

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265340	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/04/2024
NAME OF PROVIDER OR SUPPLIER  Life Care Center of Sullivan		STREET ADDRESS, CITY, STATE, ZIP CODE  875 Dunsford Drive Sullivan, MO 63080	

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 0577</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Allow residents to easily view the nursing home's survey results and communicate with advocate agencies.</p> <p>42484</p> <p>Based on observation, interview, and record review, facility staff failed to ensure the three most recent years of survey results were posted and readily accessible to residents, family members or representatives of residents. The facility census was 69.</p> <ol style="list-style-type: none"> <li>1. Review of the facility's policy titled Availability of Survey Results, dated 05/23/19, showed results from the most recent state surveys must be available and easily accessible to the residents and family members within the facility. Place readily accessible. This is a place such as a lobby or other area frequented by most residents, visitors or other individual where individuals wishing to examine survey results do not have to ask to see them.</li> <li>2. Observation on 10/01/24 at 9:43 A.M., showed the facility did not have a copy of the federal survey results accessible to the residents, family members, or representatives of residents.</li> <li>3. Observation on 10/02/24 at 5:03 P.M., showed the facility did not have a copy of the federal survey results accessible to the residents, family members, or representatives of residents.</li> <li>4. Observation on 10/03/24 at 7:46 A.M., showed the facility did not have a copy of the federal survey results accessible to the residents, family members, or representatives of residents.</li> <li>5. During an interview on 10/04/24 at 3:35 P.M., the administrator said he/she did not realize the survey results needed to be available in an area accessible to residents and visitors. The administrator said he/she did not know why the survey results were kept in the Business Office.</li> </ol> <p>During an interview on 10/04/24 at 4:47 P.M., the Director of Nursing said he/she did not know the survey results needed to be out and available in the facility.</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>48982</p> <p>Based on observation, interview, and record review, facility staff failed to maintain a clean, safe, comfortable, and homelike environment when staff failed to adequately clean and properly maintain three of the four shower rooms. The facility census was 69.</p> <p>1. Review of the facility's policy titled Housekeeping General Policy, revised 06/12/24, showed it is the responsibility of the Executive Director through the Environmental Service Director to assure that Housekeeping Policies are implemented and followed. The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. Housekeeping personnel are required to attend training classes.</p> <p>Review of the facility's policy titled Housekeeping Services, revised 06/04/24, showed the facility will provide a safe, clean, comfortable, and homelike environment. The facility must follow standard practices for cleaning and disinfection of surfaces and equipment in accordance with Center for Disease and Prevention (CDC) guidelines. The environmental services supervisor will maintain a schedule of cleaning and disinfection tasks, and the employee responsible for these tasks. Resident shower rooms: Clean and disinfect high touch surfaces after each resident use; Housekeeping will clean resident shower/bath area twice daily; Privacy curtains should be laundered routinely and when visibly soiled. Bathrooms and common areas, Clean and disinfect high touch areas at least twice daily; Clean low touch areas on a scheduled basis.</p> <p>2. Observation on 10/02/24 at 2:45 P.M., showed the 100 hall shower room:</p> <ul style="list-style-type: none"> <li>-Vent over the toilet contained a thick layer of dust;</li> <li>-Vent over the entry door contained an unknown black substance;</li> <li>-Shower stall contained multiple areas of an unknown black substance;</li> <li>-The wall with cracked and missing tile.</li> </ul> <p>Observation on 10/03/24 at 10:08 A.M. showed the 100 hall shower room:</p> <ul style="list-style-type: none"> <li>-Vent over the toilet contained a thick layer of dust;</li> <li>-Vent over the entry door contained an unknown black substance;</li> <li>-Shower stall contained multiple areas of an unknown black substance;</li> <li>-Wall with cracked and missing tile.</li> </ul> <p>3. Observation on 10/02/24 at 2:45 P.M., showed the 300 hall shower room:</p> <ul style="list-style-type: none"> <li>-Vent over the toilet contained a thick layer of dust;</li> </ul> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Vent over the entry door contained an unknown black substance;</p> <p>-Shower stall contained multiple areas of an unknown black substance.</p> <p>Observation on 10/03/24 at 10:08 A.M., showed the 300 hall shower room:</p> <p>-Vent over the toilet contained a thick layer of dust;</p> <p>-Vent over the entry door contained an unknown black substance;</p> <p>-Shower stall contained multiple areas of an unknown black substance.</p> <p>4. Observation on 10/02/24 at 2:45 P.M., showed the 400 hall shower room:</p> <p>-The vent over the toilet contained a thick layer of dust;</p> <p>-The vent over the entry door contained an unknown black substance;</p> <p>-The shower stall contained multiple areas of an unknown black substance;</p> <p>-The toilet contained multiple black stains.</p> <p>Observation on 10/03/24 at 10:08 A.M., showed the 400 hall shower room:</p> <p>-The vent over the toilet contained a thick layer of dust;</p> <p>-The vent over the entry door contained an unknown black substance;</p> <p>-The shower stall contained multiple areas of an unknown black substance;</p> <p>-The toilet contained multiple black stains.</p> <p>5. Review of the maintenance request work logs, undated, showed it did not contain documentation of any shower room requests for work or concern.</p> <p>6. During an interview on 10/03/24 at 10:25 A.M., Licensed Practical Nurse (LPN) B said staff use all four shower rooms LPN B said if staff find something broken, they are responsible to write it on a work order at the nurse's station. LPN B said maintenance is responsible to check the work orders daily. LPN B said he/she had not put any work orders on the board for the shower rooms.</p> <p>During an interview on 10/03/24 at 11:28 A.M., Nurse Assistant (NA) E said he/she is frequently assigned as the shower aide. NA said residents use all shower rooms. NA E said housekeeping is responsible to deep clean and mop the shower rooms. NA E said if staff notice something broken, they should fill out a work order, that maintenance checks daily. NA E said he/she had not put any work orders on the board for the shower rooms.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 10/03/24 at 11:34 A.M., Certified Nurse Assistant (CNA) D said he/she staff use all four shower rooms to toilet residents, but staff only shower residents in the 100 hall and 200 hall shower rooms. CNA D said the aide is responsible to clean and sanitize the shower chair, handrails, and shower stall after each use. CNA D said housekeeping is responsible to deep clean, refill supplies, and mop the shower rooms. CNA D said if staff notice something broken, they are responsible to write it on a work order hanging from a clipboard at the nurse's station. CNA D said maintenance is responsible to check the work orders daily. CNA D said he/she had not put any work orders on the board for the shower rooms.</p> <p>During an interview on 10/03/24 at 12:40 P.M., Housekeeper G said he/she did not know of a deep cleaning schedule for the shower rooms. Housekeeper G said he/she did not know the shower rooms had dirty vents or black substances on them. Housekeeper G said if staff notice something broken, they should fill out a work order. Housekeeper G said he/she had not filled out a work order for the shower rooms.</p> <p>During an interview on 10/03/24 at 2:10 P.M., the Housekeeping Supervisor said he/she is responsible to oversee and direct the housekeeping department. The housekeeping supervisor said housekeeping is responsible for cleaning the shower rooms daily including moping, cleaning the vents, replacing supplies, cleaning the toilets, showers, and sinks. The housekeeping supervisor said he/she does not have a deep cleaning schedule for the shower rooms and did not know he/she needed one. The housekeeping supervisor said staff use all four shower rooms. The housekeeping supervisor said he/she did know the shower rooms had black substances in them but did not know the vents were dirty. The housekeeping supervisor said if staff notice something broken, they should fill out a work order at the nurse's station, and maintenance is responsible to check the work orders daily. The housekeeping supervisor said he/she had not filled out any work orders for the shower rooms.</p> <p>During an interview on 10/03/24 at 2:30 P.M., the Maintenance Director said he/she does not have a deep cleaning schedule for the shower rooms and the housekeeping supervisor is responsible for that. The maintenance director said if staff find things needs fixed, they are responsible to log it on a work order at the nurses station. The maintenance director said he/she checks the maintenance log daily for work orders. and he/she did not know about the condition of the shower rooms.</p> <p>During an interview on 10/03/24 at 3:00 P.M., the administrator said housekeeping is responsible for cleaning shower rooms daily. The administrator said he/she expects housekeeping to have a deep cleaning schedule and follow it. The administrator said he/she did not know staff did not have a deep cleaning schedule and deep cleans were not being completed. The administrator said it is the housekeeping supervisor's responsibility to make a deep cleaning schedule and ensure the housekeeping staff follow it. The administrator said housekeeping is responsible to clean the shower rooms daily including the vents, sinks, toilets, shower stalls, and floors. The administrator said he/she did know the shower stalls had a black substance in them but did not know the vents were dirty. The administrator said if staff notice something broken, they are responsible to write it on a work order hanging from a clipboard at the nurse's station, and maintenance is responsible to check the work orders daily. The administrator said he/she had not put any work orders on the board for the shower rooms. The administrator said himself/herself and the housekeeping supervisor both scrubbed the areas with not much result made. The administrator said he/she didn't know what else to use to clean it off except the cleaner the facility had. The administrator said facility had just spent \$80,000 on new flooring, so he/she said he/she did not want to ask for them to remodel the other three shower rooms.</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42484</b></p> <p>Based on interview and record review, facility staff failed to document they provide restorative therapy for two residents (Resident #9 and #41). The facility census was 69.</p> <p>1. Review of the facility's policy titled Restorative Nursing dated 11/30/23, showed staff are instructed to provide interventions that promote the resident's ability to adapt and adjust to living as independently and safely as possible. This concept actively focuses on achieving and maintaining optimal physical, mental, and psychosocial functioning. Restorative indicators may be identified by multiple disciplines utilizing various assessments, physician orders, progress notes, environmental factors, caregiver conversations, and another means of communication. Communicate the restorative care plan and care directives to other members of the interdisciplinary (IDT) team. The trained Certified Nurse Aide (CNA) will document provided techniques per the restorative care plan in the medical record. The licensed nurse will conduct an evaluation on a routine basis, to include progress towards goal and response to the program. Any changes will be documented in the medical record. The restorative care plan and care directive will be reviewed/revised as indicated.</p> <p>2. Review of Resident #9's Quarterly Minimum Data Set (MDS), a federally mandated assessment tool, dated 09/05/24, showed staff assessed the resident as:</p> <ul style="list-style-type: none"> <li>-Cognitively intact;</li> <li>-Required partial/moderate assistance to dress and undress the upper body;</li> <li>-Required substantial/maximal assistance to dress and undress the lower body;</li> <li>-Dependent on staff for Toileting;</li> <li>-Required substantial/maximal assistance to move from sitting to standing;</li> <li>-Required substantial/maximal assistance for toilet transfers;</li> <li>-Did not attempt to walk 10 feet.</li> </ul> <p>Review of the resident's occupational therapy discharge summary, dated 09/16/24, showed therapy assessed the resident:</p> <ul style="list-style-type: none"> <li>-Required partial/moderate assistance to dress and undress the lower body on 07/26/24;</li> <li>-Required partial/moderate assistance for toileting hygiene task on 08/20/24;</li> <li>-Required partial/moderate assistance for toilet transfers on 08/20/24;</li> </ul> <p>-A prognosis to maintain the current level of functioning with consistent staff follow-through.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's medical record showed a referral for restorative nursing services, dated 09/16/24, instructed staff to:</p> <ul style="list-style-type: none"> <li>-Maintain cognitive skills allowing the resident to complete ADL's including upper body dressing, lower body dressing, toileting and toilet transfers with assist as needed;</li> <li>-Assist the resident with walking with a wheeled walker to tolerance approximately 50-100 feet.</li> </ul> <p>Review of the resident's care plan, dated 09/30/24, showed staff documented the resident required assistance with Activities of Daily Living (ADL's) (ADL's are tasks related to transfers, bed mobility, toileting, and eating) as needed to maintain or attain highest level of function; resident wishes to attain prior level of function; assist with mobility and ADL's as needed.</p> <p>The resident's medical record did not contain documentation the resident received restorative nursing services.</p> <p>During an interview on 10/04/24 at 4:23 P.M., the resident said he/she would like staff to work with him/her on walking and transfers. The resident said staff does not have time to help him/her and this takes away his/her abilities.</p> <p>3. Review of Resident #41's medical record showed a referral for restorative nursing, dated 01/05/24, instructed staff to ambulate with wheeled walker to patient tolerance with wheelchair to follow; patient ambulates approximately 20 feet with the wheeled walker and utilize toilet for toileting needs; transfer to/from wheelchair with toilet using grab bars.</p> <p>Review of the resident's Quarterly MDS, dated [DATE], showed staff assessed the resident as:</p> <ul style="list-style-type: none"> <li>-Moderately cognitively impaired;</li> <li>-Required set-up assistance to dress and undress the upper body;</li> <li>-Required supervision/touching assistance to dress and undress the lower body;</li> <li>-Required supervision/touching assistance for toileting;</li> <li>-Required set-up assistance to move from sit to stand;</li> <li>-Required set-up assistance for toilet transfers;</li> <li>-Required set-up assistance to walk 50 feet with two turns.</li> </ul> <p>Review of the resident's occupational therapy discharge summary, dated 09/15/23, showed therapy assessed the resident:</p> <ul style="list-style-type: none"> <li>-Required contact guard/minimal assistance to dress and undress the lower body on 09/15/23;</li> <li>-Required maximal assistance for toileting hygiene task on 09/15/23;</li> </ul> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Independent for toilet transfers on 09/15/23;</p> <p>-A prognosis to maintain the current level of functioning with consistent staff follow-through.</p> <p>Review of the resident's physical therapy discharge summary, dated 09/15/24, showed therapy assessed the resident:</p> <p>-Required contact guard assistance to transfer on 9/15/23;</p> <p>-Required contact guard assistance to walk 20-56 feet with a wheeled walker on 09/15/24.</p> <p>-A prognosis to maintain the current level of function with consistent staff follow-through.</p> <p>Review of the resident's care plan, dated 10/22/24, showed staff documented the resident required ADL Assistance as needed to maintain or attain highest level of function; resident wishes to attain prior level of function and walk 50 feet with two turns with supervision.</p> <p>The resident's medical record did not contain documentation the resident received restorative nursing services.</p> <p>During an interview on 10/04/24 at 4:19 P.M., the resident stated he/she had previously been able to walk and could still walk but no one will help him/her. The resident's spouse said he/she had been told therapy is paid to walk his/her spouse.</p> <p>4. During interview on 10/03/24 at 11:15 A.M., the Rehabilitation Director said staff from the therapy department request restorative nursing for appropriate residents in order to maintain or improve function after therapy services end. The Rehabilitation Director said no restorative services had been provided and residents could have lost function. The Rehabilitation Director said recommendations for Residents #9 and #41 were not implemented.</p> <p>During an interview on 10/04/24 at 4:37 P.M., the Director of Nursing (DON) and administrator said at this time the facility does not have an active restorative nursing program. The DON said staff had not been hired and trained for this role. The administrator said restorative nursing should be provided for the residents to maintain or improve their functional mobility.</p>

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<p>F 0728</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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>42484</p> <p>Based on interview and record review, facility staff failed to ensure two Nurse Aides (NA)'s (NA M and NA N) of fourteen sampled completed the nurse aide training program within four months of his/her hire date. The facility census was 69.</p> <ol style="list-style-type: none"> <li>1. Review of the facility's policy titled Nurse Aide Requirements, undated, showed the facility must not use any individual working in the facility as a nurse aide for more than four months, on a full-time basis.</li> <li>2. Review of the facility's Active Payroll for September 2024 showed NA M with a hire date of 02/20/24, and NA N with a hire date of 01/11/24.</li> <li>3. During an interview on 10/04/24 at 3:04 P.M., the Staffing Coordinator said NA M and NA N were scheduled to re-take the Certified Nurse Aide (CNA) test. The Staffing Coordinator said NA M and NA N were allowed to continue to work until they retook the test.</li> </ol> <p>During an interview on 10/04/24 at 4:00 P.M., NA M said he/she failed the CNA test. NA M said he/she is still doing the job of a CNA including providing all cares. NA M said he/she is not aware of any limitations and is doing the same duties as a CNA.</p> <p>During an interview on 10/04/24 at 3:04 P.M., the Staffing Coordinator said NA M and NA N are scheduled to re-take the CNA test. The Staffing Coordinator said NA M and NA N are allowed to continue working as NAs until they retake the test.</p> <p>During an interview on 10/04/24 at 4:37 P.M., the Director of Nursing (DON) said two of the NA's had not passed their CNA test and were given 90 days to retake the test. The DON said NA's had to be with a qualified staff member to provide residents hands-on care until proficient.</p> <p>During an interview on 10/17/24 at 8:14 A.M., the DON said NA M and NA N had completed competencies in all resident care areas, so were proficient and safe caring for residents without supervision.</p> <p>During an interview on 10/17/24 at 8:32 A.M., the administrator said NA's were allowed to perform resident care in all areas they had completed the competency checklists.</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>33477</p> <p>Based on observation, interview and record review, the facility staff failed to serve food in accordance with the nutritionally calculated recipes and menus to residents who received regular and easy to chew (EC) diets. The facility census was 69.</p> <p>1. Review of the facility's Menus, Substitutions, and Alternatives policy, dated 04/30/24, showed Menus are planned in advance and are followed as written in order to meet the nutritional needs of the residents in accordance with established national guidelines. Residents with known dislikes of food and beverage items, who express refusal of the food served or request a different meal choice are offered a substitute of similar nutritive value.</p> <p>2. Review of the facility menus dated 10/02/24 (Week 4, Day 25), showed the menus directed staff to serve one serving of sweet and sour meatballs, a #8 (four ounce) scoop of steamed rice, and a six ounce portion of Soup Da Jour at the lunch meal to residents who received regular diets.</p> <p>Review of the recipe for the sweet and sour meatballs, dated 03/20/24, showed the recipe directed staff to staff to serve 10 meatballs to make a three ounce edible portion when one half ounce meatballs are used in the preparation of the entree.</p> <p>Observation on 10/02/24 at 10:22 A.M., showed [NAME] O removed a case of meatballs from the walk-in freezer and used the meatballs to prepare the sweet and sour meatballs for service to the residents. Observation of the product label on the case showed the weight of each meatball as one half ounce.</p> <p>Observation on 10/02/24 during the lunch meal service which began at 11:36 A.M., showed [NAME] O served six sweet and sour meatballs (four less than directed by the menus), a #16 (two ounce) scoop of steamed rice (two ounces less than directed by the menus) and four ounces of Soup Da Jour (two ounces less than directed by the menus) to the residents who received regular diets.</p> <p>3. Review of the facility menus dated 10/02/24 (Week 4, Day 25), showed the menus directed staff to serve a #8 scoop of steamed rice and a six ounce portion of Soup Da Jour at the lunch meal to residents who received EC diets.</p> <p>Observation on 10/02/24 during the lunch meal service which began at 11:36 A.M., showed [NAME] O served a #16 scoop of steamed rice (two ounces less than directed by the menus) and four ounces of Soup Da Jour (two ounces less than directed by the menus) to the residents who received EC diets.</p> <p>4. During an interview on 10/02/24 at 11:36 A.M., [NAME] O said foods should be served in accordance with the menus. The cook said he/she reviewed the menus before the meal service, but did not know what the menu meant by one serving for the sweet and sour meatballs. The cook said he/she did not review the recipe when he/she prepared the sweet and sour meatballs. The cook said he/she did not realize that he/she had the wrong portion sizes for the meatballs, rice and soup.</p> <p>(continued on next page)</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>5. During an interview on 10/04/24 at 1:01 P.M., the dietary manager (DM) said staff are trained to serve meals in accordance with the menus and recipes and they are expected to review them both during food preparation and before the meal service.</p> <p>6. During an interview on 10/04/24 at 1:23 P.M., the administrator said staff should serve food in accordance with the recipes and menus and staff are trained on this requirement.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265340	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/04/2024
NAME OF PROVIDER OR SUPPLIER  Life Care Center of Sullivan		STREET ADDRESS, CITY, STATE, ZIP CODE  875 Dunsford Drive Sullivan, MO 63080	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>33477</p> <p>Based on observation, interview and record review, the facility staff failed to properly wash and sanitize soiled dishes to prevent cross-contamination. Facility staff failed to allow dishes to air dry prior to storage and use to prevent the growth of food-borne pathogens. Facility staff also failed to ensure waste containers in food preparation and utensil washing areas were covered when not in actual use. The facility census was 69.</p> <p>1. Review of the facility's High-Temperature Dish Machine policy, dated 11/30/10, showed direction for the final sanitizing rinse temperature of the machine to be 180 degrees Fahrenheit (dF) and a booster heater is required to reach the 180 dF temperature for the rinse cycle.</p> <p>Review of the facility's Sanitation and Maintenance policy, dated 04/30/24, showed:</p> <ul style="list-style-type: none"> <li>-Food and Nutrition Services associates are to be trained in the proper use, cleaning and sanitation of all equipment and utensils;</li> <li>-Equipment of the type and in the amount necessary for the proper preparation, serving and storing of food and for proper dishwashing are provided and maintained in good working order;</li> <li>-Staff will be trained on how to operate the high temperature dish machine;</li> <li>-If the dish machine is not washing and sanitizing properly, disposable dinnerware will be used for meals and snacks until the issue has been resolved.</li> </ul> <p>Observation on 10/01/24 at 10:04 A.M., showed dietary staff washed dishes in the heat sanitizing mechanical dishwasher. Observation showed water leaked from the booster heater for the dishwasher and puddles of water on the floor around the heater.</p> <p>Observation on 10/02/24 at 2:20 P.M., showed the Dietary Manager (DM) washed dishes in the heat sanitizing mechanical dishwasher. Observation showed the gauges on the dishwasher showed the water temperature of the wash cycle measured 170 dF and the water temperature of the rinse cycle measured 118 dF during two cycles of the machine. Observation showed the heat booster for the dishwasher contained holes and water leaked from the heater and pooled onto the floor.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 10/02/24 at 2:39 P.M., the DM said the heat booster broke and started leaking about a month ago. The DM said he/she submitted a work order to the maintenance director and administrator at that time to get it fixed. The DM said the maintenance director tried to fix it shortly thereafter, but could not fix and they notified the administrator that they would need a new heater installed. The DM said he/she asks about the status of the repair to the booster heater about once a week in the department head morning meeting with the administrator. The DM said last week the administrator reported the corporation had finally approved for them to buy a new one, but he/she did not know if a new one had been ordered or of any other actions taken to repair the booster heater to day. The DM said the he/she did not know the water temperature for the rinse cycle should be 180 dF and he/she did not know the facility's policy on use of the dishwasher when it did not work as designed.</p> <p>During an interview on 10/04/24 at 1:26 P.M., the administrator said he/she knew the booster heater for the dishwasher in the kitchen was leaking and needed replaced. The administrator said they were working with the corporate office to get a new one, but a new or used booster heater had not been ordered or purchased and no other actions had been made to repair the booster heater to date. The administrator said if the dishwasher is not working as designed, then staff should wash dishes in the three-compartment sink. The administrator said he/she did not know that the water for the dishwasher did not reach the required temperature or that staff continued to use the dishwasher to wash dishes when it did not function properly.</p> <p>2. Review of the facility's Sanitation and Maintenance policy, dated 04/30/24, showed the policy directed:</p> <ul style="list-style-type: none"> <li>-Food and Nutrition Services associates are to be trained in the proper use, cleaning and sanitation of all equipment and utensils;</li> <li>-All food grinders, choppers, slicers, mixers, et cetera should be cleaned, sanitized, dried and reassembled after each use;</li> <li>-A three-compartment sink, if available, will be utilized to wash, rinse and sanitize pots, pans and utensils effectively;</li> <li>-Sinks are to be filled as wash with detergent for washing, rinse with clean water to remove all soap residue and sanitize with an appropriate sanitizer using the guidelines noted by the manufacturer;</li> <li>-All items are to be air dried before storing.</li> </ul> <p>Observation on 10/02/24 from 10:52 A.M. to 10:58 A.M., showed [NAME] O washed the food processor in the three-compartment sink. Observation showed the cook washed the food processor with soapy water and then, without rinsing it in clean potable water, he/she placed the food processor into the sanitizing solution. Observation showed the cook removed the food processor from the sanitizing solution after 15 seconds to drain and then used the food processor while wet to grind prepared sweet and sour meatballs for service to residents at the lunch meal. Observation showed the cook then rinsed the food processor off with water in the food preparation sink and used the food processor while wet to grind a prepared beef patty for service at the lunch meal.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Observation on 10/02/24 at 12:04 P.M., showed [NAME] R washed dishes at the three-compartment sink. Observation showed the cook washed the dishes in soapy water and then without rinsing with clean potable water, placed the dishes into the sanitizing solution.</p> <p>Observation on 10/02/24 at 12:07 P.M., showed [NAME] R washed the food processor in the three-compartment sink. Observation showed the cook washed the food processor with soapy water and then, without rinsing it in clean potable water, he/she placed the food processor into the sanitizing solution and then immediately removed to drain.</p> <p>Observation on 10/02/24 at 12:20 P.M., showed a quaternary ammonium (QUAT) sanitizer used for the sanitizing solution for the three-compartment sink. Observation of the sanitizer's product label, showed instruction to wash food contact surfaces thoroughly with detergent, follow with a clean potable water rinse and then expose all parts to a sanitizing solution with a concentration of 150-400 parts per million (ppm) for at least one minute.</p> <p>Observation on 10/02/24 at 12:26 P.M., showed [NAME] R emptied the QUAT sanitizing solution used in the three-compartment sink and refilled the sink with new QUAT sanitizing solution. Observation showed the cook washed soiled dishes in the three-compartment sink without checking the concentration of the sanitizing solution. Observation showed the cook washed the dishes in soapy water and then without rinsing with clean potable water, placed the dishes into the sanitizing solution and then immediately removed to drain. Observation showed, when tested with a QUAT test strip, the strip turned a deep aqua blue with a concentration greater than 500 ppm as indicated by the test kit's concentration comparison chart.</p> <p>During an interview on 10/02/24 at 12:26 P.M., [NAME] R said the concentration of the sanitizer solution should be 150 ppm. The cook said if the test strip turns blue it means the concentration of the sanitizer solution is greater than 500 ppm.</p> <p>Observation on 10/02/24 at 12:49 P.M., showed [NAME] O removed the dishes washed by [NAME] R from the three-compartment sink area and placed them in storage.</p> <p>Observation on 10/02/24 at 2:46 P.M., showed [NAME] R refilled the QUAT sanitizer solution in the three compartment sink and he/she washed soiled dishes in the three-compartment sink without checking the concentration of the sanitizing solution. Observation showed the cook washed the dishes in soapy water and then without rinsing with clean potable water, placed the dishes into the sanitizing solution and then immediately removed to drain. Observation showed, when tested with a QUAT test strip, the strip turned a deep aqua blue with a concentration greater than 500 ppm as indicated by the test kit's concentration comparison chart.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 10/02/24 at 2:47 P.M., [NAME] R said staff should check the concentration of the sanitizing solution each time they fill the sink and the concentration should measure 150 ppm. The cook said he/she did not check the concentration of the sanitizer after he/she filled the sink. The cook said the if the test strip turns blue it means the concentration of the solution is higher than it is supposed to be and it should not be used for dishwashing. The cook said he/she had worked at the facility for just over a year and the previous dietary manager trained him/her to wash dishes with soapy water, rinse them with sanitizing solution and then put them on the rack to drain and dry. The cook said he/she had not been told to allow the dishes to be in the sanitizer solution for any specific length of time and he/she had not read the instructions for use on the sanitizer used to make the solution.</p> <p>During an interview on 10/02/24 at 2:53 P.M., the DM said staff should check the concentration of the sanitizing solution when they fill the sink and the concentration of the solution should measure between 200 and 400 ppm. The DM said the previous DM trained all the staff, including him/her, to wash the dishes in the three-compartment sink with soapy water and rinse with the sanitizing solution. The DM said staff should leave the dishes in the sanitizing solution for two and on half minutes and all staff, except [NAME] O who had only worked at the facility for a month, should have been trained on these requirements. The DM said no one had ever told him/her that manually washed dishes should be rinsed with clean water between the soapy water and sanitizing solution.</p> <p>Observation on 10/04/24 at 12:45 P.M., showed Dietary Aide (DA) S filled the third compartment of the three-compartment sink with a QUAT sanitizing solution and then pre-scraped and rinsed soiled dishes in the mechanical dishwashing station. Observation showed, without washing the dishes with detergent, the DA placed the rinsed soiled dishes into the sanitizing solution at the three-compartment sink without checking the concentration of the sanitizing solution. Observation showed, when tested with a QUAT test strip, the strip turned a deep aqua blue with a concentration greater than 500 ppm as indicated by the test kit's concentration comparison chart.</p> <p>Observation on 10/04/24 at 12:53 P.M., showed DA S pre-scraped and rinsed soiled saucers and bowls in the mechanical dishwashing station and then, without washing with detergent, he/she placed the soiled dishes in sanitizing solution in the three-compartment sink.</p> <p>During an interview 10/04/24 at 12:54 P.M., DA S said he/she was told not to use the dishwasher to wash the dishes. The DA said the DM told him/her to rinse the dishes off in the mechanical dishwashing station and then put them in the sanitizing solution in the three-compartment sink.</p> <p>During an interview on 10/04/24 at 12:54 P.M., the DM said dishes should be washed with soap and rinsed before they are sanitized and he/she did not instruct the DA not to use the dishwasher. The DM said since the dishwasher was not hot enough to sanitize the dishes, he/she instructed the DA to wash the dishes in the dishwasher and then put them in the sanitizer at the three-compartment sink to sanitize them.</p> <p>During an interview on 10/04/24 at 1:26 P.M., the administrator said soiled dishes should be washed with soap, rinsed with clean water and then sanitized. The administrator said when dishes are washed at the three-compartment sink, staff should sanitize the dishes in the sanitizing solution for at least two minutes. The administrator said the concentration of the sanitizing solution used in the three compartment sink should be 200 to 400 ppm and staff should check the concentration of the solution before it is used. The administrator said staff are trained on all of these requirements.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>3. Review of the facility's Sanitation and Maintenance policy, dated 04/30/24, showed the policy directed:</p> <ul style="list-style-type: none"> <li>-Food and Nutrition Services associates are to be trained in the proper use, cleaning and sanitation of all equipment and utensils;</li> <li>-All food grinders, choppers, slicers, mixers, et cetera should be cleaned, sanitized, dried and reassembled after each use;</li> <li>-All dishes, pots and pans must be air dried after sanitizing and should not be stored wet to prevent wet-nesting.</li> </ul> <p>Observation on 10/02/24 from 10:52 A.M. to 10:58 A.M., showed [NAME] O washed the food processor in the three-compartment sink and then used the food processor while wet to grind prepared sweet and sour meatballs for service to residents at the lunch meal. Observation showed the cook then rinsed the food processor off with water in the food preparation sink and used the food processor while wet to grind a prepared beef patty for service at the lunch meal.</p> <p>Observation on 10/02/24 at 11:44 A.M., showed six insulated plate warmers stacked together wet in the upright position on the plate lowerator. Observation showed the dietary staff used the wet stacked plate warmers for the service of room trays during the lunch meal.</p> <p>Observation on 10/04/24 12:42 PM, showed eight plastic cups stacked together wet on a tray on the storage rack.</p> <p>Observation on 10/04/24 at 12:50 P.M., showed [NAME] R removed a pan from clean side of the three-compartment sink while wet and stacked it on top of other pans in storage.</p> <p>During an interview on 10/04/24 at 12:52 P.M., [NAME] R said dishes should be dry before they are put away and he/she thought the pan was dry.</p> <p>During an interview on 10/04/24 at 12:52 P.M., the DM said all dishes should be air dried before they are used or put away and staff are trained on this requirement.</p> <p>During an interview on 10/04/24 at 1:26 P.M., the administrator said staff should allow dishes to air dry after they are washed and staff are trained on this requirement.</p> <p>4. Review of the facility's Sanitation and Maintenance policy, dated 04/30/24, showed the policy did not contain direction to staff to cover waste containers in food preparation and storage areas when not in actual use.</p> <p>Observation on 10/02/24 at 11:41 A.M., showed the waste containers, which contained food and paper waste, in the mechanical dishwashing station and by the walk-in refrigerator uncovered and not in use by staff.</p> <p>Observation on 10/04/24 at 12:28 P.M., showed the waste containers, which contained food and paper waste, in the mechanical dishwashing station, by the walk-in refrigerator and by the DM's office uncovered and not in use by staff.</p> <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 10/04/24 at 1:05 P.M., the DM said waste containers should be covered at all times and staff have been trained on this requirement. The DM said he/she had not noticed that staff had left the waste containers uncovered.</p> <p>During an interview on 10/04/24 at 1:35 P.M., the administrator said waste containers should be covered at all times and staff are trained on this requirement.</p>		

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50432</p> <p>Based on interview and record review, facility staff failed to educate and offer the Covid-19 (a disease caused by a novel coronavirus) vaccination in accordance with current guidelines and policy for three (Residents #39, #57 and #61) of five sampled residents. The facility census was 69.</p> <p>1. Review of the facility's policy Resident Vaccination, review dated 12/4/23, showed the facility in conjunction with the Public Health Authorities and CDC (Centers for Disease Control) guidelines will provide immunizations to older adults that are recommended and ordered by a physician once determined to be eligible and without contraindications. The facility should screen individuals prior to offering the COVID-19 vaccination to check for the following: Prior vaccination status; The presence of medical precautions and contraindication. Education must be provided to the resident and/or resident's responsible party regarding benefits and potential side effects of immunization. The resident or resident's representative has the opportunity to refuse immunizations.</p> <p>Review of the Centers for Disease Control (CDC) Interim Clinical Considerations for Use of COVID-19 Vaccines in the United States, dated September 6, 2024, recommends that people receive all recommended COVID-19 vaccine doses. Vaccination is especially important for people at highest risk of severe COVID-19, including people ages [AGE] years and older; people with underlying medical conditions, including immune compromise; and people living in long-term care facilities.</p> <p>2. Review of Resident #39's medical record showed staff documented:</p> <p>-Most recent admitted [DATE];</p> <p>-The record did not contain documentation the resident received education or had been offered the Covid-19 vaccine since 11/11/22.</p> <p>3. Review of Resident #57's medical record showed staff documented:</p> <p>-Most recent admitted [DATE];</p> <p>-The record did not contain documentation the resident received education about, refused or had been offered the Covid-19 vaccine.</p> <p>4. Review of Resident #61's medical record showed:</p> <p>-Most recent admitted [DATE];</p> <p>-The record did not contain documentation the resident received education about, refused or had been offered the Covid-19 vaccine since 11/11/22.</p> <p>(continued on next page)</p>		

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>5. During an interview on 10/04/24 at 5:26 P.M., the Infection Preventionist (IP) stated residents are offered vaccinations each season and he/she does not know why the residents were missed and did not get offered the newest Covid-19 vaccines.</p> <p>During an interview on 10/4/24 at 4:37 P.M., the Director of Nursing (DON) said it is the responsibility of the Infection Preventionist to ensure vaccinations are provided to residents according to the season.</p> <p>During an interview on 10/4/24 at 4:37 P.M., the administrator said he/she expects the vaccination policy to be followed. It is the responsibility of the Infection Preventionist to manage the vaccine policy. The administrator said the residents had missed opportunities to receive Covid-19 vaccines.</p>		