

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265360	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/05/2024
NAME OF PROVIDER OR SUPPLIER  Lewis County Nursing Home District		STREET ADDRESS, CITY, STATE, ZIP CODE  17528 State Highway 81 Canton, MO 63435	

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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p>32899</p> <p>Refer to event id DCUR12</p> <p>Based on observation, interview and record review, the facility failed to ensure staff treated one resident (Resident #35) in a review of nine sampled residents, with dignity and respect when Certified Nurse Assistant (CNA) C performed a Covid (Coronavirus-infectious disease) test on the resident without talking with the resident prior to administering the test to request permission, to educate to the rationale or preparation for testing, or to ensure privacy of the resident when tested . The census was 52.</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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>32899</p> <p>Refer to event id DCUR12</p> <p>Based on interview and record review, the facility failed to ensure one resident (Resident #1), in a review of nine sampled residents, remained free from misappropriation of property when the resident's iPad (an electronic tablet/computer) came up missing and was presumed stolen. The facility census was 52.</p>

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>32899</p> <p>Refer to event id DCUR12</p> <p>Based on observation, interview and record review, the facility failed to follow professional standards of practice when Certified Nurse Assistant (CNA) C performed a Covid (Coronavirus-infectious disease) test (an invasive procedure where a cotton swab is inserted in a resident's nasal passages and a sample collected for testing) on one resident, (Resident #35), in a review of nine sampled residents. Resident #35 had not been assessed by a licensed nurse to determine the resident had symptoms that necessitated testing. Instead, CNA C performed the test without any professional basis for testing and without documented training to show he/she received appropriate training to perform the test. The facility census was 52.</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>47008</p> <p>Refer to event id DCUR12</p> <p>Based on observation, interview and record review, the facility failed to provide incontinent care for one additional resident, (Resident #29), of nine sampled residents. The census was 52.</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>32899</p> <p>Refer to event id DCUR12</p> <p>Based on observation, interview and record review, the facility failed to ensure one newly hired nurse assistant (NA) (NA B), of one NA employee file reviewed, obtained their certification within the required four month time frame. The census was 52.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>32899</p> <p>Refer to event id DCUR12</p> <p>This deficiency is uncorrected. For previous examples, refer to Statement of Deficiencies dated 11/17/23.</p> <p>Based on observation, interview and record review, the facility failed to ensure staff utilized appropriate personal protective equipment (PPE) during nasal swab testing (cotton swab up both nostrils) for one resident, (Resident #35), in a review of one resident tested for COVID-19 (an infectious disease caused by severe acute respiratory syndrome). The census was 52.</p>