

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265400	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/01/2024
NAME OF PROVIDER OR SUPPLIER Brooke Haven Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1410 North Kentucky Avenue West Plains, MO 65775	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37774</p> <p>Based on interview and record review, the facility failed to follow professional standards of practice for one resident (Resident #1) of three sampled residents. The facility failed to follow physician's orders and did not attain treatment orders for a wound in a timely manner. The facility census was 69.</p> <p>Review of the facility's policy titled Admission Assessment and Follow Up: Role of the Nurse, dated September 2012, showed:</p> <ul style="list-style-type: none"> - The purpose of this procedure is to gather information about the resident's physical, emotional, cognitive and psychosocial condition upon admission for the purpose of managing the resident, initiating the care plan, and completing required assessment instruments, including Minimum Data Set (MDS); - Conduct admission assessment including a summary of the individual's recent hospitalization , acute illnesses and overall status prior to admission; - Assessment to include list of active medical diagnosis and patient problems, especially those most related to reason for admission to the facility and those that are affecting function, behavior, cognition, nutrition, hydration, quality of life, likelihood of functional recovery and ability to participate in activities and to socialize; - Conduct a physical assessment (all systems) including Skin; - Contact the Attending Physician to communicate and review the findings of the initial assessment and any other pertinent information and obtain admission orders that are based on these findings; - Documentation to include date and time assessment was performed, all relevant data obtained during assessment and orders obtained from the physician; -Reporting includes notification of the supervisor and Attending Physician of immediate needs resident may have in accordance with facility policy and professional standards of practice. <p>Review of the facility's Wound Care policy, dated October 2010, showed:</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- The purpose of this procedure is to provide guidelines for the care of wounds to promote healing;</p> <p>- Verify that there is a physician's order for wound care.</p> <p>Review of facility's Prevention of Pressure Injuries policy, dated April 2020, showed:</p> <p>- The purpose is to provide information regarding identification of risk factor and interventions of risk factors;</p> <p>- Assess the resident on admission (within eight hours) for existing injury risk factors. Repeat assessment weekly and upon changes in condition;</p> <p>- Evaluate, report and document potential changes in skin;</p> <p>Review of facility's policy on Administrating Medications, dated April 2019, showed:</p> <p>- Medications are administered in accordance with the prescribed orders;</p> <p>- Medication administration times are determined by resident need and benefit, not staff convenience enhancing optimal therapeutic effect of the medication;</p> <p>- If a drug is withheld, refused, or given at a time other than scheduled time, the individual administering the medication shall initial and circle the Medication Administration Record (MAR) in space provided for that drug and dose.</p> <p>Review of Resident #1's medical record showed:</p> <p>- admitted [DATE] at 6:35 P.M. from acute hospital stay;</p> <p>- Diagnoses of cellulitis/necrotizing fasciitis (severe infection) right lower extremity (RLE), congestive heart failure (heart does not pump and circulate the blood as well as it should), chronic kidney disease, chronic obstructive pulmonary disease (lung disease affecting ability breath), and chronic pain.</p> <p>- Daily Skilled Nursing notes show skin assessments not documented;</p> <p>- Progress notes show resident is currently hospitalized as of 02/19/2024 for gastrointestinal bleed;</p> <p>Review of the resident's Physician's Order Sheet (POS), showed:</p> <p>- No orders for wound care and/or treatment at admission;</p> <p>- An order, dated 02/10/2024, for cefazolin sodium (antibiotic) 2 gram (GM) intravenously (IV) three times a day for eight days;</p> <p>- An order, dated 02/12/2024, refer to wound clinic;</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- An order, dated 02/15/2024, for wet to dry dressing change once a day to right lower leg for necrotizing fasciitis;</p> <p>- An order dated 02/15/2024 for external ointment collagenase (used for wound healing) 250 mg/GM to right lower leg once a day then apply the wet to dry dressing.</p> <p>- An order dated 02/19/2024, refer to infectious disease doctor in one month;</p> <p>Review of the resident Minimum Data Set ((MDS, an assessment instrument required to be completed by facility staff), dated 02/15/2024, showed:</p> <p>- The Brief Interview for Mental Status (BIMS) score of 13 out of 15;</p> <p>- Verbal and physical behaviors;</p> <p>- Partial to moderate assistance with care;</p> <p>- Surgical wound/open lesions to extremity.</p> <p>Review of the February 2024 MAR showed cefazolin sodium not given and no indication as to why the medication was not given, on the following dates:</p> <p>- 02/13/24 at 6:00 A.M.;</p> <p>- 02/14/24 at 6:00 A.M.;</p> <p>- 02/14/24 at 10:00 P.M.;</p> <p>- 02/16/24 at 6:00 A.M.;</p> <p>- 02/16/24 at 2:00 P.M.;</p> <p>- 02/17/24 at 10:00 P.M.</p> <p>Review of the Treatment Administration Record (TAR) showed wound treatment to right lower extremity not provided on 02/16/2024 and no indication as to why the treatment was not given.</p> <p>Review of Resident #1's care plan, dated 02/19/2024, showed the resident had cellulitis of the right lower extremity with necrotic fasciitis. A goal to have no complications resulting from cellulitis through review date with interventions including to give antibiotics for infection and give mild analgesics to relieve discomfort as prescribed by physician, monitor and document healing of the cellulitis, notify doctor of any changes in condition of cellulitis, provide treatments as ordered daily and report any worsening or signs/symptoms of infection.</p> <p>During an interview on 02/27/2024 at 2:00 P.M., Licensed Practical Nurse (LPN) A said:</p> <p>- When residents are admitted an assessment is done and the doctor is notified for orders;</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - The admission assessment should include the skin assessment; - Wound care is done per doctor's orders; - When providing treatment, wound should be assessed and documented; - If resident refuses care it should be documented in chart. - Medications should be administered per doctor's orders; - If a resident refuses a treatment or if a medication is not given document, staff should let supervisor know; - Wound care is done per doctor's orders; - When providing treatment, staff should assess and document the wound; and show improvement, wound stays same or worsening of wound; - If a resident refuses care it should be documented in chart. <p>During an interview on 02/27/2024 at 2:45 P.M., the Assistant Director of Nurses (ADON) said:</p> <ul style="list-style-type: none"> - When a resident is admitted an assessment is done, information from hospital reviewed and orders obtained and verified by doctor; - A resident with diagnosis of cellulitis should have orders for treatment upon admission. If not sent with orders from hospital, the nurse should call doctor and report wound and need for treatment. <p>During an interview on 02/27/2024 at 3:00 P.M., the Director of Nurses (DON) said:</p> <ul style="list-style-type: none"> - There were five admissions on the afternoon of 02/09/2024; - On 02/12/2024 (three days later), staff identified Resident #1 was admitted with no treatment orders for the wounds to right lower extremity were not obtained; - The physician was notified on 02/12/2024 and made referral to wound clinic for evaluation and treatment orders of wounds; - Resident was seen at wound clinic on 02/14/24, evaluated and treatments ordered; - He/she would expect admitting nurse to perform skin assessment and obtain orders as needed for treatment; - He/she would expect medications and treatments to be done per physician's orders; - He she would expect daily wound care and skilled nursing assessment documentation to include resident's skin/wounds. <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 02/27/2024 at 3:30 P.M., the Administrator said he/she would expect wound orders addressed when resident is admitted and all orders to be followed.</p> <p>During a phone interview on 03/01/2024, the resident's physician said he/she expected the facility to contact him if resident needed wound care follow up from hospital discharge to admission to facility and to follow all of his/her orders.</p> <p>MO00231961</p>		