

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265411	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2024
NAME OF PROVIDER OR SUPPLIER Point Lookout Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 11103 Historic Hwy 165 Hollister, MO 65672	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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** 45190</p> <p>Based on interview, and record review, the facility failed to provide services per standards of practice when staff failed to provide ordered restorative nursing services for three residents (Resident #6, #7, and #8) and failed to care plan restorative services for one resident (Resident #7) out of four sampled residents. The facility census was 83.</p> <p>Review of the facility's Restorative Nursing Manual, undated, showed the following:</p> <ul style="list-style-type: none"> -The Restorative Nursing Program (RNP) is an integral part of maximizing the daily restorative care process for the residents; -The RNP is a part of the logical step-down process in resident care; -A pro-active approach is necessary to prevent future negative outcomes; -It is the purpose of this facility to see that each resident receives, and the facility provides, the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being in accordance with the comprehensive assessment and plan of care; -It is the entire staff's responsibility to prevent deterioration and further functional loss of each resident in the facility. The objective of the RNP program is to provide restorative care necessary to meet the needs of all residents to enable them to achieve the standard of care as described by OBRA (Omnibus Budget Reconciliation Act) 1987; -Restorative services are to be made available per residents' assessed needs; -A mechanism for monitoring and on-going evaluation of the RNP programs must be established. <p>1. Review of Resident #6's face sheet (a brief resident profile) showed the following:</p> <ul style="list-style-type: none"> -admitted [DATE]; -Diagnoses included hemiplegia (paralysis of one side of the body) and hemiparesis (weakness or the inability to move on one side of the body) following cerebral infarction (stroke) affecting left non-dominant side. <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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated assessment instrument completed by staff), dated 01/22/24, showed the following:</p> <ul style="list-style-type: none"> -Severe cognitive impairment; -Dependent on staff for transfers. <p>Review of the resident's care plan, last revised on 01/31/24, showed the following:</p> <ul style="list-style-type: none"> -Limited in ability to self-transfer related to hemiplegia and hemiparesis; -Follow physical therapy (PT) and occupational therapy (OT) recommendations. <p>Review of the resident's current Physician Order Sheet (POS) showed the following:</p> <ul style="list-style-type: none"> -An order, dated 02/01/24, for restorative aide (RA) to see resident two to five times weekly for 90 days to address passive range of motion (PROM - the range of motion that is achieved when an outside force (such as a therapist) exclusively causes movement of a joint) of left upper extremity (LUE) to maintain joint integrity for upper body (UB) dressing and hygiene. Please complete range of motion (ROM) to LUE, all joints, and apply resting hand splint for prolonged stretch to fingers; -An order, dated 02/12/24, for PT evaluation and treat as indicated. <p>Review of the facility's Restorative Therapy Logbook and the resident's electronic medical record (EMR), dated February 2024, showed the following:</p> <ul style="list-style-type: none"> -Staff document restorative therapy of ROM to LUE provided to the resident on four days (02/20/24, 02/21/24, 02/22/24, and 02/29/24); -Staff documented restorative therapy of applying resting hand splint on four days (02/20/24, 02/12/24, 02/22/24, and 02/29/24); -Staff documented being pulled to the floor on ten days (02/11/24, 02/14/24, 02/15/24, 02/18/24, 02/19/24, 02/23/24, 02/24/24, 02/25/24, 02/26/24, and 02/28/24); -Staff did not document any resident refusals. <p>Review of the resident's current Physician Order Sheet (POS) showed the following:</p> <ul style="list-style-type: none"> -An order, dated 03/28/24, for discharge from PT services and continue with restorative aide program two to five times weekly for 90 days for transfer training and static standing. Promote sit to stand transfers with hemi-walker and left ankle foot orthotic (LAFO), verbal cues for proper hand placements, maintain standing for two minutes, and perform sit to stand three to five repetitions. <p>Review of the facility's Restorative Therapy Logbook and the resident's EMR, dated March 2024, showed the following:</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 - Some</p>	<p>-Staff documented restorative therapy of ROM to LUE provided to the resident on ten days (03/03/24, 03/04/24, 03/05/24, 03/10/24, 03/11/24, 03/12/24, 03/13/24, 03/14/24, 03/18/24, and 03/25/24);</p> <p>-Staff documented restorative therapy of applying resting hand splint to resident on ten days (03/03/24, 03/04/24, 03/05/24, 03/10/24, 03/11/24, 03/12/24, 03/13/24, 03/14/24, 03/18/24, and 03/25/24);</p> <p>-Staff did not document restorative therapy regarding transfer training and static standing;</p> <p>-Staff did not document any residents refusals or being pulled to the floor on any dates.</p> <p>Review of the facility's Restorative Therapy Logbook and the resident's EMR, dated 04/01/24 to 04/09/24, showed the following:</p> <p>-Staff documented restorative therapy of ROM to LUE provided to the resident on two days (04/02/24 and 04/03/24);</p> <p>-Staff documented restorative therapy of applying resting hand splint to resident on two days (04/02/24 and 04/03/24);</p> <p>-Staff did not document restorative therapy regarding transfer training and static standing;</p> <p>-Staff did not document any residents refusals or being pulled to the floor on any dates.</p> <p>2. Review of Resident #7's face sheet showed the following:</p> <p>-admitted [DATE];</p> <p>-Diagnoses included muscle weakness, and history of falls.</p> <p>Review of the resident's quarterly MDS, dated [DATE], showed the following:</p> <p>-Severe cognitive impairment;</p> <p>-Dependent on staff for most activities of daily (ADLs - dressing, grooming, bathing, eating, and toileting).</p> <p>Review of the resident's March 2024 POS showed the following:</p> <p>-An order, dated 03/19/24, for restorative services two to three times weekly for 90 days for transfers, bed mobility, and left knee hamstring stretching.</p> <p>Review of the resident's care plan, last revised 03/20/24, showed staff did not care plan related to ADL's or therapy services.</p> <p>Review of the facility's Restorative Therapy Logbook and the resident's EMR, dated February 2024, showed the following:</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 - Some</p>	<p>-Staff documented restorative therapy of hamstring stretch on one day (02/28/24);</p> <p>-Staff documented restorative therapy of stand/pivot on one day (02/28/24);</p> <p>-Staff documented pulled to the floor on two dates (02/25/24 and 02/26/24);</p> <p>-Staff did not document any resident refusals.</p> <p>3. Review of Resident #9's face sheet showed the following:</p> <p>-admitted [DATE];</p> <p>-Diagnoses included hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side.</p> <p>Review of the resident's quarterly MDS, last revised 01/29/24, showed the following:</p> <p>-Severe cognitive impairment;</p> <p>-Dependent on staff with ADLs with the exception of set up for eating.</p> <p>Review of the resident's care plan, last revised 01/31/24, showed the following:</p> <p>-Resident received therapy services related to transfers and toileting;</p> <p>-Will participate in therapy.</p> <p>Review of the resident's current POS, showed an order, dated 02/21/24, for restorative therapy program two to five times weekly for 90 days for bed mobility and both lower extremities (BLE) strengthening.</p> <p>Review of the facility's Restorative Therapy Logbook and the resident's EMR, dated February 2024, showed the following:</p> <p>-Staff documented bed mobility restorative therapy provided on one day (02/29/24);</p> <p>-Staff documented BLE strengthening restorative therapy provided on one day (02/29/24);</p> <p>-Staff documented pulled to the floor on three days (02/25/24, 02/26/24, and 02/28/24);</p> <p>-Staff did not document any resident refusals.</p> <p>4. During an interview on 04/04/24, at 3:14 P.M., the Director of Rehabilitation said the following:</p> <p>-He/she writes up a restorative therapy plans for residents coming off of skilled therapy and gives the to Restorative Aide (RA) E to complete with the resident and completes a general order for the physician to sign;</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 - Some</p>	<p>-He/she does not oversee restorative therapy services.</p> <p>5. During an interview on 04/05/24, at 11:46 A.M., RA C said the following:</p> <p>-He/she helps out with restorative therapy when not providing transportation for residents at the facility;</p> <p>-RA E tells him what the residents require restorative services;</p> <p>-He/she documents completing restorative services residents in the EMR and does not document in the restorative logbook.</p> <p>6. During an interview on 04/05/24, at 12:27 A.M., RA E said the following:</p> <p>-Therapy writes an order for restorative therapy, which may include physical or occupational therapy, type of exercise, how many times per week, and the duration;</p> <p>-He/she tries to focus restorative therapy with residents on 100/200/300 halls at the beginning of the day and then 400/500 after, but the schedule is fluid;</p> <p>-He/she documents RA sessions in the restorative log and in the EMR;</p> <p>-He/she documents resident refusals in the restorative log as an R and ill residents as S;</p> <p>-He/she puts an X on the restorative log when she is pulled from restorative therapy to work the floor.</p> <p>7. During an interview on 04/05/24, at 2:26 P.M., Licensed Practical Nurse (LPN) F said the following:</p> <p>-Residents usually receive restorative therapy following skilled therapy services;</p> <p>-The physician can order restorative therapy, but skilled therapy completes the evaluation;</p> <p>-Restorative aides are pulled to work the floor when staff members call in for their shift;</p> <p>-He/she does not know how often this happens, but it seems to occur in spurts.</p> <p>8. During an interview on 04/05/24, at 2:43 P.M., LPN D said the RA is pulled from restorative therapy to work the floor when staff members call in for their shift and doesn't always get restorative therapy completed.</p> <p>9. During an interview on 04/05/24, at 4:36 P.M., the Assistant Director of Nursing (ADON), Director of Nursing (DON) and the Administrator said the following:</p> <p>-When a resident completed a skilled therapy treatment plan, therapy orders restorative therapy, completes an evaluation and sends the information to RA E;</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 - Some</p>	<p>-RA E documents restorative therapy sessions in the restorative logbook and in the EMR. RA C documents in the EMR;</p> <p>-RA E gets pulled to the floor;</p> <p>-RA C picks up some slack with restorative therapy, but he/she works four days per week and provides transportation for the residents;</p> <p>-If RA E is pulled to the floor and RA C is providing transportation, restorative therapy is not completed.</p> <p>MO00234013</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45190</p> <p>Based on observation, interview, and record review, the facility failed to ensure food was served at a temperatures that were palatable and appetizing for five residents (Resident #1, #2, #3, #4, and #5) who often ate in their rooms. The facility census was 83.</p> <p>Review of the facility policy titled, Food Temperatures, dated April 2011, showed the following:</p> <ul style="list-style-type: none"> -Hot food should be at least 120 degrees Fahrenheit (F) when served to residents; -A test meal should be sent with the hall trays when there are food temperature complaints until the temperatures are at the appropriate levels; -Plate lowerators are functioning and turned on prior to the meal service according to manufacturer's direction; -Lowerators are not over-filled so that all items are being heated; -Food is not placed in the steam table more than 30 minutes before meal service; -Food is not held in warm ovens more than 30 minutes before meal service It is recommended that food not be hold on the steam table for longer than two hours. <p>1. Observation on 04/04/24, at 12:12 P.M., showed the following:</p> <ul style="list-style-type: none"> -A test tray was requested and received from the insulated food cart on 500 hall at the end of the meal service; -The meal included country fried steak, cream gravy, mashed potatoes, breaded okra, and cherry pie; -Temperatures were taken of the items served hot; -The country fried steak measured 111 degrees F, the mashed potatoes measured 114 degrees F, and the breaded okra measured 95 degrees F. <p>2. Review of Resident #1's quarterly Minimum Data Set (MDS - a federally mandated assessment tool completed by staff), dated 12/28/23, showed the following:</p> <ul style="list-style-type: none"> -admitted [DATE]; -Moderate cognitive impairment; -Regular diet; -Setup assistance with eating. <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 04/04/24, at 10:18 A.M., the resident said the following:</p> <ul style="list-style-type: none"> -Staff often serve lukewarm food; -Staff will reheat food if requested. <p>3. Review of the Resident #2's quarterly MDS, dated [DATE], showed the following:</p> <ul style="list-style-type: none"> -admitted [DATE]; -Cognitively intact; -Regular diet; -Setup assistance with eating. <p>During an interview on 04/04/24, at 10:35 A.M., the resident said the following:</p> <ul style="list-style-type: none"> -He/she eats meals in his/her room; -The meals are usually not warm by the time staff bring the meal to his/her room; -Staff will reheat the food upon request. <p>4. Review of Resident #3's quarterly MDS, dated [DATE], showed the following:</p> <ul style="list-style-type: none"> -admitted [DATE]; -Mechanically altered diet; -Setup assistance with eating. <p>During an interview on 04/04/24, at 12:47 P.M., the resident said the following:</p> <ul style="list-style-type: none"> -He/she eats most meals in his/her room; -Most of the time, staff serve the food at temperatures not warm enough, including today; -The resident described the food temperature as not cold, but uncomfortable; -He/she has never asked staff to reheat the meal. <p>5. Review of the Resident #4's quarterly MDS, dated [DATE], showed the following:</p> <ul style="list-style-type: none"> -admitted [DATE]; -Severely cognitively impaired; <p>(continued on next page)</p>

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Mechanically altered and therapeutic diet;</p> <p>-Setup assistance with eating.</p> <p>During an interview on 04/05/24, at 11:23 A.M., the resident said the following:</p> <p>-He/she eats meals in the dining room;</p> <p>-Meals are not always warm enough, but staff will reheat or get a new plate for the resident.</p> <p>6. Review of Resident #5's quarterly MDS, dated [DATE], showed the following:</p> <p>-admitted [DATE];</p> <p>-Cognitively intact;</p> <p>-Regular diet;</p> <p>-Setup assistance with eating.</p> <p>During an interview on 04/05/24, at 11:35 A.M., the resident said the following:</p> <p>-The resident eats meals in his/her room;</p> <p>-Staff often serve lukewarm meals;</p> <p>-Staff served the resident a cold hamburger recently;</p> <p>-Staff will reheat meals when resident requests;</p> <p>-The food temperatures have been an ongoing issue.</p> <p>7. During an interview on 04/04/24, at 2:35 P.M., Certified Nurse Assistant (CNA) A said the following:</p> <p>-Residents complain quite often that food is served too cold;</p> <p>-He/she offers to reheat the meals using the microwave in the therapy room.</p> <p>8. During an interview on 04/04/24, at 3:22 P.M., CNA B said the following:</p> <p>-He/she passes hall meals in the evenings and residents often complain about the temperatures not being hot enough;</p> <p>-He/she offers to reheat the meal in the microwave in the therapy room if a resident complains.</p> <p>9. During an interview on 04/05/24, at 1:32 P.M., the Dietary [NAME] G said the following:</p> <p>(continued on next page)</p>

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Staff obtain temperatures of food on the steam table during before every meal service and document on the log;</p> <p>-Meat temperatures should be 175 degrees F and vegetable temperatures should be 190 degrees F on the steam table;</p> <p>-Food temperatures should be holding at 145 degrees F when served to residents;</p> <p>-Staff serve meals to the residents in the dining room first;</p> <p>-Staff pass 400/500 hall trays last;</p> <p>-The food is hot when it leaves the kitchen, but aides do not get the meals passed quickly enough;</p> <p>-He/she is aware there have been complaints regarding food temperatures;</p> <p>-If food temperatures are not acceptable for a resident, staff will replace with a new plate, offer an alternative, or reheat the meal in the therapy room microwave.</p> <p>10. During an interview on 04/05/24, at 1:41 P.M., the Dietary Manager said the following:</p> <p>-Staff obtain temperatures of foods on the steam table right before serve out of meals;</p> <p>-Acceptable food temperatures on the steam table should be between 135 to 160 degrees F, and serve out to tables should be 135 degrees F;</p> <p>-The temperatures are documented for each meal in a log;</p> <p>-Meals for the 500 hall are loaded onto an insulated food cart and are the last to be delivered during meal service;</p> <p>-The test tray temperatures taken on 04/04/24 were not acceptable;</p> <p>-If food temperatures are not acceptable for a resident, staff will replace with a new plate, offer an alternative, or reheat the meal in the therapy room microwave.</p> <p>11. During an interview on 04/05/24, at 2:43 P.M., License Practical nurse (LPN) D said the following:</p> <p>-Residents often complain about the temperature of food trays on all of the halls;</p> <p>-Meals are served to 500 hall from an insulated food cart;</p> <p>-Staff will reheat meals in the therapy room microwave for residents.</p> <p>12. During an interview on 04/05/24, at 4:36 P.M., the Assistant Director of Nursing (ADON), Director of Nursing (DON), and the Administrator said the following:</p> <p>(continued on next page)</p>		

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