

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265385	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/14/2024
NAME OF PROVIDER OR SUPPLIER Heritage Hall Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 750 E Highway 22 Centralia, MO 65240	

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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48982</p> <p>Based on observation, interview, and record review, facility staff failed to ensure residents who are unable to complete their own Activities of Daily Living (ADLs) received necessary care and services to maintain good personal hygiene two residents (Resident #13 and #17) out of 14 sampled residents, when staff failed to assist with facial hair grooming, clothing changes and showers. The facility census was 41.</p> <p>1. Review of the facility's policy titled Activities of Daily Living, dated 2023, showed care and services will be provided for the following ADL's:</p> <ul style="list-style-type: none"> -Bathing, dressing, grooming, toileting and oral care; -Transfer and ambulation; -Eating to include meals and snacks; -A resident who is unable to carry out ADL's will receive the necessary services to maintain good nutrition, grooming, and personal or oral hygiene; -The facility will maintain individual objectives on the care plan. <p>2. Review of Resident #13's Admission Minimum Data Set (MDS), dated [DATE], showed staff assessed the resident as:</p> <ul style="list-style-type: none"> -Moderate cognitive impairment; -Did not resist care; -Required moderate assistance from staff for hygiene, and dressing; -Required maximum assistance from staff for toileting, and bathing. <p>Review of the resident's care plan, revised 05/08/24, showed staff were directed to:</p> <ul style="list-style-type: none"> -Assist the resident with bed mobility, dressing, footwear, personal hygiene, and bathing; <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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Did not contain direction for refusal of care.</p> <p>Review of the facility's shower schedule, undated, showed the resident as scheduled for showers on Wednesday's and Saturday's.</p> <p>Review of the facility's shower documentation showed staff documented one shower given on 05/18/24. Review showed staff documented the resident refused a shower on 06/05/24.</p> <p>Observation on 06/11/24 at 10:16 A.M., showed the resident wore a green shirt and jeans.</p> <p>Observation on 06/12/24 at 7:15 A.M., showed the resident in bed and wore the same green shirt as the day before.</p> <p>Observation on 06/12/24 at 8:37 A.M., showed the resident in the hall and wore the same green shirt and jeans as the day before.</p> <p>Observation on 06/12/24 at 10:33 A.M., showed the resident in the dining room and wore the same green shirt and jeans.</p> <p>Observation on 06/13/24 at 7:55 A.M., showed the resident wore the same green shirt and jeans as the day before.</p> <p>Observation on 06/13/24 at 10:17 A.M., showed the resident wore the same green shirt and jeans.</p> <p>Observation on 06/13/24 at 12:01 P.M., showed the resident wore the same green shirt and jeans.</p> <p>Observation on 06/13/24 at 1:36 P.M., showed the resident wore the same green shirt. The shirt had a stain and food crumbs.</p> <p>Observation on 06/13/24 at 3:30 P.M., showed the resident sat in the hall and wore the same green shirt and jeans.</p> <p>Observation on 06/14/24 at 8:16 A.M., showed the resident wore the same green shirt and blue jeans on.</p> <p>Observation on 06/13/24 at 9:29 A.M., showed the resident wore the same green shirt and jeans.</p> <p>During an interview on 06/13/24 at 1:36 P.M., the resident said he/she needs help to change clothes.</p> <p>During an interview on 06/13/24 at 1:40 P.M., Certified Nurse Assistant (CNA) D said he/she worked the hall where the resident resided. CNA D said the resident needs assistance to change clothes, and with all his/her ADL care. CNA D said he/she is not sure why the resident had not had his/her clothes changed.</p> <p>3. Review of Resident #17's Admission MDS, dated [DATE], showed staff assessed the resident as:</p> <p>-Severe cognitive impairment;</p> <p>(continued on next page)</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>During an interview on 06/13/24 at 10:34 A.M., the Director of Nursing (DON) said if a resident receives hospice services the resident gets their scheduled shower by hospice staff twice a week. The DON said the facility staff only shower hospice residents as needed. The DON said all showers the facility staff provide are documented in the resident's chart.</p> <p>During an interview on 06/13/24 at 1:40 P.M., CNA D said he/she worked the hall where the resident resided. CNA D said the resident needs assistance to change clothes, shave, and with all his/her ADL care. CNA D said the resident is on hospice and hospice staff complete his/her showers, and shaves. CNA D said he/she is not sure why the resident's clothes had not been changed.</p> <p>4. During an interview on 06/14/24 at 10:17 A.M., the Business Office Manager (BOM) said he/she was a Certified Medication Technician (CMT) and CNA. The BOM said he/she works the floor when the facility needs the assistance. The BOM said all residents are scheduled to get showers twice a week. The BOM said if a resident is on hospice the hospice staff does their scheduled showers and the facility staff only do them as needed. The BOM said hospice is an added entity for extra care and the facility is responsible to ensure a resident's care needs are met. The BOM said the CNA's are responsible to complete the showers assigned each day by the charge nurse. The BOM said he/she would expect staff to shave a resident with their shower and change their clothes. He/She said a resident should not wear the same clothes more than a day and staff should change them daily and as needed if soiled.</p> <p>During an interview on 06/14/24 at 10:20 A.M., CNA E said all residents are scheduled for showers twice a week and the CNA's are responsible to complete them. CNA E said if a resident is on hospice services the hospice staff completes their showers. CNA E said when staff give a shower they should provide nail care, shave the resident, and change their clothes. CNA E said a resident should have their clothes changed daily and as needed if they become soiled.</p> <p>During an interview on 06/14/24 at 10:33 A.M., RN B said residents are scheduled for showers twice a week. RN B said if a resident is on hospice services facility staff will give the resident a shower as needed, but hospice staff complete the scheduled showers. RN B said hospice is a supplemental care and the facility is responsible for the resident's cares. RN B said it is the charge nurse's responsibility to assign showers and the CNA's are responsible to complete them. RN B said he/she expects staff to change resident clothes and shave the resident when given a shower. RN B said residents should have their clothes changed daily and as needed if they become soiled.</p> <p>During an interview on 06/14/24 at 10:41 A.M., the Assistant Director of Nursing (ADON) said residents are offered showers twice a week and as needed. The ADON said if a resident is on hospice services facility staff will give the resident a shower as needed, but hospice staff complete the scheduled showers. The ADON said the CNAs are responsible to complete the showers and document them in the resident's chart. The ADON said he/she expects staff shave a resident, and change their clothes with each shower. The ADON said he/she expects staff to assist residents to change their clothes daily and as needed if they become soiled.</p> <p>(continued on next page)</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>During an interview on 06/14/24 at 10:41 A.M., the Director of Nursing (DON) said residents are scheduled for showers twice a week and as needed. The DON said if a resident is on hospice services facility staff will give the resident a shower as needed, but hospice staff complete the scheduled showers. The DON said the charge nurse is responsible to assign the showers each day. The DON said CNAs are responsible to complete the showers and document them in the resident's chart. The DON said he/she expects staff shave a resident, and change their clothes with each shower. The DON said the care plan should say how much care a resident needs for their ADL's The DON said he/she expects staff to assist residents to change their clothes daily and as needed if they become soiled. The DON said residents should not wear dirty clothes multiple days in a row.</p> <p>During an interview on 06/14/24 at 11:09 A.M., the Administrator said resident's are scheduled for showers twice a week and as needed. The Administrator said the CNA's are responsible to complete the showers and document them in the resident's chart. The Administrator said he/she expects staff to change a resident's clothes and shave a resident as needed with each shower. The Administrator said if a resident is on hospice services the facility staff only gives showers as needed and the hospice staff complete the scheduled showers. The Administrator said he/she expects residents to be assisted as needed for their ADL care and each resident's care plan should say how much care they need, and if the resident has behaviors such as refusing care. The Administrator said he/she expects staff to assist a dependent resident to change their clothes daily and as needed if they become soiled. The Administrator if a resident has a stain on their clothes or food staff should assist them to change their clothes.</p>		

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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>33477</p> <p>Based on interview and record review, the facility staff failed to designate a person to serve as the Director of Food and Nutrition Services with the appropriate qualifications, when the facility did not employ a qualified dietician or other clinically qualified nutrition professional full-time. This failure has the potential to affect all residents. The facility census was 87.</p> <p>1. Review of the facility provided policies, showed the records did not contain a policy related to the qualifications for Director of Food and Nutrition Services.</p> <p>Review of the dietary manager's (DM) personnel records showed a hire date for the DM position listed as 04/20/23. Review showed a certificate of completion for a food protection manager course, which showed a start date of 02/21/24 and a completion date of 05/07/24. Review showed the records did not contain documentation of prior dietary manager experience in a nursing facility and certification or other education required for the director of nutritional services position.</p> <p>During an interview on 06/11/24 at 10:38 A.M., the DM said he/she had been the DM for about a year and he/she did not have prior experience as a dietary manager in a nursing facility and he/she did not have a degree or certification related to food service management. The DM said he/she completed a food protection manager course last month, but due to staffing issues, he/she missed his/her window to take the final exam for certification and would need to pay again to take the exam. The DM said he/she did not have an exam date schedule nor had he/she repaid for the exam yet and hoped to be able to pay to take the test again in two weeks when he/she got paid. The DM said the facility has a part-time consultant registered dietician (RD) that comes to the facility on ce a month and the facility did not have any certified or clinically qualified nutritional staff employed full-time.</p> <p>During an interview on 06/12/24 at 11:26 A.M., the administrator said the DM completed a food protection manager course and was waiting to take the final exam. The administrator said the DM did not report that he/she let the timeframe to take the final exam after his/her course expire due to staffing issues and needed to repurchase the exam to become certified. The administrator said the facility has a part-time consultant RD and they did not have any certified or clinically qualified nutritional staff employed full-time.</p> <p>During an interview on 06/12/24 at 12:54 P.M., the DM said he/she did not get enrolled in the manager's course until February because they did not know of the qualifications requirement for his/her position until January or February 2024. The DM said when they found out, they got with the RD about what they needed to do about it and it just took a little while to get him/her enrolled.</p> <p>During an interview on 06/12/24 at 1:09 P.M., the administrator said they did not get the DM enrolled in the course until February because they were not sure which course he/she needed to take. The administrator said they were going to enroll the DM into a certified dietary manager course, but knew they would need the oversight of the RD during that course and the RD got sick during that time and could only work from home. The administrator said when the facility had a mock survey in December 2023, he/she found out the DM could take a different course so they worked to get him/her enrolled in that course which they did in February 2024.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33477</p> <p>Based on observation, interview and record review, facility staff failed to thaw frozen meat using approved methods to prevent the growth of food-borne pathogens. Facility staff failed to store food in a manner to prevent contamination and out-dated use. Facility staff failed to reheat pureed food in accordance with the standardized recipes to prevent the growth of food-borne pathogens and potential for food-borne illness. These failures have the potential to affect all residents. The facility census was 41.</p> <p>1. Review of the facility's Food Storage (Dry, Refrigerated and Frozen) policy, dated 2020, showed Food shall be stored at appropriate temperatures and using appropriate methods to ensure the highest level of food safety. Review showed the policy did not contain instruction to staff on approved methods for thawing frozen foods.</p> <p>Observation on 06/11/24 from 9:50 A.M. to 11:09 A.M., showed a large frozen center cut pork loin sitting in food preparation sink with no water in the sink or running over pork loin. Observation also showed a box that contained five one pound packages of frozen sliced turkey deli meat on the countertop next to preparation sink.</p> <p>During an interview on 06/11/24 at 11:09 A.M., [NAME] A said he/she put the pork loin in the sink and sliced turkey on counter to thaw just before 9:50 A.M. The cook said the sliced turkey was to be used for dinner and he/she just had the pork loin in the sink to thaw so it can be cooked at another time.</p> <p>Observation on 06/11/24 at 11:54 A.M., showed the pork loin and sliced turkey deli slices in the food preparation sink with no water in the sink or water running over the food items.</p> <p>During an interview on 06/12/24 at 12:57 P.M., the dietary manager (DM) said frozen meat should be thawed in the refrigerator and he/she did not know why the cook placed the meat in the sink to thaw, because all dietary staff are trained on how to properly thaw frozen food.</p> <p>During an interview on 06/12/24 at 1:15 P.M., the administrator said staff should thaw frozen meat in the refrigerator on the bottom shelf and staff are trained on how to properly thaw frozen food.</p> <p>2. Review of the facility's Food Storage (Dry, Refrigerated and Frozen) policy, dated 2020, showed:</p> <ul style="list-style-type: none"> -Food shall be stored on shelves in a clean, dry area free from contaminants; -Food shall be stored at appropriate temperatures and using appropriate methods to ensure the highest level of food safety; -Leftover contents of cans and prepared food will be stored in covered, labeled and dated containers in refrigerators and/or freezers. <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 06/11/24 at 9:50 A.M., showed the triple reach-in freezer in the aide's station contained opened and undated plastic bags of hashbrown patties, waffles, and sliced strawberries and an opened and undated box that contained multiple packages of croissant buns. Observation showed the top package of croissant buns in the box opened and undated. Observation also showed a bulk container of flour in the aide's station with a cup stored buried in the flour.</p> <p>Observation on 06/11/24 at 9:58 A.M., showed the reach-in refrigerator in the cook's station contained:</p> <ul style="list-style-type: none"> -An opened and undated five pound container of sour cream; -An opened and undated 32 ounce (oz.) carton of liquid eggs; -An opened and undated 32 oz. bottle of lemon juice; -An opened and undated 32 oz. bottle of key lime juice; -An opened and undated 16 oz. bottle of Italian dressing; -An opened and undated seven oz. jar of [NAME] olives; -An opened and undated 24 oz. jar of kosher dill pickle spears; -An undated stack of white cheese slices wrapped in plastic film. <p>Observation on 06/11/24 at 10:05 A.M., showed the cook's station contained:</p> <ul style="list-style-type: none"> -An opened and undated 16 oz. container of cornstarch; -An undated box of baking soda opened to the air; -An undated and unlabeled plastic pitcher that contained an unidentifiable white powdered substance; -An opened and undated bag of corn chips. <p>During an interview on 06/11/24 at 10:09 A.M., [NAME] A said staff use the baking soda for cooking and the white substance in the pitcher was potato flakes. The cook said opened food items should be dated and labeled and he/she did not know why they were not dated and labeled.</p> <p>Observation on 06/11/24 at 10:20 A.M., showed the dry goods storage pantry contained undated plastic containers of cornflakes, toasted oat o's and fruit [NAME] cereal removed from their original packaging. Observation also showed a box that contained five loaves of sliced bread wrapped in plastic sleeves stored on the floor in front of can rack.</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 06/11/24 at 10:46 A.M., the DM said he/she is responsible to monitor food storage and he/she tries to do so every day when he/she is on duty. The DM said opened food items should be stored closed, labeled with what they are and dated with their opened date. The DM said staff should not leave scoops in the bulk food items and food should not be stored on the floor. The DM said all dietary staff are trained on proper food storage requirements and he/she did not know about the issues with the food storage.</p> <p>During an interview on 06/12/24 at 1:11 P.M., the administrator said opened food items should be labeled with what they are, dated with the date they are opened and stored sealed or in a covered container off the floor. The administrator said the DM is responsible to monitor the food storage several times a day when on duty and the dietary staff are trained on how to properly store food.</p> <p>3. Review of the facility's Pureed Food Preparation policy, dated 2020, showed the policy directed staff to prepare pureed foods in accordance with standardized recipes to ensure quality, flavor, palatability, and maximum nutritive value and to heat pureed foods to a minimum of 165 degrees Fahrenheit (F) before service.</p> <p>Review of the facility's standardized recipe for pureed tuna noodle casserole, undated, showed direction to staff to reheat the pureed casserole to an internal temperature to greater than 165 F for at least 15 seconds after made and to maintain the internal temperature at 135 F or above during service.</p> <p>During an interview on 06/11/24 at 11:15 A.M., [NAME] A said he/she prepares the pureed food items right before service so they will still be hot when served.</p> <p>Observation on 06/11/24 at 12:01 P.M., showed [NAME] A added prepared tuna noodle casserole and warm milk to the food processor and blended until smooth. Observation showed the cook scooped the pureed casserole into an insulated bowl and then, without checking the internal temperature, put a lid on the bowl, placed the bowl in the steamtable and walked away. Observation showed the internal temperature of the pureed tuna noodle casserole measured 100 F when the cook walked away.</p> <p>Observation on 06/11/24 at 12:27 P.M., showed [NAME] A placed the bowl of pureed tuna noodle casserole on a tray to be served to Resident #42 in his/her room without checking the internal temperature of the casserole. Observation showed the internal temperature of the pureed casserole measured 108 F at this time.</p> <p>During an interview on 06/11/24 at 12:38 P.M., [NAME] A said the internal temperature of hot pureed foods should be at least 140 F when put on the steamtable. The cook said he/she did not know what the temperature of the pureed casserole was when he/she put it on the steamtable because he/she did not take the temperature. The cook said he/she did not take the temperature of the pureed casserole because he/she did not think it cooled down that much when he/she made it.</p> <p>During an interview on 06/12/24 at 12:59 P.M., the DM said staff should check the internal temperature of pureed food items after they make them to make sure the hot pureed foods are at least 160 F before they are served. The DM said if a hot pureed food item is not 160 F after it is made then staff should reheat the item in the oven to an internal temperature of 160 F. The DM said dietary staff are trained on this requirement, so he/she did not know why the cook did not check the temperature of the pureed casserole.</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 06/12/24 at 1:17 P.M., the administrator said staff should check the internal temperature of pureed food when it is made and before it is served. The administrator said the internal temperature of hot pureed foods should be at least 165 F and if it is not, then staff should reheat it to 165 F. The administrator said dietary staff are trained on this requirement and he/she would expect the DM to periodically ask staff the requirements and check the internal temperatures to monitor for compliance.</p>		