

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265369	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Crystal Oaks		STREET ADDRESS, CITY, STATE, ZIP CODE 1500 Calvary Church Road Festus, MO 63028	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43050</p> <p>Based on observation, interview and record review, the facility failed to ensure a resident's sense of well-being was promoted due to enhanced barrier precautions (EBP). Specifically, a sign was posted on the door for one of 28 sampled residents (Resident (R) 30), which caused a negative effect on R30's sense of well-being. The facility census was 117.</p> <p>Findings include:</p> <p>Review of R30's undated Admission Record, located in the electronic medical record (EMR) under the Profile tab, showed she was admitted to the facility on [DATE] with a diagnosis of end stage renal disease (ESRD).</p> <p>Review of R30's quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 07/05/24, located in the EMR under the MDS tab, revealed she had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated she was cognitively intact.</p> <p>Observation on 08/20/24 at 8:32 AM revealed there was an enhanced barrier precautions (EBP) sign posted on the outside of R30's door. During an interview at this time, R30 stated she feels that the EBP sign posted on her door was an invasion of her privacy and does not like that residents and family members were asking if she had COVID [coronavirus disease] all the time. Continued interview with R30 on 08/20/24 at 9:42 AM, R30 told the Assistant Administrator that she did not want the EBP sign placed on the outside of her door and the Assistant Administrator replied, I do not like it either, but this is what we have to do.</p> <p>During an interview on 08/22/24 at 6:46 AM, the Director of Nursing (DON) stated she was not aware the EBP sign on the door was a concern for R30. The DON also stated she understood how the sign posted on the door was a dignity issue.</p> <p>During an interview on 08/22/24 at 7:31 AM, the Assistant Director of Nursing (ADON) stated R30 never mentioned the EBP signage on the door was a dignity issue and she was not aware that the signage did not have to be placed on the door.</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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility-provided policy titled Dignity, revised February 2021 revealed, Policy Statement Each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, and feelings of self-worth and self-esteem. Policy Interpretation and Implementation 1. Residents are treated with dignity and respect at all times .</p> <p>Review of the facility-provided policy titled Enhanced Barrier Precautions, revised March 2024 revealed, Policy Statement Enhanced barrier precautions (EBPs) are utilized to reduce the transmission of multi-drug resistant organisms (MDROs) to residents . Policy Interpretation and Implementation . 11. Signs are posted in the door or wall outside the resident room indicating the type of precautions and PPE [personal protective equipment] required .</p>		

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<p>F 0576</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Ensure residents have reasonable access to and privacy in their use of communication methods.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43050</p> <p>Based on record review and interviews, the facility failed to ensure that mail was delivered on Saturdays to the residents of the facility. This deficient practice has the potential to affect all of the residents in the facility. The failure to not receive mail on Saturday could cause residents to not receive important business documents timely and family communications. The facility census was 117.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Review of R59's electronic medical record (EMR) titled Admission Record located under the Profile tab indicated the resident was admitted to the facility on [DATE]. <p>Review of R59's EMR titled quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 05/24/24 indicated the resident had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated the resident was cognitively intact.</p> <ol style="list-style-type: none"> 2. Review R102' EMR titled Admission Record located under the Profile tab indicated the resident was admitted to the facility on [DATE]. <p>Review of R102's EMR titled quarterly MDS with an ARD of 06/02/24 indicated the resident had a BIMS score of 15 out of 15 which indicated the resident was cognitively intact.</p> <ol style="list-style-type: none"> 3. Review of R89's EMR titled Admission Record located under the Profile tab indicated the resident was admitted to the facility on [DATE]. <p>Review of R89's EMR titled quarterly MDS with an ARD of 07/16/24 indicated the resident had a BIMS score of 13 out of 15 which revealed the resident was cognitively intact.</p> <ol style="list-style-type: none"> 4. Review of R67's EMR titled Admission Record located under the Profile tab indicated the resident was admitted to the facility on [DATE]. <p>Review of R67's EMR titled quarterly MDS with an ARD of 07/30/24 indicated the resident had a BIMS score of 15 out of 15 which revealed the resident was cognitively intact.</p> <p>During the Group interview on 08/21/24 at 3:59 PM, four of the six residents (R)59, R102, R89, and R67) stated that they do not receive mail or package delivery on Saturdays. The residents stated that the activity staff deliver mail Monday through Fridays but do not work on the weekend so there was no mail delivery.</p> <p>(continued on next page)</p>		

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<p>F 0576</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 08/22/24 at 11:13 AM, the Assistant Administrator stated she was unaware that mail had to be delivered on Saturdays to the residents of the facility. The Assistant Administrator stated that the facility uses PO box at the post office and either the Administrator, Assistant Administrator or Human Resources goes Monday through Friday to pick up the facility's mail from the PO box. Since they don't work on Saturdays, there is no one to go to the post office to pick up the mail.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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** 43050</p> <p>Based on interview, record review, and facility policy review, the facility failed to develop a comprehensive care plan that addressed activities for six of 28 sampled residents (Resident (R) 33, R59, R67, R85, R89, and R102). This failure had the potential to result in activities not provided for the residents. Facility census was 117.</p> <p>Findings include:</p> <p>1. Review of R33's undated Admission Record located in the electronic medical record (EMR) in the Profile tab, revealed she was admitted to the facility on [DATE] with a diagnosis of Parkinson's Disease without dyskinesia.</p> <p>Review of R33's Annual Minimum Data Set (MDS) under the MDS tab of the EMR, with an Assessment Reference Date (ARD) of 12/11/23, revealed a Brief Interview for Mental Status (BIMS), score of nine out of 15 indicating R33 was moderately cognitively impaired. Further review of the MDS revealed it was very important for R33 to keep up with the news, to listen to music he likes, to do favorite activities, to do things with groups of people, to go outside, and participate in religious activities.</p> <p>Review of R33's quarterly MDS with an ARD of 06/08/24 revealed a BIMS score of 12 out of 15 which indicated that R33 was moderately cognitively impaired.</p> <p>Review of R33's comprehensive Care Plan, dated 02/08/23, located in the EMR under the Care Plan tab, revealed a focus area, I have problems with my memory, but am able to answer most questions . with an intervention of encourage me to attend acts of my current or past interest . However, the care plan did not address activities for R33.</p> <p>2. Review of R59's undated Admission Record located in the EMR under the Profile tab, revealed he was admitted to the facility on [DATE] with a diagnosis of diffuse traumatic brain injury. R59 was readmitted on [DATE] with a diagnoses of noninfective gastroenteritis and colitis.</p> <p>Review of R59's Annual MDS under the MDS tab of the EMR, with an ARD of 11/28/23, revealed a BIMS, score of 15 out of 15 indicating R59 was cognitively intact. Further review of the MDS revealed it was very important for R59 to listen to music he likes, to keep up with the news, to do things with groups of people, and to go outside.</p> <p>Review of R59's quarterly MDS with an ARD of 05/24/24 revealed a BIMS score of 15 out of 15 which indicated R59 was cognitively intact.</p> <p>Review of R59's comprehensive Care Plan, dated 10/25/21, located in the EMR under the Care Plan tab, revealed there was no focus area for activities on the care plan.</p> <p>3. Review of R67's undated Admission Record located in the EMR under the Profile tab, revealed she was admitted to the facility on [DATE] with a diagnosis of other schizophrenia.</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 - Some</p>	<p>Review of R67's Annual MDS under the MDS tab of the EMR, with an ARD of 05/01/24, revealed a BIMS, score of 15 out of 15 indicating R67 was cognitively intact. Further review of the MDS revealed it was very important for R67 to keep up with the news, to do your favorite activities, to go outside, and participate in religious activities.</p> <p>Review of R67's comprehensive Care Plan, dated 06/09/23, located in the EMR under the Care Plan tab, revealed a focus area, I have problems with my memory but am able to make simple choices between items or tasks . with an intervention to encourage me to attend acts of my current or past interest . The care plan did not address activities for R67.</p> <p>4. Review of R85's undated Admission Record located in the EMR under the Profile tab, revealed she was admitted to the facility on [DATE] with a diagnosis of intestinal adhesions with complete obstruction. R85 was readmitted to the facility on [DATE] with a diagnosis of gastrointestinal hemorrhage.</p> <p>Review of R85's Annual MDS under the MDS tab of the EMR, with an ARD of 07/13/24, revealed a BIMS, score of 15 out of 15 indicating R85 was cognitively intact. Further review of the :MDS revealed it was very important for R85 to have things to read, to do things with groups of people, to go outside and participate in religious activities.</p> <p>Review of R85's comprehensive Care Plan, dated 10/10/23, located in the EMR under the Care Plan tab, revealed a focus area, I have problems with my memory from time to time . with an intervention to encourage me to attend acts of my current or past interest . The care plan did not address activities for R85.</p> <p>5. Review of R89's undated Admission Record located in the EMR under the Profile tab, revealed she was admitted to the facility on [DATE] with a diagnosis of paroxysmal atrial fibrillation.</p> <p>Review of R89's Annual MDS under the MDS tab of the EMR, with an ARD of 01/17/24, revealed a BIMS, score of 12 out of 15 indicating R89 was moderately cognitively impaired. Further review of the MDS revealed it was very important for R89 to have things to read, to listen to music she likes, to do favorite activities, to go outside, and participate in religious activities.</p> <p>Review of R89's quarterly MDS with an ARD of 07/16/24 revealed a BIMS score of 13 out of 15 which indicated R89 was cognitively intact.</p> <p>Review of R89's comprehensive Care Plan, dated 03/15/23, located in the EMR under the Care Plan tab, revealed there was no focus area for activities on the care plan.</p> <p>6. Review of R102's undated Admission Record located in the EMR under the Profile tab, revealed she was admitted to the facility on [DATE] with a diagnoses of hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side.</p> <p>Review of R102's Admission MDS under the MDS tab of the EMR, with an ARD of 12/04/23, revealed a BIMS, score of 14 out of 15 indicating R102 was cognitively intact. Further review of the MDS revealed it was very important for R102 to have things to read, to listen to music she likes, to keep up with the news, to do favorite activities, to go outside, and participate in religious activities.</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 - Some</p>	<p>Review of R102's quarterly MDS with an ARD of 06/02/24 indicated a BIMS score of 15 out of 15 which indicated that R102 was cognitively intact.</p> <p>Review of R102's comprehensive Care Plan, dated 12/27/23, located in the EMR under the Care Plan tab, revealed a focus area, I have problems with my memory from time to time . with an intervention to encourage me to attend acts of my current or past interest . The care plan did not address activities for R102.</p> <p>During an interview on 08/21/24 at 2:16 PM, the Minimum Data Set Coordinator (MDSC) confirmed she does not write care plans for activities, but the former Activities Director used to write them for the residents. The MDSC stated she did not know who was to review and complete the resident's activity care plan.</p> <p>During an interview on 08/22/24 at 10:04 AM, the Activity Coordinator acknowledged that she was not aware that a care plan had to be completed for activities.</p> <p>During an interview on 08/22/24 at 6:33 AM, the Director of Nursing (DON) stated she did not know that care plans for activities were not being completed for the residents.</p> <p>During an interview on 08/22/24 at 10:53 AM, the Administrator stated activities should be care planned and resident centered.</p> <p>Review of the facility-provided policy titled Care Plans, Comprehensive Person-Centered, revised March 2022 revealed, Policy Statement A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychological and functional needs is developed and implemented for each resident. Policy Interpretation and Implementation . 7. The comprehensive, person-centered care plan: . b. describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being, including .</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide activities to meet all resident's needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43050</p> <p>Based on interview, record review, document review and facility policy review, the facility failed to provide a program of activities to support residents in their choice of activities on the weekends for six of six residents (Resident (R) 33, R59, R67, R85, R89, and R102) that attended the group meeting. This failure had the potential to negatively impact the quality of life for the affected residents. The facility census was 117.</p> <p>Findings include:</p> <p>1. Review of R33's undated Admission Record located in the electronic medical record (EMR) in the Profile tab, revealed she was admitted to the facility on [DATE].</p> <p>Review of R33's Annual Minimum Data Set (MDS) under the MDS tab of the EMR, with an Assessment Reference Date (ARD) of 12/11/23, revealed a Brief Interview for Mental Status (BIMS), score of nine out of 15 indicating R33 was moderately cognitively impaired. Further review of the MDS revealed it was very important for R33 to keep up with the news, to listen to music he likes, to do favorite activities, to do things with groups of people, to go outside, and participate in religious activities.</p> <p>Review of R33's quarterly MDS with an ARD of 06/08/24 revealed a BIMS score of 12 out of 15 which indicated that R33 was moderately cognitively impaired.</p> <p>2. Review of R59's undated Admission Record located in the EMR under the Profile tab, revealed he was admitted to the facility on [DATE].</p> <p>Review of R59's Annual MDS under the MDS tab of the EMR, with an ARD of 11/28/23, revealed a BIMS, score of 15 out of 15 indicating R59 was cognitively intact. Further review of the MDS revealed it was very important for R59 to listen to music he likes, to keep up with the news, to do things with groups of people, and to go outside.</p> <p>Review of R59's quarterly MDS with an ARD of 05/24/24 revealed a BIMS score of 15 out of 15 which indicated R59 was cognitively intact.</p> <p>3. Review of R67's undated Admission Record located in the EMR under the Profile tab, revealed she was admitted to the facility on [DATE].</p> <p>Review of R67's Annual MDS under the MDS tab of the EMR, with an ARD of 05/01/24, revealed a BIMS, score of 15 out of 15 indicating R67 was cognitively intact. Further review of the MDS revealed it was very important for R67 to keep up with the news, to do your favorite activities, to go outside, and participate in religious activities.</p> <p>4. Review of R85's undated Admission Record located in the EMR under the Profile tab, revealed she was admitted to the facility on [DATE].</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of R85's Annual MDS under the MDS tab of the EMR, with an ARD of 07/13/24, revealed a BIMS, score of 15 out of 15 indicating R85 was cognitively intact. Further review of the MDS revealed it was very important for R85 to have things to read, to do things with groups of people, to go outside and participate in religious activities.</p> <p>5. Review of R89's undated Admission Record located in the EMR under the Profile tab, revealed she was admitted to the facility on [DATE].</p> <p>Review of R89's Annual MDS under the MDS tab of the EMR, with an ARD of 01/17/24, revealed a BIMS, score of 12 out of 15 indicating R89 was moderately cognitively impaired. Further review of the MDS revealed it was very important for R89 to have things to read, to listen to music she likes, to do favorite activities, to go outside, and participate in religious activities.</p> <p>Review of R89's quarterly MDS with an ARD of 07/16/24 revealed a BIMS score of 13 out of 15 which indicated R89 was cognitively intact.</p> <p>6. Review of R102's undated Admission Record located in the EMR under the Profile tab, revealed she was admitted to the facility on [DATE].</p> <p>Review of R102's Admission MDS under the MDS tab of the EMR, with an ARD of 12/04/23, revealed a BIMS, score of 14 out of 15 indicating R102 was cognitively intact. Further review of the MDS revealed it was very important for R102 to have things to read, to listen to music she likes, to keep up with the news, to do favorite activities, to go outside, and participate in religious activities.</p> <p>Review of R102's quarterly MDS with an ARD of 06/02/24 indicated a BIMS score of 15 out of 15 which indicated that R102 was cognitively intact.</p> <p>During an interview on 08/20/24 at 10:15 AM, the Activity Coordinator stated the Activity Director resigned and there were only two staff members in the department. The Activity Coordinator confirmed the activity coordinators no longer work on the weekends. The Activity Coordinator stated she left activity packets on the weekends for residents at the nurses' stations which included coloring sheets, puzzles and things to read.</p> <p>During the Group interview on 08/21/24 at 10:35 AM, six residents (R33, R59, R67, R85, R89, and R102) confirmed there were no activities provided on the weekends and they would like evening activities because the evenings were long. The residents stated they have never used the packets that are left for them on the weekends because coloring is not something that stimulated them. The residents also stated a church group came to provide services every other Sunday, but they were not allowed to receive communion because there was no staff at the church service to ensure residents did not choke on the bread, or any diabetics did not drink the juice.</p> <p>During an interview on 08/22/24 at 6:33 AM, the Director of Nursing (DON) stated she was not aware that the activity coordinators did not work on the weekends. The DON also stated she thought communion was being done.</p> <p>During an interview on 08/22/24 at 10:53 AM, the Administrator acknowledged she was aware that the activity coordinators did not work on the weekends, and they alternate schedules for weekends and evenings.</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the facility-provided documents titled Activity Calendar, dated August 2024, revealed on the 100, 200, 300, 400, and 500 halls activity packets were listed as an activity on 08/03/24, 08/10/24, 08/17/24, 08/24/24, and 08/31/24; Color Away Sunday was listed as an activity on 08/04/24, 08/11/24, 08/18/24 and 08/25/24; and Chapel Service was listed as an activity on 08/11/24 and 08/25/24 at 10:00 AM.</p> <p>Review of the facility-provided policy titled Activity Programs, revised June 2018, revealed Policy statement Activity programs are designed to meet the interests of and support the physical, mental and psychosocial well-being of each resident. Policy Interpretation and Implementation . 12. Individualized and group activities are provided that: . b. are offered at hours convenient to the residents, including evenings, holidays, and weekends; .</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>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>37590</p> <p>Based on observations, interviews and policy review, the facility failed to ensure food was served under sanitary conditions and failed to ensure kitchen equipment were cleaned and stored in a manner to prevent contamination from foreign substances and the potential for development of foodborne illness. Specifically, the facility did not ensure staff used and maintained proper hand hygiene during food service and distribution, as well as failing to clean and maintain ice/water machine and steam table. This deficient practice has the potential to affect 117 of 117 residents who receive meals and beverages prepared in and served from the facility's kitchen.</p> <p>Findings include:</p> <p>On 08/19/24 at 11:38 AM, [NAME] 1 was observed checking the temperature of the food on the steam table prior to lunch service. [NAME] 1 removed the thermometer from her scrubs top and removed the thermometer from its sleeve cover. Without cleaning the thermometer, Cook1 placed the thermometer in the pureed meatloaf. After confirming the meatloaf was at the appropriate temperature, Cook1 removed the thermometer and was provided alcohol wipes by the Dietary Manager (DM). Cook1 was having a difficult time getting an appropriate reading of the pureed bread and asked Dietary Aid (DA1) to assist. DA1 took the thermometer and with her fingers touched the under portion of the head of the thermometer. DA1 pushed the thermometer in the dish until the bottom of the head of the thermometer touched the food. DA1 removed the thermometer and cleaned the thermometer. DA1 approached the steam table, the thermometer slipped from her hand, and she caught it against her right side, with the thermometer resting between her hand and scrubs. DA1 did not clean the thermometer and placed the thermometer into the meatloaf.</p> <p>During the lunch meal service on 08/19/24 at 12:00 PM, DA2 was observed providing drinks to residents in the main dining room. DA2 was utilizing a beverage cart that contained multiple beverage types and an ice chest with a scoop. DA2 offered beverages to residents at 11 tables. During this observation DA2 did not sanitize her hands. DA was observed touching handles of wheelchairs, tables, the beverage cart, and her own scrubs, as she took residents' their drink orders. After touching those items, DA2 was observed grabbing either coffee cups or cold beverage cups from the bottom of the beverage cart, and if the resident requested ice, DA2 would grab the ice scoop that was located inside of the ice chest, place ice in the cold beverage cup and place the ice scoop back inside the ice chest. Residents that requested coffee with cream, DA2 opened each individual creamer and or sugar packet. Observation at 12:29 PM, DA2 without wearing gloves, was observed assisting a resident with a straw. DA2 removed the paper sleeve of the straw and placed the straw in the resident's beverage.</p> <p>During a second dining observation on 8/20/24 at 11:43 AM, [NAME] 2 was observed plating the meal service. [NAME] 2 placed the hamburger on the bun, then the top bun on the burger with her hands, without the use of gloves. The DM, who was present during the meal service, was asked what her expectation was regarding hand hygiene during meal service. The DM stated that staff should sanitize their hands in between residents and to not touch food directly without wearing gloves.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265369	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Crystal Oaks		STREET ADDRESS, CITY, STATE, ZIP CODE 1500 Calvary Church Road Festus, MO 63028	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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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>Review of the facility policy titled Food Preparation and Service dated November 2022, revealed, Food preparation staff adhere to proper hygiene and sanitary practices to prevent the spread of foodborne illness Distribution Service .Bare hand contact with food is prohibited. Gloves are worn when handling food directly and changed between tasks.</p> <p>During an observation of the common areas on 08/21/24 of the 400/500 hallway at 8:43 AM and the 100/200 hallway dining at 8:59 AM, revealed ice/water machines that were used to provide residents ice and water on the unit. The ice/water machine on the 400/500 hallways had crystallized whitish-gray and brown debris located on the ice and waterspouts. The chute cover for the waterspout was missing and located on the top of the machine, which was covered in a layer of dust and other debris. The reservoir grate also contained crystallized whitish-gray and brown debris along with dust and other unknown particles. The ice/water machine in the 100/200 hallway dining room revealed the same crystallized whitish-gray and brown debris on the water and ice spouts and chute covers. On the reservoir grate was an uncovered ice scoop that was covered in a yellowish flaky substance.</p> <p>Interview on 08/21/24 at 9:00 AM with Housekeeper (HK)1, he confirmed that housekeeping was responsible for cleaning and maintaining the outside of the ice/water machine daily. He added that the maintenance department was responsible for deep cleaning and maintaining the internal portion of the machine.</p> <p>Interview with the Maintenance Director (MD) on 08/21/24 at 9:11 AM, was asked if he maintained and cleaned the ice/water machines and he stated that he was not sure. In a subsequent interview with the MD, on 08/22/24 at 9:33 AM, he provided a book labeled Ice Machine Maintenance Monthly Log Sheet. Inside the book was a single sheet of paper that contained columns, which were each headed with a hallway followed by a month and year. Besides each date was a staff's initial.</p> <p>During an interview with the Director of Housekeeping and Laundry Services (DHLA) on 08/21/24 at 10:13 AM, she confirmed housekeeping staff is responsible for wiping down the ice/ water machine each evening. She was asked if there was documentation to show that this is done daily, and she stated that she does not have any documentation.</p> <p>Observation on 08/22/24 at 5:49 AM of the ice/water machine in the 400/500 common area revealed crystallized whitish-gray and brown debris located on the ice and waterspouts. The water chute cover was missing and was located on the top of the machine.</p> <p>Interview on 08/22/24 at 6:15 AM, HK2 stated that she is only responsible for wiping the ice machine down and that it is done each morning.</p> <p>Interview on 08/22/24 at 6:22 AM, the Director of Nursing (DON) confirmed that the ice machine in the common area of the 400/500 did not appear as if it had been cleaned weekly.</p> <p>Review of the facility policy titled Ice Machines and Ice Storage Chests dated January 2012 provided by the DON revealed, Ice machines and ice storage/distribution containers will be used and maintained to assure a safe and sanitary supply of ice. The policy also revealed that the facility has established procedures for cleaning and disinfecting ice machines and ice storage chests which adhere to the manufacturer's instructions.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Crystal Oaks		STREET ADDRESS, CITY, STATE, ZIP CODE 1500 Calvary Church Road Festus, MO 63028	
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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 observation on of the steam table area on 08/22/24 at 5:51 AM revealed two meal trays on the bar above the steam table. The two meal trays contained soiled plates, cups, silverware, and uneaten food. The counter below the bar top includes cabinets and three sinks. The middle sink contained soiled silverware and the sink to the right contained a large pot. The countertop surrounding the sinks was stained with a whitish substance which could also be seen on and around the faucet. There were also food particles on the counter, on the floor, underneath the steam table and on the steam table. The lids of the steam table along with the compartments were soiled. The water in the five compartments steam table was cloudy and there were visible food particles floating within the water. The base and the side of the compartments were also stained with a whitish substance.</p> <p>During an interview on 08/22/24 at 6:02 AM, [NAME] 2 stated that the nursing staff leaves trays overnight on the bar top, adding that there are usually a lot more items left overnight, and this has led to an issue with pests, specifically ants. When asked what her responsibility was in that area, she stated she is only responsible for the steam table itself. Cook2 advised that she wipes it down daily and adds water to the steam compartments. She stated that the water is usually brown and the area around the steam table was not appropriate for food service.</p> <p>During an interview on 08/22/24 at 7:25 AM, the DM stated that the steam table was cleaned regularly. She added that some of the stains are persistent due to the hard water, but stated the compartments were de-limed weekly. The DM also provided a cleaning schedule that indicated which staff was responsible for a specific item and it indicated the cooks were responsible for the steam table, maintenance is responsible for the ice machines, and all dietary staff are responsible for cleaning sinks, counters, and mopping and sweeping floors.</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>43050</p> <p>Based on observation, interview, and review of Centers for Disease Control (CDC) guidance, the facility failed to ensure one of one clean laundry cart was covered to prevent potential contamination of all residents' in the facility personal items. The facility census was 117.</p> <p>Findings include:</p> <p>Review of the CDC guidance titled Healthcare-Associated Infections (HAI) dated 03/19/24 https://www.cdc.gov/healthcare-associated-infections/hcp/cleaning-global/appendix-d.html#:~:text=Each%20floor%2Fward%20should%20have,detergent%20and%20warm%20water%20solution indicated, . Sort, package, transport, and store clean linens in a manner that prevents risk of contamination by dust, debris, soiled linens or other soiled items.</p> <p>Observation on 08/19/24 at 10:52 AM, the uncovered clean laundry cart came through the dining room. The laundry cart contained personal items</p> <p>During an interview on 08/19/24 at 11:43 AM, the Housekeeping/Laundry Aide 1 stated she delivered resident laundry to all rooms and has never been told to cover the clean laundry on the cart. During this observation, the cart contained residents' personal items.</p> <p>During an interview on 08/21/24 at 10:25AM, the Director of Housekeeping/Laundry stated she was told not to cover personal laundry only linens. The Director of Housekeeping/Laundry stated the facility outsourced all linens and the facility was only responsible for washing personal laundry.</p> <p>During an interview on 08/22/24 at 11:03 AM, the Administrator stated it was his expectation that residents' personal laundry was covered during transportation from the laundry to the residents' rooms.</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>43050</p> <p>Based on observation and interview, the facility failed to provide one of five shower rooms (300 unit shower room) that was functional and had a sanitary environment for residents in the facility. Specifically, the facility failed to ensure that the 300 unit shower room was clean and free of mold and feces on the floor, the shower curtain was free of brown stains, the shower cord did not spray water and the toilet was clean and in good repair. These failures had the potential to affect all residents on the 300 hallway who used the 300 shower room. The facility census was 117.</p> <p>Findings include:</p> <p>Observation on 08/20/24 at 9:53 AM of the shower room at the end of the 300-hall revealed a strong unrecognizable odor. The toilet in the shower room was dirty with stains and was loose from the floor. The shower curtain was heavily soiled. The shower walls had a pinkish/orange and black substance on them. There was a dead bug on the shower room floor. Registered Nurse (RN) 2, Nurse Manager for the 300, 400, and 500 halls, was present during this observation and confirmed the observations.</p> <p>During the Group interview on 08/21/24 at 10:35 AM, six residents (R)33, R59, R67, R85, R89, and R102) stated the shower rooms were nasty especially the 300-hall shower room. The six residents stated there was a pinhole leak in the shower cord and that they would get sprayed in the face during a shower. The six residents stated the shower curtain was dirty with brown stains; the floors were dirty and there were times there was feces on the floor. The six residents stated the inside of the shower has mold and shower floor was not clean.</p> <p>During an interview on 08/22/24 at 6:26 AM, the Director of Nursing (DON) stated she was aware of the 300-hall shower room condition. The DON stated she was unaware of the hole in the shower line spraying the residents.</p> <p>During an interview on 08/21/24 at 2:03 PM, the Director of Housekeeping/Laundry confirmed the 300-hall shower room needed to be scrubbed. The Director of Housekeeping/Laundry stated that the housekeeping staff clean the showers daily. The Director of Housekeeping/Laundry stated she did see black mold.</p> <p>During an interview on 08/22/24 at 11:11 AM, the Administrator stated that the shower rooms should be cleaned prior to each resident use.</p>		