not sure who notifies the Ombudsman when a resident is transferred.</p> <p>During an interview on 07/26/24 at 1:45 P.M., the ADON said the charge nurse is responsible to complete a bed hold when a resident is transferred. The ADON said the bed hold is sent to the SSD and the SSD is responsible for notifying the Ombudsman. The ADON said he/she did not know the ombudsman notifications were not being completed.</p> <p>During an interview on 07/26/24 at 1:45 P.M., the Nurse Consultant said the charge nurse is responsible to complete a bed hold when a resident is transferred. The Nurse Consultant said once the bed hold is completed it should be given to the SSD to follow up and notify the Ombudsman. The Nurse Consultant said he/she did not know the Ombudsman notifications were not being completed.</p> <p>48982</p> <p>50432</p>		

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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35558</p> <p>Based on interview and record review, facility staff failed to inform the resident and/or resident's representative, in writing, of the facility's bed hold policy at the time of transfer for four residents (Resident #9, #13, #21, and #49) out of 14 sampled residents. The facility's census was 54.</p> <ol style="list-style-type: none"> 1. Review of the facility's Bed Hold Policy Guidelines, undated, showed the facility will notify all residents, and/or their representative of the bed hold policy guidelines. This notification shall be given: upon admission to the facility, at the time of the transfer to the hospital or leave, and at the time of non-covered therapeutic leave. 2. Review of Resident #9's medical record showed the resident transferred to the emergency room (ER) on 07/01/24 and readmitted to the facility on [DATE]. Review of the medical record did not contain documentation staff notified the resident or resident representative in writing of the bed hold policy prior to transfer/discharge. 3. Review of Resident # 13's medical record showed the resident transferred to acute care on 07/23/24. Review of the medical record did not contain documentation staff notified the resident or resident representative in writing of the bed hold policy prior to transfer/discharge. 4. Review of Resident #21's medical record showed the resident transferred to acute care on 05/14/24 and readmitted to the facility on [DATE]. Review of the medical record did not contain documentation staff notified the resident or resident representative in writing of the bed hold policy prior to transfer/discharge. 5. Review of Resident #49's medical record showed the resident transferred to acute care on 07/13/24 and readmitted to the facility on ,d+[DATE]. Review of the medical record did not contain documentation staff notified the resident or resident representative in writing of the bed hold policy prior to transfer/discharge. 6. During an interview on 07/25/24 at 2:22 P.M., the Social Service Director (SSD) said the charge nurse is responsible to complete a bed hold when a resident is transferred and turn them into him/her. The SSD said he/she has not gotten a bed hold form from the charge nurse is quite a while. <p>During an interview on 07/25/24 at 2:22 P.M., the administrator said the charge nurses are responsible to complete a bed hold when a resident is transferred and give them to the SSD. The administrator said if a resident is sent out emergently the charge nurse is responsible to follow up and ensure the bed hold is completed. The administrator said a bed hold must be completed with each resident transfer, including anER on ly visit. The administrator said the bed holds are not being completed and he/she is aware of that.</p> <p>(continued on next page)</p>		

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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 07/26/24 at 9:36 A.M., Licensed Practical Nurse (LPN) C said the charge nurse is responsible to complete the bed holds when a resident is transferred then he/she thinks they are given to the Assistant Director of Nursing (ADON). LPN C said he/she has worked in the facility six weeks, and he/she has not had to transfer a resident, so he/she has not completed a bed hold. LPN C said the bed hold form is kept at the nurse's station.</p> <p>During an interview on 07/26/24 at 9:36 A.M., LPN E said the charge nurse is responsible to complete the bed hold when a resident is transferred and turn them in to the ADON. LPN E said he/she has worked at the facility three weeks, and he/she has sent one resident to the emergency room (ER) during that time. LPN E said he/she did not complete the bed hold due to it being an emergency situation LPN E said he/she did not attempt to complete the bed hold after the resident had been transferred with the family either.</p> <p>During an interview on 07/26/24 at 1:45 P.M., the ADON said the charge nurse is responsible to complete a bed hold when a resident is transferred. The ADON said the bed hold is sent to the SSD. The ADON said he/she did not know the bed holds were not being completed. The ADON said no one monitored to ensure the bed holds were completed.</p> <p>During an interview on 07/26/24 at 1:45 P.M., the Nurse Consultant said the charge nurse is responsible to complete a bed hold when a resident is transferred. The Nurse Consultant said once the bed hold is completed it should be given to the SSD. The Nurse Consultant said a bed hold should have the date of transfer, resident name, and a signature of the resident or responsible party. He/She said if the form is unable to be signed then it can be verbally signed with two staff members. The Nurse Consultant was not aware the bed holds were not being completed.</p> <p>48982</p> <p>50432</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** 38417</p> <p>Based on observation, interview and record review, facility staff failed to develop and implement a comprehensive person-centered care plan for seven residents (Resident #16, #21, #25, #32, #33, #49, #50) out of 14 samples residents. The facility census was 54.</p> <p>1. Review of the facility's policy titled MDS and Care Planning Guidelines dated [DATE] shows it is the policy of this facility is to use the most current Centers for Medicare & Medicaid Services (CMS) Minimum Data Set (MDS) Resident Assessment Instrument (RAI) Manual, any published interim RAI manual errata documents, and applicable federal guidelines as the authoritative guide for completion of MDS, CAAs and resident care planning.</p> <p>2. Review of Resident # 16's Quarterly MDS, a federally mandated assessment tool, dated [DATE], showed staff assessed resident as:</p> <ul style="list-style-type: none"> -Significantly cognitively impaired; -Received hospice. <p>Review of the resident's hospice documentation, dated [DATE], that showed the resident discharged from hospice services.</p> <p>Review of the care plan, revised [DATE], showed staff documented the resident received hospice services.</p> <p>Review of Physician Order Sheet (POS), dated ,d+[DATE], did not contain an order for hospice care.</p> <p>3. Review of Resident # 21's Admission MDS, dated [DATE], showed staff assessed the resident as:</p> <ul style="list-style-type: none"> -Did not receive anticoagulant (a medication to thin the blood) medication; -Did not assess cognitive status. <p>Review of the resident's care plan, dated [DATE], showed:</p> <ul style="list-style-type: none"> -Regular diet; -Did not contain direction for Nectar thickened liquids; -Did not contain direction for anticoagulant medication. <p>Review of the resident's Physician Orders Sheet (POS), dated [DATE], showed:</p> <ul style="list-style-type: none"> -Xarelto (an anti-coagulant medication) 15 milligrams (mg) daily; <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>-Mechanical soft diet;</p> <p>-Nectar thickened liquids.</p> <p>4. Review of Resident # 25's Quarterly MDS, dated [DATE] showed staff assessed the resident as:</p> <p>-Moderate cognitive impairment;</p> <p>-Had functional impairment on one side of both upper and lower extremities;</p> <p>-Required moderate assistance from staff for toileting, hygiene, dressing, and bathing;</p> <p>-Did not receive anticoagulant medications.</p> <p>Review of the resident's care plan, dated [DATE], showed staff documented:</p> <p>-At risk for bleeding due to anticoagulant medication;</p> <p>-Full code status (wanting to have Cardiopulmonary Resuscitation (CPR) performed);</p> <p>-Do Not Resuscitate (DNR) (not wanting to have CPR performed) code status;</p> <p>-Did not contain direction for toileting, hygiene, dressing, or bathing;</p> <p>-Did not contain direction for the right arm tray on his/her wheelchair.</p> <p>Review of the resident's POS, dated [DATE], showed:</p> <p>-Aspirin (an anti-platelet medication) 81 mg daily;</p> <p>-DNR code status.</p> <p>Observation on [DATE] at 2:32 P.M., showed the resident in his/her wheelchair and had a padded arm tray on the right arm of his/her wheelchair with his/her arm in it.</p> <p>Observation on [DATE] at 11:26 A.M., showed the resident in his/her wheelchair and had a padded arm tray on the right arm of his/her wheelchair with his/her arm in it.</p> <p>Observation on [DATE] at 8:35 A.M., showed the resident in his/her wheelchair and had a padded arm tray on the right arm of his/her wheelchair with his/her arm in it.</p> <p>Observation on [DATE] at 8:35 A.M., showed the resident in his/her wheelchair and had a padded arm tray on the right arm of his/her wheelchair with his/her arm in it.</p> <p>5. Review of Resident # 32's Quarterly Minimum Data Set (MDS), a federally mandated assessment tool dated [DATE], showed staff assessed resident as:</p> <p>-Significantly cognitively impaired;</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>-Diagnoses of Alzheimer's Disease, stroke, high blood pressure, anxiety and depression;</p> <p>-Received hospice.</p> <p>Review of the resident medical record showed a signed contract and consent for hospice care dated [DATE].</p> <p>Review of the care plan, revised [DATE], showed it did not contain a plan for hospice care.</p> <p>6. Review of Resident #33's Admission MDS, dated [DATE], showed staff assessed the resident as cognitively intact and did not use bed rails.</p> <p>Review of the resident's care plan, date [DATE], showed it did not contain direction for bed rail use.</p> <p>Review of the resident's POS, dated [DATE], showed it did not contain orders for bed rail use.</p> <p>Observation on [DATE] at 2:15 P.M., showed the resident in bed with both half bed rails up.</p> <p>Observation on [DATE] at 5:15 A.M., showed the resident sat on his/her bed with both half bed rails up.</p> <p>Observation on [DATE] at 10:57 A.M., showed the resident in bed with both half bed rails up.</p> <p>Observation on [DATE] at 8:30 A.M., showed the resident in bed with both half bed rails up.</p> <p>Observation on [DATE] at 8:27 A.M., showed the resident sat on his/her bed with half both bed rails up.</p> <p>7. Review of Resident # 49's Admission MDS, dated [DATE], showed staff assessed the resident had severe cognitive impairment and did not use bed rails.</p> <p>Review of the resident's care plan, dated [DATE], showed it did not contain direction for the resident's code status or bed rail use.</p> <p>Review of the resident's POS, showed an ordered dated [DATE] for full code status.</p> <p>Observation on [DATE] at 11:04 A.M., showed the resident transferred himself/herself from bed with both bed rails up.</p> <p>Observation on [DATE] at 2:17 P.M. showed the resided laid in bed and both half both bed rails up.</p> <p>Observation on [DATE] at 5:17 A.M. showed the resided laid in bed and both half both bed rails up.</p> <p>Observation on [DATE] at 1:28 P.M. showed the resided sat in bed and both half both bed rails up.</p> <p>Observation on [DATE] at 8:22 A.M. showed the resided sat in bed and both half both bed rails up.</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>Review showed staff failed to update the care plan with the resident's code status and bed rail use.</p> <p>8. Review of Resident # 50's Significant Change MDS, dated [DATE], showed staff assessed the resident as:</p> <ul style="list-style-type: none"> -Cognitively intact; -Did not assess the resident as a smoker. <p>Review of the resident's smoking assessment, dated ,d+[DATE], showed staff documented the resident smoked.</p> <p>Review of the resident's care plan, revised [DATE], showed it did not contain direction for staff in regard to the resident smoking.</p> <p>During an interview on [DATE] at 8:35 A.M., the resident said he/she smokes.</p> <p>9. During an interview on [DATE] at 8:33 A.M., Certified Nurse Assistant (CNA) I said the MDS Coordinator is responsible to update the care plans for each resident. CNA I said the purpose of the care plan is to show the type of care and how much assistance a resident needs. CNA I said he/she would expect the care plan to be individualized and contain things such as special equipment, code status, if a resident smokes, the amount of care a resident needs, and bed rails.</p> <p>During an interview on [DATE] at 9:36 A.M., Licensed Practical Nurse (LPN) C said the purpose of the care plan is to drive the residents care and let staff know what to do for each resident. LPN C said care plans should match the POS and be individualized for each resident. LPN C said he/she would expect the care plan to contain things such as special assistive devices, diets, how much care a resident needs, code status, bed rails, special mattresses, and if a resident smokes.</p> <p>During an interview on [DATE] at 9:36 A.M., LPN E said the MDS Coordinator is responsible for updating the care plans. LPN E said care plans should be individualized and match the resident's POS. LPN E said he/she would expect a care plan to show if a resident smokes, code status, bed rails, any special assistive devices, how much care a resident needs, and certain medications such as anticoagulants.</p> <p>During an interview on [DATE] at 11:00 A.M., the Assistant Director of Nursing (ADON) said he/she is the MDS Coordinator/ADON and is responsible for the MDS's and care plans. The ADON said the care plan should be updated quarterly, annually, and as needed with changes or interventions. The ADON said the purpose of the care plan is to direct staff on how to care for a resident and their needs. The ADON said a care plan should be individualized and match the resident's POS. The ADON said the care plan should contain code status, how much care or assistance a resident needs, certain medications such as anticoagulants, any special assistive devices used, if the resident receives hospice, and bed rails. The ADON said the care plans were not updated because he/she completed staffing, MDS assessments, care plans and helped with other duties.</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 [DATE] at 1:45 P.M., the Nurse Consultant said the purpose of the care plan is to direct the staff on what care to provide for a resident. The Nurse Consultant said the MDS Coordinator or nursing management are responsible for updating the care plans. The Nurse Consultant said the care plan should be updated at least quarterly and as needed with changes. The Nurse Consultant said he/she would expect the care plan to contain code status, any special adaptive equipment a resident uses, how much care the resident needs, if they receive hospice care, certain medications such as anticoagulants, and bed rails. The Nurse Consultant said the care plan should match the POS and be individualized for each resident. The Nurse Consultant said the cooperate reimbursement specialist is available for any training needs and questions to the facility staff. The Nurse consultant did not say why the care plans had not been updated.</p> <p>During an interview on [DATE] at 2:21 P.M., the Administrator said the MDS Coordinator, and Director of Nursing (DON) are responsible for updating the care plans. The Administrator said the charge nurses have been trained to update the care plan as needed. The Administrator said care plans are updated quarterly, annually, and as needed with changes. The Administrator said the purpose of the care plan is to make sure the needs of the residents are being met. The administrator said he/she would expect the care plan to be individualized and match the POS. The Administrator said the care plan should have things on it such as diet, special equipment, how much care a resident needs, bed rails, if the resident is a smoker, certain medications, code status, and any behaviors.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35558</p> <p>Based on observation, interview, and record review, facility staff failed to provide activities of daily living (ADLs) for eight residents (Resident #9 #21, #23, #26, #27, #33, #40 and #210) out of fourteen sampled residents when staff did not provide showers. The facility's census was 54.</p> <p>1. Review of the facility's policy titled, Daily Care Needs, undated, showed before beginning care, check the resident's care plan.</p> <p>2. Review of Resident # 9's Quarterly Minimum Data Set (MDS), a federally mandated assessment tool, dated 06/20/24, showed staff assessed the resident as severely cognitively impaired, and dependent on staff for hygiene and bathing.</p> <p>Review of the resident's care plan, dated 06/22/24, showed:</p> <ul style="list-style-type: none"> -Cognitive loss and memory issues; -Received Hospice care; -Dependent on staff for bed mobility, transfers, dressing, toileting, and hygiene; -Dependent on staff for bathing/showers. <p>Review of the master shower list showed the resident not on the list.</p> <p>3. Review of Resident # 21's Admission MDS, dated [DATE], showed staff assessed the resident as:</p> <ul style="list-style-type: none"> -Required maximum assistance from staff for transfers, toileting, and dressing; -Dependent on staff for hygiene, and bathing; -Did not assess cognitive status. <p>Review of the resident's care plan, dated 07/26/24, showed:</p> <ul style="list-style-type: none"> -Cognitive loss and memory issues; -Recieved Hospice care; -Required assistance from staff for bed mobility, transfers, dressing, toileting, and hygiene; -Dependent on staff for bathing/showers. <p>Review of the master shower list showed the resident listed to receive a shower on Monday and Thursday during the day shift.</p> <p>(continued on next page)</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's shower documentation showed it did not contain documentation staff showered the resident.</p> <p>4. Review of Resident # 23's Admission MDS, dated [DATE], showed staff assessed the resident as cognitively intact and required supervision or touch assistance from staff for dressing, hygiene, toileting and bathing.</p> <p>Review of the resident's care plan, dated 06/17/24, showed staff documented the resident required assistance for transfers, dressing, toileting, hygiene and bathing.</p> <p>Review of the master shower list showed the resident not listed.</p> <p>Review of the resident's shower documentation showed staff documented showers on 04/12/24, 04/30/24, 05/10/24, 06/18/24 and 07/21/24.</p> <p>During an interview on 07/26/24 at 08:11 A.M., the resident said he/she does not get his/her showers two times a week like staff said. Sometimes it is one week or even week and a half between showers. The resident said if he/she does not get his/her showers it makes his/her head itch really bad.</p> <p>5. Review of Resident #26's Quarterly MDS, dated [DATE], showed staff assessed the resident as:</p> <ul style="list-style-type: none"> -Cognitively intact; -Dependent on staff for toileting and personal hygiene; -Required setup or cleanup assistance from staff with eating, oral hygiene; -Required substantial/maximal assistance from staff with bathing. <p>Review of the resident's care plan, dated 07/22/24, showed the resident requires assistance with bed mobility, transfers, dressing toileting, hygiene and bathing.</p> <p>Review of the master shower list showed the resident listed on the schedule for Tuesday day shift.</p> <p>Review of the resident's shower documentation showed staff documented showers on 05/01/24, 05/15/24, 05/17/24, 06/28/24 and 07/09/24.</p> <p>6. Review of Resident #27's Quarterly MDS, dated [DATE], showed staff assessed the resident as:</p> <ul style="list-style-type: none"> -Cognitively intact; -Required partial/moderate assistance from staff with personal hygiene; -Required setup or cleanup assistance from staff with oral hygiene; -Required substantial/maximal assistance from staff with toileting and bathing. <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's care plan, dated 05/17/23, showed the resident requires assistance for bed mobility, transfers, dressing, toileting, hygiene, and bathing.</p> <p>Review of the master shower list showed the resident listed on the schedule for Monday and Thursday day shift.</p> <p>Review of the resident's shower documentation showed staff documented showers on 04/11/24, 04/25/24, 04/30/24, 05/10/24, 05/14/24, 05/27/24, 06/03/24 and 07/22/24.</p> <p>During an interview on 07/26/24 08:03 A.M., the resident said if he/she does not get his/her showers when he/she is supposed to it makes him/her feel horrible and rundown. The resident said it makes him/her not feel good about himself/herself.</p> <p>7. Review of Resident # 33's Admission MDS, dated [DATE], showed staff assessed the resident as:</p> <ul style="list-style-type: none"> -Cognitively intact; -Required set up assistance from staff with dressing, hygiene, and bathing; -Received hospice care. <p>Review of the resident's care plan, dated 06/17/24, showed:</p> <ul style="list-style-type: none"> -Cognitive loss and memory issues; -Received hospice care; -Required assistance for bed mobility, transfers, dressing, toileting, hygiene, and bathing. <p>Review of the master shower list showed the resident listed as hospice and not on the facility shower schedule.</p> <p>During an interview on 07/23/24 at 11:37 A.M., the resident said hospice provides all his/her showers. The resident said he/she had asked the facility staff about getting showers and he/she was told they would be offered to him/her. The resident said the facility staff does not offer him/her a shower. The resident said he/she wished the facility staff did offer him/her showers.</p> <p>8. Review of Resident #40's Significant Change MDS, dated [DATE], showed staff assessed the resident as:</p> <ul style="list-style-type: none"> -Cognitively intact; -Independent with eating, toileting, and hygiene; -Required supervision from staff with dressing, and bathing; -Received hospice care. <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's care plan, dated 06/17/24, showed:</p> <ul style="list-style-type: none"> -Received hospice care; -Required assistance from staff for bed mobility, transfers, dressing, toileting, hygiene, and bathing. <p>Review of the master shower list showed the resident listed as hospice and not on the facility shower schedule.</p> <p>Observation on 07/23/24 at 12:15 P. M., showed the resident in the dining room and with a green shirt and black shorts on.</p> <p>Observation on 07/24/24 at 6:28 A.M. and 10:55 A.M., showed the resident wore the same green shirt and black shorts. The resident had long facial hair.</p> <p>During an interview on 07/24/24 at 11: 05 A.M., Licensed Practical Nurse (LPN) B said the resident is showered by hospice.</p> <p>Observation on 07/25/24 at 8:22 A.M., showed the resident sat in the dining room and wore a blue shirt and gray shorts. The resident had long facial hair.</p> <p>Observation on 07/26/24 at 7:15 A.M., showed the resident in the dining room and wore a blue shirt and gray shorts.</p> <p>9. Review of Resident # 210's medical record showed it did not contain a MDS assessment.</p> <p>Review of the resident's care plan, dated 07/03/24, showed:</p> <ul style="list-style-type: none"> -Cognitive loss and memory issues; -Required assistance from staff for bed mobility, transfers, dressing, toileting, hygiene, and bathing. <p>Review of the master shower list showed the resident not listed on the schedule.</p> <p>Review of the resident's shower documentation showed it did not contain documentation staff provided a shower to the resident.</p> <p>10. During an interview on 07/26/24 at 8:33 A.M., Certified Medication Technician (CMT) F said he/she is the shower aide. CMT F said he/she had been responsible for updating the master shower sheet and giving all the showers until recently. CMT F said the Assistant Director of Nursing (ADON) is now responsible for updating it. CMT F said all residents should be on the shower schedule twice a week. CMT F said he/she did not know that some of the residents were not on the master shower schedule. CMT F said if a resident is not on the shower schedule, then staff don't know when to give the resident a shower.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 07/26/24 at 8:33 A.M. Certified Nurse Assistant (CNA) I said the ADON is responsible to update the master shower schedule, but he/she is not sure how often it is updated. CNA I said prior to the ADON updating it CMT F was responsible for keeping it updated, and documenting and providing all the showers. CNA I said if a resident is not on the shower schedule, then staff don't know when to give them a shower. CNA I said all residents are to be on the shower schedule twice a week. CNA I said the aide assigned to the hall is responsible for the showers on their hall. CNA I said whoever completes the shower is responsible to document the shower on a shower sheet. CNA I said the facility staff does not provide showers for residents who receive hospice care unless hospice staff are not available. CNA I said the facility staff is responsible for the care of a resident.</p> <p>During an interview on 07/26/24 at 9:36 A.M., LPN C said the ADON is responsible to make and update the master shower schedule. LPN C said he/she is not sure how often the shower schedule is updated. LPN C said all facility residents should be on the shower schedule twice a week. LPN C said if a resident is not on the shower schedule staff may not know to give a resident a shower and the resident could potentially go without one. LPN C said all hospice residents should be offered facility showers on opposite days from the hospice shower schedule as hospice is supplemental care. LPN C said the facility staff is responsible to make sure all residents are cared for. LPN C said the aide working on the hall is responsible to provide the showers on the hall assigned that day, then they are expected to document the shower on a paper shower sheet and turn into the charge nurse.</p> <p>During an interview on 07/26/24 at 11:00 A.M., the ADON said CMT F had been responsible for updating the master shower schedule until about a week ago. The ADON said he/she is now responsible for making a master shower schedule and ensuring it is updated. The ADON said he/she realized that not all residents were on the shower schedule this week. The ADON said not all residents were receiving showers due to not being on the list. The ADON said he/she was not sure how CMT F updated the master shower schedule, or if she had at all. The ADON said all residents in the facility should be on the shower schedule twice a week, including hospice residents. The ADON said the hospice residents should be offered facility showers on opposite days of the hospice scheduled shower days. The ADON said facility staff is responsible for the care of the residents and hospice is an added care. The ADON said the aide assigned to the hall is responsible to complete any scheduled showers on their hall. The ADON said when the aide completes the shower, or if a resident refuses, they are responsible to document this on the shower sheet and turn into the charge nurse. The ADON said the DON and ADON are responsible to oversee and ensure all the residents get showers.</p> <p>During an interview on 07/26/24 at 1:45 P.M., the Nurse Consultant said the DON or ADON are responsible to make the master shower schedule and to update it at least weekly. The Nurse Consultant said all residents, including hospice residents, in the facility should be on the shower schedule twice a week. The Nurse Consultant said hospice residents should be on opposite days of the hospice shower as hospice is an extra care to the resident. The Nurse Consultant said the facility is responsible to ensure each resident is taken care of. The Nurse Consultant said he/she did not know all residents were not on the master shower schedule. The Nurse Consultant said if the resident is not on the shower schedule staff would not know to give them a shower. The Nurse Consultant said when the aide gives the resident a shower, or if the resident refuses as shower, the aide is responsible to document on the shower sheet and turn it in to the charge nurse. The Nurse Consultant said nursing management is responsible to oversee and ensure all residents receive showers.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 07/26/24 at 2:21 P.M., the administrator said nursing management is responsible to make and update the master shower schedule. The administrator said the shower schedule should be updated with each resident admission and discharge. The administrator said all residents should be on the shower schedule twice a week. The administrator said he/she did not know all residents were not on the master shower schedule. The administrator said hospice residents must be offered showers on opposite days of their hospice shower schedule because hospice is a supplemental care, and the facility staff are still responsible for the residents' care. The administrator said staff must document showers on the shower sheets and he/she expects the charge nurse to sign them and turn them into the DON or ADON. The administrator said the DON and ADON are responsible to oversee and ensure all residents get showers.</p> <p>48982</p>		

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48982</p> <p>Based on observation, interview, and record review facility staff failed to complete bed rail assessments and obtain consent for the use of bed rails for three (Resident #21, #33, and #49) of 14 sampled residents. The facility census was 54.</p> <p>1. Review of the facility's policy titled Bed Rails, undated showed staff were directed to:</p> <ul style="list-style-type: none"> -Complete bed rail observation; -Obtain consent for the bed rails; -Provide education to the resident/legal representative on the benefits and risk of bed rail use; -Develop a care plan for bed rail use; -Staff will conduct regular inspections of all bedframes, mattresses, and bed rails to identify areas of possible entrapment. <p>Review of the United States Food and Drug Administration (FDA) document entitled, Hospital Bed System Dimensional and Assessment Guidance to Reduce Entrapment, dated [DATE], showed 413 people died as a result of entrapment events in the United States. Further review showed those among the most vulnerable for these entrapment type events are elderly patients and residents, especially those who are frail, confused, restless, or who have uncontrolled body movement.</p> <p>Review of the FDA document entitled, Practice Hospital Bed Safety, dated February 2013, identifies seven different potential, zones of entrapment. This guidance characterizes the head, neck, and chest as key body parts that are at risk of entrapment.</p> <p>Review of the FDA document entitled, Guide to Bed Safety Rails in Hospitals, Nursing Homes and Home Health Care: The Facts shows the potential risk of bed rails may include:</p> <ul style="list-style-type: none"> -Strangling, suffocating, bodily injury or death when patients or part of their body are caught between rails or between the bed rails and mattress; -More serious injuries from falls when patient climb over rails; -Skin bruising, cuts and scrapes; -Inducing agitated behavior when bed rails are used as a restraint; -Feeling isolated or unnecessarily restricted; <p>(continued on next page)</p>		

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-And preventing patients, who are able to get out of bed, from performing routine activities such as going to the bathroom, or retrieving something from a closet;</p> <p>-When bed rails are used, perform an on-going assessment of the patient's physical and mental status; closely monitor high-risk patients.</p> <p>2. Review of Resident #21's Admission Minimum Data Set (MDS), a federally mandated assessment tool, dated [DATE], showed staff assessed the resident as:</p> <p>-Required maximum assistance from staff for bed mobility, toileting, and dressing;</p> <p>-Dependent on staff for transfers, hygiene, and bathing;</p> <p>-Did not use bed rails;</p> <p>-Did not assess cognition.</p> <p>Review of the resident's care plan, revised [DATE], showed:</p> <p>-Required assistance for bed mobility, transfers, dressing, hygiene, and toileting;</p> <p>-Dependent on staff for bathing;</p> <p>-Bed rails for mobility and positioning;</p> <p>-Did not contain cognition level.</p> <p>Review of the resident's Physician Orders Sheet (POS), showed an order, dated [DATE], for quarter bed rails bilaterally for mobility and positioning.</p> <p>Review of the resident's medical record showed a bed rail assessment and consent, dated [DATE]. Review showed it did not contain any further bed rail assessments or signed consents.</p> <p>Observation on [DATE] at 11:00 A.M., showed the resident laid in bed with both half bed rails up.</p> <p>Observation on [DATE] at 5:18 A.M., showed the resident laid in bed with both half bed rails up.</p> <p>Observation on [DATE] at 8:44 A.M., showed the resident laid in bed with both half bed rails up.</p> <p>Observation on [DATE] at 8:24 A.M., showed the resident laid in bed with both half bed rails up.</p> <p>3. Review of Resident #33's Admission MDS, dated [DATE], showed staff assessed the resident as:</p> <p>-Cognitively intact;</p> <p>-Independent for bed mobility, and toileting;</p> <p>-Required supervision for transfers, dressing, hygiene, and bathing;</p> <p>(continued on next page)</p>		

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Did not use bed rails.</p> <p>Review of the resident's care plan, dated [DATE], showed:</p> <p>-Required assistance for bed mobility, transfers, dressing, hygiene, toileting, and bathing;</p> <p>-Did not contain direction for bed rails.</p> <p>Review of the resident's medical record showed it did not contain a bed rail assessment, or a signed consent for the use of bed rails.</p> <p>Observation on [DATE] at 2:15 P.M., showed the resident laid in bed with both half bed rails up.</p> <p>Observation on [DATE] at 5:15 A.M., showed the resident sat on his/her bed with both half bed rails up.</p> <p>Observation on [DATE] at 8:30 A.M., showed the resident laid in bed with both half bed rails up.</p> <p>Observation on [DATE] at 8:27 A.M., showed the resident sat on his/her bed with both half bed rails up.</p> <p>4. Review of Resident #49's Admission MDS, dated [DATE], showed staff assessed the resident as:</p> <p>-Severe cognitive impairment;</p> <p>-Required supervision for transfers;</p> <p>-Required moderate assistance for toileting, and hygiene;</p> <p>-Required maximum assistance for dressing;</p> <p>-Dependent on staff for bathing;</p> <p>-Did not use bed rails.</p> <p>Review of the resident's care plan, dated [DATE], showed:</p> <p>-Required assistance for bed mobility, transfers, dressing, hygiene, toileting, and bathing;</p> <p>-Did not contain direction for bed rails.</p> <p>Review of the resident's medical record showed the record did not contain a bed rail assessment, or a signed consent for the use of bed rails.</p> <p>Observation on [DATE] at 11:04 A.M., showed the resident transferred himself/herself from his/her bed with both half bed rails up.</p> <p>Observation on [DATE] at 5:17 A.M. showed the resided laid in bed and both half bed rails up.</p> <p>(continued on next page)</p>

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on [DATE] at 1:28 P.M. showed the resided sat in bed and both half bed rails up.</p> <p>Observation on [DATE] at 8:22 A.M. showed the resided sat in bed and both half bed rails up.</p> <p>5. During an interview on [DATE] at 9:36 A.M., Licensed Practical Nurse (LPN) C said the charge nurse is responsible for completing the bed rail assessments on every resident when admitted and obtain consent from the resident or responsible party if bed rails are needed. LPN C said it also the charge nurse's responsibility to educate the resident and responsible party about the bed rail risks, and potential for harm. LPN C said the charge nurse then notifies the maintenance person who is responsible for installing the bed rails on the bed. LPN C said bed rail assessments should be completed quarterly and as needed. LPN C said if a bed rail is placed improperly a resident could potentially be harmed and get stuck in one.</p> <p>During an interview on [DATE] at 10:46 A.M., the maintenance person said he/she thinks the charge nurse is responsible to complete the bed rail assessment and he/she is responsible to install the bed rails on the bed. The maintenance person said he/she does not complete entrapment measurements for each zone and is not sure what that is. The maintenance person said he/she is not sure who is responsible to complete the entrapment measurements.</p> <p>During an interview on [DATE] at 1:45 P.M., the Nurse Consultant said the Director of Nursing (DON) is responsible to complete the bed rail assessments and obtain signed consents from a resident or responsible party if bed rails are used. The Nurse Consultant said the bed rail assessment should be completed upon admission and quarterly after. The Nurse Consultant said the bed rail consent should be signed upon admission and then annually. The Nurse Consultant said if the bed rails are placed improperly the resident could potentially end up stuck in the bed rail and be harmed.</p> <p>During an interview on [DATE] at 2:21 P.M., the Administrator said the DON or Assistant Director of Nursing (ADON) is responsible to complete the bed rail assessments and obtain signed consent. The Administrator said the bed rail assessment and signed consent must be completed when bed rails are placed on a resident's bed, but he/she was not sure how often it should be updated. The Administrator said maintenance is responsible to install the bed rails on the bed and to measure entrapment zones at that time. The Administrator said he/she was not sure how often the entrapment measurements should be completed after installation. The Administrator said residents could have potential harmful outcomes if the bed rails are not placed and measured properly.</p> <p>During an interview on [DATE] at 10:00 A.M., the bed product support company said staff should follow the FDA recommendations and Centers for Medicare and Medicaid Services (CMS) guidelines regarding bed rail assessments, consent, and entrapment measurements.</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>48982</p> <p>Based on interview and record review, facility staff failed to ensure four nurse aides ((NA) NA R, NA K, NA Q, and NA S) out of six sampled NA's, completed the nurse aid training program within four months of their employment in the facility. The facility census was 54.</p> <p>1. Review of the facility's policy's showed the facility did not provide a policy for the completion of the nurse aide training program.</p> <p>Review of the Facility Assessment Tool, dated July 2024, showed staff documented all NA's must be certified within 120 days.</p> <p>2. Review of NA R's personnel file showed a hire date of 10/10/23. The file did not contain documentation NA R completed the nurse aide training program.</p> <p>Review of NA K's personnel file showed a hire date of 10/24/23. The file did not contain documentation NA R completed the nurse aide training program.</p> <p>Review of NA Q's personnel file showed a hire date of 12/12/23. The file did not contain documentation NA R completed the nurse aide training program.</p> <p>Review of NA S's personnel file showed a hire date of 01/02/04. The file did not contain documentation NA R completed the nurse aide training program.</p> <p>3. Observation on 07/24/24 at 11:10 A.M., showed NA K performed incontinence care on Resident #14. Observation showed NA K removed fecal soiled gloves, put on clean gloves, and assisted the resident to put on clothing. Observation showed NA K did not perform hand hygiene between glove changes.</p> <p>4. During an interview on 07/24/24 at 3:17 P.M., the Business Office Manager (BOM) said he/she is not sure who is responsible for monitoring the NA's to ensure they complete the Certified Nurse Aide (CNA) training within 120 days of their hire date. The BOM said he/she was not aware there were four NA's who had not completed training in the required time frame.</p> <p>During an interview on 07/24/24 at 3:17 P.M., the administrator said he/she is not sure who is responsible for monitoring the NA's to ensure they complete the CNA training within 120 days of their hire date. The administrator said the CNA classes are completed online. The administrator said he/she was aware the facility had four NA's past their 120 days to complete the CNA training. The administrator said the NA's had missed classes, the tests, and not tested . The Administrator said he/she told the NA's to go to class.</p> <p>During an interview on 07/24/24 at 3:51 P.M., the Director of Nursing (DON) said he/she was not aware there were four NA's out of compliance with CNA class completion. The DON said the Assisted Living Facility (ALF) Coordinator was responsible for monitoring the NA's to ensure they completed CNA class within 120 days of their date of hire.</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 07/25/24 at 10:00 A.M., the ALF Coordinator said he/she is responsible for completing new hire orientation, CNA class enrollment, and monitoring the CNA class completion. The ALF Coordinator said he/she is responsible for tracking the NA's to ensure they complete the CNA class within 120 days from their hire date. The ALF Coordinator said he/she was aware the facility had four NA's past their 120 days to complete the CNA training. The ALF Coordinator said the CNA classes are completed online. The ALF Coordinator said if a NA misses a class the course instructor will send him/her an email to let him/her know. The ALF Coordinator said he/she emails the Administrator, DON, Assistant Director of Nursing (ADON), and the BOM to let them know of the missed class. The ALF Coordinator said the NA's had missed classes or not taken their exam.</p> <p>During an interview on 07/26/24 at 1:45 P.M., the ADON said the ALF Coordinator is responsible for monitoring the NA's to ensure they complete CNA classes within 120 days of their hire date. The ADON said he/she was not aware there were four NA's out of compliance and over their 120-day mark. The ADON said if a NA misses a class the course instructor will send an email to the ALF Coordinator to notify the facility of the missed class. He/She said the ALF Coordinator then sends an email to him/her, the Administrator, and the DON to notify them of the missed class. The ADON said if a NA misses a class, it is the NA's responsibility to schedule a makeup class with the course instructor. The ADON did not know why the four NA's were still being allowed to work the floor at this time.</p> <p>During an interview on 07/26/24 at 1:45 P.M., the Nurse Consultant said the ALF Coordinator is responsible for monitoring the NA's to ensure they complete the CNA classes within 120 days of their hire date. The Nurse Consultant said he/she was not aware there were four NA's out of compliance and over their 120-day mark as he/she is not at the facility each day.</p> <p>During an interview on 07/26/24 at 2:21 P.M., the administrator said the ALF Coordinator is responsible to oversee the CNA classes. The administrator said he/she is not sure what happens if a NA misses a class, but he/she assumed they make the class up. The administrator said if a NA misses a class the course instructor sends the ALF Coordinator an email to notify the facility of the missed class. He/She said the ALF Coordinator then sends an email to him/her and the DON to notify them of the missed class. The administrator said he/she has no excuse or explanation for why four of the NA's are out of compliance and continue to work as NA's on the floor.</p>		

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NAME OF PROVIDER OR SUPPLIER Pacific Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 105 South Sixth Street Pacific, MO 63069	

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>48982</p> <p>Based on observation, interview, and record review, facility staff failed to reconcile narcotics at the change of shift when the medication cart changed from one staff member to another. The facility census was 54.</p> <p>1. Review of the facility's policy titled Narcotic Count, undated, showed one Registered Nurse (RN), Licensed Practical Nurse (LPN), or Certified Medication Technician (CMT) going off duty and one RN, LPN, CMT coming on duty must count and justify accuracy of narcotics supply for each resident at the change of shift. Narcotic records are to be retained for at least one year. After the supply is counted and justified, the nurse/CMT records the date and his/her signature verifying the count is correct.</p> <p>2. Review of the facility's staffing report showed:</p> <ul style="list-style-type: none"> -Day shift charge nurse worked 7:00 A.M. to 7:00 P.M.; -Night shift charge nurse worked 7:00 P.M. to 7:00 A.M.; -Day shift CMT worked 6:00 A.M. to 2:00 P.M.; -Evening shift CMT worked 2:00 P.M. to 10:00 P.M.; -Did not contain a night shift CMT from 10:00 P.M. to 6:00 A.M. <p>3. Review of the facility's unlabeled on-coming an off-going narcotic count sheets, dated 04/01/24 through 04/30/24, showed</p> <ul style="list-style-type: none"> -On 04/02/24 at 6:00 A.M., and 2:00 P.M., did not contain two licensed staff signatures; -On 04/04/24 at 2:00 P.M., did not contain two licensed staff signatures; -On 04/05/24 at 2:00 P.M., did not contain two licensed staff signatures; -On 04/07/24 at 6:00 A.M., and 2:00 P.M., did not contain two licensed staff signatures; -On 04/08/24 at 2:00 P.M., did not contain two licensed staff signatures; -On 04/10/24 at 2:00 P.M., did not contain two licensed staff signatures; -On 04/11/24 at 2:00 P.M., did not contain two licensed staff signatures; -On 04/12/24 at 6:00 A.M., and 2:00 P.M., did not contain two licensed staff signatures; -On 04/19/24 at 2:00 P.M., did not contain two licensed staff signatures; <p>(continued on next page)</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-On 04/24/24 at 2:00 P.M., did not contain two licensed staff signatures;</p> <p>-On 04/28/24 at 6:00 A.M., and 2:00 P.M., did not contain two licensed staff signatures.</p> <p>Review showed the narcotic count sheets did not contain documentation staff completed narcotic counts at all shift changes.</p> <p>Review of the facility's unlabeled on-coming and off-going narcotic count sheets, dated 05/01/24 through 05/31/24, showed</p> <p>-On 05/05/24 at 6:00 A.M., did not contain two licensed staff signatures;</p> <p>-On 05/20/24 at 2:00 P.M., did not contain two licensed staff signatures;</p> <p>-On 05/28/24 at 6:00 A.M., and 2 P.M., did not contain two licensed staff signatures.</p> <p>Review showed the narcotic count sheets did not contain documentation staff completed narcotic counts at all shift changes.</p> <p>Review of the facility's unlabeled on-coming and off-going narcotic count sheets, dated 06/01/24 through 06/30/24, showed</p> <p>-On 06/04/24 at 2:00 P.M., did not contain two licensed staff signatures;</p> <p>-On 06/06/24 at 2:00 P.M., did not contain two licensed staff signatures;</p> <p>-On 06/12/24 at 2:00 P.M., did not contain two licensed staff signatures;</p> <p>-On 06/26/24 at 6:00 A.M., and 2:00 P.M., did not contain two licensed staff signatures.</p> <p>Review showed the narcotic count sheets did not contain documentation staff completed narcotic counts at all shift changes.</p> <p>Review of the facility's on-coming an off-going narcotic count sheets, dated 07/01/24 through 07/24/24, showed:</p> <p>-Hall A:</p> <p>-On 07/06/24 at 2:00 P.M., did not contain two licensed staff signatures;</p> <p>-On 07/11/24 at 2:00 P.M., did not contain two licensed staff signatures;</p> <p>-On 07/14/24 at 2:00 P.M., did not contain two licensed staff signatures;</p> <p>-Hall B:</p> <p>-On 07/06/24 at 6:00 A.M., and 2:00 P.M., did not contain two licensed staff signatures;</p> <p>(continued on next page)</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-On 07/08/24 at 6:00 A.M., and 2:00 P.M., did not contain two licensed staff signatures;</p> <p>-On 07/09/24 at 6:00 A.M., and 2:00 P.M., did not contain two licensed staff signatures;</p> <p>-On 07/11/24 at 2:00 P.M., did not contain two licensed staff signatures;</p> <p>-On 07/14/24 at 6:00 A.M., and 2:00 P.M., did not contain two licensed staff signatures;</p> <p>-On 07/16/24 at 6:00 A.M., did not contain two licensed staff signatures;</p> <p>-On 07/17/24 at 2:00 P.M., did not contain two licensed staff signatures;</p> <p>-On 07/18/24 at 2:00 P.M., did not contain two licensed staff signatures;</p> <p>-On 07/19/24 at 2:00 P.M., did not contain two licensed staff signatures;</p> <p>-On 07/20/24 at 2:00 P.M., did not contain two licensed staff signatures;</p> <p>-On 07/21/24 at 2:00 P.M., did not contain two licensed staff signatures;</p> <p>-On 07/22/24 at 2:00 P.M., did not contain two licensed staff signatures;</p> <p>-On 07/23/24 at 2:00 P.M., did not contain two licensed staff signatures;</p> <p>-On 07/24/24 at 6:00 A.M., and 2:00 P.M., did not contain two licensed staff signatures;</p> <p>-Hall C:</p> <p>-On 07/06/24 at 2:00 P.M., did not contain two licensed staff signatures;</p> <p>-On 07/11/24 at 2:00 P.M., did not contain two licensed staff signatures;</p> <p>-On 07/14/24 at 6:00 A.M., and 2:00 P.M., did not contain two licensed staff signatures;</p> <p>-On 07/24/24 at 2:00 P.M., did not contain two licensed staff signatures;</p> <p>-Hall D:</p> <p>-On 07/06/24 at 6:00 A.M., did not contain two licensed staff signatures;</p> <p>-On 07/11/24 at 2:00 P.M., did not contain two licensed staff signatures;</p> <p>-On 07/23/24 at 2:00 P.M., did not contain two licensed staff signatures;</p> <p>-On 07/24/24 at 6:00 A.M., and 2:00 P.M., did not contain two licensed staff signatures;</p> <p>Review showed the narcotic count sheets did not contain documentation staff completed narcotic counts at all shift changes.</p> <p>(continued on next page)</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>4. Observation on 07/24/24 at 6:05 A.M., showed LPN C worked the day shift as the medication nurse for Hall A, B, C and D. Observation showed LPN C got a medication cart from the medication room and began to administer medications. LPN C did not complete a shift change narcotic count with the night nurse LPN D.</p> <p>During an interview on 07/26/24 at 7:15 A.M., LPN C said narcotics should be counted by two licensed staff members at each shift change or if a new staff member takes over the medication cart. LPN C said both licensed staff who count the narcotics must sign the narcotic count log. LPN C said narcotic counts should not be completed alone. LPN C said he/she did not complete a narcotic count on 07/24/24 with LPN D and he/she should have but got busy.</p> <p>5. During an interview on 07/26/24 at 7:15 A.M., LPN E said narcotics must be counted by two licensed staff members at each shift change or if a new staff member takes over the medication cart. LPN E said both licensed staff who count the narcotics must sign the narcotic count log. LPN E said narcotic counts should not be completed alone. LPN E said some staff members don't count narcotics at shift change, but they should. The LPN said most of the staff say I trust you and leave without counting.</p> <p>During an interview on 07/26/24 at 8:33 A.M., CMT F said narcotics are to be counted by two licensed staff anytime someone different takes over the cart, and at each shift change. CMT F said staff should not count narcotics alone. CMT F said the person accepting the keys to the medication cart is responsible to ensure the narcotic count is completed. CMT F said both licensed staff who count must sign the narcotic count log. CMT F said he/she has been signing the narcotic log alone and he/she should not have been.</p> <p>During an interview on 07/26/24 at 1:45 P.M., the Assistant Director of Nursing (ADON) said narcotics are to be counted by two licensed staff at each shift change. The ADON said both licensed staff must sign the narcotic log when they count. The ADON said the Director of Nursing (DON) is responsible to oversee and ensure the narcotic counts are being completed.</p> <p>During an interview on 07/26/24 at 1:45 P.M., the Nurse Consultant said narcotics are to be counted by two licensed staff at each shift change. The Nurse Consultant said both licensed staff must sign the narcotic log when they count, and staff should not sign alone. The Nurse Consultant said the DON is responsible to oversee and ensure the narcotic counts are being completed. The Nurse Consultant said he/she was not aware the narcotic counts were not being completed each shift by two staff members.</p> <p>During an interview on 07/26/24 at 2:21 P.M., the Administrator said he/she was not aware the narcotic counts were not being completed. The Administrator said he/she expected two licensed staff members to complete narcotic counts with each shift change and anytime a different staff member accepts the keys to the medication cart. The Administrator said both licensed staff must sign the narcotic count log when they complete the count. The Administrator said staff should not count the narcotics alone or sign the narcotic log alone. The Administrator said the DON and ADON are responsible to oversee and ensure the narcotic counts are being completed.</p>

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Dispose of garbage and refuse properly.</p> <p>33477</p> <p>Based on observation, interview and record review, the facility staff failed to properly contain waste and refuse to prevent the harboring and/or feeding of rodents and pests when the facility failed ensure outdoor waste containers remained covered when not in actual use. The facility census was 54.</p> <p>1. Review of 2022 United States Food and Drug Administration Food Code, subsection 5-501.113 (Covering Receptacles), showed receptacles and waste handling units for refuse, recyclables, and returnables shall be kept covered with tight-fitting lids or doors if kept outside the food establishment.</p> <p>Observation on 07/23/24 at 12:45 P.M., showed the outside dumpster, which contained waste, uncovered and it did not contain lids or doors to cover the waste. Observation also showed paper and food waste scattered on the ground around the dumpster and a plastic bag of waste on the ground near the right facing side of the dumpster.</p> <p>Observation on 07/24/24 at 8:17 A.M., showed the outside dumpster, which contained waste, uncovered and it did not contain lids or doors to cover the waste. Observation also showed paper and food waste scattered on the ground around the dumpster and a plastic bag of waste on the ground near the right facing side of the dumpster. Observation showed two cats rummaged through the plastic bag of waste.</p> <p>During an interview on 07/24/24 at 8:56 A.M., the administrator said the facility did not have a written policy for waste disposal or the maintenance of waste disposal areas, but the dietary staff have been trained to pick up trash if they see any on the ground around the dumpster when they take out trash. The administrator said the dumpster should be kept covered and he/she did know the dumpster did not have a lid.</p> <p>During an interview on 07/24/24 at 9:09 A.M., the Dietary Manager said waste container should be kept covered and he/she did not know that the dumpster did not have a lid.</p> <p>48982</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** 50432</p> <p>Based on observation, interview and record review, facility staff failed to help prevent the development and transmission of infections when staff failed to perform hand hygiene in a manner to reduce the spread of infection for for three residents (Resident #14, #24, and #35) out of 14 sampled residents. The facility census was 54.</p> <p>Review of the Centers for Disease control and Prevention CDC Hand Hygiene in Healthcare Settings guidelines, last reviewed 01/10/20, showed the guidance directs healthcare personnel to follow the following recommendations:</p> <ul style="list-style-type: none"> -Healthcare personnel should use an alcohol-based hand rub or wash with soap and water for the following clinical indication: -Immediately before touching a patient; -Before performing an aseptic task (e.g. placing an indwelling device) or handling medical devices; -Before moving from work on a soiled body site to a clean body site on the same patient; -After touching a patient or the patient's immediate environment; -After contact with blood, body fluids, or contaminated surfaces; -Immediately after glove removal. <p>1. Review of the facility's policy titled Handwashing, not dated, did not address the use of alcohol based hand sanitizer or direct staff when to wash their hands.</p> <p>Review of the facility's policies showed the facility did not provide a policy for incontinence care.</p> <p>2. Review of facility's education logs, dated 05/14/24 to 06/09/2024 showed an annual staff education completion log for hand hygiene.</p> <p>3. Review of Resident # 14's Annual Minimum Data Set (MDS), a federally mandated assessment tool dated 05/22/2024, showed:</p> <ul style="list-style-type: none"> -Cognitively Intact; -Frequently incontinent of bladder and always incontinent of bowel; -Diagnosis of Parkinson's Disease (a brain disorder that caused unintended or uncontrollable movements). <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 07/24/24 at 11:00 A.M., showed Nurse Aide (NA) K and Certified Nurse Aide (CNA) H entered the resident's room and provided bowel incontinence care. NA K removed his/her soiled gloves and applied clean gloves without performing hand hygiene. The NA dressed the resident. Observation showed CNA H removed his/her gloves and left the room without performing hand hygiene.</p> <p>4. Review of Resident #24's Annual MDS, dated [DATE], showed:</p> <ul style="list-style-type: none"> -Mild to moderate cognitive impairment; -Required partial/moderate assistance from staff with toileting; -Always incontinent of bowel and bladder; -Diagnoses of stroke (a loss of blood flow to part of the brain, which damages brain tissue) and hemiplegia (paralysis that affects only one side of the body) or hemiparesis (partial paralysis or weakness on one side of the body). <p>Observation on 07/25/24 at 9:00 A.M., showed CNA H and CNA G entered the resident's room to provide incontinence care. CNA H provided perineal care, and with the same soiled gloves on applied barrier cream to the resident's bottom. CNA H removed his/her gloves and applied clean gloves without performing hand hygiene and put a clean brief on the resident.</p> <p>During an interview on 07/25/2024 at 2:00 P.M., CNA H said staff should wash their hands when entering the room and then put gloves on. The CNA said hands should be washed again after care is provided. The CNA said hand sanitizer it not available in the resident rooms and gloves are kept in the bathrooms which makes it hard to do it right.</p> <p>5. Review of Resident #35's Quarterly MDS, dated [DATE], showed:</p> <ul style="list-style-type: none"> -Mild cognitive impairment; -Required substantial/maximal assistance for toileting; -Indwelling urinary catheter (plastic tube placed placed directly in the bladder to drain urine); -Occasionally incontinent of bowel. <p>Review of the care plan revised 06/24/24 included staff direction for care of indwelling catheter and frequent bowel incontinence.</p> <p>Observation on 07/25/24 at 1:27 P.M., showed CNA I applied gloves, provided incontinence care, and changed his/her gloves without performing hand hygiene between glove changes. CNA I then wiped the resident's catheter tubing. CNA I changed his/her gloves again, without performing hand hygiene between glove changes, and put a clean brief on the resident.</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 7/25/2024 at 4:00 P.M., the Director of Nursing (DON)/Infection Preventionist (IP) said he/she expects staff to perform hand hygiene during catheter care and perineal care by removing gloves, washing hands or using hand sanitizer, and putting on clean gloves on. The DON/IP said staff should change gloves and perform hand hygiene prior to moving from a dirty to clean task. The DON/IP said staff have access to pocket sized hand sanitizers. The DON said staff have received education and been audited in regard to hand hygiene. He/She said the outcome of poor hand hygiene could be increased infections.</p> <p>During an interview on 7/26/2024 at 2:21 P.M., the Administrator said he/she does not believe pocket hand sanitizers are available to staff.</p>		

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<p>F 0909</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Regularly inspect all bed frames, mattresses, and bed rails (if any) for safety; and all bed rails and mattresses must attach safely to the bed frame.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48982</p> <p>Based on observation, interview, and record review facility staff failed to conduct regular inspections of bed rails as a part of regular maintenance program for four residents (Resident #21, #25, #33, and #49) of 14 residents' sampled to identify areas of possible entrapment. The facility census was 54.</p> <p>1. Review of the facility's policy titled Bed Rails, undated, showed staff will conduct regular inspections of all bedframes, mattresses, and bed rails to identify areas of possible entrapment.</p> <p>Review of the United States Food and Drug Administration (FDA) document entitled, Hospital Bed System Dimensional and Assessment Guidance to Reduce Entrapment, dated [DATE], showed 413 people died as a result of entrapment events in the United States. Further review showed those among the most vulnerable for these entrapment type events are elderly patients and residents, especially those who are frail, confused, restless, or who have uncontrolled body movement.</p> <p>Review of the FDA document entitled, Practice Hospital Bed Safety, dated February 2013 identifies seven different potential, zones of entrapment. This guidance characterizes the head, neck, and chest as key body parts that are at risk of entrapment.</p> <p>Review of the FDA document entitled, Guide to Bed Safety Rails in Hospitals, Nursing Homes and Home Health Care: The Facts shows the potential risk of bed rails may include:</p> <ul style="list-style-type: none"> -Strangling, suffocating, bodily injury or death when patients or part of their body are caught between rails or between the bed rails and mattress; -More serious injuries from falls when patient climb over rails; -Skin bruising, cuts and scrapes; -Inducing agitated behavior when bed rails are used as a restraint; -Feeling isolated or unnecessarily restricted; -And preventing patients, who are able to get out of bed, from performing routine activities such as going to the bathroom, or retrieving something from a closet; -When bed rails are used, perform an on-going assessment of the patient's physical and mental status; closely monitor high-risk patients. <p>2. Review of Resident #21's Admission Minimum Data Set (MDS), a federally mandated assessment tool, dated [DATE], showed staff assessed the resident as:</p> <ul style="list-style-type: none"> -Required maximum assistance from staff for bed mobility, toileting, and dressing; <p>(continued on next page)</p>		

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<p>F 0909</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Dependent on staff for transfers, hygiene, and bathing;</p> <p>-Did not use bed rails;</p> <p>-Did not assess cognition.</p> <p>Review of the resident's care plan, revised [DATE], showed:</p> <p>-Required assistance from staff for bed mobility, transfers, dressing, hygiene, and toileting;</p> <p>-Dependent on staff for bathing;</p> <p>-Bed rails for mobility and positioning;</p> <p>-Did not contain cognition level.</p> <p>Review of the resident's Physician Orders Sheet (POS), showed an order dated [DATE] for quarter bed rails bilaterally for positioning.</p> <p>Review of the resident's medical record showed it did not contain an entrapment assessment or measurements.</p> <p>Observation on [DATE] at 11:00 A.M., showed the resident laid in bed with both half bed rails up.</p> <p>Observation on [DATE] at 11:04 A.M., showed the resident laid in bed with both half bed rails up.</p> <p>Observation on [DATE] at 8:44 A.M., showed the resident laid in bed with both half bed rails up.</p> <p>Observation on [DATE] at 8:24 A.M., showed the resident laid in bed with both half bed rails up.</p> <p>3. Review of Resident # 25's Quarterly MDS, dated [DATE], showed staff assessed the resident as:</p> <p>-Moderate cognitive impairment;</p> <p>-Required moderate assistance from staff for bed mobility, toileting, hygiene, dressing, and bathing;</p> <p>-Dependent on staff for transfers;</p> <p>-Did not use bed rails.</p> <p>Review of the residents care plan, dated [DATE], showed bed rails for mobility and positioning.</p> <p>Review of the Bed Rail Assessment and entrapment measurements, dated [DATE], showed:</p> <p>-Zone one:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265337	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/26/2024
NAME OF PROVIDER OR SUPPLIER Pacific Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 105 South Sixth Street Pacific, MO 63069	

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<p>F 0909</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Bed rail assessment entrapment zone one, showed less than 4 ,d+[DATE] inches () is pass and greater than 4 ,d+[DATE] is fail;</p> <p>-Staff documented side one measurement as 5 and marked passed;</p> <p>-Staff documented side two measurement as 7.5 and marked passed;</p> <p>-Zone two:</p> <p>-Bed rail assessment entrapment zone two, showed less than 4 ,d+[DATE] is pass and greater than 4 , d+[DATE] is fail;</p> <p>-Staff documented side one measurement as 10 and marked passed;</p> <p>-Staff documented side two measurement as 5 and marked passed;</p> <p>-Zone three:</p> <p>-Bed rail assessment entrapment zone three, showed less than 4 ,d+[DATE] is pass and greater than 4 , d+[DATE] is fail;</p> <p>-Staff documented side one measurement as 8.5 and marked passed;</p> <p>-Staff documented side two measurement as 5 and marked passed;</p> <p>Zone four:</p> <p>-Bed rail assessment entrapment zone four, side one showed less than 2 ,d+[DATE] is pass and greater than 2 ,d+[DATE] is fail;</p> <p>-Staff documented side one measurement as 3 and marked passed;</p> <p>-Bed rail assessment entrapment zone four, side two showed less than 4 ,d+[DATE] is pass, and greater than 4 ,d+[DATE] is fail;</p> <p>-Staff documented side two measurement as 5 and marked passed;</p> <p>-Staff documented zone five as low risk of entrapment;</p> <p>-Staff documented zone six as low risk of entrapment;</p> <p>-Staff documented zone seven as low risk of entrapment.</p> <p>-Did not contain any other measurements for entrapment.</p> <p>Review showed staff documented the resident's bed rails passed and entrapment assessment when the measurements did not pass.</p> <p>(continued on next page)</p>

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<p>F 0909</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on [DATE] at 2:32 P.M., showed the resident sat next to his/her bed with both half bed rails up.</p> <p>Observation on [DATE] at 5:16 A.M., showed the resident laid in bed with both half bed rails up.</p> <p>Observation on [DATE] at 8:35 A.M., showed the resident sat next to his/her bed with both half bed rails up.</p> <p>4. Review of Resident #33's Admission MDS, dated [DATE], showed staff assessed the resident as:</p> <ul style="list-style-type: none"> -Cognitively intact; -Independent for bed mobility, and toileting; -Required supervision from staff for transfers, dressing, hygiene, and bathing; -Did not use bed rails. <p>Review of the resident's care plan, dated [DATE], showed:</p> <ul style="list-style-type: none"> -Required assistance for bed mobility, transfers, dressing, hygiene, toileting, and bathing; -Did not contain direction for bed rails. <p>Review of the resident's medical record showed the record did not contain any measurements for entrapment.</p> <p>Observation on [DATE] at 2:15 P.M., showed the resident laid in bed with both half bed rails up.</p> <p>Observation on [DATE] at 5:15 A.M., showed the resident sat on his/her bed with both half bed rails up.</p> <p>Observation on [DATE] at 8:30 A.M., showed the resident laid in bed with both half bed rails up.</p> <p>Observation on [DATE] at 8:27 A.M., showed the resident sat on his/her bed with both half bed rails up.</p> <p>5. Review of Resident #49's Admission MDS, dated [DATE], showed staff assessed the resident as:</p> <ul style="list-style-type: none"> -Severe cognitive impairment; -Required supervision from staff for transfers; -Required moderate assistance from staff for toileting, and hygiene; -Required maximum assistance from staff for dressing; -Dependent on staff for bathing; <p>(continued on next page)</p>

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<p>F 0909</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Did not use bed rails.</p> <p>Review of the resident's care plan, dated [DATE], showed:</p> <p>-Required assistance for bed mobility, transfers, dressing, hygiene, toileting, and bathing;</p> <p>-Did not contain direction for bed rails.</p> <p>Review of the resident's medical record showed the record did not contain an entrapment assessment with measurements.</p> <p>Observation on [DATE] at 11:04 A.M., showed the resident transferred himself/herself from his/her bed and both half bed rails up.</p> <p>Observation on [DATE] at 5:17 A.M. showed the resided laid in bed and both half bed rails up.</p> <p>Observation on [DATE] at 1:28 P.M. showed the resided sat in bed and both half bed rails up.</p> <p>Observation on [DATE] at 8:22 A.M. showed the resided sat in bed and both half bed rails up.</p> <p>6. During an interview on [DATE] at 9:36 A.M., Licensed Practical Nurse (LPN) C said the charge nurse notifies the maintenance person who is responsible to install the bed rails on the bed. LPN C said he/she was not sure who was responsible to complete the entrapment measurements. LPN C said he/she does not do entrapment measurements and was not aware it was on the bed rail assessment form used by the facility. LPN C said bed rail assessments, consents, and entrapment measurements should be completed quarterly and anytime something is changed on the bed. LPN C said if a bed rail is placed improperly a resident could potentially be cause harm and get stuck in one.</p> <p>During an interview on [DATE] at 10:46 A.M., the maintenance person said he/she thinks the charge nurse is responsible to complete the bed rail assessment and he/she is responsible to install the bed rails on the bed. The maintenance person said he/she does not complete entrapment measurements for each zone and is not sure what that is. The maintenance person said he/she is not sure who is responsible to complete the entrapment measurement.</p> <p>During an interview on [DATE] at 1:45 P.M., the Nurse Consultant said the bed rail assessment and entrapment measurements should be completed upon admission and quarterly after. The Nurse Consultant said housekeeping is responsible to complete the entrapment assessments. The Nurse Consultant said if the bed rails are placed improperly the resident could potentially end up stuck in the bed rail and be harmed.</p> <p>During an interview on [DATE] at 2:21 P.M., the administrator said maintenance is responsible to install the bed rails on the bed and to measure entrapment zones. The Administrator said he/she is not sure how often the entrapment measurements should be completed after installation. The Administrator said residents could have potential harmful outcomes if the bed rails are not placed and measured properly.</p> <p>(continued on next page)</p>		

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<p>F 0909</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on [DATE] at 10:00 A.M., the bed product support company said staff should follow the FDA recommendations and Centers for Medicare and Medicaid Services (CMS) guidelines regarding bed rail assessments, consent, and entrapment measurements.</p> <p>50432</p>		