

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265416	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Clark's Mountain Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2100 Barnes Piedmont, MO 63957	

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 0728</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that nurse aides who have worked more than 4 months, are trained and competent; and nurse aides who have worked less than 4 months are enrolled in appropriate training.</p> <p>49999</p> <p>Based on interview and record review, the facility failed to ensure three nurse aides (NAs) (NA F, NA G, and NA H) out of six sampled NAs completed a nurse aide training program within four months of his/her employment in the facility. This deficient practice had the potential to affect all residents in the facility. The facility's census was 62.</p> <p>Review of facility's policy titled, Required Training, Certification and Continuing Education of Nurse Aides, undated, showed:</p> <ul style="list-style-type: none"> - NAs may be employed as full-time and permanent, but must provide documentation of certification within 4 months of their hire date; - NAs who do not completed the required training and competency evaluation program and successfully pass the certification exams within the 4 month period will not be allowed to perform the duties of a nurse aide until certification is presented and verified with the state nurse aide registry. <p>1. Review of NA F's Training Record showed:</p> <ul style="list-style-type: none"> - Hire date of 07/01/24; - NA F had been attending the nurse aide program; - The facility failed to ensure the completion of the program and certification within four months of the hire date. <p>2. Review of NA G's Training Record showed:</p> <ul style="list-style-type: none"> - Hire date of 08/07/24; - NA G had completed the nurse aide program, but had not taken the test; - The facility failed to ensure the completion of the program and certification within four months of the hire date. <p>3. Review of NA H's Training Record 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 0728</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - Hire date of 09/20/24; - NA G had been attending the nurse aide program; - The facility failed to ensure the completion of the program and certification within four months of the hire date. <p>During an interview on 01/31/25 at 4:25 P.M., the Administrator and Assistant Director of Nursing (ADON) said they make sure nurse aides have completed their training within four months of hire.</p> <p>During an interview on 01/31/25 at 4:25 P.M., the ADON said nurse aides are fired and rehired if they are not certified within four months.</p>

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<p>F 0847</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47678</p> <p>Based on interview and record review, the facility failed to ensure the arbitration agreement was explained in a form and manner which correctly describes the arbitration process for four residents (Resident #3, #46, #58 and #112) out of four sampled residents and had the potential to affect the other 51 residents who had signed an arbitration agreement. The facility's census was 62.</p> <p>Review of the facility's policy titled, Binding Arbitration Agreements, undated, showed:</p> <ul style="list-style-type: none"> - Facility asks all residents to enter into an agreement for binding arbitration; - Do not require binding arbitration as a condition of admission to, or as a requirement to continue to receive care; - When explaining the arbitration agreement, the facility shall: <ul style="list-style-type: none"> - Explicitly inform the resident or his or her representative of his or her right not to sign the agreement as a condition of admission; - Explain to the resident or his or her representative in a form and manner that he or she understands; - Ensure the resident or his or her representative acknowledges that he or she understands the agreement. <p>1. Review of Resident #3's Face Sheet showed:</p> <ul style="list-style-type: none"> - The resident admitted to the facility on [DATE]; - The resident was his/her own responsible party for finances. <p>Review of the resident's admission Minimum Data Set (MDS - a federally mandated assessment instrument completed by facility staff), dated 10/02/22, showed the resident had moderately impaired cognition.</p> <p>Review of the resident's arbitration agreement showed it was signed by the resident on 09/26/22 and witnessed by a Social Service Designee (SSD).</p> <p>During an interview on 01/31/25 at 10:15 A.M., the resident said he/she was very sick when he/she was admitted to the facility and does not know what all he/she signed and could not define an arbitration agreement.</p> <p>2. Review of Resident #46's Face Sheet showed:</p> <ul style="list-style-type: none"> - The resident admitted to the facility on [DATE]; <p>(continued on next page)</p>		

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<p>F 0847</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- The resident was his/her own responsible party for finances.</p> <p>Review of the resident's admission MDS, dated [DATE], showed the resident was cognitively intact.</p> <p>Review of the resident's arbitration agreement showed it was signed by the resident's Power of Attorney (POA) for Healthcare on 12/05/24 and witnessed by the SSD.</p> <p>During an interview on 01/31/25 at 10:25 A.M., the resident said he/she was not aware of what an arbitration agreement was and is his/her own responsible party for finances.</p> <p>3. Review of Resident #58's Face Sheet showed:</p> <p>- The resident admitted to the facility on [DATE];</p> <p>- The resident was his/her own responsible party for finances.</p> <p>Review of the resident's admission MDS, dated [DATE], showed the resident had moderately impaired cognition.</p> <p>Review of the resident's arbitration agreement showed it was signed by the resident on 12/11/24 and witnessed by a SSD.</p> <p>During an interview on 01/30/25 at 2:00 P.M. the resident said he/she was not feeling well when he/she was admitted to the facility, and everything was cloudy. The resident said he/she does not remember signing anything and could not define an arbitration agreement.</p> <p>4. Review of Resident #112's Face Sheet showed:</p> <p>- The resident admitted to the facility on [DATE];</p> <p>- The resident was his/her own responsible party for finances.</p> <p>Review of the resident's admission MDS, dated [DATE], showed the resident was moderately impaired.</p> <p>Review of the resident's arbitration agreement showed it was signed by the resident's next of kin on 01/13/25 and witnessed by the SSD.</p> <p>During an interview on 01/31/25 at 2:01 P.M. the resident and the next of kin said the arbitration agreement was not explained to them and was unaware of having 30 days to rescind the agreement.</p> <p>During an interview on 01/29/25 at 2:48 P.M. the SSD said:</p> <p>- The arbitration agreement is given to the resident or the resident's representative during admission;</p> <p>- He/she was unaware of a set amount of time the resident has to rescind the agreement until he/she read it on the policy;</p> <p>(continued on next page)</p>		

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<p>F 0847</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- The form is given to the person and he/she kind of reviews it with them, it has to do with a Missouri law and has to do with insurance agreements, stuff like that.</p> <p>During an interview on 01/31/25 at 2:49 P.M., the Administrator said the SSD is responsible for going over the arbitration agreement with the resident during admission.</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>49879</p> <p>Based on observation, interview, and record review, the facility failed to follow infection prevention precautions for four residents (Resident #34, #38, #58 and #212) out of eight sampled residents by not performing proper hand hygiene and glove changing techniques during wound and incontinent care and failed to provide infection prevention precautions by not following enhanced barrier precautions (EBP) for one resident (Resident #40) out of two sampled residents. The facility's census was 62.</p> <p>Review of the facility's policy titled, Hand Hygiene, dated May 2024, showed:</p> <ul style="list-style-type: none"> - All staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors. This applies to all staff working in all locations within the facility; - Hand Hygiene is a general term for cleaning your hands by handwashing with soap and water or the use of an antiseptic hand rub, also known as alcohol-based hand rub (ABHR); - The use of gloves does not replace hand hygiene. If your task requires gloves, perform hand hygiene prior to donning gloves and immediately after removing gloves. <p>Review of the facility policy's titled, Enhanced Barrier Precautions, undated, showed:</p> <ul style="list-style-type: none"> - It is the policy of the facility to implement enhanced barrier precautions for the prevention of, and transmission of multidrug resistant organisms; - All staff receive training on enhanced barrier precautions upon hire and at least annually and are expected to comply with all designated precautions; - All staff receive training on high-risk activities and common organisms that require enhanced barrier precautions; - An order for enhanced barrier precautions will be obtained for residents with wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized; - High-contact resident care activities are dressing, bathing, transferring, providing hygiene, changing linens, changing briefs, or assisting with toileting, device care, and wound care. <p>1. Observation of incontinent care provided for Resident #58 on 01/31/25 at 11:15 A.M. showed:</p> <ul style="list-style-type: none"> - Nurse Aide (NA) A and NA E, without performing hand hygiene, donned gloves; - NA E opened brief and wiped the left side peri-area front to back with clean wet cloth; - NA E folded soiled cloth and wiped right side of peri-area front to back; - NA E placed soiled cloth in bag; <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>	<ul style="list-style-type: none"> - Certified Nurse Aide (CNA) I and NA J did not perform hand hygiene, donned gloves, and entered the resident's room; - NA J raised the resident's bed; - CNA I wet wash cloths in the sink and applied peri-care wash to them; - CNA I and NA J removed the resident's wet pants and brief; - CNA I performed hand hygiene and donned new gloves; - NA J, wearing the same soiled gloves, held onto the resident while CNA I wiped the resident's buttocks four times. CNA I did not clean the peri area, and placed a new brief under the resident. NA J touched his/her glasses and hair with soiled gloves; - CNA I removed gloves, performed hand hygiene and donned clean gloves; - NA J put soiled linen in soiled linen bag; - NA J, wearing the same soiled gloves, and CNA I pulled up and fastened the clean brief; - NA J removed soiled gloves, did not perform hand hygiene, got clean pants out of closet, and donned clean gloves without performing hand hygiene; - NA J and CNA I put clean pants on the resident; - NA J retrieved the mechanical lift sling out of the resident's wheelchair; -NA J and CNA I both put the lift sling under the resident; -NA J removed gloves and did not perform hand hygiene; -NA J brought the mechanical lift to the resident's bedside; -CNA I removed gloves, performed hand hygiene and donned clean gloves; -CNA I and NA J transferred the resident into the wheelchair via mechanical lift; -CNA I combed the resident's hair and covered the resident with a blanket; -CNA I removed gloves and performed hand hygiene; -NA J removed gloves and did not perform hand hygiene. <p>During an interview on 01/31/25 at 12:15 P.M., NA J said hand hygiene should be performed after performing peri-care on the resident and after taking gloves off. Hands should be sanitized before entering and leaving residents' rooms. NA J said he/she forgot to do these things today.</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>3. Observation of incontinent care provided for Resident #34 on 01/31/25 at 11:45 A.M. showed;</p> <ul style="list-style-type: none"> - NA J entered resident's room and did not perform hand hygiene; - NA J wet wash cloths in the sink and applied peri-care wash to them; - NA J removed the resident's soiled brief and cleaned the resident's peri area; - NA J cleaned fecal material from the resident's buttocks, and wearing the same soiled gloves, got a clean wet wash cloth, and cleaned the resident's buttocks; - NA J, wearing the same soiled gloves, got a clean brief, got a marker out of his/her pocket, labeled the brief with the date, time, and initials, adjusted his/her glasses and touched the resident's shirt; - NA J removed gloves and did not perform hand hygiene; - NA J put the resident's pants on, combed the resident's hair and wheeled the resident to the dining room for lunch. <p>4. Observation of wound care provided for Resident #212 on 01/31/25 at 1:45 P.M. showed:</p> <ul style="list-style-type: none"> - Licensed Practical Nurse (LPN) C performed hand hygiene and donned gown, gloves, N95 mask and goggles before entering the resident's room; - LPN C cut old dressing from around the resident's left leg with scissors; - LPN C placed scissors on bedside table; - LPN C removed the soiled dressing and placed in trash; - LPN C, without performing hand hygiene and changing gloves, picked up the cup of 4x4's dampened with wound cleanser; - LPN C, without performing hand hygiene and changing gloves, pulled a 4x4 out of the cup and wiped the wound bed; - LPN C, without performing hand hygiene and changing gloves, pulled a second 4x4 out of the cup and wiped the wound bed and around the wound; - LPN C removed gloves, washed hands, and donned a clean pair of gloves; - LPN C placed dressing over wound bed and surrounding area, covered with ABD pad (absorbent dressing) and wrapped with kerlix (rolled gauze); - LPN C, without cleaning scissors, cut the clean kerlix and secured with tape; - LPN C wrapped the resident's lower leg from foot to knee with ace bandage; <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>- LPN C removed gloves and gown, washed hands, and left the resident's room.</p> <p>During an interview on 1/31/25 at 2:04 P.M., LPN C and Assistant Director of Nursing (ADON) said gloves should be changed and hand hygiene performed when going from dirty to clean.</p> <p>5. Review of Resident #40's medical record showed:</p> <p>- An order for Enhanced Barrier Precautions (EBP), dated 11/25/24.</p> <p>Observation on 01/31/25 at 11:54 A.M. of the resident's mechanical lift transfer, showed:</p> <p>- Personal Protection Equipment (PPE) and signage for EBP on the resident's door;</p> <p>- NA A and NA B entered the room, did not put on gloves or a gown;</p> <p>- NA A moved the mechanical lift over the resident, attached the sling straps to the lift on the resident's right side while touching the right side of the bed with his/her clothes;</p> <p>- NA B attached the sling straps to the left side of the mechanical lift, touching the bed with his/her clothes;</p> <p>- NA A and NA B transferred the resident from the bed to the wheelchair using the mechanical lift;</p> <p>- NA B placed a blanket over the legs of the resident in the wheelchair;</p> <p>- NA A brushed the resident's hair;</p> <p>- NA A and NA B performed hand hygiene and left the room.</p> <p>During an interview on 01/31/25 at 12:01 P.M., NA B said EBP should be done for care of residents with catheters or wounds and should have PPE on the door to the room.</p> <p>During an interview on 01/31/25 at 12:02 P.M., NA A said EBP should be followed for residents with wounds or feeding tubes, would know who requires it because of the PPE hanging on the door, and was unsure if EBP was required for transferring a resident, but could find out from the charge nurse.</p> <p>During an interview on 01/31/25 at 12:03 P.M., Licensed Practical Nurse (LPN) C and the ADON said EBP should be used for transferring a resident in their room.</p> <p>During an interview on 01/31/24 at 5:55 P.M., the Director of Nursing (DON), ADON and Administrator said that they would expect staff to perform hand hygiene and change gloves between dirty and clean care. They would expect staff to wash hands after performing peri-care and to perform hand hygiene between residents, as well as wash the entire peri-area when performing peri-care. They would expect staff to wear a gown and gloves while performing a mechanical lift transfer for residents on EBP.</p> <p>49999</p>		