

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265367	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/27/2024
NAME OF PROVIDER OR SUPPLIER Cypress Point-Skilled Nursing by Americare		STREET ADDRESS, CITY, STATE, ZIP CODE 801 Baliff Drive Dexter, MO 63841	

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 0584</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45872</p> <p>Based on observation, interview, and record review, the facility failed to provide a safe, clean and comfortable homelike environment. This deficient practice had the potential to affect all residents in the facility. The facility census was 68.</p> <p>Review of the facility's policy titled, Resident Environmental Quality, revised February 2023, showed:</p> <ul style="list-style-type: none"> - It is the policy of the facility to be designed, constructed, equipped and maintained to provide a safe, functional, sanitary and comfortable environment for residents, staff and the public; - Preventative maintenance schedules, for the maintenance of the building and equipment, should be followed to maintain a safe environment. <p>1. Observations on 09/24/24 at 10:21 A.M., 09/25/24 at 3:43 P.M., and 09/26/24 at 9:29 A.M., showed a buildup of cobwebs and dirt on the vinyl ceiling, including the light fixture, located outside the exit door near room [ROOM NUMBER].</p> <p>2. Observations on 09/24/24 at 10:27 A.M., 09/25/24 at 3:49 P.M., and 09/26/24 at 9:34 A.M., showed a buildup of cobwebs and dirt on the vinyl ceiling, including the light fixture, located outside the exit door near room [ROOM NUMBER] and room [ROOM NUMBER].</p> <p>3. Observations on 09/24/24 at 10:36 A.M., 09/25/24 at 3:58 P.M., and 09/26/24 at 9:51 A.M., showed a buildup of cobwebs and dirt on the vinyl ceiling, including the light fixtures, located outside the exit door near the laundry door.</p> <p>4. Observations on 09/24/24 at 10:42 A.M., 09/25/24 at 4:08 P.M., and 09/26/24 at 10:04 A.M., showed a buildup of cobwebs and dirt on the vinyl ceiling, including the light fixtures, located outside the exit door by the tv/living room.</p> <p>5. Observations on 09/24/24 at 10:43 A.M., 09/25/24 at 4:09 P.M., and 09/26/24 at 10:06 A.M., showed a buildup of cobwebs and dirt on the vinyl ceiling, including the light fixtures, located outside the exit door near the bird aviary room.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0584</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>6. Observations on 09/25/24 at 4:09 P.M., and 09/26/24 at 8:04 A.M., showed a buildup of cobwebs and dirt on the vinyl ceiling including the light fixtures, located outside the front entrance/exit of the Rehab-to-Home wing.</p> <p>7. Observations on 09/25/24 at 4:27 P.M., and 09/26/24 at 8:01 A.M., showed a buildup of cobwebs and dirt on the vinyl ceiling, including the light fixtures, located outside the main entrance/exit door of the facility.</p> <p>During an interview on 09/24/24 at 10:21 A.M., Resident #27 said he/she noticed a bunch of cobwebs on the outside ceiling when he/she looked out his/her exit door. The ceiling needed to be cleaned off with a broom.</p> <p>During an interview on 09/24/24 at 2:21 P.M., Resident #48 said the outside exit door ceiling on his/her hall had a lot of cobwebs. It had been like that for a while. There was another hall with a lot of cobwebs on the ceiling outside the exit door.</p> <p>During an interview on 09/27/2024 at 8:14 A.M., Housekeeper B said he/she cleaned the inside of the building and did not do any duties outside. The maintenance department was responsible for things on the outside of facility.</p> <p>During an interview on 09/27/24 at 10:21 A.M., the Maintenance Supervisor (MS) said it was his/her responsibility to maintain the outside environment.</p> <p>During an interview on 09/27/24 at 9:37 A.M., the Administrator said he would expect all outside entrance/exit doors ceilings to be free of cobwebs, dirt and cleaned on a regular basis or as needed.</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26904</p> <p>Based on observation, interview, and record review, the facility failed to develop, implement and follow an individualized comprehensive care plan with specific interventions for two residents (Resident #12 and #63) out of 17 sampled residents. The facility's census was 68.</p> <p>Review of the facility's policy titled, Care Plan Policy, undated, showed:</p> <ul style="list-style-type: none"> - The purpose of the policy is to set out the values and framework within which the individuals care plan is completed and updated; - Care planning is critical to the quality of service in any care home. It is the means by which the values of the home are translated into specific objectives for each individual who live there; - The care plan should be the means by which the identified needs and wishes of the individual are recorded. It ensures that care is offered consistently by well-informed staff, aware of the individual care needs. <p>1. Review of Resident 12's medical record showed:</p> <ul style="list-style-type: none"> - An admitted [DATE]; - Diagnoses of occlusion of bilateral carotid arteries (a condition when both carotid arteries become completely blocked, preventing blood flow to the brain) and basal cell carcinoma of the skin (a type of cancer that originates in the basal cells of the outermost layer of the skin). <p>Observations on 09/24/24 at 10:59 A.M., showed Resident #12 with a large bandage covering his/her nose.</p> <p>Review of the resident's care plan, revised on 09/03/24, showed wound care with interventions not addressed.</p> <p>2. Review of Resident #63's medical record showed:</p> <ul style="list-style-type: none"> - An admitted [DATE]; - Diagnosis of dementia (a condition characterized by progressive loss of intellectual functioning). <p>Review of the resident's care plan, revised on 08/29/24, showed dementia with interventions not addressed.</p> <p>During an interview on 09/26/24 at 8:23 A.M., Licensed Practical Nurse (LPN) C said the resident had an opening by the lower eyelid the size of a dime and LPN C was able to stick his/her pinky in the opening.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 09/27/24 at 10:00 A.M., the Assistant Director of Nursing (ADON) said if a resident had a wound, it should be addressed on the care plan along with interventions and treatment.</p> <p>During an interview on 09/27/24 at 12:20 P.M., the Minimum Data Set (MDS - a federally mandated assessment instrument required to be completed by facility staff) Coordinator said if the resident had a diagnosis of dementia, then it should be on the care plan.</p> <p>During an interview on 09/27/24 at 12:30 P.M., the Director of Nursing (DON) said a wound was any opening of the skin and should be addressed on the care plan.</p> <p>During an interview on 09/27/24 at 12:33 P.M., the ADON said if the resident had a diagnosis of dementia, then it should be on the care plan with interventions in place.</p> <p>48532</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45872</p> <p>Based on observation, interview, and record review, the facility failed to accurately assess and document a wound for one resident (Resident #12) out of two sampled residents. The facility's census was 68.</p> <p>Review of the facility policy titled, Skin Assessment, not dated, showed:</p> <ul style="list-style-type: none"> - A full body, or head to toe, skin assessment will be conducted by a licensed or registered nurse upon admission/re-admission, daily for three days, and as needed by a nurse/certified nurse assistant (CNA) while performing personal care/shower. Any changes in skin assessment will be reported to the charge nurse for further evaluation. The assessment may also be performed after a change of condition or after any newly identified pressure injury; - Documentation of skin assessment: include date and time of the assessment, your name, and position title; document observations (e.g. skin conditions, how the resident tolerated the procedure, etc.); document the type of wound; describe the wound (measurements, color, type of tissue in wound bed, drainage, odor, pain); document if the resident refused assessment and why; and document other information as indicated or appropriate. <p>1. Review of Resident 12's medical record showed:</p> <ul style="list-style-type: none"> - An admitted [DATE]; - Diagnoses of occlusion of bilateral carotid arteries (a condition when both carotid arteries become completely blocked, preventing blood flow to the brain) and basal cell carcinoma of the skin(a type of cancer that originates in the basal cells of the outermost layer of the skin) - No documentation of skin assessments related to the wound, including the type of wound, the measurements, characteristics, color, and odor. <p>Review of the resident's Physicians Order Sheet (POS), dated September 2024, showed:</p> <ul style="list-style-type: none"> - An order for a treatment to the nose of Mupirocin (an antibiotic) ointment apply to the nose topically every 12 hours as needed for drainage, dated, 09/04/24. <p>Review of the resident's care plan, revised on 09/03/24 showed:</p> <ul style="list-style-type: none"> - Wound care with interventions not addressed. <p>Observation on 09/24/24 at 10:59 A.M., showed the resident with a large bandage covering his/her nose.</p> <p>During an interview on 09/26/24 at 8:23 A.M., Licensed Practical Nurse (LPN) C said the resident had an opening by the lower eyelid the size of a dime and LPN C was able to stick his/her pinky finger in the opening.</p> <p>(continued on next page)</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>During an interview on 09/27/24 at 10:00 A.M., the Assistant Director of Nursing (ADON) said if a resident had a wound, weekly assessments should be completed.</p> <p>During an interview on 09/27/24 at 12:30 P.M., the Director of Nursing (DON) said that a wound was any opening of the skin. The DON said wound assessments should be completed weekly on active wounds.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>45872</p> <p>Based on interview and record review, the facility failed to store and distribute food under sanitary conditions, increasing the risk of cross-contamination and food-borne illness. These deficient practices had the potential to affect all residents. The facility census was 68.</p> <p>Review of the facility's policy titled, Refrigerator/Freezer Temperatures, dated 2011, showed:</p> <ul style="list-style-type: none"> - In order to ensure all perishable food stuff stays fresh and palatable, temperatures will be recorded on all refrigerators and freezers in use, including unit refrigerators in nourishment rooms; - Dining Services will be responsible for taking temperatures on all kitchen and nourishment room refrigerators and freezers, and recording temperature report logs daily, during each shift. <p>Review of the facility's policy titled, Dishwashing: Machine, dated 2011, showed:</p> <ul style="list-style-type: none"> - The Dining Services staff shall maintain the operation of the dish machine according to established procedure and manufacturer guidelines posted or contained in this guideline to ensure effective cleaning and sanitizing of all tableware and equipment used in the preparation and service of food; - Check the machine for cleanliness at least once a day, cleaning it as necessary; - Monitor that the machine is maintaining operating guidelines for wash, rinse and final rinse temperatures. <p>Review of the facility's policy titled, Sanitizing and Disinfectant Solutions, dated 2020, showed:</p> <ul style="list-style-type: none"> - Employees shall refer to the manufacturer's guidelines for the proper use of sanitizer and disinfectant solutions; - If a dispensing system is used, appropriate concentration level will be tested at least daily. <p>1. Review of the August and September 2024 kitchen dishwasher temperature sheet logs showed:</p> <ul style="list-style-type: none"> - No documentation for 08/10/24-8/11/24, 08/27/24-08/30/24; - No documentation for 09/02/24-09/03/24, 09/06/24-09/08/24, 09/10/24-09/13/24, 09/16/24-09/17/24, and 09/21/24; - 18 missed out of 57 opportunities. <p>2. Review of the August and September 2024 kitchen refrigeration unit temperature sheet logs, showed:</p> <ul style="list-style-type: none"> - No documentation for 08/13/24, 08/15/24, 08/17/24-08/30/24; <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 - Few</p>	<p>- No documentation for 09/02/24-09/03/24, 09/06/24-09/13/24, 09/16/24-09/17/24, and 09/21/24;</p> <p>- 29 missed out of 57 opportunities.</p> <p>3. Review of the August and September 2024 kitchen triple sink sanitizer daily check sheet logs, showed:</p> <p>- No documentation for 08/10/24-8/11/24, 08/27/24-08/30/24;</p> <p>- No documentation for 09/02/24-09/03/24 and 09/06/24-09/013/24,</p> <p>- 16 missed out of 57 opportunities.</p> <p>During an interview, 09/24/24 at 2:17 P.M., Dietary Aide A said dishwasher temperatures, refrigerator temperatures, and triple sink sanitization checks should be checked daily and initialed upon task completion by staff.</p> <p>During an interview on 09/25/24 at 9:40 A.M., the Dietary Manager (DM) said refrigerator temperatures, dishwasher temperatures, and triple sink sanitization checks should be checked daily and initialed upon completion by staff. He/She had hired new staff and had to remind them to complete daily tasks and checks.</p> <p>During an interview on 09/27/24 at 9:37 A.M., the Administrator said he would expect dietary staff to write down refrigerator temperatures, dishwasher temperatures, and triple sink sanitization checks on a daily basis. He would expect staff to sign off or initial once a kitchen task had been completed.</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>48532</p> <p>Based on observation, interview, and record review, the facility failed to implement and follow enhanced barrier precautions (EBP) for four residents (Residents #12, #13, #35 and #56) out of four sampled residents during care. The facility census was 68.</p> <p>Review of the facility's policy titled, EBP, undated, showed:</p> <ul style="list-style-type: none"> - An order for enhanced barrier precautions will be obtained for residents with any of the following: wounds (e.g. chronic wounds such as pressure ulcers, diabetic foot ulcers, unhealed surgical wounds and chronic venous stasis ulcers) and/or indwelling medical devices (e.g., central lines, urinary catheters (a tube inserted into the bladder to drain urine), feeding tubes, tracheostomy/ventilator tubes) even if the resident is not known to be infected or colonized with multi-drug resistant organism (MDRO); - High-contact resident care activities include: dressing, bathing, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use: central lines, urinary catheters, feeding tubes, tracheostomy/ventilator tubes, wound care: any skin opening requiring a dressing. <p>1. Observation of Resident #12's wound care on 09/26/24 at 8:40 A.M., showed:</p> <ul style="list-style-type: none"> - EBP signage on the resident door; - Personal protective equipment (PPE) stored close to the resident room; - Licensed Practical Nurse (LPN) C performed hand hygiene, put on gloves, and an isolation gown that fit improperly; - During the wound treatment, the isolation gown fell to the elbows of LPN C. <p>2. Observation of Resident #13's wound care on 09/26/24 at 8:59 A.M., showed:</p> <ul style="list-style-type: none"> - EBP signage on the resident door; - PPE stored in clear drawers outside the resident room; <p>performed hand hygiene, put on gloves, and put on an isolation gown that fit improperly;</p> <ul style="list-style-type: none"> - During the wound treatment, the isolation gown fell to the elbows of LPN C. <p>3. Observation of Resident #35's suprapubic (a type of urinary catheter) catheter care on 09/25/24 at 1:17 P.M., showed:</p> <ul style="list-style-type: none"> - EBP signage on the resident door; <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 - Few</p>	<p>performed hand hygiene, put on gloves, and put on an isolation gown that fit improperly;</p> <ul style="list-style-type: none"> - During the suprapubic catheter care, LPN C cleaned around the catheter insertion site with one hand, while holding the resident's brief and pants down with the other hand; - While cleaning the insertion site, LPN C allowed the brief and pants to lay back on top of the catheter insertion site three different times; - During the catheter care, the isolation gown fell to the elbows of LPN C. <p>4. Observation of Resident #56's gastrostomy (G-tube- a tube inserted into the stomach to deliver nutrition) care on 09/23/24 at 2:12 P.M., showed:</p> <ul style="list-style-type: none"> - EBP signage on the resident door; - LPN D did not put on an isolation gown; - LPN D checked the residual (the amount of gastric fluid drained from the stomach after a G-tube feeding) and the placement of the G-tube. <p>During an interview on 09/24/24 at 8:30 A.M., LPN C said he/she knew the isolation gowns did not fit him/her. They were too small and did not fit around his/her shoulders so they slid off and stayed around his/her elbows while providing care to the residents.</p> <p>During an interview on 09/24/24 at 9:14 A.M., the Infection Preventionist (IP) said he/she was unaware of the isolation gowns not fitting some of the staff. Larger gowns will be ordered. Cloth gowns were also available for a one-time use.</p> <p>During an interview on 09/25/24 at 10:00 A.M., Registered Nurse (RN) E said since Resident #56 had an open area that could leak body fluids, anyone who provided any type of care should put a gown on before entering the room.</p> <p>During an interview on 09/27/24 at 10:15 A.M., the Assistant Director of Nursing (ADON) said the facility had just started implementing the EBP. When a nurse checked the residual on a G-tube, a gown should be worn.</p> <p>During an interview on 09/27/24 at 10:16 A.M., the IP said if staff was providing resident care, such as assisting with toileting, hygiene or accessing the G-tube, then gowns were required. He/She was unsure if staff should wear PPE if staff were assisting residents in the shower. If a nurse was checking residual on a G-tube, a gown should be put on.</p> <p>During an interview on 09/27/24 at 12:39 P.M., the Director of Nursing (DON) said the facility started implementing the EBP for residents on 09/23/24. Gowns should be worn during wound care and G-tube care.</p> <p>During an interview on 09/27/24 at 12:40 P.M., the Administrator said the facility was still coordinating with the Medical Director to get further clarification on how to implement the EBP.</p>		