

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265418	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/21/2024
NAME OF PROVIDER OR SUPPLIER  Dixon Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  403 East 10th Street Dixon, MO 65459	

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 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50422</p> <p>Based on interview and record review, facility staff failed to provide written information to the resident and/or the resident's representative of their bed hold policy at the time of transfer to the hospital for four residents (Residents #4, #6, #16, and #32). The facility's census was 30.</p> <ol style="list-style-type: none"> <li>Review of the facility's Bed Hold Guidelines Policy, undated, showed the facility will notify all residents and/or their representative of the bed hold guidelines. This notification shall be given on admission to the facility, at the time of transfer to the hospital and at the time of non-covered therapeutic leave.</li> <li>Review of Resident #4's medical record showed the resident discharged from the facility on 10/06/24 and readmitted to the facility on [DATE]. The record did not contain documentation staff notified the resident or the resident's responsible party of the facility's bed-hold policy.</li> <li>Review of Resident #6's medical record showed the resident discharged from the facility on 11/05/24 and readmitted to the facility on [DATE]. The record did not contain documentation staff notified the resident or the resident's responsible party of the facility's bed-hold policy.</li> <li>Review of Resident #16's medical record showed the resident discharged from the facility on 09/30/24 and readmitted to the facility on [DATE]. The record did not contain documentation staff notified the resident or the resident's responsible party of the facility's bed-hold policy.</li> <li>Review of Resident #32's medical record showed the resident discharged from the facility on 08/01/24 and readmitted to the facility on [DATE]. The record did not contain documentation staff notified the resident or the resident's responsible party of the facility's bed-hold policy.</li> </ol> <p>During an interview on 11/21/24 at 1:25 P.M., Licensed Practical Nurse (LPN) B said he/she does not know the policy at this facility but is aware it does need to be done when a resident goes out on leave. The LPN said if the nurse is responsible for doing this, he/she was not aware.</p> <p>During an interview on 11/21/24 at 1:31 P.M., Director of Nursing (DON) said when a resident is being sent out the resident should sign or their responsible party. The DON said she was not aware the bed hold policy was not being done. The DON said the charge nurse is responsible for doing this when a resident leaves. The DON said they do use a lot of agency staff, but as far as she knows they have been educated.</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 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 11/21/24 at 2:00 P.M., the Administrator said the nurse who sends the resident out, would be responsible for doing the bed hold process and call the guardian/family. The administrator said she did not know this was not being done, but if there is an emergency the nurse may be focused on that so some could have been missed.</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide activities to meet all resident's needs.</p> <p>39644</p> <p>Based on interview and record review, facility staff failed to provide an ongoing activity program designed to meet the residents' interest, mental, and psychosocial well-being on the weekends for five (Resident #7, #14, #16, #22, and #28) out of 14 sampled residents. The facility census was 30.</p> <p>1. Review of the facility's policy titled, Activity/Recreational Therapy Manual, dated 03/2012, showed the facility provides for an ongoing program of activities designed to meet the interests and the physical, mental, and psychosocial well-being of each resident.</p> <p>2. Review of the facility's Activity Calendar, dated October 2024, showed:</p> <ul style="list-style-type: none"> <li>-Saturday, 10/05/24: 1:30 P.M., Movie;</li> <li>-Sunday, 10/06/24: 11:00 A.M., Church;</li> <li>-Saturday, 10/12/24: 1:30 P.M., Movie;</li> <li>-Sunday, 10/13/24: 11:00 A.M., Church;</li> <li>-Saturday, 10/19/24: 1:30 P.M., Movie;</li> <li>-Sunday, 10/20/24: 11:00 A.M., Church;</li> <li>-Saturday, 10/26/24: 1:30 P.M., Movie;</li> <li>-Sunday, 10/27/24: 11:00 A.M., Church.</li> </ul> <p>Review of the facility's Activity Calendar, dated November 2024, showed:</p> <ul style="list-style-type: none"> <li>-Saturday, 11/02/24: 1:30 P.M., Movie;</li> <li>-Sunday, 11/03/24: 11:00 A.M., Church;</li> <li>-Saturday, 11/09/24: 1:30 P.M., Movie;</li> <li>-Sunday, 11/10/24: 11:00 A.M., Church;</li> <li>-Saturday, 11/16/24: 1:30 P.M., Movie;</li> <li>-Sunday, 11/17/24: 11:00 A.M., Church.</li> </ul> <p>3. During an interview on 11/19/24 at 2:45 P.M., Resident #7 said I don't do activities because I can't see. The resident said he/she is completely blind in one eye and can't see much out of the other eye. The resident said he/she pretty much just lays in bed or sits in his/her chair throughout the day.</p> <p>(continued on next page)</p>

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 11/18/24 at 11:19 A.M., Resident #14 said there are no activities on the weekends. He/She said, there really isn't anything on the weekends to do, I would like if there were activities on the weekends, but there is no activity staff here to do them. He/She said, I feel like I'm in the first grade, the activities are childish. He/She said, I would like more bible studies or just to sit around to talk and reminisce.</p> <p>During an interview on 11/18/24 at 1:32 P.M., Resident #16 said they don't have activities on the weekends because there is no staff here to do activities. He/She said, I wish they had better activities that weren't childish; If they had better activities, I would come out of my room more and go to them.</p> <p>During an interview on 11/20/24 at 9:30 A.M., Resident #22 said there are no activities on the weekends, the activity person is not here to do them. He/She said there is sometimes a movie and popcorn, but usually, we just have to coast through the weekend and wait until Monday. The resident said it would be nice to have something to do on the weekend.</p> <p>During an interview on 11/18/24 at 1:35 P.M., Resident #28 said, there are no activities on the weekends, the calendar says movie, but I always go check and there is no movie. He/She said, I wish there was activities on the weekends because there isn't anything else to do.</p> <p>During an interview on 11/21/24 at 9:13 A.M., Certified Nurses Aide (CNA) A said there is church service on Sundays and on Saturday if there is a CNA available, they can start a movie and make popcorn if they have time. He/She said there is no activities person on the weekends, its just the CNA's working the floor.</p> <p>During an interview on 11/21/24 at 9:10 A.M., Licensed Practical Nurse (LPN) B said there is not any staff lead activities on the weekends. He/She said the CNA's help turn on a movie if they have time.</p> <p>During an interview on 11/21/24 at 9:31 A.M., the Activities Director (AD) said he/she sets out a cart with puzzles and colored pencils with pages to color. He/She said a CNA can turn on a movie if available, but otherwise there are no other activities. He/She said he/she was not aware that there needed to be staff lead activities on the weekends. He/She said there are no specific activities geared towards residents with dementia or visually impaired residents. He/She said he/she tried scheduling one on one visits on Wednesday mornings with dementia residents, but the administrator told him/her that the facility is a community, and everyone is to do all the activities together.</p> <p>During an interview on 11/21/24 at 1:35 P.M., the Director of Nursing (DON) said there are board games, puzzles, pages to colors, and magazines in the main dining room for residents to do on the weekend. He/She said, to be honest, there are no staff lead activities on the weekends. He/She said there are no specialized activities for dementia or visually impaired residents. He/She said he/she was aware that there are supposed to be staff lead activities on the weekends, but no one here to do them.</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 11/21/24 at 1:55 P.M., the administrator said weekend activities are self-directed. He/She said there are movies on Saturdays on occasion and on Sunday a church group comes in. She said there are no staff lead activities on the weekends. She said she was not aware that there needed to be staff lead activities on the weekends. She said she was told one time that the activities were childish and she tells the activities director to do low key/simple activities at times and then more advanced activities at other times. She said that activities director should be doing activities for all residents to do.</p> <p>50422</p>		

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<p>F 0680</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Ensure the activities program is directed by a qualified professional.</p> <p>50422</p> <p>Based on interview and record review, facility staff failed to ensure the activities program was directed by a qualified professional. The facility census was 30.</p> <p>1. Review of facility's policies showed staff did not provide a policy in regard to qualifications for the Activity Director (AD) position.</p> <p>During an interview on 11/21/24 at 11:05 A.M., the AD said he/she does not have an activities director certification. He/She said he/she was told by the Administrator he/she needed to work at facility for one year before getting his/her certification.</p> <p>During an interview on 11/21/24 at 1:35 P.M., the Director of Nursing (DON) said he/she was not aware the current AD was not certified. He/She said he/she was aware there were trainings to get certified for activities director, but he/she was not involved in the hiring process.</p> <p>During an interview on 11/21/24 at 1:58 P.M., the administrator said he/she was told by his/her Director of Operations they needed to work in facility for one year before getting Activities Director Certification.</p>

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>47193</p> <p>Based on interview and record review, facility staff failed to provide the services of a Registered Nurse (RN), for at least eight consecutive hours per day, seven days a week. The facility census was 30.</p> <p>1. Review of the facility's policies showed the facility did not provide a policy for RN coverage.</p> <p>2. Review of the facility's RN staff schedule, dated May 2024, showed the facility did not have an RN, eight consecutive hours a day, in the building for the dates of:</p> <p>-Saturday 05/04/24; -Sunday 05/05/24; -Sunday 05/12/24; -Saturday 05/18/24; -Sunday 05/19/24; -Saturday 05/25/24; -Sunday 05/26/24.</p> <p>3. Review of the facility's RN staff schedule, dated June 2024, showed the facility did not have an RN, eight consecutive hours a day, in the building for the dates of:</p> <p>-Saturday 06/01/24; -Sunday 06/02/24; -Saturday 06/08/24; -Sunday 06/09/24 -Saturday 06/15/24; -Sunday 06/16/24; -Saturday 06/22/24; -Sunday 06/23/24; -Saturday 06/29/24;</p> <p>(continued on next page)</p>

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Sunday 06/30/24.</p> <p>4. Review of the facility's RN staff schedule, dated July 2024, showed the facility did not have an RN, eight consecutive hours a day, in the building for the dates of:</p> <p>-Saturday 07/06/24;</p> <p>-Saturday 07/13/24</p> <p>-Sunday 07/14/24;</p> <p>-Saturday 07/20/24;</p> <p>-Sunday 07/21/24;</p> <p>-Saturday 07/27/24;</p> <p>-Sunday 07/28/24.</p> <p>5. Review of the facility's RN staff schedule, dated August 2024, showed the facility did not have an RN, eight consecutive hours a day, in the building for the dates of:</p> <p>-Sunday 08/04/24;</p> <p>-Saturday 08/10/24;</p> <p>-Saturday 08/17/24;</p> <p>-Saturday 08/24/25;</p> <p>-Saturday 08/25/24;</p> <p>-Saturday 08/31/24.</p> <p>6. Review of the facility's RN staff schedule, dated September 2024, showed the facility did not have an RN, eight consecutive hours a day, in the building for the dates of:</p> <p>-Sunday 09/01/24;</p> <p>-Sunday 09/08/24;</p> <p>-Sunday 09/22/24;</p> <p>-Saturday 09/28/24;</p> <p>-Sunday 09/29/24.</p> <p>(continued on next page)</p>		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>7. Review of the facility's RN staff schedule, dated October 2024, showed the facility did not have an RN, eight consecutive hours a day, in the building for the dates of:</p> <ul style="list-style-type: none"> <li>-Saturday 10/05/24;</li> <li>-Sunday 10/06/24;</li> <li>-Saturday 10/12/24;</li> <li>-Sunday 10/13/24;</li> <li>-Saturday 10/19/24;</li> <li>-Sunday 10/20/24;</li> <li>-Sunday 10/27/24.</li> </ul> <p>8. Review of the facility's RN staff schedule, dated November 2024, showed the facility did not have an RN, eight consecutive hours a day, in the building for the dates of:</p> <ul style="list-style-type: none"> <li>-Saturday 11/09/24;</li> <li>-Sunday 11/10/24;</li> <li>-Saturday 11/16/24</li> <li>-Sunday 11/17/24.</li> </ul> <p>9. During an interview on 11/20/24 at 1:58 P.M., the corporate RN said the director of nursing (DON) is in charge of maintaining the schedule.</p> <p>During an interview on 11/20/24 at 2:10 P.M., the DON said he/she is in charge of the schedule. He/She said he/she knows the requirement is for there to be a RN seven days a week for eight consecutive hours a day. He/She said he/she is the only full time RN that works at the facility, and they have one RN who works part time.</p> <p>During an interview on 11/20/24 at 5:00 P.M., the administrator said she is aware the regulation is eight hours consecutive RN coverage a day, however she was not aware the coverage was not being met, due to the nurses work 12 hour shifts. She said she did not realize the time started over at midnight. The administrator said that if there is no RN coverage any day, it would be because that is all the cover the facility could get in this area. She said they just started using a new hiring platform, place ads on the radio and sometimes Indeed.</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39440</p> <p>Based on interview, and record review, facility staff failed to develop and implement policies and procedures to address appropriate timeframes for the different steps in the residents' Medication Regimen Review (MRR) process, and failed to communicate pharmacy recommendations to the physician for four residents (Resident #2, #4, #12 and #19) out of six sampled residents, to prevent or minimize adverse consequences related to medication therapy to the extent possible. The facility census was 30.</p> <p>1. Review of the Centers for Medicare and Medicaid Services (CMS) Resident Assessment Instrument (RAI) Manual, a guideline for staff to complete each resident's Minimum Data Set (MDS), dated [DATE], showed directions for section N2001 as follows:</p> <p>-A drug regimen review includes medication reconciliation, a review of all medications a resident is currently using, and a review of the drug regimen to identify, and if possible, prevent potentially clinically significant medication adverse consequences;</p> <p>-Drug regimen review is intended to improve resident safety by identifying and addressing potential and actual clinically significant medication issues at the time of a resident's admission and throughout the resident's stay;</p> <p>-Implement a system to ensure that each resident's medication usage is evaluated upon admission and on an ongoing basis, and that risks and problems are identified and acted upon.</p> <p>Review of the facility's policies showed staff did not provide a policy for MRR.</p> <p>2. Review of Resident #2's annual MDS, a federally mandated assessment, dated 11/13/24, showed staff assessed the resident as:</p> <p>-Severely cognitively impaired;</p> <p>-Diagnoses of Traumatic Brain Injury, Schizophrenia, and Depression;</p> <p>-Received antipsychotic, antidepressant, opioid (pain medication), and hypoglycemic (low blood glucose) medications in the seven day look back period (period of time used to complete assessment);</p> <p>-Last attempted Gradual Dose Reduction (GDR) on 01/06/24.</p> <p>Review of the pharmacist's monthly MRR notes showed:</p> <p>-On 07/20/24: See report;</p> <p>-On 09/24/24: MRR-See report for recommendation.</p> <p>(continued on next page)</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's medical record showed the record did not contain documentation of the pharmacist's report or the physician's response to the recommendations.</p> <p>3. Review of Resident #4's Quarterly MDS, dated [DATE], showed staff assessed the resident as:</p> <ul style="list-style-type: none"> <li>-Moderately cognitively impaired;</li> <li>-Diagnoses of anemia, Heart Failure, High Blood Pressure, Diabetes Mellitus, Anxiety, Manic Depression, Schizophrenia, Hyperkalemia (high potassium);</li> <li>-Received insulin injections, Diuretic, Opioid, Antiplatelet, and Hypoglycemic medications in the seven day look back period.</li> </ul> <p>Review of the pharmacist's monthly MRR notes showed:</p> <ul style="list-style-type: none"> <li>-On 05/30/24: MRR-See report for recommendation;</li> <li>-On 09/26/24: MRR-See report for recommendation.</li> </ul> <p>Review of the resident's medical record showed the record did not contain documentation of the pharmacist's report or the physician's response to the recommendations.</p> <p>3. Review of Resident #12's Quarterly MDS, dated [DATE], showed staff assessed the resident as:</p> <ul style="list-style-type: none"> <li>-Cognitively intact;</li> <li>-Diagnoses of High Blood Pressure, High Cholesterol, Diabetes Mellitus, Thyroid Disorder, Dementia, Anxiety, Depression;</li> <li>-Received insulin injections, Antipsychotic, Antidepressant, Anticoagulant (to prevent blood clots), Diuretic, Opioid, and Hypoglycemic medications in the seven day look back period;</li> <li>-A GDR has not been attempted.</li> <li>-Section N2001 left blank;</li> <li>-Medication Follow-up: Not assessed or no information.</li> </ul> <p>Review of the pharmacist's monthly MRR notes showed:</p> <ul style="list-style-type: none"> <li>-On 07/22/24: See report;</li> <li>-On 09/24/24: MRR-See report for recommendation.</li> </ul> <p>Review of the resident's medical record showed the record did not contain documentation of the pharmacist's report or the physician's response to the recommendations.</p> <p>4. Review of Resident #19's Annual MDS, dated [DATE], showed staff assessed the resident as:</p> <p>(continued on next page)</p>

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Severely cognitively impaired;</p> <p>-Diagnoses of Non-Traumatic Spinal Cord Dysfunction, High Blood Pressure, Arthritis, Alzheimer's Disease, Stroke, Anxiety, Depression;</p> <p>-Received Antidepressant, Diuretic, Opioid, Antiplatelet (to make the blood less sticky and prevent blood clots), and Hypoglycemic medications in the seven day look back period;</p> <p>-Section N2001 left blank;</p> <p>-Medication Follow-up: Not assessed or no information.</p> <p>Review of the pharmacist's monthly MRR note, dated 09/24/24, showed MRR-See report for recommendation.</p> <p>Review of the resident's medical record showed the record did not contain documentation of the pharmacist's report or the physician's response to the recommendation(s).</p> <p>5. During an interview on 11/20/24 at 3:06 P.M., the MDS Coordinator said the consultant pharmacist conducts a MRR for each resident on admission and monthly, and usually sends the reports with recommendations via email to either the Director of Nursing (DON) or himself/herself for review. He/She said it was his/her responsibility to communicate the monthly MRR reports with the physician, and document in the resident's electronic medical record (EMR) once completed. The MDS Coordinator said he/she did not receive an email from the pharmacy with the MRR reports for September, and he/she did not follow up with the DON or the pharmacist regarding the reports, so he/she did not communicate the reports with the physician. The MDS Coordinator said he/she had several MRR reports in his/her office to be uploaded to the residents' EMR.</p> <p>During an interview on 11/21/24 at 8:15 A.M., the corporate Quality Assurance (QA) nurse said the facility did not have a specific written policy to address the timeframes for the MRR process, but staff had been in-serviced on what to do.</p> <p>During an interview on 11/21/24 at 1:38 P.M., the DON said the consultant pharmacist conducts each resident's MRR once per month and sends his/her report via one email to the DON, MDS Coordinator, and the administrator. The DON said the MDS Coordinator is responsible to communicate the MRR reports to the physician, usually via fax for timeliness, and receive a response from the physician within seven days. Once the physician responds, the MDS Coordinator is responsible to take any further action, document via progress note what was done, upload the completed/signed report to the resident's EMR, and update the MDS if required. The DON said if the MDS Coordinator is unable to communicate the MRR reports with the physician, he/she ensures it is completed, but he/she was not made aware the reports were not being done. The DON said the MRR reports for May to September should be in the resident's EMR, and he/she did not know why the pharmacist's recommendations for September were not addressed.</p> <p>(continued on next page)</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 11/21/24 at 2:03 P.M., the administrator said the consultant pharmacist reviews each resident's MRR on admission and monthly, and sends his/her report via email to the DON and MDS Coordinator for review. The MDS Coordinator is responsible to communicate the MRR reports to the physician via fax or email for a timely response, and if the physician does not respond after seven days, the MDS Coordinator is expected to follow up with the physician. The administrator said he/she was not aware staff did not communicate the pharmacist's MRR reports for the month of September with the physician, or that the monthly reports were not being uploaded to the residents' EMR.</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39440</p> <p>Based on observation, interview, and record review, facility staff failed to ensure a medication error rate of less than five percent (5%). Out of 29 opportunities observed, three errors occurred, resulting in a 10.34% error rate, which affected three residents (Resident #4, #12 and #26) out of nine sampled residents. The facility census was 30.</p> <p>1. Review of the facility's policies showed staff did not provide a policy for Insulin Administration.</p> <p>Review of the Humalog Kwikpen manufacturers prescribing information insert, dated 07/2023, showed the following:</p> <ul style="list-style-type: none"> <li>-Prime the pen before each injection to remove the air from the needle and cartridge that may collect during normal use and ensures that the pen is working correctly;</li> <li>-If you do not prime before each injection, you may get too much or too little insulin;</li> <li>-To prime your pen: <ul style="list-style-type: none"> <li>-Turn the dose knob to select two units;</li> <li>-Hold the pen with the needle pointing up;</li> <li>-Tap the cartridge holder gently to collect air bubbles at the top;</li> <li>-Continue holding the pen with the needle pointing up, push the dose knob until it stops, and 0 is seen in the dose window, hold the dose knob in and count to five slowly;</li> <li>-If you do not see insulin at the tip of the needle, repeat priming up to four times;</li> <li>-Turn the dose knob to select the number of units you need to inject.</li> </ul> </li> </ul> <p>2. Review of Resident #4's Quarterly Minimum Data Set (MDS), a federally mandated assessment tool, dated 11/06/24, showed staff documented the resident had a diagnosis of Diabetes Mellitus and received insulin injections seven days of the seven days in the look back period (the period of time used to complete assessment).</p> <p>Review of the resident's physician's order sheets (POS), dated November 2024, showed an order for Humalog Kwik Pen (Insulin Lispro) 100 Units (u)/milliliter (ml) inject per sliding scale, for a blood sugar of 121-150, inject two units subcutaneously (under the skin) for a diagnosis of type 2 diabetes mellitus.</p> <p>Observation on 11/18/24 at 11:06 A.M., showed Certified Medication Technician (CMT) C dialed the resident's Humalog Kwik Pen to two units and administered the insulin to the resident. The CMT did not prime the insulin pen prior to administration.</p> <p>(continued on next page)</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3. Review of Resident #12's Quarterly MDS, dated [DATE], showed staff documented the resident had a diagnosis of Diabetes Mellitus and received insulin injections seven days of the seven days in the look back period</p> <p>Review of the resident's POS, dated November 2024, showed an order for Humalog Kwik Pen, inject 25 units subcutaneously for a diagnosis of type 2 diabetes mellitus.</p> <p>Observation on 11/18/24 at 12:00 P.M., showed CMT C dialed the resident's Humalog Kwik Pen to 25 units and administered the insulin to the resident. The CMT did not prime the insulin pen prior to administration.</p> <p>4. Review of Resident #26's Quarterly MDS, dated [DATE], showed staff documented the resident had a diagnosis of Diabetes Mellitus and received insulin injections seven days of the seven days in the look back period</p> <p>Review of the resident's POS, dated November 2024, showed an order for Humalog Kwik Pen inject per sliding scale, for a blood sugar of 141-170, inject two units subcutaneously for a diagnosis of type 2 diabetes mellitus.</p> <p>Observation on 11/18/24 at 12:03 P.M., showed CMT C dialed the resident's Humalog Kwik Pen to two units and administered the insulin to the resident. The CMT did not prime the insulin pen prior to administration.</p> <p>5. During an interview on 11/18/24 at 12:13 P.M., CMT C said when giving insulin via pen, it is not necessary for him/her to prime the pen prior to each insulin administration. The CMT said he/she only primes newly opened insulin pens with five units and does not prime the pen again after that.</p> <p>During an interview on 11/20/24 at 12:36 P.M., Licensed Practical Nurse (LPN) B said staff should prime insulin pens with two units prior to each insulin administration to a resident, to remove excess air bubbles and ensure the proper dose is injected. The LPN said if the nurse or CMT did not prime the pen prior to injecting the ordered dose to the resident, it would be considered a medication error and could potentially lead to improper management of the resident's diabetes.</p> <p>During an interview on 11/21/24 at 8:15 A.M., the corporate Quality Assurance (QA) nurse said staff are instructed to follow the manufacturer's instructions for administering insulin via pen.</p> <p>During an interview on 11/21/24 at 1:43 P.M., the Director of Nursing (DON) said the nurses and CMTs should prime insulin pens prior to each administration of insulin to a resident, to remove excess air, ensure proper dose of the medication is injected, and reduce the risk of a medication error.</p> <p>During an interview on 11/21/24 at 2:20 P.M., the QA nurse said the nurses and CMTs should prime insulin pens with two units prior to each insulin administration to remove excess air, and if the pen was not primed, he/she could inject the wrong dose which is ultimately a medication error.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>39440</p> <p>Based on observation, interview, and record review, facility staff failed to store medications in a safe and effective manner when staff did not properly store medication in the only medication storage room, and failed to properly label, and/or discard expired insulin medications (to lower blood sugar) from one of two sampled medication carts. The facility census was 30.</p> <p>1. Review of the facility's policy titled, Medications, Storage of, undated, showed no discontinued, outdated, or deteriorated drugs or biologicals may be retained for use. All such drugs must be returned to the issuing pharmacy or destroyed in accordance with established guidelines. All controlled substances must be stored under double lock and key.</p> <p>Review of the facility's policy titled, Labeling Drugs and Medications, undated, showed staff are directed:</p> <ul style="list-style-type: none"> <li>-All drugs and biologicals must be properly labeled and legible at all times;</li> <li>-Labels must be permanently affixed to each container;</li> <li>-Medications in containers having no labels must be destroyed in accordance with the facility procedures governing the destruction of medications;</li> <li>-Labels for individual drug containers must contain: <ul style="list-style-type: none"> <li>-Resident's full name;</li> <li>-Name, strength and quantity of the drug;</li> <li>-Expiration date (when applicable);</li> <li>-Date of issue;</li> <li>-Other appropriate information.</li> </ul> </li> </ul> <p>2. Observation on 11/18/24 at 9:25 A.M., showed the medication room medication refrigerator contained an unopened box of insulin medications with an illegible label saturated in a pool of water on the bottom shelf.</p> <p>During an interview on 11/18/24 at 9:29 A.M., the Director of Nursing (DON) said the charge nurses and Certified Medication Technicians (CMTs) are responsible to clean the refrigerators in the medication storage room at the end of each month on night shift, and as needed. The DON said water should not be pooled inside any of the refrigerators.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 11/18/24 at 9:54 A.M., CMT C said the charge nurses and CMTs are responsible to clean the medication refrigerators, but he/she was unsure of the cleaning schedule.</p> <p>During an interview on 11/19/24 at 10:43 A.M., Licensed Practical Nurse (LPN) B said the CMTs are responsible to clean the refrigerators in the med room, and as needed by the nurse and CMT if someone notices a spill. The LPN said the refrigerators should be cleaned to ensure proper storage of medications.</p> <p>During an interview on 11/19/24 at 2:53 P.M., CMT E said the night shift nurse and CMT is responsible to clean the refrigerators in the med room at the end of each month and as needed.</p> <p>During an interview on 11/20/24 at 3:26 P.M., the administrator said the charge nurse or the CMT is responsible to clean the refrigerators in the medication storage room but he/she was not sure of the cleaning schedule. The administrator said staff should clean the refrigerator's interior and exterior.</p> <p>3. Observation on 11/18/24 at 9:32 A.M., showed the medication room unlocked with an unlocked refrigerator used to store controlled substances contained:</p> <ul style="list-style-type: none"> <li>-One bottle of Whisky opened;</li> <li>-Eight Lorazepam (used to treat anxiety) two milligrams (mg)/ml 30 ml unopened;</li> <li>-Two removable locked boxes on the shelf.</li> </ul> <p>During an interview on 11/18/24 at 9:35 A.M., the DON said controlled substances are to be stored behind double locks, and the refrigerator should be locked unless it's being accessed. The DON said he/she did not know why the refrigerator was left open.</p> <p>During an interview on 11/18/24 at 9:54 A.M., CMT C said controlled medications should be stored behind double locks, and the nurses and CMTs are responsible to ensure they are properly stored to prevent unauthorized access to the medications.</p> <p>During an interview on 11/19/24 at 2:53 P.M., CMT E said controlled substances should be stored behind double locks for safety and to prevent unauthorized access.</p> <p>During an interview on 11/20/24 at 12:36 P.M., LPN B said controlled substances should be stored behind a double for safety, and to prevent the risk of an unauthorized person getting into it, which could lead to an over-ingestion or overdose.</p> <p>During an interview on 11/20/24 at 3:26 P.M., the administrator said controlled substances should be properly stored behind a double lock, to prevent unauthorized residents or staff from gaining access.</p> <p>4. Observation on 11/18/24 at 10:03 A.M., showed the 200/400 hall medication cart contained:</p> <ul style="list-style-type: none"> <li>-One Lantus insulin vial opened and undated;</li> </ul> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-One Lantus insulin pen, with an open date of 10/12/24;</p> <p>-One Lantus insulin pen, labeled with a first name only opened and undated;</p> <p>-One Lantus insulin pen with an illegible open date;</p> <p>-One Novolog insulin vial, with an expiration date of 11/13/24 opened;</p> <p>-One Humalog Kwikpen insulin, with an illegible open date opened.</p> <p>During an interview on 11/18/24 at 10:10 A.M., CMT C said insulin is good for 28 days after opening or unless the manufacturer's expiration date is sooner, and staff is expected to label the insulin with the opened date. He/She said CMTs normally administer insulin to the residents, but any CMT or nurse who administers the insulin is responsible to check the expiration date prior to each administration and discard any expired insulin from the med cart. The CMT said staff should have removed and discarded the insulins that were either undated, missing a resident's full name, past expiration date, or had an illegible open date.</p> <p>During an interview on 11/19/24 at 2:53 P.M., CMT E said insulin is good for 28 days after opening and staff is expected to label the vial or pen with the open date, and expiration date. He/She said CMTs primarily administer insulin to residents, and are responsible to check for expired insulin with each use, but the nurses should check the expiration date too if they administer insulin to a resident. The CMT said if staff finds an expired insulin in the cart, he/she should discard the insulin and obtain a new one.</p> <p>During an interview on 11/20/24 at 12:36 P.M., LPN B said staff is expected to label the insulin with the open date, and the insulin expires 28 days after opening. The LPN said the CMT or nurse assigned to the medication cart for that shift should verify the expiration date of the insulin prior to administration, and replace if needed.</p> <p>During an interview on 11/20/24 at 3:26 P.M., the administrator said he/she was unsure of the expiration dates for insulin but expects if the nurse or CMT sees any expired medication in the cart, he/she should discard the medication appropriately and obtain a new one for use.</p> <p>During an interview on 11/21/24 at 1:43 P.M., the DON said staff should label the insulin with the open date, and insulins expire 28 days after they are opened. The DON said the charge nurse or the CMT is responsible to discard expired insulins and notify the pharmacist if additional/replacement pens are needed. The DON said currently, no one double checks to ensure expired medications are removed from the medication carts and discarded.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>45564</p> <p>Based on observation, interview and record review, facility staff failed to perform hand hygiene as often as necessary, using approved techniques, to prevent cross-contamination. Facility staff failed to store food in a manner to prevent potential contamination. The census was 30.</p> <p>1. Review of the facility's Handwashing guidelines, dated May 2015, showed the guidelines did not address when staff were to wash hands. Review showed the guidelines instructed staff to turn off water with a paper towel after washing hands.</p> <p>Observation on 11/19/24 at 9:50 A.M., showed Dietary Aide (DA) F precleaned soiled kitchen wares with his/her bare hands. DA F then removed a tray of clean wares from the dish machine. DA F removed the clean wares from the tray with his/her bare hands. DA F left the dish machine area and entered the meal prep area where he/she wrapped clean silver ware in napkins using his/her bare hands. DA F did not wash his/her hands after handling soiled wares or before handling clean wares.</p> <p>Observation on 11/19/24 at 10:24 A.M., showed DA F loaded a dirty sheet pan in the dish machine and rinsed a dirty pan with his/her bare hands. DA F then carried a tray of clean silver ware and a tray of cups to the dining room. DA F then removed a clean pan from the dish machine and placed the pan on the drain board. Observation showed DA F did not wash his/her hands after handling soiled wares and before handling clean wares.</p> <p>Observation on 11/19/24 at 10:27 A.M. showed DA F opened a trash can with his/her bare hand. DA F then handled cleaned cups to pour resident drinks for lunch and did not wash his/her hands.</p> <p>Observation on 11/19/24 at 10:32 A.M., showed DA F opened a trash can lid with his/her bare hand. DA F opened a thickener pouch with his/her bare hand and added the thickener to a cup of milk. DA F opened the trash can with his/her bare hand and threw away the thickener pouch before opening another thickener pouch which was added to a cup of juice. Observation showed DA F did not wash his/her hands after touching the trash can, before opening the thickener pouches. Observation showed the milk and juice were served to residents during the noon meal.</p> <p>Observation on 11/19/24 at 11:52 A.M., showed DA F washed his/her hands at the hand washing sink. After washing and drying his/her hands, DA F turned off the faucet with his/her clean hand.</p> <p>During an interview on 11/19/24 at 10:35 A.M., DA F said he/she should wash hands when returning from break or when switching from a dirty task to a clean task. DA F said he/she guessed he/she should wash hands after touching a trash can.</p> <p>During an interview on 11/19/24 at 10:32 A.M., the Dietary Manager (DM) said staff should wash hands any time they change from a dirty task to a clean task. The DM said staff should turn off the faucet with a paper towel after washing hands.</p> <p>2. Review of the facility provided policies showed the policies did not contain guidance related to bulk food storage.</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 - Some</p>	<p>Observation on 11/19/24 9:56 A.M., showed a large bin of sugar under the prep counter contained a foam cup. The area under the prep counter also contained a large bin of flour which contained a metal scoop.</p> <p>Observation on 11/19/24 at 10:31 A.M., showed the counter in the drink prep area contained a small plastic bin of chocolate powder which contained a small plastic scoop.</p> <p>Observation on 11/21/24 at 9:10 A.M., showed a large bin of sugar under the prep counter contained a foam cup. The area under the prep counter also contained a large bin of flour which contained a metal scoop. Observation showed the counter in the drink prep area contained a small plastic bin of chocolate powder which contained a small plastic scoop.</p> <p>During an interview on 11/21/24 at 9:12 A.M., [NAME] G said he/she washed his/her own dishes and washed hands after touching dirty dishes or before handling clean dishes. [NAME] G said after washing hands, staff should turn the water off with a paper towel. [NAME] G said hands should be washed after touching a trash can or going from a dirty task to a clean task. [NAME] G said scoops should not be stored in bulk food bins and he/she did not know how the scoops or cup got in the bins.</p> <p>During an interview on 11/21/24 at 11:25 A.M., the Corporate Quality Assurance (QA) nurse said staff should wash hands when going from a dirty task to a clean task. The QA nurse said staff should wash hands after touching a trash can and should not turn off the faucet with clean hands. The QA nurse said scoops should not be stored in bulk food bins. The QA nurse said he/she would expect kitchen staff to follow hand hygiene and food storage rules.</p>

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<p>F 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.</p> <p>50422</p> <p>Based on interview and record review, facility staff failed to designate one or more individuals with specialized training in Infection Prevention and Control (IPC) as the Infection Preventionist for the facility's infection prevention and control program. The facility census was 30.</p> <p>1. Review of the facility's Infection Prevention and Control Program policy, undated, showed facility must have an Infection Preventionist (IP) who is qualified to conduct infection prevention and control activities as a result of education, training, and experience. He/She will complete the Centers for Disease (CDC) Long Term Care Infection Preventionist module.</p> <p>2. During an interview on 11/19/24 at 2:15 P.M., the Director of Nursing (DON) said the facility does not currently have a licensed Infection Preventionist. He/She said he/she is working on getting someone hired who is qualified as an Infection Preventionist. He/She said he/she is also going to go through the modules to be qualified as a backup infection preventionist.</p> <p>During an interview on 11/21/24 at 2:03 P.M., the administrator said the DON and an agency employee are working on the infection preventionist role. He/She believes the agency employee is qualified as an IP. He/She said he/she was not aware the IP needed to work a certain amount of hours dedicated to the Infection prevention role.</p>

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50422</b></p> <p>Based on interview and record review, facility staff failed to follow policies and procedures for immunization of residents against Pneumococcal disease in accordance with national standards of practice and/or failed to assess and vaccinate five residents (Resident's #11, #14, #26, #28, and #29) out of seven sampled residents (over [AGE] years old) with doses of the Pneumococcal vaccine, as recommended by the Center for Disease control and prevention. Facility census was 30.</p> <p>1. Review of the facility's Immunizations Policy, undated, showed the following:</p> <p>-The resident's physician will be consulted and determine the level of risk and need for the vaccinations. A physician order is required to administer any medication/vaccination;</p> <p>-Pneumococcal vaccinations in persons aged 65 and older years, unless contraindicated, will be administered according to the following guidelines when determining vaccination status:</p> <p>-Adults [AGE] years or older who have not received any pneumococcal vaccination should receive Pneumococcal Conjugate Vaccine (PCV) 15 followed by a dose of pneumococcal polysaccharide vaccine (PPSV) 23 (one year later, or a single dose of PCV 20). If PCV 20 is administered, a dose of PPSV 23 is not indicated.</p> <p>Review of Centers for Disease Control (CDC) Vaccine Guidelines for Adults, 09/12/24, states:</p> <p>-Adults &gt;65 who have not received any pneumococcal vaccine should receive PCV20 or PCV21; or PCV15 followed by a dose of PPSV23 a year later;</p> <p>-Adults &gt;[AGE] years with prior PCV 13 only vaccination should be given the option of PCV 20, PCV 21 or PCV 23;-Adults [AGE] years or older who have not already received a pneumococcal conjugate vaccine may receive either a single dose of PCV 15 followed by a dose of PPSV 23 one year later; or a single dose of PCV 20.</p> <p>2. Review of Resident #11's medical record showed:</p> <p>-admitted [DATE];</p> <p>-Signed pneumococcal vaccination consent on 10/16/23;</p> <p>-Staff did not document the resident was offered, received, or refused the pneumococcal vaccine.</p> <p>3. Review of Resident #14's medical record showed:</p> <p>-admitted [DATE];</p> <p>-Signed pneumococcal vaccination consent on 06/28/23;</p> <p>-Staff did not document the resident was offered, received, or refused the pneumococcal vaccine.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265418	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/21/2024
NAME OF PROVIDER OR SUPPLIER  Dixon Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  403 East 10th Street Dixon, MO 65459	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>4. Review of Resident #26's medical record showed:</p> <ul style="list-style-type: none"> <li>-admitted [DATE];</li> <li>-Signed pneumococcal vaccination consent on 11/29/23;</li> <li>-Staff did not document the resident offered, received, or refused the pneumococcal vaccine.</li> </ul> <p>5. Review of Resident #28's medical record showed:</p> <ul style="list-style-type: none"> <li>-admitted [DATE];</li> <li>-Signed pneumococcal vaccination consent on 7/30/24;</li> <li>-Staff did not document the resident offered, received, or refused the pneumococcal vaccine.</li> </ul> <p>6. Review of Resident #29's medical record showed:</p> <ul style="list-style-type: none"> <li>-admitted [DATE];</li> <li>-Signed pneumococcal vaccination consent on 09/25/24;</li> <li>-Staff did not document the resident offered, received, or refused the pneumococcal vaccine.</li> </ul> <p>7. During an interview on 11/9/24 at 10:18 A.M., the Minimum Data Set (MDS) Coordinator said he/she is responsible for checking immunizations upon resident admission. He/She said he/she checks the hospital paperwork upon admission and most times the immunizations are not listed on there. He/She said he/she talks with resident or resident representative about if they are aware, if they have been given the immunizations prior to admission and then administers the immunizations from the information gathered. He/She said he/she does not have a good answer as to why there were residents who have not received their pneumococcal vaccines other then they do not like to compile immunizations into one week. He/She said he/she does not put resident refusal to vaccines in the preventative health tab. He/She said last year and this year he/she had residents or resident representative sign immunization consent or refusal forms and the director of nursing keeps those.</p> <p>During an interview on 11/20/24 at 10:30 A.M., the Director of Nursing (DON) said the MDS Coordinator is responsible for looking at residents' immunizations upon admission to see if they need immunizations. He/She expects when a resident is admitted and signs consent for a vaccine the vaccine should be administered when it is available from pharmacy. He/She said he/she expects if a resident refused an immunization it should be put in the preventative health tab it was offered, but resident refused. He/She said he/she was not aware there were several residents who had not received their pneumococcal vaccine.</p> <p>(continued on next page)</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 11/21/24 at 2:08 P.M., the administrator said it's the MDS Coordinator's responsibility for checking immunization records upon resident admission. He/She said he/she would expect the immunizations to be given within one week of admission if they had not previously received them. He/She said he/she expects if a resident refuses an immunization, the refusal should be put in the preventative health tab. He/She said he/she was not aware there were several residents that who have not been given the pneumococcal vaccine.</p>		