

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265374	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/11/2024
NAME OF PROVIDER OR SUPPLIER Grandview Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 201 Grand Ave Washington, MO 63090	

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 0561</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 and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>40424</p> <p>Based on observation, interview, and record review, facility staff failed to create an environment respectful of the rights of each resident to make choices about significant aspects of their lives for one (Resident #12) of five sampled residents when staff failed to promote the resident's self determination through support of resident choices when staff failed to allow the resident the choice of independently going outside the facility. The facility census was 48.</p> <p>1. Review of the facility's Nursing Home Residents' Rights policy, undated, showed the resident had the right to self determination including the choice of activities, the reasonable accommodation of needs and preferences, and participation in developing and implementing a person-centered plan of care incorporates personal and cultural preferences.</p> <p>2. Review of Resident #12's quarterly Minimum Data Set (MDS), a federally mandated assessment, dated 07/10/24, showed staff assessed the resident as follows:</p> <ul style="list-style-type: none"> -Cognitively Intact; -Required total dependence for transfers; -Independent using a motorized wheelchair; -Diagnosis of multiple sclerosis and depression. <p>Review of the resident's admission sheet shows the resident is his/her own legal representative.</p> <p>Review of the resident's care plan, dated 04/10/24, showed staff assessed the resident's preferred activity is to go across the street to the park in his/her motorized wheelchair.</p> <p>Review of the resident's medical record did not contain documentation the resident with safety concerns for his/her preferred activity to go across the street to the park.</p> <p>Review of the resident's smoking assessment, dated 07/10/24, showed staff assessed the resident as a safe smoker.</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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During and interview on 07/10/24 at 10:59 A.M., the resident said he/she used to be able to independently go across the road to the park but recently was told they could no longer do so and this caused him/her stress. The resident said he/she is able to operate the wheelchair without problems and would use the cell phone to ask for help if needed.</p> <p>During an interview on 07/10/24 at 3:05 P.M., the resident's family member said he/she would like the resident to be able to go to the park because it helps him/her with depression and anxiety, and that is important for the quality of the resident's life.</p> <p>During an interview on 07/11/24 at 10:34 A.M., the Assistant Director of Nursing said the resident was found to be an unsafe smoker and started hitting things with their wheelchair causing the decision to made not allowing independent trips to the park.</p> <p>During an interview on 07/11/24 at 10:39 A.M., the MDS coordinator said staff had a care plan meeting to addressed using a smoking apron and not allowing the resident to go to the park unsupervised due to concerns it was a health risk and the resident said he/she did not want to be supervised going to the park.</p> <p>During an interview on 07/11/24 at 10:41 A.M., the administrator said the resident's unsupervised trips to the park were stopped due to concerns about the residents safety.</p> <p>During an interview on 07/11/24 at 2:00 P.M., Certified Nurse Aid (CNA) A said he/she would ask a charge nurse to see if a resident was independent and allowed to go to the park or outside on their own. He/She said they were not aware the resident could no longer go by themselves to the park.</p> <p>During an interview on 07/11/24 at 2:46 P.M., the Director of Nursing said a resident who is alert and orientated should be able to make their own choices but we were concerned for the resident's safety going across the road to the park alone.</p>

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<p>F 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p>40424</p> <p>Based on interview and record review, facility staff failed to transmit the required Minimum Data Sets (MDS), a federally mandated resident assessment completed by facility staff, for ten residents (Resident #2, #6, #11, #13, #18, #26, #32, #42, #44 and #53) of sixteen sampled residents. The facility census was 48.</p> <p>1. Review of Centers for Medicare and Medicaid Services (CMS) Long-Term Care Facility Resident Assessment Instrument (RAI) 3.0 User's Manual, Version 1.18.11, dated October 2023, showed:</p> <ul style="list-style-type: none"> -The CMS Long-Term Care Facility RAI User's Manual is the primary source of information for completing an MDS assessment; - All Medicare and/or Medicaid-certified nursing homes must transmit MDS data records to CMS' Internet Quality Improvement and Evaluation System (iQIES); -Comprehensive assessments must be transmitted electronically within 14 days of the Care Plan Completion Date (no later than 14 days from the resident's admitted and/or assessment reference date (ARD) plus seven days). All other MDS assessments must be submitted within 14 days of the MDS Completion Date; -A comprehensive or quarterly assessment is due every quarter unless the resident is no longer in the facility. There must be no more than 92 days between assessments. A comprehensive assessment is due every year unless the resident is no longer in the facility. There must be no more than 366 days between comprehensive assessments. <p>Review of the facility's MDS and Care Planning Guidelines, dated October 2015, directed staff to use the most current CMS MDS Resident Assessment Instrument (RAI) Manual, any published interim RAI manual errata documents, and applicable federal guidelines as the authoritative guide for completion of MDS and care planning.</p> <p>2. Review of Resident #2's MDS data in the Electronic Health Record (EHR), showed a quarterly MDS completion date of 06/05/24. Review showed the assessment was not transmitted as required within 14 days of completion.</p> <p>3. Review of Resident #6's MDS data in the EHR, showed a quarterly MDS completion date of 06/10/24. Review showed the assessment was not transmitted as required within 14 days of completion.</p> <p>4. Review of Resident #11's MDS data in the EHR, showed an annual MDS completion date of 05/17/24. Review showed the assessment was not transmitted as required within 14 days of completion.</p> <p>5. Review of Resident #13's MDS data in the EHR, showed a Significant Change of Status (SCSA) comprehensive assessment completion date of 06/10/24. Review showed the assessment was not transmitted as required within 14 days of completion.</p> <p>(continued on next page)</p>		

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<p>F 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>6. Review of Resident #18's MDS data in the EHR, showed an annual MDS completion date of 06/06/24. Review showed the assessment was not transmitted as required within 14 days of completion.</p> <p>7. Review of Resident #26's MDS data in the EHR, showed a SCSA completion date of 06/07/24. Review showed the assessment was not transmitted as required within 14 days of completion.</p> <p>8. Review of Resident #32's MDS data in the EHR, showed a SCSA completion date of 04/18/24. Review showed the assessment was not transmitted as required within 14 days of completion.</p> <p>9. Review of Resident #42's MDS data in the EHR, showed a SCSA completion date of 05/29/24. Review showed the assessment was not transmitted as required within 14 days of completion.</p> <p>10. Review of Resident #44's MDS data in the EHR, showed a quarterly MDS completion date of 06/20/24. Review showed the assessment was not transmitted as required within 14 days of completion.</p> <p>11. Review of Resident #52's MDS data in the EHR, showed an admission MDS completion date of 05/27/24. Review showed the assessment was not transmitted as required within 14 days of completion.</p> <p>12. During an interview on 07/11/24 at 2:00 P.M., the MDS Coordinator said he/she only completes the MDS. The Director of Nursing (DON) signs off and submits them.</p> <p>During an interview on 07/11/24 at 2:50 P.M., the DON said he/she is responsible for submitting the MDS data and does not have a back-up person. He/She said he/she submits the data every other week but took vacation twice in June and then just forgot.</p> <p>During an interview on 07/11/24 at 3:24 P.M., the administrator said he/she is not sure how often the MDS data should be submitted but is usually the responsibility of the DON. The administrator said they do not have a back-up person when the DON is unavailable.</p> <p>42484</p> <p>43327</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42484</p> <p>Based on observation, interview and record review, facility staff failed to change and store oxygen tubing and/or clean oxygen concentrator filters in a manner to decrease the risk of the spread of infection for four (Resident #8, #25, #36, and #42) out of four sampled residents. The facility census was 48.</p> <p>1. Review of the facility's Oxygen Administration policy, dated March 2015, showed:</p> <ul style="list-style-type: none"> -At regular intervals, check and clean oxygen equipment, masks, tubing, and cannulas; -Change humidifier and tubing per cleaning guidelines; -At regular intervals, check liter flow contents of oxygen cylinder, fluid level in humidifier and access resident's respiration to determine further need for oxygen therapy. <p>2. Review of Resident #8's Quarterly Minimum Data Set (MDS), a federally mandated assessment tool, dated 05/18/24 showed staff assessed the resident as:</p> <ul style="list-style-type: none"> -Severely cognitively impaired; -Used oxygen. <p>Review of the Physician Order Sheet (POS), dated July 2024, showed an order to change the oxygen tubing and humidity bottle monthly on the first, on the evening shift and to ensure the tubing and bottle is labeled.</p> <p>Observation on 07/09/24 at 11:08 A.M., showed the resident wore his/her oxygen via nasal cannula. The oxygen tubing did not contain a label with a date.</p> <p>Observation on 07/10/24 at 8:14 A.M., showed the resident with his/her oxygen on via nasal cannula. The oxygen tubing did not contain a label with a date.</p> <p>3. Review of the Resident #25's annual MDS, dated [DATE], showed facility staff assessed the resident as follows:</p> <ul style="list-style-type: none"> -Cognitively intact; -Received oxygen therapy; -Diagnoses respiratory failure. <p>Review of the resident's POS for July 2024 showed the physician ordered oxygen three to five liters per minute (lpm) per nasal cannula, change oxygen tubing monthly and change nebulizer tubing monthly. Ensure tubing is dated.</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 07/09/24 at 11:41 A.M., showed the resident with his/her nasal cannula on dated 03/11 and the oxygen condenser filter covered with a white residue. Observation showed the resident's nebulizer tubing dated 11/8.</p> <p>Observation on 07/11/24 at 09:46 A.M., showed the resident with his/her nasal cannula on dated 03/11 and the oxygen condenser filter covered with a white residue. Observation showed the resident's nebulizer tubing dated 11/8.</p> <p>4. Review of the Resident #36's Quarterly MDS, dated [DATE], showed facility assessed the resident as follows:</p> <ul style="list-style-type: none"> -Cognitively intact; -Received oxygen therapy; -Diagnoses lung disease, and respiratory failure. <p>Review of the resident's POS, dated July 2024, showed physician orders for oxygen two to five lpm per nasal cannula as needed for shortness of breath and Bilevel positive airway pressure ((BiPap) a device that helps with breathing) with a forced air pressure of 15/10 every night as tolerated.</p> <p>Observation on 07/09/24 at 12:00 P.M., showed the resident oxygen on per lasal cannula. Observation showed the tubing not date.</p> <p>Observation on 07/10/24 at 10:12 A.M., showed the resident oxygen on per lasal cannula. Observation showed the tubing not date.</p> <p>Observation on 07/11/24 at 9:41 A.M., the resident oxygen on per lasal cannula. Observation showed the tubing not date.</p> <p>During an interview on 07/10/24 at 10:12 A.M., the resident said he/she uses oxygen.</p> <p>5. Review of Resident #42's Significant Change of Status MDS, dated [DATE], showed staff assessed the resident as:</p> <ul style="list-style-type: none"> -Cognitively impaired; -Used oxygen; -Diagnosis of heart failure and lung disease. <p>Review of the resident's POS, dated July 2024, showed an order to change the oxygen tubing and humidity bottle monthly, first of the month, on the evening shift and to ensure the tubing and bottle is labeled.</p> <p>Observation on 07/09/24 at 11:42 A.M., showed the resident wore his/her oxygen via nasal cannula. The oxygen tubing did not contain a date and the humidifier bottle dated 06/01/24. Observation showed the filter on the machine was covered with a white substance.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 07/10/24 at 08:13 A.M., showed the resident wore his/her oxygen via nasal cannula. The oxygen tubing did not contain a date and the humidifier bottle was dated 06/01/24. Observation showed the filter on the machine was covered with a white substance.</p> <p>6. During an interview on 07/10/24 at 11:34 A.M., Licensed Practical Nurse (LPN) B said oxygen tubing should be changed monthly by nursing, and it is triggered by an order in the Treatment Administration Record (TAR). The tubing change is indicated in the TAR, and the tubing should be dated. LPN B said filters were not regularly cleaned.</p> <p>During a telephone interview on 07/11/24 at 2:50 P.M., the Director of Nursing (DON) said oxygen tubing should be labeled and dated when changed and should be changed monthly. He/She said nursing does not have a preventative maintenance for cleaning oxygen filters. The DON said it is his/her responsibility to ensure the tubing is being changed.</p> <p>During an interview on 07/11/24 at 03:24 P.M., the administrator said oxygen tubing should be changed on a regular basis, but he/she was not sure whether this is weekly or monthly. The administrator said the new tubing and new bag should be dated. If the tubing was marked with an earlier date, the tubing was not changed after that date. He/She said it was the responsibility of the charge nurse to ensure the tubing changes occurred as ordered.</p> <p>43327</p>		