

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 10/24/2024
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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>34871</p> <p>Based on record review and interview, the facility failed to provide a Skilled Nursing Facility Advance Beneficiary Notice (SNF ABN - form CMS-10055) or a denial letter at the initiation, reduction, or termination of Medicare Part A benefits for two resident (Resident #39 and #85) who remained in the facility after discharge from Medicare Part A services. The facility census was 93.</p> <p>Review of the Form Instructions Skilled Nursing Facility Advanced Beneficiary Notice of Non-coverage (SNF ABN) Form CMS-10055 (2024), undated, provided as the facility's policy, showed the following:</p> <p>-The SNF ABN provided information to the patient so that she/he can decide whether or not to get the care that may not be paid for by Medicare and assume financial responsibility. SNF's must use the SNF ABN when applicable for SNF prospective payment system services (Medicare Part A);</p> <p>-It is important to note that the SNF ABN, CMS-10055, is only issued if the beneficiary intends to continue services and the SNF believes the services may not be covered under Medicare, SNF's will continue to use the ABN form CMS-R-131 when applicable for Medicare Part B items and services.</p> <p>1. Review of Resident #39's Skilled Nursing Facility Beneficiary Protection Notification Review showed the following:</p> <p>-Medicare Part A skilled services started on 07/25/24;</p> <p>-Last covered day of Medicare Part A services on 08/10/24;</p> <p>-The facility initiated the discharge from Medicare Part A services when benefit days were not exhausted;</p> <p>-The facility did not provide the resident or his/her legal representative the SNF ABN form CMS-10055 or alternative denial letter.</p> <p>During an interview on 10/24/24, at 12:08 P.M., the Business Office Manager (BOM) said the resident used 17 days and had 83 days left of insurance coverage.</p> <p>2. Record review of Resident #85's Skilled Nursing Facility Beneficiary Protection Notification Review showed the following:</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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Medicare Part A skilled services episode start date on 05/29/24;</p> <p>-Last covered day of Part A services as 06/14/24;</p> <p>-The facility initiated the discharge from Medicare Part A services when benefit days were not exhausted;</p> <p>-The facility did not provide the resident or his/her legal representative the SNF ABN form CMS-10055 or alternative denial letter.</p> <p>During an interview on 10/24/24 at 12:08 P.M., the BOM said the resident used 17 days and had 83 days left of insurance coverage.</p> <p>3. During an interview on 10/23/24, at 3:40 P.M. the Social Service Director (SSD) said the following:</p> <p>-She gives notices of medicare non-coverage (NOMNC) forms to residents;</p> <p>-The insurance company sends the NOMNC forms to the facility which she prints off and gives to the resident and/or responsible party;</p> <p>-She explains the last covered day and the payer source will be private pay the next day with additional charges for therapy;</p> <p>-She did not give the ABN forms to the residents;</p> <p>-She did not know to give ABN forms to residents.</p> <p>4. During an interview on 10/24/24, at 12:08 P.M., the BOM said the following:</p> <p>-She explains to residents upon admission of what insurance pays for;</p> <p>-Residents have a right to appeal discharge from therapy;</p> <p>-The insurance company sends NOMNC forms to the corporate staff who send to the facility;</p> <p>-The SSD gives the NOMNC to the residents and/or responsible party;</p> <p>-She did not know staff did not give the ABN forms to the resident and/or responsible party;</p> <p>-The ABN form informs residents and/or responsible parties of insurance not covering the therapy and the right to appeal;</p> <p>-Both of the residents are on managed care and she did not know if the ABN should be given.</p> <p>5. During an interview on 10/24/24, at 1:34 P.M., the Administrator said the following:</p> <p>-The corporate office sends the facility with the NOMNC forms;</p> <p>(continued on next page)</p>		

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<p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-The SSD gives the NOMNC forms to the resident and/or responsible party;</p> <p>-The facility did not issue ABN notices to the residents who were discharged from therapy and had remaining days.</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>37358</p> <p>Based on interview and record review, the facility failed to ensure the staff member employed as the Dietary Manager had the required certifications, education, or experience to meet the regulatory requirements. The facility census was 93.</p> <p>Review of the facility policy titled, Dietary Manager, dated 01/01/98, showed the following:</p> <ul style="list-style-type: none"> -Minimum qualifications of high school diploma or GED equivalent; -Two years of experience in a supervisory capacity in related field; -Certified Dietary Manager. <p>1. During an interview on 10/21/24, at 10:05 A.M., the Dietary Manager said the following:</p> <ul style="list-style-type: none"> -He/she had only been the manager for two years and had been a CNA/CMT previously; -He/she was not certified; -He/she was given a voucher to take a test, but that was four or so, administrators ago. He/she was not sure what happened to it; <p>The administrator was supposed to let him/her know when he/she would get certified, but he/she had not heard anything.</p> <p>Review of facility records showed the facility did not provide documentation the Dietary Manager being certified as a dietary manager, food service manager, or any similar certification, or other education or experience that met the regulatory requirements.</p> <p>During an interview on 10/24/24, at 11:35 A.M., the Administrator said the following:</p> <ul style="list-style-type: none"> -He/she was unsure why the Dietary Manager didn't get certified except the Dietary Manager told him that several administrators before him/her had arranged for them to take a test, but they did not have the chance; -The Dietary Manager did get ready to test, that was arranged by a prior administrator, but ended up not going; -He/she was not sure as to why the Dietary Manager did not take the test; -He/she has spoken with the regional manager and they are going to set up the test to get it taken care of.

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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>37358</p> <p>Based on observation, interview, and record review, the facility failed keep food safe from potential contamination or bacterial growth at all times when staff failed to air dry dishes before storage. The facility census was 93.</p> <p>1. Record review of the 1999 Food Code, issued by the Food and Drug Administration, showed the following information:</p> <p>-After cleaning and sanitizing, equipment and utensils shall be air-dried or used after adequate draining before contact with food.</p> <p>-Items must be allowed to drain and to air-dry before being stacked or stored. Stacking wet items such as pans prevents them from drying and may allow an environment where microorganisms can begin to grow.</p> <p>Record review of the facility's policy, Nutrition and Dining Services Manual, Section 8, dated April 2011, showed the following:</p> <p>-Items are to be air dried;</p> <p>-No moisture can be found on any stacked item.</p> <p>Observations on 10/21/24, at 10:05 A.M., showed the following:</p> <p>-Forty-seven tall, plastic drinking glasses, upside down, flat on a tray, still wet on the inside. The storage of the glasses prevent air movement that would allow the glasses to dry;</p> <p>-Forty plastic coffee cups, upside down, flat on a tray, still wet on the inside. The storage of the glasses prevent air movement that would allow the cups to dry.</p> <p>Observation on 10/23/24, at 11:30 A.M., showed the following:</p> <p>-Seventy-one glass plates, stacked on top on each other, trapping water between them;</p> <p>-Five plastic, adaptive plates, stacked on top on each other, trapping water between them;</p> <p>-Four metal bins for the steam table, upside down, stacked, still wet, trapping water between them.</p> <p>Observation on 10/24/24, at 9:25 A.M., showed thirty-two plastic plate covers, wet and stacked, with water still dripping from in-between.</p> <p>During an interview on 10/24/24, at 9:40 A.M., [NAME] D said he/she was not aware that dishes could not be stacked while still wet.</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 10/24/24, at 9:50 A.M., Dietary Aide B said he/she was not aware that the dishes were being stacked up before being completely dry.</p> <p>During an interview on 10/24/24, at 10:05 A.M., [NAME] C, said he/she was aware that dishes cannot be stacked, while still wet, but was not aware that this was happening;</p> <p>During an interview on 10/24/24, at 10:15 A.M., Dietary Aide E said he/she knew to never stack dishes while still wet and would have said something if realized this was happening.</p> <p>During an interview on 10/24/24, at 10:30 A.M., the Dietary Manager said the following:</p> <p>-He/she said they had not been aware that the dishes were being stacked wet;</p> <p>-He/she is going to order some dry racks to help with this issue.</p> <p>During an interview on 10/24/24, at 2:45 P.M., the Administrator, said he/she would expect staff to follow policy and allow dishes time to air dry before putting them away.</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>51208</p> <p>Based on interview and record review, the facility failed to maintain an effective infection prevention and control program when staff failed to read administered tuberculosis (TB - a disease caused by germs that are spread from person to person through the air) skin tests in a timely fashion, per standards of practice, for three employees (Dietary Aide (DA) A, Licensed Practical Nurse (LPN) B, and Certified Nurse Aide (CNA) C. Facility had a census of 93.</p> <p>Review of the facility policy titled, Tuberculosis Control, not dated, showed the following:</p> <ul style="list-style-type: none"> -Provide a tuberculin skin test to all employees during pre-employment procedures unless a previous reaction greater than 10 millimeters is documented; -An initial two step tuberculin skin test will be given; -If the result of first tuberculin skin test is negative (a negative tuberculin skin test is any measurement between zero to nine millimeters), give the second tuberculin skin test ten days later; -The tuberculin skin test is to be read 48 to 72 hours after administered. <p>Review of 19 CSR 20-20.100 Tuberculosis Testing for Residents and Workers in Long-Term Care Facilities and State Correctional Centers showed the following:</p> <ul style="list-style-type: none"> -All new long-term care facility employees and volunteers who work ten or more hours per week are required to obtain a Mantoux PPD (a skin test to test for TB) two-step tuberculin test within one month prior to starting employment in the facility. -If the initial test is zero to nine millimeters (mm), the second test should be given as soon as possible within three weeks after employment begins, unless documentation is provided indicating a Mantoux PPD test in the past and at least one subsequent annual test within the past two years. -It is the responsibility of each facility to maintain a documentation of each employee ' s and volunteer ' s tuberculin status. -All skin test results are to be documented in mm of induration. <p>1. Review of DA A's Staff Immunization Records showed the following:</p> <ul style="list-style-type: none"> -Hire date of 05/06/24; -Second-step of the two-step TB test administered on 05/21/24. Staff read the test as negative on 05/22/24 (one day after administered). <p>2. Review of LPN B's Staff Immunization Records showed the following:</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 - Some</p>	<p>-Hire date of 08/13/24;</p> <p>-Second-step of the two-step TB test administered on 08/27/24. Staff read the test as negative on 08/31/24 (4 days after administered).</p> <p>3. Review of CNA C's Staff Immunization Records showed the following:</p> <p>-Hire date of 09/09/24;</p> <p>-First step of the two-step first TB test administered on 09/09/24. Staff read the test as negative 09/13/24 (4 days after administered).</p> <p>4. During an interview on 10/23/24, at 3:19 P.M., the Assistant Director of Nursing (ADON) said the following:</p> <p>-TB skin tests should be read within 2 to 3 days and not sooner than 2 days;</p> <p>-TB skin tests should be repeated if read more than 3 days;</p> <p>-He/she expected staff to read and notify Human Resources (HR) when first test has been completed and set up for next screening.</p> <p>5. During an interview on 10/24/24, at 1:32 P.M., the Human Resources (HR) Manager said the following:</p> <p>-He/she tracked employee TB skin test completion and scheduled them for any additional testing needed;</p> <p>-The TB skin test placed at orientation and read two days later by orientation staff or by facility staff;</p> <p>-Nursing reads the test and documents the results. He/she gives the form to set two week return for second TB skin test placed and read;</p> <p>-HR does not read TB skin test. He/she only sets up employees for completion of the testing requirements.</p> <p>6. During an interview on 10/24/24, at 1:45 P.M., the Director of Nursing (DON) said the following:</p> <p>-The facility nurses place and read TB tests;</p> <p>-New employees have a TB skin test placed at orientation and are expected to return to the facility for reading in 48 hours;</p> <p>-If unable to return in 48 hours, they would have the employee take picture and send to her or have employee repeat test if could not return within 72 hours;</p> <p>-Employee should return in 2 weeks for another TB test;</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 - Some</p>	<p>-The HR office monitors timeframes and reports to nursing staff if not TB test screening is not completed correctly.</p> <p>7. During an interview on 10/24/24, at 2:25 P.M., the Administrator said the following:</p> <ul style="list-style-type: none"> -He expected staff to read TB skin test results within appropriate times; -HR is responsible to schedule new employee TB test; -Staff go through the DON to get tests done; -Staff have first TB test read before working floor. <p>33187</p>

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</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>37358</p> <p>Based on observation, interview, and record review, the facility failed maintain a clean and comfortable environment when the facility staff failed to maintain all light fixtures, walls, floors, sinks, and ceilings in in the dining and kitchen areas clean and free of debris. The facility census was 93.</p> <p>Record review of the facility policy, Nutrition and Dining Services Manual, Section 10, dated April 2011, showed the following:</p> <ul style="list-style-type: none"> -Specify days the cleaning schedule will be done; -Specify who is responsible to do the cleaning by shift and position; -Post the schedule prior to the beginning of each week; -The employee will initial in the column under the day the task is completed. <p>1. Observation on 10/21/24, at 10:00 A.M., of the main dining room showed the a light fixture above the serving counter covered in cobwebs.</p> <p>Observation on 10/21/24, at 10:05 A.M., of the kitchen showed the following:</p> <ul style="list-style-type: none"> -The handwashing station not clean. Splash-marks remained from soap that looked like dried bubbles on the wall behind the sink. Debris, including hair and dirt, was located in and around the sink. -The floor was sticky; -The floor near the stove and food prep area was greasy. -The floor behind the ice machine was dirty with a bright red substance. -The area above the walk-in refrigerator and freezer, had metal strips going to the ceiling and filters that were covered with cobwebs and a lint/grease mixture that moved with the airflow. <p>Observation on 10/23/24, at 11:30 A.M., of the kitchen showed the following:</p> <ul style="list-style-type: none"> -The handwashing station was not clean with dirt and grease marks present; -The floor behind the ice machine had a bright red substance present; -The area above the walk-in refrigerator and freezer, had metal strips going to the ceiling and filters that were covered with cobwebs and a lint/grease mixture that moved with the airflow. <p>Observation on 10/24/24, at 9:25 A.M., of the kitchen showed the following:</p> <p>(continued on next page)</p>

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-The handwashing station was not clean with dirt and grease marks present;</p> <p>-The floor behind the ice machine had a bright red substance present;</p> <p>-The area above the walk-in refrigerator and freezer, had metal strips going to the ceiling and filters that were covered with cobwebs and a lint/grease mixture that moved with the airflow.</p> <p>During an interview on 10/24/24, at 9:40 A.M., [NAME] D said the following:</p> <p>-All staff take turns cleaning different areas of the kitchen;</p> <p>-Staff does follow a cleaning schedule;</p> <p>-It has been a while since he/she had seen anyone clean above the walk-in units. He/she had noticed that it is not very clean up there.</p> <p>During an interview on 10/24/24, at 9:40 A.M., Dietary Aide B said the following:</p> <p>-Everyone has their own areas where they are supposed to be cleaning;</p> <p>-The Dietary Manager makes a cleaning schedule and they follow it each week;</p> <p>-Night shift is who cleans the baseboards and floors;</p> <p>-Maintenance should be cleaning above the walk-ins;</p> <p>-He/she will clean his/her own station and then everyone pitches in, where needed.</p> <p>During an interview on 10/24/24, at 9:40 A.M., [NAME] C said the following:</p> <p>-He/she will clean his/her own station where he/she is working from;</p> <p>-This is done everyday;</p> <p>-Sometimes the kitchen staff will meet in the evenings or at a different times and work together to deep clean.</p> <p>During an interview on 10/24/24, at 9:40 A.M., Dietary Aide E said the following:</p> <p>-There is a cleaning schedule that they all follow when working the kitchen;</p> <p>-Sometimes staff will stay in their own areas to clean or sometimes do whatever is needed;</p> <p>-He/she knows the kitchen is not as clean as it should be.</p> <p>During an interview on 10/24/24, at 9:40 A.M., the Dietary Manager said the following:</p> <p>-He/she would expect staff to be washing the base boards and sweeping and mopping the floor;</p> <p>(continued on next page)</p>

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-There should not be debris or dirt in or around the hand washing station. It should be sanitized;</p> <p>-He/she was unaware of the floor behind the ice machine not being cleaned.</p> <p>During an interview on 10/24/24, at 3:50 P.M., the Administrator said the areas in the kitchen should be clean and maintained that way.</p>		