

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265420	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/11/2024
NAME OF PROVIDER OR SUPPLIER  Apple Ridge Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  100 West Thomas Avenue Waverly, MO 64096	

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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>39469</p> <p>Based on interview and record review, the facility failed to provide written notification of a hospital transfer/discharge for one sampled resident (Resident #23) out of 13 sampled residents, as well as the Ombudsman (a person who advocates for residents of nursing homes) when the resident was transferred to the hospital. The facility census was 40 residents.</p> <p>A policy regarding transfer/discharge was requested from the facility and not provided.</p> <p>1. Review of Resident #23's nurse progress notes, dated 7/7/24, showed:</p> <ul style="list-style-type: none"> <li>-The resident was reported to be on the floor.</li> <li>-Resident complained of pain to his/her right hip.</li> <li>-Hospice, Assistant Director of Nursing (ADON), and Administrator were notified.</li> <li>-Facility physician notified and sent orders to send the resident to the emergency room .</li> </ul> <p>Review of the resident's quarterly Minimum Data Set (MDS-a federally mandated assessment instrument completed by facility staff for care planning) dated 8/20/24 showed the resident had moderate cognitive impairment.</p> <p>Review of the resident's paper chart and electronic health record showed no notification of a transfer/discharge was provided to the resident as well as no notification provided to the Ombudsman.</p> <p>During an interview on 9/11/24 at 10:00 A.M. the resident said:</p> <ul style="list-style-type: none"> <li>-He/She was sent to the hospital due to a fall.</li> <li>-He/She was unaware if he/she received notification in writing regarding being transferred to the hospital.</li> </ul> <p>During an interview on 9/11/24 at 10:30 A.M., Licensed Practical Nurse (LPN) B said:</p> <ul style="list-style-type: none"> <li>-He/She was not employed at the facility when the resident had the fall.</li> </ul> <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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-When residents were transported out of the facility the physician and family were notified in writing.</p> <p>-The Ombudsman must also be notified.</p> <p>During an interview on 9/11/24 at 11:54 A.M., the Director of Nursing (DON) said:</p> <p>-Transfer/discharge notifications were given to residents when they were sent to the hospital.</p> <p>-A transfer/discharge notification should have been issued to the resident.</p> <p>-The Ombudsman should have been notified of transfer to hospital.</p> <p>-Family and residents should be notified in writing with reason for transfer to the hospital.</p>

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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>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>39469</p> <p>Based on interview and record review, the facility failed to provide written notification of the facility's Bed Hold policy (a policy that specified how residents can secure their bed in the facility if they have to go to the hospital) for one sampled resident (Resident #23) out of 13 sampled residents when the resident was transferred to the hospital. The facility census was 40 residents.</p> <p>A policy regarding bed hold was requested from the facility and not provided.</p> <p>1. Review of Resident #23's nurse progress notes, dated 7/7/24, showed:</p> <ul style="list-style-type: none"> <li>-The resident was reported to be on the floor.</li> <li>-Resident complained of pain to his/her right hip.</li> <li>-Facility physician notified and sent orders to send the resident to the emergency room .</li> </ul> <p>Review of the resident's quarterly Minimum Data Set (MDS-a federally mandated assessment instrument completed by facility staff for care planning) dated 8/20/24 showed the resident had moderate cognitive impairment.</p> <p>Review of the resident's paper chart and electronic health record showed no bed hold policy was issued to the resident.</p> <p>During an interview on 9/11/24 at 10:00 A.M. the resident said:</p> <ul style="list-style-type: none"> <li>-He/She was sent to the hospital due to a fall.</li> <li>-He/She was unaware if he/she received notification in writing regarding holding his/her bed.</li> </ul> <p>During an interview on 9/11/24 at 10:30 A.M., Licensed Practical Nurse (LPN) B said:</p> <ul style="list-style-type: none"> <li>-He/She was not employed at the facility when the resident had the fall.</li> <li>-Bed hold policies must be provided in writing.</li> </ul> <p>During an interview on 9/11/24 at 11:54 A.M., the Director of Nursing (DON) said:</p> <ul style="list-style-type: none"> <li>-Bed hold policies were given when residents were sent to the hospital.</li> <li>-A bed hold policy should have been issued to the resident.</li> </ul>		

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<p>F 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p>22727</p> <p>Based on interview, and record review, the facility failed to complete an annual Minimum Data Set (MDS-a federally mandated assessment tool completed by facility staff for care planning) for one sampled resident (Resident #32) out of 13 sampled residents. The facility census was 40 residents.</p> <p>Review of the facility's undated policy titled MDS Completion and Submission Timeframes showed:</p> <ul style="list-style-type: none"> <li>-The assessment coordinator or designee was responsible for ensuring resident assessments were submitted in accordance with current federal and state guidelines.</li> <li>-The timeframes for completion and submission of assessments were based on the current requirements published in the Resident Assessment Instrument Manual (RAI).</li> </ul> <p>Review of the RAI manual, Version 1.18.11, dated October 2023 showed after the admission assessment, the next comprehensive assessment would be scheduled within 366 days.</p> <p>1. Review of Resident #32's assessments showed the following:</p> <ul style="list-style-type: none"> <li>-Admission MDS was completed on 1/27/23.</li> <li>-No annual MDS was completed (an annual MDS was due 1/28/24).</li> </ul> <p>During an interview on 9/11/24 at 9:21 A.M., the MDS Coordinator said:</p> <ul style="list-style-type: none"> <li>-He/She was the MDS Coordinator since the end of February 2024 (was not at the facility when the annual should have been completed).</li> <li>-The previous program they used for MDS completion had a calendar that showed when each MDS was due.</li> <li>-The previous program did not send notices of past due assessments.</li> <li>-He/She did not have a notification in the old program that the resident's MDS was late.</li> <li>-The previous program was available until 8/1/24.</li> <li>-They switched to a new program on 8/19/24.</li> <li>-The new program gave a list of residents and when their MDS was due.</li> <li>-The new system showed the resident's next MDS was due in June 2024.</li> </ul> <p>During an interview on 9/11/24 at 11:49 A.M., the Director of Nursing (DON) said the MDS should be done timely and completed following the RAI manual.</p>		

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<p>F 0638</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assure that each resident's assessment is updated at least once every 3 months.</p> <p>22727</p> <p>Based on interview and record review, the facility failed to complete a Minimum Data Set (MDS-a federally mandated assessment tool completed by facility staff for care planning) no less frequently than once every three months for one sampled resident (Resident #32) out of 13 sampled residents. The facility census was 40 residents.</p> <p>Review of the facility's undated policy titled MDS Completion and Submission Timeframes showed:</p> <ul style="list-style-type: none"> <li>-The assessment coordinator or designee was responsible for ensuring resident assessments were submitted in accordance with current federal and state guidelines.</li> <li>-The timeframes for completion and submission of assessments were based on the current requirements published in the Resident Assessment Instrument Manual (RAI).</li> </ul> <p>Review of the RAI manual, Version 1.18.11, dated October 2023 showed after the admission assessment, quarterly assessments should be scheduled within 92 days after the previous assessment and the next comprehensive assessment would be scheduled within 366 days after any comprehensive assessment including admission, significant change or annual assessment.</p> <p>1. Review of Resident #32's assessments showed the following:</p> <ul style="list-style-type: none"> <li>-Admission MDS was completed on 1/27/23.</li> <li>-First quarterly MDS was completed on 4/24/23.</li> <li>-Second quarterly MDS was completed on 7/22/23.</li> <li>-Third quarterly MDS due 10/22/23 was not completed timely.</li> <li>-Third quarterly MDS was completed on 11/2/23 (one month late).</li> <li>-Annual MDS due 1/28/24 was not completed.</li> <li>-Another quarterly MDS was completed on 4/19/24.</li> <li>-No assessments completed since 4/19/24.</li> </ul> <p>Review of the facility's assessment transmission report dated 5/3/24 showed:</p> <ul style="list-style-type: none"> <li>-5/3/24 was the date of the last transmission.</li> <li>-The resident's assessment was late.</li> <li>-No other transmissions for the resident were received.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0638</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 9/11/24 at 9:21 A.M., the MDS Coordinator said:</p> <ul style="list-style-type: none"> <li>-He/She was the MDS Coordinator since the end of February 2024.</li> <li>-The previous program they used for MDS completion had a calendar that showed when each MDS was due.</li> <li>-The previous program did not send notices of past due assessments.</li> <li>-He/She did not have a notification in the old program that the resident's MDS was late.</li> <li>-The previous program was available until 8/1/24.</li> <li>-They switched to a new program on 8/19/24.</li> <li>-The new program gave a list of residents and when their MDS was due.</li> <li>-The new system showed the resident's MDS was due in June 2024.</li> </ul> <p>During an interview on 9/11/24 at 11:49 A.M., the Director of Nursing said the MDS should be done timely and completed following the RAI manual.</p>

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 51303</p> <p>Based on observation, interview and record review, the facility failed to accurately assess one sampled resident, (Resident #37), for oral/dental status of broken natural teeth and mouth pain or discomfort, out of 13 sampled residents. The facility census was 40 residents.</p> <p>Review of the undated facility policy Resident Assessments showed:</p> <ul style="list-style-type: none"> <li>-Comprehensive Minimum Data Set (MDS - a federally mandated assessment instrument completed by facility staff for care planning) was to include both the completion of the MDS as well as the completion of the Care Area Assessments (CAA, a problem-oriented framework for arranging MDS information and additional clinically relevant information about an individual 's health problems or functional status) process and care planning.</li> <li>-The resident assessment coordinator was responsible for ensuring that the interdisciplinary team conducts timely and appropriate assessments.</li> <li>-Assessments were to be completed by staff members who had the skills and qualifications to assess relevant care areas and who were knowledgeable about the resident 's strengths and areas of decline.</li> <li>-Information in the MDS would consistently reflect information in the progress notes, plans of care, and resident observations and interview.</li> <li>-The results of the assessments would be used to develop, review and revise the resident's comprehensive care plan.</li> </ul> <p>1. Review of Resident #37's undated Face Sheet showed he/she was initially admitted on [DATE] and the most recent admission to the facility on [DATE] with the following diagnoses:</p> <ul style="list-style-type: none"> <li>-Dysphagia, unspecified, a swallowing disorder that is characterized by difficulty swallowing.</li> <li>-Gastrostomy status, the presence of an artificial opening in the stomach.</li> </ul> <p>Review of the resident's Admission Nursing Evaluation dated 6/21/24 and 7/1/24 showed:</p> <p>-Dental:</p> <ul style="list-style-type: none"> <li>--Resident has his/her own teeth.</li> <li>--Broken teeth.</li> </ul> <p>Review of the resident's admission MDS Section L Oral/Dental Status dated 7/22/24 showed:</p> <ul style="list-style-type: none"> <li>-No documentation of any dental concerns.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>--NOTE: The MDS was not marked to indicate the resident had broken missing teeth and was not marked to indicate mouth or facial pain or discomfort.</p> <p>Review of the resident's Admission Nursing Evaluation dated 6/21/24 and 7/1/24 showed:</p> <p>-Dental:</p> <p>--Resident has his/her own teeth.</p> <p>--Broken teeth.</p> <p>During an interview on 9/11/24 at 8:40 A.M. the resident said:</p> <p>-He/She reported concern regarding his/her teeth and pain daily.</p> <p>-His/Her teeth hurt.</p> <p>Observation on 09/11/24 at 8:56 A.M. of the resident's mouth showed multiple missing and broken teeth.</p> <p>During an interview on 9/11/24 at 9:20 A.M. the MDS nurse said:</p> <p>-He/She reviewed the resident's chart to retrieve data for the completion of the MDS.</p> <p>-He/She expected the MDS would be accurate and reflect the current condition of the resident.</p> <p>-He/She said the MDS would reflect nursing assessments.</p> <p>-He/She was not aware of the resident's broken teeth.</p> <p>During an interview on 9/11/24 at 11:47 A.M. the Director of Nursing (DON) said:</p> <p>-He/She would expect the MDS nurse to capture the documentation from the clinical chart.</p> <p>-He/She would expect the MDS nurse to conduct his/her own assessments.</p> <p>-He/She was not aware the resident had broken teeth.</p> <p>-He/She would expect the MDS to be accurate.</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22727</b></p> <p>Based on observation, interview and record review, the facility failed to personalize a communication care plan for two sampled residents (Resident #4 and #37) out of 13 sampled residents. The facility census was 40 residents.</p> <p>Review of the undated facility policy Resident Assessments showed:</p> <ul style="list-style-type: none"> <li>-Information in the Minimum Data Set (MDS-a federally mandated assessment tool completed by facility staff for care planning) would consistently reflect information in the progress notes, plans of care, and resident observations and interview.</li> <li>-The results of the assessments would be used to develop, review and revise the resident's comprehensive care plan.</li> </ul> <p>Review of the facility's policy titled Care Plans, Comprehensive Person-Centered dated as revised March 2022 showed each resident's comprehensive care plan should be person-centered and describe the services that were to be provided.</p> <p>1. Review of Resident #4's admission MDS showed the following staff assessment of the resident:</p> <ul style="list-style-type: none"> <li>-Spanish was the resident's preferred language.</li> <li>-He/She did not want or need an interpreter for health care.</li> <li>-He/She was usually understood by others and usually understood others.</li> <li>-He/She was moderately cognitively impaired.</li> <li>-He/She was independent with all cares except he/she required supervision for bathing.</li> </ul> <p>Review of the resident's communication care plan dated 8/20/24 showed:</p> <ul style="list-style-type: none"> <li>-The resident's primary language was Spanish.</li> <li>-The desired outcome was that the resident would maintain current level of communication function by (specify how, with what assistance, such as making sounds, using appropriate gestures, responding to yes/no questions appropriately, using communication board, writing messages) through the next review date.</li> <li>-Interventions included monitoring effectiveness of communication strategies and assistive devices (SPECIFY).</li> </ul> <p>Observation on 9/9/24 showed:</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-At 6:36 A.M., the resident communicated in Spanish.</p> <p>-At 9:10 A.M.,</p> <p>--The resident was watching something on his/her tablet in Spanish.</p> <p>--The resident answered some questions using a translator application on a phone for English/Spanish.</p> <p>During an interview on 9/9/24 7:18 A.M., Certified Nursing Assistant (CNA) B and CNA C said:</p> <p>-The resident used hand gestures, pointed to things, could answer yes/no questions, could say things like thank you.</p> <p>-Nursing Assistant (NA) A spoke a little bit of Spanish and could communicate with the resident.</p> <p>During an interview on 9/10/24 at 1:39 P.M., the Social Services Director said:</p> <p>-He/She relied on the resident's family members to translate.</p> <p>-The resident's family members were very involved.</p> <p>During an interview on 9/11/24 at 8:15 A.M., NA A said:</p> <p>-He/She speaks quite a bit of Spanish and could look up things if needed.</p> <p>-Therapy made cards that were English/Spanish for staff to use with the resident regarding basic needs.</p> <p>-The resident used hand gestures and staff could usually understand what the resident was saying.</p> <p>During an interview on 9/11/24 at 8:30 A.M., Certified Medication Technician (CMT) A said:</p> <p>-The resident understood him/her when he/she asked him/her things like if he/she was feeling ok, if he/she had any pain and he/she pointed to things.</p> <p>-The resident usually understood most things he/she tried to communicate to him/her.</p> <p>During an interview on 9/11/24 at 9:22 A.M., the MDS Coordinator said:</p> <p>-He/She was the MDS Coordinator since the end of February 2024.</p> <p>-He/She was responsible for developing the resident's communication care plan.</p> <p>-The resident could give short answers.</p> <p>-The resident could communicate things that were not complex.</p> <p>(continued on next page)</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-The resident answered yes/no questions and short phrases.</p> <p>-Sometimes the resident pointed to things he/she wanted.</p> <p>-The resident also used a tablet.</p> <p>-He/She was working on the resident's care plan.</p> <p>-The care plan should have had the details about his/her communication in the care plan and should have had current intervention details.</p> <p>During an interview on 9/11/24 at 11:49 A.M., the Director of Nursing (DON) said the care plan should have had specific interventions.</p> <p>51303</p> <p>2. Review of Resident #37's undated Face Sheet showed he/she was initially admitted on [DATE] and the most recent admission to the facility on [DATE] with the following diagnoses:</p> <p>-Dysphagia, unspecified, a swallowing disorder that is characterized by difficulty swallowing.</p> <p>-Gastrostomy status, the presence of an artificial opening in the stomach.</p> <p>Review of the resident's Admission Nursing Evaluation dated 6/21/24 and 7/1/24 showed:</p> <p>-Dental:</p> <p>--Resident has his/her own teeth.</p> <p>--Broken teeth.</p> <p>Review of the resident's admission MDS Section L Oral/Dental Status dated 7/22/24 showed:</p> <p>-No documentation of any dental concerns.</p> <p>--NOTE: The MDS was not marked to indicate the resident had broken missing teeth and was not marked to indicate mouth or facial pain or discomfort.</p> <p>Review of the resident's Care Plan dated 7/24/24 did not show a Dental care plan.</p> <p>Observation on 09/11/24 at 8:56 A. M. of the resident's mouth showed multiple missing and broken teeth.</p> <p>During an interview on 9/11/24 at 8:40 A.M. the resident said:</p> <p>-He/She reported concern regarding his/her teeth and pain daily.</p> <p>-His/Her teeth hurt.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 9/10/24 at 2:07 P.M. LPN B said he/she was not aware of the resident's broken teeth.</p> <p>During an interview on 09/10/24 at 1:22 P.M. the Social Services Designee (SSD) said he/she was not aware the resident had broken teeth.</p> <p>During an interview on 9/11/24 at 8:45 A.M. CNA B said he/she was not aware resident had broken teeth.</p> <p>During an interview on 9/11/24 at 8:45 A.M. CNA C said he/she was not aware resident had broken teeth.</p> <p>During an interview on 9/11/24 at 9:20 A.M. the MDS nurse said:</p> <p>-He/She was not aware of the resident having broken teeth.</p> <p>-He/She completed the care plan.</p> <p>During an interview on 9/11/24 at 11:47 A.M. the Director of Nursing (DON) said:</p> <p>-He/She was not aware the resident had broken teeth.</p> <p>-He/She would expect the care plan to reflect dental concerns.</p>

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NAME OF PROVIDER OR SUPPLIER  Apple Ridge Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  100 West Thomas Avenue Waverly, MO 64096	
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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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39469</p> <p>Based on observation, interview, and record review, the facility failed to provide an ongoing program of activities to meet the interests as well as the physical, mental, and psychosocial well-being for three sampled residents (Residents #19, #23, and #36) out of 13 sampled residents. This deficient practice had the potential to affect all residents. The facility census was 40 residents.</p> <p>Review of the facility's Activities Policy, undated, showed:</p> <ul style="list-style-type: none"> <li>-The activities department worked with the nursing department to coordinate resident care and needs with scheduled activities.</li> <li>-Activity staff were aware of the resident's safety concerns and transfer needs.</li> <li>-The Activities Director was responsible for filling out the activities section of the Minimum Data Set (MDS-a federally mandated assessment instrument completed by facility staff for care planning).</li> <li>-The activities director assisted with the activity care plan and attending care plan meetings.</li> <li>-Activities were meaningful and individualized to meet the needs of all residents.</li> </ul> <p>1. Review of Resident #19's Annual MDS assessment, dated 10/18/23, showed it was somewhat important to the resident to be able to go outside and get fresh air.</p> <p>Review of the resident's care plan, dated 3/8/24, showed:</p> <ul style="list-style-type: none"> <li>-The resident was invited to activities.</li> <li>-The resident was informed of planned activities.</li> <li>-The resident enjoyed playing cards.</li> <li>-The resident enjoyed working with models.</li> </ul> <p>Review of the resident's Quarterly MDS, dated [DATE], showed the resident was cognitively intact.</p> <p>Review of the resident's Activity Participation Log for June 2024 showed the resident participated in coffee club on 6/11/24, 6/12/24 and 6/13/24.</p> <p>Review of the resident's Activity Participation Log for July 2024 showed:</p> <ul style="list-style-type: none"> <li>-The resident participated in coffee club on July 1, 2, 3, 4, 5, 11, 12, 14, 19, and 25.</li> <li>-The resident participated in bingo on July 5, 12, and 19.</li> </ul> <p>Review of the resident's Activity Participation Log for August 2024 showed:</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>-The resident participated in coffee club on August 2, 9, 13, 14, 15, 16, 18, 23, and 30.</p> <p>-The resident participated in bingo on August 2, 9, 16, 23, and 30.</p> <p>Review of the resident's Activity Participation Log for September 2024 showed the resident participated in coffee club on 9/3/24.</p> <p>During an interview on 9/9/24 at 9:30 A.M. the resident said:</p> <p>-There were things to do during the week but not on the weekend.</p> <p>-The Activity Director told the resident that he/she did not know what to plan for the residents on the unit as they were not crafty.</p> <p>2. Review of Resident #23's quarterly MDS, dated [DATE], showed the resident was moderately cognitively impaired.</p> <p>Review of the resident's Activity Participation Log for July 2024 showed:</p> <p>-The resident participated in coffee club on July 1, 4, 5, 6, 9, 12, 18, 19, 20 and 27.</p> <p>-The resident participated in bingo on July 5, 12, 19 and 27.</p> <p>Review of the resident's Activity Participation Log for August 2024 showed:</p> <p>-The resident participated in coffee club on August 1, 2, 5, 8, 10, 16, 23, 24, 25, and 27.</p> <p>-The resident participated in bingo on August 16 and 17.</p> <p>There were no activity participation logs for September 2024.</p> <p>Review of the resident's care plan, dated 7/1/24 showed the Activities Director was to provide a monthly calendar of scheduled activities.</p> <p>During an interview on 9/9/24 at 9:54 A.M. the resident said:</p> <p>-He/She had nothing to do, especially on the weekends.</p> <p>-He/She would go to activities but there isn't always someone to do them with the residents.</p> <p>-He/She used to go to the dining area and do activities with the other residents at the facility but since some of the residents from his/her unit had behavior issues they were no longer allowed to do activities with the others.</p> <p>3. Review of Resident #36's admission MDS assessment, dated 6/27/24, showed:</p> <p>-This showed the resident was cognitively intact.</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>-It was very important to the resident to listen to music that he/she liked.</p> <p>-It was very important to do his/her favorite activities.</p> <p>-It was very important to go outside to get fresh air.</p> <p>Review of the residents care plan, dated 7/1/24, showed:</p> <p>-The resident enjoyed social activities.</p> <p>-The Activity Director was to provide a monthly calendar of scheduled activities.</p> <p>The resident's activity participation logs for July, August and September 2024 were requested and not provided.</p> <p>During an interview on 9/9/24 at 9:15 A.M., the resident said:</p> <p>-There was not much to do at the facility.</p> <p>-There was nothing on the calendar in the hall.</p> <p>-He/She wanted something to do on Saturday and Sundays.</p> <p>-The residents on his/her unit used to do activities with the other residents but were no longer allowed to because some residents had bad behaviors and now no one can go up there.</p> <p>-Since that happened there has not been much to do back on the unit.</p> <p>Review of the August 2024 Activities calendar, displayed on the wall in the resident's room on 9/9/24 at 10:41 A.M., showed:</p> <p>-No activities were scheduled on the weekends.</p> <p>-There was no calendar for September noted on the unit.</p> <p>4. Observations conducted multiple times from 9/9/24 to 9/11/24 between 9:00 A.M. to 3:30 P.M. showed no activities being conducted with the residents on the unit.</p> <p>During an interview on 9/9/24 at 1:16 P.M., Certified Nursing Assistant (CNA) D said:</p> <p>-The Activity Director provided activities for the residents on the unit.</p> <p>-There were no activities on Saturday.</p> <p>-If the Activities Director was not at the facility, then the CNAs were supposed to provide an activity for the residents on the unit, but they do not have time.</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>-The Activities Director was out of the building due to illness so no activities were conducted since he/she has been out.</p> <p>During an interview on 9/10/24 at 2:00 P.M. CNA A said he/she had only seen activities on the unit 2-3 times a week.</p> <p>During an interview on 9/11/24 at 8:13 A.M., Certified Medication Technician (CMT) A said:</p> <p>-There were not many activities to do on the unit.</p> <p>-The residents complained there was nothing to do on the weekends.</p> <p>-The nurse sometimes came in on Sundays and popped popcorn and put on a movie.</p> <p>-The Activities Director was out sick the last few days.</p> <p>-When the Activities Director was out of the facility then nursing staff tried to do something with the residents but not always.</p> <p>-The Activities Director put out a monthly calendar.</p> <p>During an interview on 9/11/24 at 8:44 A.M., CNA A said:</p> <p>-There were no activities for the residents on the unit during the week.</p> <p>-He/She did not receive any notification he/she was supposed to do any activity with the residents.</p> <p>-There was an activity calendar posted on the hall for August, but it was blank.</p> <p>During an interview on 9/11/24 at 8:53 A.M., Licensed Practical Nurse (LPN) A said:</p> <p>-Activities should be done daily.</p> <p>-The activities director was out sick for the last few days.</p> <p>-He/She was unaware if someone else was supposed to be doing activities with the residents.</p> <p>-The residents on the unit used to do activities with the rest of the residents but due to behavior issues they were only to be doing activities on their unit.</p> <p>A phone interview was attempted on 9/11/24 at 10:20 A.M. with the Activities Director. There was no answer.</p> <p>During an interview on 0/11/24 at 12:00 P.M., the Director of Nursing (DON) said:</p> <p>-Activities were scheduled and completed on the unit.</p> <p>-The residents on the unit were offered activities two to three times a 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>	<ul style="list-style-type: none"> <li>-The activities calendar should be current and posted on the hall.</li> <li>-The Activities Director was sent home on Monday due to illness.</li> <li>-If residents attended activities, it should be documented on the participation log.</li> <li>-He/She was not aware of activities not being conducted on the unit on the weekends.</li> <li>-He/She was unaware of who did the activities when the Activities Director was not at the facility.</li> <li>-The Administrator was able to do them if needed.</li> </ul>

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<p>F 0680</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>22727</p> <p>Ensure the activities program is directed by a qualified professional.</p> <p>Based on interview and record review, the facility failed to ensure the activities program was directed by a qualified professional. The facility census was 40 residents.</p> <p>A policy for Activities Director (AD) was requested from the facility and was not provided.</p> <p>1. Review of facility's undated Activity Director job description education and experience requirements showed:</p> <ul style="list-style-type: none"> <li>-Must possess, as a minimum, two (2) years of college.</li> <li>-Must be a qualified therapeutic recreation specialist or an activities professional who is licensed by this state and is eligible for certification as a recreation specialist or as an activities professional; or</li> <li>-Must have as a minimum of two (2) years' experience in a social or recreation program within the last five (5) years, and on (1) of which was full time in a patient activities program in a health care setting; or</li> <li>-Must be a qualified occupational therapist or occupational therapy assistant; or</li> <li>-Must have completed a training course approved by this state.</li> </ul> <p>Review of the current Activity Director's resume showed:</p> <ul style="list-style-type: none"> <li>-He/She was a Certified Medication Technician (CMT).</li> <li>-He/She was a Certified Nurse Assistant (CNA).</li> <li>-He/She did not have a college degree.</li> <li>-He/She did not have two (2) years of college experience.</li> <li>-He/She had a General Education Development (GED).</li> <li>-He/She completed one (1) year of college.</li> <li>-He/She had no experience in a patient activities/social recreation program.</li> <li>-He/She did not complete a training course approved by the state.</li> </ul> <p>During an interview on 9/11/24 at 9:12 A.M., the Administrator said:</p> <ul style="list-style-type: none"> <li>-The Activity Director has been at the facility three months.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0680</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-He/She does not have required qualifications for the position.</p> <p>-He/She needs to become qualified.</p> <p>An attempted to interview the Activity Director 9/11/24 at 10:15 A.M., a voicemail was left. The AD never returned the phone call to conduct a phone interview.</p>

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<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care or services that was trauma informed and/or culturally competent.</p> <p>42955</p> <p>Based on observation, interview and record view, the facility failed to provide trauma informed care (understanding a resident's life experiences to provide effective care) for one sampled resident (Resident #30) with a diagnosis of Post Traumatic Stress Disorder (PTSD-a mental health condition caused by an extremely stressful or terrifying event), out of 13 sampled residents. The facility census was 40 residents.</p> <p>Review of the facility's Trauma Informed Care Policy, dated March 2019, showed:</p> <ul style="list-style-type: none"> <li>-The purpose of the policy was to guide staff in appropriate and compassionate care specific to individuals who had experienced trauma.</li> <li>-All staff were provided in-service training about trauma, its impact on health, and PTSD.</li> <li>-Nursing staff were trained on screening tools, trauma assessment and how to identify triggers associated with re-traumatization.</li> <li>-All staff were guided in evidence-based organizational and interpersonal strategies that supported trauma informed care.</li> <li>-Trauma informed care was person centered.</li> <li>-Caregivers were taught strategies to help eliminate, mitigate, or sensitively address a resident's triggers.</li> <li>-The facility used trauma-informed principles in strategic planning.</li> <li>-Include trauma informed care as part of Quality Assurance Improvement Plan (QAPI).</li> <li>-Implement universal screenings for residents with trauma.</li> </ul> <p>1. Review of Resident #30's admission Minimum Data Set (MDS- a federally mandated assessment instrument completed by facility staff for care planning) dated 7/10/24, showed:</p> <ul style="list-style-type: none"> <li>-The resident was moderately cognitively impaired.</li> <li>-The resident was diagnosed with anxiety disorder (a condition that causes excessive worry and feelings of fear, dread, and uneasiness), depression (a mood disorder that causes a persistent feeling of sadness and loss of interest) and PTSD.</li> </ul> <p>Review of the resident's care plan (an individualized plan that summarizes a person's health conditions and current treatments for their care), dated 6/11/24, showed:</p> <ul style="list-style-type: none"> <li>-The resident had mental distress evidenced by the inability to concentrate related to PTSD.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Approaches included:</p> <ul style="list-style-type: none"> <li>--Keep an open and accepting attitude with the resident at all times.</li> <li>--Notify the physician if resident was having PTSD events, which may need an psych referral.</li> <li>--Administer medications per order.</li> <li>--Offer counseling if resident was agreeable.</li> </ul> <p>Observation on 9/9/24 at 11:58 A.M. showed the resident walking from his/her room to the dining area. The resident ate at a table with no other residents. Resident sat quietly and ate his/her lunch and returned to his/her room.</p> <p>Observation on 9/10/24 at 10:42 A.M. showed the resident in his/her room in bed with his/her eyes closed.</p> <p>During an interview on 9/11/24 at 8:13 A.M., Certified Nursing Assistant (CNA) A said:</p> <ul style="list-style-type: none"> <li>-He/She worked on the unit on a regular basis and knew the residents pretty well.</li> <li>-He/She was familiar with the resident.</li> <li>-He/She was not a hundred percent sure of what his/her needs or diagnoses were.</li> <li>-He/She could find the information on the care plan.</li> <li>-The resident did need some guidance for personal care and lots of redirection.</li> <li>-The resident seemed to feel sorry for him/herself and was sad.</li> <li>-The resident repeated said he/she though he/she was going to die at the facility.</li> <li>-The resident had PTSD.</li> <li>-Some of the resident's behaviors included pacing, and watching other resident's televisions from the hallway.</li> <li>-The resident was not verbally or physically aggressive.</li> <li>-The resident did not have outbursts.</li> <li>-The resident just seemed to be confused a lot of the time.</li> <li>-The resident was a smoker and sometimes the resident said he/she was claustrophobic while smoking outside with the other residents.</li> </ul> <p>(continued on next page)</p>

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<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-He/She was not sure what to do for the residents claustrophobia she he/she told the resident to go out to the picnic table where he can be alone.</p> <p>-Sometimes it made the resident feel better.</p> <p>-The resident didn't focus on one thing at a time and was restless sometimes.</p> <p>-He/She just talked to him/her or tried to redirect him/her to something else.</p> <p>Observation on 9/11/24 at 8:46 A.M. showed the resident in bed watching television.</p> <p>During an interview on 9/11/24 at 8:24 A.M., Licensed Practical Nurse (LPN) A said:</p> <p>-He/She usually worked on the unit.</p> <p>-He/She was familiar with the resident.</p> <p>-He/She looked up the resident's on the electronic health record (EHR) and saw his/her diagnoses included major depressive disorder, anxiety, and PTSD.</p> <p>-He/She was unaware of any triggers the resident had.</p> <p>-He/She had not seen any behaviors related to PTSD.</p> <p>-He/She was unsure why the resident had that diagnosis.</p> <p>-If the resident had specific triggers and approaches, he/she found it in the residents progress notes or care plan.</p> <p>-He/She believed the PTSD was possibly alcohol related.</p> <p>-He/She had not received any recent training or in-service related to PTSD.</p> <p>During an interview on 9/11/24 at 8:28 A.M., LPN B said:</p> <p>-He/She did not work on the unit with the resident.</p> <p>-If a resident was diagnosed with PTSD he/she expected to see it addressed on the resident's care plan and should include triggers and strategies to help the resident.</p> <p>-The diagnosis should also be on resident's orders.</p> <p>-He/She had not received any recent training regarding PTSD.</p> <p>-He/She was unaware of any negative behaviors from the residents on that unit.</p> <p>During an interview on 9/11/24 at 9:21 A.M., the MDS coordinator said:</p> <p>(continued on next page)</p>		

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<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-He/She had been in this position since February of this year.</p> <p>-He/She expected the resident's MDS was accurate and reflected current conditions at the time it was completed.</p> <p>-He/She was unaware of the resident's history or what the main cause of the PTSD was for the resident.</p> <p>-He/She was unaware if the care plan addressed the resident's PTSD diagnosis.</p> <p>-He/She expected to see triggers on the care plan as well as any history related to PTSD.</p> <p>During a follow up interview on 9/11/24 at 9:56 A.M., the MDS coordinator said:</p> <p>-The resident's PTSD was caused from being in the war.</p> <p>-He/She did not specify which war or how it was related specifically to the resident.</p> <p>During an interview on 9/11/24 at 11:49 A.M., the Director of Nursing (DON) said:</p> <p>-If a resident had a diagnosis of PTSD, he/she expected to see the history of the diagnosis on the care plan.</p> <p>-He/She expected to see triggers and approaches for the resident on their care plan.</p> <p>-He/She was unaware of how often trauma informed care training was offered or provided to the staff.</p> <p>-He/She suggested to talk to the administrator or the Regional Nurse Consultant.</p> <p>During an interview on 9/11/24 at 2:50 P.M., the administrator said:</p> <p>-He/She was unable to locate the last training sign-in sheets for trauma informed care.</p> <p>During an interview on 9/11/24 at 2:50 P.M., the Regional Nurse Consultant said:</p> <p>-He/She was developing trauma informed care in-services that he/she has started to implement.</p> <p>-He/She was unaware of when the last training was.</p>

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<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>37576</p> <p>Based on observation, interview, and record review, the facility failed to ensure staffing was posted correctly at the beginning of each shift including the total number and actual hours worked per shift which could have the potential to affect all residents in the facility. The facility census was 40 residents.</p> <p>Review of the Facility undated Posting Nursing Staffing Information showed:</p> <ul style="list-style-type: none"> <li>-Current federal regulations mandate that the facility posts a form daily at the beginning of each shift in a prominent place readily accessible to residents and visitors in a clear and readable format with the following information:</li> <li>--Facility Name</li> <li>--Current Date</li> <li>--Total Number and actual hours worked by licensed and unlicensed staff directly responsible for resident care per shift, separated by these categories: Registered Nurses (RN), Licensed Practical Nurses (LPN), and Certified Nursing Assistants (CNA).</li> <li>--Resident census</li> </ul> <p>-The above data must be available to the public upon written or oral request at a cost not to exceed the community standard.</p> <p>-The posting data must be maintained by the facility for a minimum of 18 months.</p> <p>1. Review of the posted daily staffing sheets from 9/5/24 through 9/11/24 showed no total actual hours worked for each discipline worked on these dates.</p> <p>Observation on 9/9/24 of the posted daily staffing sheet near the front nurse's station did not show the actual hours worked per shift for RNs, LPNs, Certified Medication Technician (CMTs), CNAs, and Nursing Assistant (NAs).</p> <p>Observation on 9/9/24 of the locked Behavioral Unit showed no posted staffing sheet.</p> <p>Observation on 9/10/24 of the posted daily staffing sheet near the front nurse's station did not show the actual hours worked per shift for RNs, LPNs, CMTs, CNAs, and NAs.</p> <p>Observation on 9/10/24 of the locked Behavioral Unit showed no posted staffing sheet.</p> <p>Observation on 9/11/24 of the posted daily staffing sheet near the front nurse's station did not show the actual hours worked per shift for RNs, LPNs, CMTs, CNAs, and NAs.</p> <p>Observation on 9/11/24 of the locked Behavioral Unit showed no posted staffing sheet.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265420	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/11/2024
NAME OF PROVIDER OR SUPPLIER  Apple Ridge Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  100 West Thomas Avenue Waverly, MO 64096	

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<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 9/11/23 at 10:40 A.M., CNA A said:</p> <ul style="list-style-type: none"> <li>-The daily staffing sheet is not kept on the locked Behavioral Unit.</li> <li>-It is just posted near the main nursing station.</li> </ul> <p>During an interview on 9/11/23 at 10:45 A.M., LPN B said the daily staffing sheet is only posted in the front near the nurse's station.</p> <p>During an interview on 9/11/23 at 11:47 A.M., the Director of Nursing (DON) said:</p> <ul style="list-style-type: none"> <li>-The actual number of hours worked per discipline should be on the daily staffing sheet.</li> <li>-The form the facility uses for daily staffing does not show a total for the actual hours worked per discipline.</li> <li>-The daily staffing sheet is only posted in the front near the nurse's station.</li> <li>-The daily staffing sheet should also be posted in the locked Behavioral Unit.</li> </ul>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 51150</p> <p>Based on interview and record review, the facility failed to ensure accurate documentation of narcotic pain medication on the Medication Administration Record (MAR) and the narcotic count log for four sampled residents (Resident # 8, Resident # 23, Resident #19, and Resident #36) out of 13 sampled residents and failed to complete and/or sign shift change narcotic counts each shift. The facility census was 40 residents.</p> <p>Review of the facility policy titled Pharmacy and Medication Administration, not dated, showed:</p> <ul style="list-style-type: none"> <li>-Narcotics must be counted at the beginning and end of each shift and signed on the narcotic log by the oncoming and off going nurse or medication technician.</li> <li>-Monitoring the log weekly can help identify any missed counts or lax in counting by staff.</li> <li>-Medication Administration Records (MARs) should be completed with each med pass and audited regularly for missing initials or holes in the MAR.</li> <li>-Documentation should be provided on the MAR for PRN (medications given on an as needed basis) meds, pain meds, and behavior meds.</li> <li>-The facility must ensure that it is free from medication error rates of five percent (5%) or greater and residents are free of any significant medication errors.</li> </ul> <p>Review of the facility policy titled Pain, not dated, showed:</p> <ul style="list-style-type: none"> <li>-The MAR should document the frequency of pain, medication use, and its effectiveness.</li> </ul> <p>1. Review of Resident #8's face sheet, with an admitted [DATE], showed he/she had:</p> <ul style="list-style-type: none"> <li>-Pain in other specified joint.</li> <li>-Unspecified abdominal pain.</li> <li>-Pain in right shoulder.</li> <li>-Chronic pain syndrome.</li> </ul> <p>Review of the resident's Physician Order Sheet (POS), dated 7/2024, showed:</p> <ul style="list-style-type: none"> <li>-Oxycodone (a narcotic pain reliever) 20 milligram (mg) 1 tablet every 6 hours while awake dated 6/24/24 and discontinued on 7/3/24.</li> <li>-Oxycodone 20 mg 1 tablet by mouth every 6 hours PRN for pain dated 7/3/24.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's MAR, dated 7/2024, showed:</p> <ul style="list-style-type: none"> <li>-Oxycodone 20 mg 1 tablet every 6 hours while awake dated 6/24/24 and discontinued on 7/3/24.</li> <li>-A physician order for Oxycodone 20 mg 1 tablet by mouth every six (6) hours PRN for chronic pain dated 7/3/24.</li> <li>-Oxycodone 20 mg was documented as administered 102 times between 7/1/24 - 7/31/24.</li> <li>-NOTE: Only 51 Oxycodone 20 mg tablets were documented as being available for administration for the resident between 7/1/24-7/31/24. The facility was not able to provide documentation for the additional 51 tablets staff documented as administered between 7/6/24-7/23/24.</li> </ul> <p>Review of the resident's Oxycodone (opioid) 20 mg tablet narcotic log for 7/2024, showed:</p> <ul style="list-style-type: none"> <li>-51 Oxycodone 20 mg tablets were signed out between the dates of 7/1/24-7/31/24.</li> <li>-No documentation of Oxycodone 20 mg tablets between 7/6/24 - 7/23/24. (Note- the resident's MAR showed documentation Oxycodone 20 mg was administered during this timeframe).</li> <li>-The resident's narcotic count went from 6 available tablets on 7/5/24 to 52 available tablets on 7/24/24 with no documentation regarding the 46 tablet discrepancy.</li> <li>-On 7/3/24 at 6:00 A.M., two Oxycodone 20 mg tablets were signed out at the same time, by different staff members.</li> <li>-On 7/28/24 at 7:30 P.M., two Oxycodone 20 mg tablets were signed out at the same time, by the same staff member.</li> <li>-Note: The physician order is for one Oxycodone 20 mg tablet.</li> </ul> <p>Review of the resident's POS, dated 8/2024, showed an order for Oxycodone 20 mg 1 tablet by mouth every 6 hours PRN for chronic pain dated 7/3/24.</p> <p>Review of the resident's MAR, dated 8/2024, showed:</p> <ul style="list-style-type: none"> <li>-A physician order for Oxycodone 20 mg 1 tablet by mouth every 6 hours PRN for chronic pain dated 7/3/24.</li> <li>-56 Oxycodone 20 mg tablets were documented as administered to the resident between 8/1/24-8/19/24.</li> <li>-Documentation of the resident's MAR for 8/20/24-8/31/24 was requested and not provided at the time of exit.</li> </ul> <p>Review of the resident's Oxycodone 20 mg tablet narcotic log for 8/2024, showed:</p> <ul style="list-style-type: none"> <li>-70 Oxycodone 20 mg tablets were signed out between the dates of 8/1/24-8/19/24.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Note: 56 Oxycodone 20 mg were documented as administered by the staff on the resident's MAR. 14 tablets were unaccounted for.</p> <p>-44 Oxycodone 20 mg tablets were signed out between the dates of 8/20/24-8/31/24. The resident's MAR for those dates were requested and not provided at the time of exit.</p> <p>39469</p> <p>2. Review of Resident #23's POS showed Hydrocodone (a narcotic pain reliever) 5/325 mg one or two tablets every six hours as needed for pain dated 7/13/24.</p> <p>Review of the resident's Hydrocodone narcotic log showed between 8/1/24 - 8/31/24:</p> <p>-One tablet Hydrocodone 5/325 mg was removed from the narcotic count 10 times.</p> <p>-Two tablets Hydrocodone 5/325 mg was removed from the narcotic count three times (for a total of six tablets).</p> <p>Review of the resident's 8/2024 MAR showed:</p> <p>-Hydrocodone 5/325 mg one tablet every six hours as needed was documented as administered four times.</p> <p>-Hydrocodone 5/325 mg two tablets every six hours as needed showed no documentation of administration.</p> <p>-NOTE: A total of 12 tablets of Hydrocodone 5/325 mg are unaccounted for.</p> <p>3. Review of Resident #19's July 2024 POS showed a physician order for Norco 10/325 mg one tablet orally two times a day for pain, dated 1/17/24.</p> <p>Review of the resident's Narcotic log for July 2024 showed 47 Norco tablets were signed out for administration.</p> <p>Review of the resident's July 2024 Medication Administration Record showed:</p> <p>-Norco 10/325 mg one tablet orally two times a day for pain, dated 1/17/24.</p> <p>-53 Norco tablets were signed out as administered. No documentation where the additional six tablets were obtained.</p> <p>4. Review of Resident #36's Face Sheet showed he/she was admitted to the facility on [DATE] with a diagnosis of an open wound to his/her left lower leg(after motor vehicle accident).</p> <p>Review of the resident's June 2024 POS showed a physician order for Oxycodone 5 mg every six hours as needed for pain dated 6/17/24.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's Narcotic log for June 2024 showed 17 Oxycodone tablets were signed out for administration.</p> <p>Review of the resident's June 2024 MAR showed:</p> <ul style="list-style-type: none"> <li>-Oxycodone 5 mg every six hours as needed for pain dated 6/17/24.</li> <li>-14 Oxycodone tablets were documented as administered. NOTE: Three tablets were unaccounted for.</li> </ul> <p>Review of the resident's Narcotic log for July 2024 showed 41 Oxycodone tablets were signed out for administration.</p> <p>Review of the resident's July 2024 MAR showed:</p> <ul style="list-style-type: none"> <li>-Oxycodone 5 mg every six hours as needed for pain dated 6/17/24.</li> <li>-30 Oxycodone tablets were documented as administered. NOTE: 11 tablets were unaccounted for.</li> </ul> <p>Review of the resident's August 2024 POS showed a physical order for Oxycodone hydrochloride oral tablet 5 mg one tablet by mouth every six hours as needed for pain, dated 8/14/24.</p> <p>Review of the resident's Narcotic log for August 2024 showed 16 Oxycodone tablets were signed out for administration.</p> <p>Review of the resident's August 2024 Medication Administration Record showed:</p> <ul style="list-style-type: none"> <li>-Oxycodone 5 mg every six hours as needed for pain dated 8/14/24.</li> <li>-14 Oxycodone tablets were documented as administered. NOTE: Two tablets were unaccounted for.</li> </ul> <p>5. During an interview on 9/11/24 at 10:30 A.M. Licensed Practical Nurse (LPN) B said staff removing the narcotics from the narcotic logs were responsible to ensure the narcotic was also on the MAR documented as administered.</p> <p>During an interview on 9/11/24 at 12:00 P.M. the DON said:</p> <ul style="list-style-type: none"> <li>-Medications that were signed off on the Narcotic Count Sheet should have match the amount that was signed off on the MAR.</li> <li>-He/She was ultimately responsible for ensuring the narcotic count was correct and that the count matched what was signed off on the MAR.</li> </ul> <p>During an interview on 9/11/24 at 12:56 P.M., LPN A said:</p> <ul style="list-style-type: none"> <li>-Staff should document PRN pain medication on the front and back of the MAR when administered.</li> <li>-Staff should document PRN pain medication on the narcotic log when administered.</li> </ul> <p>(continued on next page)</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-The MAR and the narcotic log should match.</p> <p>-Two PRN Oxycodone should not have been administered at the same time for resident #8.</p> <p>-The narcotic logs and MAR's had medication errors.</p> <p>During an interview on 9/11/24 at 1:00 P.M., the Regional Nurse Consultant said:</p> <p>-Narcotic sign out logs and MAR's should match.</p> <p>-There had been no previous audits of the narcotic logs and MAR's prior to him/her coming to the facility.</p> <p>-Narcotics logs and MAR's should have been audited to ensure accuracy.</p> <p>-Narcotic logs and MAR's should have been audited at least once per month.</p> <p>-The narcotic logs and MAR's had medication errors.</p> <p>6. Review of the Controlled Drug Count Sheet on the Men's unit from June 1, 2024 through September 10, 2024 showed:</p> <p>-Staff were directed to count all controlled drugs accessible to the medication nurse at each shift change.</p> <p>-NOTE: the facility shift change was two times daily.</p> <p>-Each shift were to sign the count sheet by the incoming nurse and the outgoing nurse. In addition, staff were to check yes or no if the count was okay (meaning no discrepancies).</p> <p>-Between 6/1/24 - 6/30/24 showed no documentation by either the incoming nurse and/or the outgoing nurse 28 out of 120 opportunities. No documentation the count was ok 15 out of 60 shifts.</p> <p>-Between 7/1/24 - 7/31/24 showed no documentation by either the incoming nurse and/or the outgoing nurse 86 out of 124 opportunities, including no documentation by either shift between 7/5/24 night shift through 7/23/24 night shift. No documentation the count was ok 43 out of 62 shifts.</p> <p>-Between 8/1/24 - 8/31/24 showed no documentation by either the incoming nurse and/or the outgoing nurse 47 out of 124 opportunities. No documentation the count was ok 24 out of 62 shifts.</p> <p>During an observation of medication pass and interview at 9/9/24. at 8:43 A.M. with LPN B said:</p> <p>-Observation of the narcotic count did not show the nurse counted the liquid Morphine that was stored in the refrigerator.</p> <p>-He/She said that don't usually count it because it was a full bottle still unopened.</p> <p>During an interview on 9/11/24 at 8:20 A.M. Certified Medication Technician (CMT) A said:</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Staff was expected to count the narcotics with the off going nurse and both the nurses would sign at the same time that they counted.</p> <p>-Counting the narcotics should have been done at the beginning and end of each shift or whenever the keys to the medication cart were passed on to the next shift.</p> <p>-There have been times when there were not two signatures on the narcotic count.</p> <p>-If someone did not sign and count the narcotics he/she would have notified the DON.</p> <p>During an interview on 9/11/24 at 9:02 A.M. LPN A/Charge Nurse (CN) said:</p> <p>-As soon as you receive report you and the off going nurse should have counted the narcotics at the same time and signed at the same time.</p> <p>-There should not have been any blanks on the narcotic count.</p> <p>-If there were blanks the DON should have been notified.</p> <p>-There have been many blanks on the narcotic sheet, maybe people forgot to sign it.</p> <p>-He/She had not notified the DON about the blanks on the narcotic sheets.</p> <p>-The DON or Assistant Director of Nursing (ADON) were ultimately responsible for ensuring the narcotic count was correct.</p> <p>During an interview on 9/11/24 at 10:30 A.M. LPN B said:</p> <p>-The narcotics should have been counted with the oncoming and off going nurses together at the same time.</p> <p>-The count should have been correct.</p> <p>-If the count was not correct he/she would not have taken the keys from the previous shift.</p> <p>-If the count was not correct he/she would have notified the DON or ADON.</p> <p>-There was some blanks on the Narcotic Count Sheet and that should never have happened.</p> <p>-He/She had not notified the DON as it had not happened on his/her shift.</p> <p>-The number of narcotic cards and the liquid medication in the medication refrigerator were counted first.</p> <p>-Then you count how much medication was on each card.</p> <p>-The amount should be correct.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-They had received education recently from the DON on ensuring the narcotic count was correct.</p> <p>During an interview on 9/11/24 at 12:00 P.M. the DON said:</p> <p>-Nursing staff was expected to count the narcotics at the beginning and at the end of their shift with a second nurse.</p> <p>-If there were any blank spots the staff should have notified him/her or the ADON.</p> <p>-All of the medications including the Narcotics in the medication refrigerator should have been counted even if it was full as someone could have taken the whole bottle and just left the box.</p> <p>-He/She was ultimately responsible for ensuring the narcotic count was correct.</p>

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<p>F 0790</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide routine and 24-hour emergency dental care for each resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51303</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure routine and emergency dental services to meet the needs of residents were offered to one sampled resident, (Resident #37), out of 13 sampled residents. The facility census was 40 residents.</p> <p>Review of the undated facility policy Availability of Services, Dental showed:</p> <ul style="list-style-type: none"> <li>-Dental services were available to all residents requiring routine and emergency dental care.</li> <li>-Social services was responsible for making necessary dental appointments.</li> </ul> <p>1. Review of Resident #37's undated Face Sheet showed he/she was initially admitted on [DATE] and the most recent admission to the facility on [DATE] with a diagnosis of Dysphagia, unspecified, a swallowing disorder that is characterized by difficulty swallowing.</p> <p>Review of the resident's undated Order Summary Report showed an order for a dental consult and treat.</p> <p>Review of the resident's Admission Nursing Evaluation dated 6/21/24 and 7/1/24 showed:</p> <ul style="list-style-type: none"> <li>-Dental:</li> <li>--Resident has his/her own teeth.</li> <li>--Broken teeth.</li> </ul> <p>Observation on 09/11/24 at 8:56 A.M. of the resident's mouth showed he/she had multiple missing and broken teeth.</p> <p>During an interview on 9/11/24 at 8:40 A.M. the resident said:</p> <ul style="list-style-type: none"> <li>-He/She was unsure the last time he/she saw a dentist.</li> <li>-He/She reported concern regarding his/her teeth and pain daily.</li> <li>-He/She provided his/her own oral care.</li> <li>-His/Her teeth hurt.</li> </ul> <p>During an interview on 9/10/24 at 2:07 P.M. Licensed Practical Nurse (LPN) B said:</p> <ul style="list-style-type: none"> <li>-He/She was not aware of the resident's broken teeth.</li> <li>-Social Service Director (SSD) would be notified for dental referrals.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0790</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 09/10/24 at 1:22 P.M. the SSD said:</p> <ul style="list-style-type: none"> <li>-The facility had a provider for dental care.</li> <li>-He/She was not aware when dental services had last been provided.</li> <li>-He/She would ask on admission if the resident wanted dental and would obtain the signed consent form.</li> <li>-There was no documentation a dental consent form was provided to the resident upon admission to the facility.</li> <li>-He/She would fax consents to the dental provider.</li> <li>-He/She would receive a list from the dental provider with the residents' names for the next visit.</li> <li>-The dentist was last at the facility on 7/25/24. The resident was not seen by the dentist during that visit. He/She did not know when the next scheduled dental visit to the facility will be.</li> <li>-He/She was not aware the resident had broken teeth.</li> </ul> <p>During an interview on 9/11/24 at 8:45 A.M. Certified Nurses Aide (CNA) B said:</p> <ul style="list-style-type: none"> <li>-The resident performed his/her own oral care.</li> <li>-The resident had not reported the need for dental care</li> <li>-He/She provided oral care supplies to the resident.</li> <li>-He/She was not aware resident had broken teeth.</li> <li>-He/She would tell the charge nurse if a resident had complaints of teeth missing or pain.</li> </ul> <p>During an interview on 9/11/24 at 8:45 A.M. CNA C said:</p> <ul style="list-style-type: none"> <li>-The resident performed his/her own oral care.</li> <li>-The resident had not reported the need for dental care</li> <li>-He/She was not aware resident had broken teeth.</li> <li>-He/She would tell the charge nurse if a resident had complaints of teeth concerns or pain.</li> </ul> <p>During an interview on 9/11/24 at 9:20 A.M. the MDS nurse said:</p> <ul style="list-style-type: none"> <li>-He/She would look through the resident's chart to obtain data for the MDS.</li> </ul> <p>(continued on next page)</p>

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NAME OF PROVIDER OR SUPPLIER  Apple Ridge Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  100 West Thomas Avenue Waverly, MO 64096	

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<p>F 0790</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-He/She was not aware of the resident's broken teeth.</p> <p>During an interview on 9/11/24 at 11:47 A.M. the Director of Nursing (DON) said:</p> <p>-The SSD would obtain consent from resident on admission or as requested.</p> <p>-The SSD would fax consent to dental provider for scheduling.</p> <p>-He/She was not aware the resident had broken teeth.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38452</b></p> <p>Based on observation, interview, and record review, the facility failed to establish and maintain a comprehensive, facility-specific infection prevention and control program designed to help prevent the development and transmission of Legionella (A [NAME] of pathogenic Gram-negative bacteria that includes the species L. pneumophila, causing legionellosis, all illnesses caused by Legionella, including a pneumonia-type illness called Legionnaires' disease and a mild flu-like illness called Pontiac fever) and/or other water-borne pathogens (a bacterium, virus, or other microorganism that can cause disease), and failed to provide documented assessments for such an outbreak with accepted response protocols, in accordance with Centers for Disease Control (CDC) and Centers for Medicare and Medicaid Services (CMS) guidelines. This deficient practice had the potential to affect all residents, visitors, volunteers, and staff who resided, visited, used, or worked in the facility. The facility failed to ensure all residents received a two-step tuberculosis (TB - a communicable disease that affects especially the lungs, that is characterized by fever, cough, difficulty in breathing, abnormal lung tissue and function) skin test upon admission to the facility for five sampled residents (Residents #15, #32, #36, #37, and #342) and failed to ensure the staff were following Enhanced Barrier Precautions (EBP-a strategy to reduce the spread of Multidrug-Resistant Organisms in Nursing Homes) protocol when providing wound care for two sampled residents with wounds (Residents #23 and #36) and failed to ensure staff knew which residents to use EBP on when providing cares for three sampled residents (Residents #23, #36 and #37) out of 13 sampled residents. The facility census was 40 residents with a licensed capacity for 60 residents at the time of the survey.</p> <p>1. Observation on [DATE] between 10:04 A.M. and 11:07 A.M. during the initial facility Life Safety Code (LSC) kitchen inspection with the Dietary Manager (DM) showed there was a three-sink area, an ice machine, a low-heat chemical dish-washing machine, and a hand-washing sink.</p> <p>Observation on [DATE] between 12:10 P.M. and 3:09 P.M. during the facility LSC walk-through inspection with the Administrator showed the following:</p> <ul style="list-style-type: none"> <li>-The building was equipped with a full fire sprinkler system and had its incoming water supplied by the local water company.</li> <li>-There was a piped fire sprinkler riser room (A dedicated space for fire protection equipment) which served the whole facility's system.</li> <li>-There were at least 26 resident rooms with private or shared bathrooms and sinks.</li> <li>-There were two Shower Rooms and two tankless water heaters.</li> <li>-There was a Janitor's Closet with a mop hopper and a Breakroom and a Medication Room with sinks.</li> <li>-There were two gender specific public restrooms and a Beauty Shop with a sink.</li> </ul> <p>Review of the facility's maintenance folder entitled Legionella Water Management Plan, last reviewed [DATE] and provided by the Administrator, 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 - Many</p>	<p>-The first 31 pages of the binder had a watermark (the process of superimposing a logo or piece of text atop a document or image file) that read Draft Version behind the text in a diagonal manner.</p> <p>-The water flow diagram on page 12 did not indicate areas of risk with the potential risk level for each.</p> <p>-On page 15, with the heading Control Measures: Cold Water Systems, the Upper and Lower Control Limits were marked as N/A (not applicable, not available, not assessed, or no answer) and that the water management plan expired on [DATE].</p> <p>-On page 16, with the heading Control Measures: Hot Water Systems it stated to check the water heaters monthly though there was no documentation for it, and that the water management plan expired on [DATE].</p> <p>-The page with the heading Water Management Plan Program Team Meeting Minutes did not list the facility name where indicated and was left entirely blank.</p> <p>-There was a printed copy of an email from a state surveyor dated [DATE] with a link to the CDC's Legionella website page and a list of what assessments and toolkits were required to be completed and added to their program.</p> <p>-There was a copy of the 36-page (pg.) CDC toolkit including control measures such as physical controls, temperature management, disinfectant level control, visual inspections, and environmental testing for pathogens, though the assessment included was left blank.</p> <p>-There was an undated 2-pg. Quarterly/Semi Annual/Annual Maintenance Schedule of Duties which had a column of a year's twelve months broken down on the left hand side with an explanation of what actions should be done next to each month, but the right hand column of places for the dates completed was left blank.</p> <p>-The undated 1-pg. [Facility Name] Weekly Maintenance Schedule of Duties had 44 blanks to be filled in that were not.</p> <p>-The 15-pg. CDC environmental Assessment Form had numerous blanks to fill in and questions to be answered, but none were.</p> <p>-There were no facility-specific testing protocols and acceptable ranges for control measures with a method of monitoring them at this facility, with interventions or action plans for when control limits were not met.</p> <p>-There was no documentation of any site log book being maintained with any cleanings, sanitizings, descalings, and inspections mentioned.</p> <p>During an interview on [DATE] at 11:11 A.M. the Administrator said the following:</p> <p>-Their Director of Maintenance (DOM) would be responsible for implementing the Legionella program when they hired one.</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 - Many</p>	<p>-They were currently interviewing applicants for that position.</p> <p>-He/She had been made aware of some of the basic requirements of the program through Quality Improvement Program for Missouri (QIPMO).</p> <p>32720</p> <p>2. Review of the facility's Screening Residents for Tuberculosis policy dated [DATE] showed:</p> <p>-No guidance for the facility to complete a two-step TB skin test for all residents with the first step to be administered prior to or upon admission to the facility.</p> <p>Review of Resident #32's Face Sheet showed he/she was admitted to the facility on [DATE].</p> <p>Review of the resident's medical records showed:</p> <p>-No documentation of the resident's admission two step TB skin test.</p> <p>-An Annual Statement for Tuberculin Reactors signs and symptoms screening form dated [DATE].</p> <p>Review of Resident #37's Face Sheet showed he/she was admitted to the facility on [DATE].</p> <p>Review of the resident's medical records showed:</p> <p>-No documentation of the resident's admission two step TB skin test.</p> <p>-An Annual Statement for Tuberculin Reactors signs and symptoms screening form dated [DATE].</p> <p>Review of Resident #36's Face Sheet showed he/she was admitted to the facility on [DATE].</p> <p>Review of the resident's medical records showed:</p> <p>-No documentation of the resident's admission two step TB skin test.</p> <p>-An Annual Statement for Tuberculin Reactors signs and symptoms screening form dated [DATE].</p> <p>Review of Resident #15's Face Sheet showed he/she was admitted to the facility on [DATE].</p> <p>Review of the resident's medical records showed:</p> <p>-No documentation of the resident's admission two step TB skin test.</p> <p>-An Annual Statement for Tuberculin Reactors signs and symptoms screening form dated [DATE].</p> <p>Review of Resident #342's Face Sheet showed he/she was admitted to the facility on [DATE].</p> <p>Review of the resident's medical records showed:</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 - Many</p>	<p>-The first step TB skin test was administered on [DATE].</p> <p>-No date documented when the test was read. The results were negative with zero millimeters of induration.</p> <p>During an interview on [DATE] at 12:21 P.M., the Assistant Director of Nursing (ADON) said:</p> <p>-The nurse admitting the resident was responsible to ensure the first step TB skin test was administered.</p> <p>-The test should be read in ,d+[DATE] hours.</p> <p>-About two weeks later the second step should be administered by the nurse on duty.</p> <p>During an interview on [DATE] at 12:24 P.M., the Director of Nursing (DON) said:</p> <p>-Residents should have a two step TB test upon admission.</p> <p>-The first step test was done by the admitting nurse then the nurse in charge would do the second step a couple weeks later.</p> <p>-The test should have a date it was read.</p> <p>39469</p> <p>3. Review of the facility's policy, Enhanced Barrier Precautions, dated 2024 showed:</p> <p>-It was the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms.</p> <p>-EBP refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and gloves use during high contact resident care activities.</p> <p>-All staff receive training on enhanced barrier precautions upon hire and at least annually and were expected to comply with all designated precautions.</p> <p>-The facility would have the discretion on how to communicate to staff which residents require the use of EBP, as long as staff were aware of which residents required the use of EBP prior to providing high-contact care activities.</p> <p>-Enhanced barrier precaution would have been initiated for residents with any of the following:</p> <p>-Wounds (chronic wounds such as pressure ulcers, unhealed surgical wounds), and indwelling medical devices (feeding tubes).</p> <p>-Make gowns and gloves immediately available near or outside of the resident's room.</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 - Many</p>	<p>-There was no sign on the resident's door which indicated EBP was to have been used in the room.</p> <p>-There was no isolation cart in the room.</p> <p>Observation of wound care on [DATE] at 10:35 A.M. with Licensed Practical Nurse (LPN) A showed:</p> <p>-He/She provided wound care for the resident without wearing a gown.</p> <p>-There was no sign on the resident's door which indicated EBP was to have been used in the room.</p> <p>-There was no isolation cart in the room.</p> <p>During an interview on [DATE] at 10:43 A.M. LPN A said:</p> <p>-He/She did not know when to use EBP.</p> <p>-The resident came with the wound.</p> <p>-They did not have a Wound Care Nurse each nurse does their own wound cares.</p> <p>-The DON had provided EBP education for the staff.</p> <p>-EBP meant keeping wounds dry.</p> <p>-All you needed to wear was gloves if the wound was not airborne.</p> <p>-He/She did not know if the resident should have had EBP.</p> <p>-If the resident should have had EBP then there should have had a sign on the door a yellow dot.</p> <p>-There was no sign on the resident's door.</p> <p>-The Infection Preventionist would have been responsible for ensuring there was a sign on the resident's door which would have shown staff EBP were needed.</p> <p>During an interview on [DATE] at 10:53 A.M. Certified Nursing Assistant (CNA) D said:</p> <p>-If a resident had an open wound staff should have wore full PPE while providing cares for the resident.</p> <p>-There was no sign on the resident's door which indicated EBP was to have been used in the room.</p> <p>-There was an isolation cart under the sink in the resident's room.</p> <p>-The DON provided an inservice every month but could not remember if they had education on EBP.</p> <p>-He/She was not sure what EBP was for or how to know which residents were on EBP.</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 - Many</p>	<p>-He/She was a germaphobe and always wore a gown, mask and gloves while giving providing cares for the resident such as changing them or providing a shower.</p> <p>-The Wound Care Nurse would have been in charge of ensuring the staff knew which residents were on EBP.</p> <p>-There should have been a sign on the door denoting the resident was on EBP.</p> <p>-The resident did not have a sign on his/her door for EBP.</p> <p>Review of Resident #23's face sheet showed he/she was admitted to the facility on [DATE] with the following diagnoses:</p> <p>-Edema (fluid retention within the bodies tissue).</p> <p>-Diabetes.</p> <p>Review of the resident's Care Plan dated [DATE] showed:</p> <p>-Did not show anything about EBP.</p> <p>-He/She had the potential for skin breakdown related to diabetes diagnosis.</p> <p>-He/She had a wound on his/her right heel.</p> <p>Review of the resident's Quarterly MDS, dated [DATE] showed:</p> <p>-He/She was moderately cognitively impaired.</p> <p>-He/She had Diabetes.</p> <p>-He/She had a stage 3 pressure ulcer (a full-thickness skin loss that extends into deeper tissue and fat).</p> <p>-He/She had an application of ointment/medication to his/her feet.</p> <p>-He/She had dressings to his/her feet.</p> <p>Review of [DATE] POS showed the following orders:</p> <p>-Extended (Enhanced) Barrier Precaution for wound, dated [DATE].</p> <p>Observation on [DATE] at 3:34 P.M. showed:</p> <p>-There was no sign on the resident's door which indicated EBP was to have been used in the room.</p> <p>-There was no isolation cart in the room.</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 - Many</p>	<p>-Resident #23 and Resident #36 were roommates.</p> <p>Observation on [DATE] at 10:35 A.M. showed:</p> <p>-There was no sign on the resident's door which indicated EBP was to have been used in the room.</p> <p>-There was no isolation cart in the room.</p> <p>Observation of wound care and interview on [DATE] at 2:59 P.M. LPN A showed:</p> <p>-He/She provided wound care for the resident daily.</p> <p>-The resident had a Stage 3 pressure ulcer on his/her right heel which measured 3 cm by 2 cm.</p> <p>-He/She had not been using EBP on the resident and maybe should have.</p> <p>During an interview on [DATE] at 3:20 P.M. the resident said:</p> <p>-The nurse does wound care every day.</p> <p>-He/She was not able to say if the staff wore full PPE while doing cares with him/her.</p> <p>During an interview on [DATE] at 3:30 LPN B/Charge Nurse (CN) said:</p> <p>-He/She had never heard of EBP.</p> <p>-He/She had heard of isolation but did not know what the difference was.</p> <p>-They (the staff) have completed education on the computer system.</p> <p>-For regular isolation staff should wear gown, gloves, and a mask.</p> <p>-If a resident was on isolation there should have been a little sign in the shape of a gown by the resident's name on the outside of the resident's room.</p> <p>-Isolation residents would have had an isolation cart by their door.</p> <p>-This resident did not have either.</p> <p>-The Assistant Director of Nursing (ADON) was the facilities Infection Preventionist and was currently on vacation.</p> <p>Review of Resident # 37's face sheet showed he/she was admitted to the facility on [DATE] with the following diagnosis:</p> <p>-Gastronomy status (a surgical creation of a permanent opening into the stomach through the skin for the introduction of nourishment and fluids through a tube).</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 - Many</p>	<p>Review of the resident's Admission MDS dated [DATE] showed:</p> <ul style="list-style-type: none"> <li>-He/She was moderately cognitively impaired.</li> <li>-He/She had a feeding tube.</li> </ul> <p>Review of the resident's Care Plan dated [DATE] showed:</p> <ul style="list-style-type: none"> <li>-He/She had an enteral feeding tube.</li> <li>-Staff was to change the dressing around the stoma (insertion site) per physician's order.</li> </ul> <p>Review of the [DATE] POS showed the following order:</p> <ul style="list-style-type: none"> <li>-EBP due to feeding tube, dated [DATE].</li> </ul> <p>Observation of tube feeding and interview on [DATE] at 10:49 A.M. with LPN B/CN showed:</p> <ul style="list-style-type: none"> <li>-There was no sign on the resident's door which indicated EBP was to have been used in the room</li> <li>-He/She said he/she had not known about EBP before the surveyor asked about it yesterday and had not worn EBP when working with the resident's feeding tube before today.</li> <li>-He/She said there should have been a sign on the resident's door indicating EBP was to have been used as the resident had a feeding tube.</li> </ul> <p>During an interview on [DATE] at 11:15 A.M. the resident said:</p> <ul style="list-style-type: none"> <li>-He/She declined to be interviewed as he/she was too ill.</li> </ul> <p>4. During an interview on [DATE] at 1:20 P.M. CNA A said:</p> <ul style="list-style-type: none"> <li>-If a resident had a wound or any type of tubing you should wear a mask, gloves, and a gown (EBP).</li> <li>-There should have been a sign on the door indicating EBP should be worn.</li> <li>-He/She was not sure what the sign would have looked like.</li> <li>-There should have been an isolation cart outside the resident's room.</li> <li>-The (DON) or CN was responsible for ensuring staff knew which residents had EBP and ensuring staff also knew.</li> <li>-The facility had two meetings last month about EBP provided by the DON.</li> <li>-Staff did not know before today that they should have started wearing PPE for a resident on EBP.</li> </ul> <p>During an interview on [DATE] at 12:00 P.M. the DON said:</p> <p>(continued on next page)</p>

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NAME OF PROVIDER OR SUPPLIER  Apple Ridge Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  100 West Thomas Avenue Waverly, MO 64096	

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-If a resident had a wound or any tubing such as a feeding tube or a foley (tube inserted into the bladder to drain urine) they should have been placed on EBP.</p> <p>-If a resident was on EBP there should have been a yellow gown on their name plate on the door.</p> <p>-There should have been an isolation cart outside their door.</p> <p>-Staff had received education by his/her self and the Administrator on EBP this last month.</p> <p>-He/She would have expected staff to wear a gown, gloves, and a mask when entering a resident's room that was on EBP.</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**</b> 32720</p> <p>Based on interview and record review, the facility failed to ensure a resident's vaccination status and/or provide education regarding the pneumonia (a lung infection that causes the air sacs in the lungs to fill with fluid or pus) vaccines upon admission to the facility for five sampled residents (Residents #15, #32, #36, #37, and #342) out of 12 sampled residents. The facility census was 40 residents.</p> <p>Review of the facility's Pneumococcal Vaccine policy dated March 2022 showed:</p> <ul style="list-style-type: none"> <li>-All residents are offered pneumococcal vaccines to aid in preventing pneumonia/pneumococcal infections.</li> <li>-Prior to or upon admission, residents are assessed for eligibility to receive pneumococcal vaccine series.</li> <li>-Before receiving the vaccine, residents or their representatives are offered education regarding the benefits, risks, and potential side effects of the vaccine.</li> </ul> <p>1. Review of Resident #32's Face Sheet showed he/she was admitted to the facility on [DATE].</p> <p>Review of the resident's medical records showed:</p> <ul style="list-style-type: none"> <li>-No documentation of the resident's pneumonia vaccination status.</li> <li>-No documentation the resident was offered a pneumonia vaccination upon admission to the facility.</li> <li>-No documentation the resident was provided education regarding the risks and benefits and potential side effects associated with the vaccine upon admission to the facility.</li> </ul> <p>2. Review of Resident #37's Face Sheet showed he/she was admitted to the facility on [DATE].</p> <p>Review of the resident's medical records showed:</p> <ul style="list-style-type: none"> <li>-No documentation of the resident's pneumonia vaccination status.</li> <li>-No documentation the resident was offered a pneumonia vaccination upon admission to the facility.</li> <li>-No documentation the resident was provided education regarding the risks and benefits and potential side effects associated with the vaccine upon admission to the facility.</li> </ul> <p>3. Review of Resident #36's Face Sheet showed he/she was admitted to the facility on [DATE].</p> <p>Review of the resident's medical records showed:</p> <ul style="list-style-type: none"> <li>-No documentation of the resident's pneumonia vaccination status.</li> </ul> <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>-No documentation the resident was offered a pneumonia vaccination upon admission to the facility.</p> <p>-No documentation the resident was provided education regarding the risks and benefits and potential side effects associated with the vaccine upon admission to the facility.</p> <p>4. Review of Resident #15's Face Sheet showed he/she was admitted to the facility on [DATE].</p> <p>Review of the resident's medical records showed:</p> <p>-No documentation of the resident's pneumonia vaccination status.</p> <p>-No documentation the resident was offered a pneumonia vaccination upon admission to the facility.</p> <p>-No documentation the resident was provided education regarding the risks and benefits and potential side effects associated with the vaccine upon admission to the facility.</p> <p>5. Review of Resident #342's Face Sheet showed he/she was admitted to the facility on [DATE].</p> <p>Review of the resident's medical records showed:</p> <p>-No documentation of the resident's pneumonia vaccination status.</p> <p>-No documentation the resident was offered a pneumonia vaccination upon admission to the facility.</p> <p>-No documentation the resident was provided education regarding the risks and benefits and potential side effects associated with the vaccine upon admission to the facility.</p> <p>6. During an interview on 9/10/24 at 12:21 P.M., the Assistant Director of Nursing (ADON) said:</p> <p>-He/She was not sure who was responsible to ensure resident pneumonia education was provided upon admission to the facility.</p> <p>-Vaccination status should be documented in the resident's medical record.</p> <p>During an interview on 9/11/24 at 12:24 P.M., the Director of Nursing (DON) said:</p> <p>-Pneumonia education and/or vaccination records should be obtained and entered in the resident's medical record upon admission.</p> <p>-He/She was not sure if the residents were given education regarding pneumonia vaccines upon admission to the facility.</p>		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32720</b></p> <p>Based on interview and record review, the facility failed to ensure provision and documentation of education regarding the benefits, risks and potential side effects associated with the COVID-19 (a new disease caused by a novel (new) coronavirus) vaccine for residents upon admission to the facility for five sampled residents (Residents #15, #32, #36, #37, and #342) out of 12 sampled residents and for five out of five sampled staff (Employees A, B, C, D, and E). The facility census was 40 residents.</p> <p>Review of the Coronavirus Disease (COVID-19) Vaccination of Resident's policy dated May 2023 showed:</p> <ul style="list-style-type: none"> <li>-Each resident is offered the COVID-19 vaccine unless the vaccine is medically contraindicated or the resident is fully vaccinated.</li> <li>-The resident (or resident's representative) has the opportunity to accept or reject a COVID-19 vaccine.</li> <li>-COVID-19 vaccine education, documentation, and reporting are overseen by the Infection Preventionist.</li> <li>-Before the COVID-19 vaccine is offered, the resident is provided with education regarding the benefits, risks, and potential side effects associated with the vaccine. The information is provided in a format or language that is understood by the resident and/or representative.</li> </ul> <p>Review of the Employee Infection and Vaccination Status policy dated August 2013 showed:</p> <ul style="list-style-type: none"> <li>-Employees will be offered vaccinations per state or local agency policies/regulations.</li> <li>-Employees will be provided with educational materials to make informed decisions for non-mandated vaccinations. If declined, a declination form will be completed and placed in the employee's health record.</li> </ul> <p>1. Review of Resident #32's Face Sheet showed he/she was admitted to the facility on [DATE].</p> <p>Review of the resident's medical records showed:</p> <ul style="list-style-type: none"> <li>-No documentation of the resident's COVID vaccination status.</li> <li>-No documentation the resident was offered a COVID vaccination upon admission to the facility.</li> <li>-No documentation the resident was provided education regarding the risks and benefits and potential side effects associated with the vaccine upon admission to the facility.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #37's Face Sheet showed he/she was admitted to the facility on [DATE].</p> <p>Review of the resident's medical records showed:</p> <ul style="list-style-type: none"> <li>-No documentation of the resident's COVID vaccination status.</li> <li>-No documentation the resident was offered a COVID vaccination upon admission to the facility.</li> <li>-No documentation the resident was provided education regarding the risks and benefits and potential side effects associated with the vaccine upon admission to the facility.</li> </ul> <p>Review of Resident #36's Face Sheet showed he/she was admitted to the facility on [DATE].</p> <p>Review of the resident's medical records showed:</p> <ul style="list-style-type: none"> <li>-No documentation of the resident's COVID vaccination status.</li> <li>-No documentation the resident was offered a COVID vaccination upon admission to the facility.</li> <li>-No documentation the resident was provided education regarding the risks and benefits and potential side effects associated with the vaccine upon admission to the facility.</li> </ul> <p>Review of Resident #15's Face Sheet showed he/she was admitted to the facility on [DATE].</p> <p>Review of the resident's medical records showed:</p> <ul style="list-style-type: none"> <li>-No documentation of the resident's COVID vaccination status.</li> <li>-No documentation the resident was offered a COVID vaccination upon admission to the facility.</li> <li>-No documentation the resident was provided education regarding the risks and benefits and potential side effects associated with the vaccine upon admission to the facility.</li> </ul> <p>Review of Resident #342's Face Sheet showed he/she was admitted to the facility on [DATE].</p> <p>Review of the resident's medical records showed:</p> <ul style="list-style-type: none"> <li>-No documentation of the resident's COVID vaccination status.</li> <li>-No documentation the resident was offered a COVID vaccination upon admission to the facility.</li> <li>-No documentation the resident was provided education regarding the risks and benefits and potential side effects associated with the vaccine upon admission to the facility.</li> </ul> <p>Review of Employee A's employment record showed:</p> <ul style="list-style-type: none"> <li>-His/Her date of hire was 8/22/24.</li> </ul> <p>(continued on next page)</p>

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-No documentation of the employee's COVID vaccination status.</p> <p>-No documentation the employee was offered a COVID vaccination upon hire.</p> <p>-No documentation the employee was provided education regarding the risks and benefits and potential side effects associated with the vaccine upon hire.</p> <p>Review of Employee B's employment record showed:</p> <p>-His/Her date of hire was 5/18/24.</p> <p>-No documentation of the employee's COVID vaccination status.</p> <p>-No documentation the employee was offered a COVID vaccination upon hire.</p> <p>-No documentation the employee was provided education regarding the risks and benefits and potential side effects associated with the vaccine upon hire.</p> <p>Review of Employee C's employment record showed:</p> <p>His/Her date of hire was 12/14/23.</p> <p>-No documentation of the employee's COVID vaccination status.</p> <p>-No documentation the employee was offered a COVID vaccination upon hire.</p> <p>-No documentation the employee was provided education regarding the risks and benefits and potential side effects associated with the vaccine upon hire.</p> <p>Review of Employee D's employment record showed:</p> <p>-His/Her date of hire was 3/8/24.</p> <p>-No documentation of the employee's COVID vaccination status.</p> <p>-No documentation the employee was offered a COVID vaccination upon hire.</p> <p>-No documentation the employee was provided education regarding the risks and benefits and potential side effects associated with the vaccine upon hire.</p> <p>Review of Employee E's employment record showed:</p> <p>-His/Her date of hire was 4/30/24.</p> <p>-No documentation of the employee's COVID vaccination status.</p> <p>-No documentation the employee was offered a COVID vaccination upon hire.</p> <p>(continued on next page)</p>

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-No documentation the employee was provided education regarding the risks and benefits and potential side effects associated with the vaccine upon hire.</p> <p>During an interview on 9/10/24 at 12:21 P.M., the Assistant Director of Nursing (ADON) said:</p> <p>-He/She did not provide the education for COVID vaccines for the staff or residents.</p> <p>-He/She thought the Director of Nursing (DON) did that.</p> <p>During an interview on 9/10/24 at 1:37 P.M., the Regional Nurse said:</p> <p>-He/She would not have COVID vaccination information for staff or residents.</p> <p>-He/She did not think the facility needed to get vaccination status or provide education to staff or residents regarding the COVID vaccination since the Public Health Emergency was over.</p> <p>During an interview on 9/11/24 at 12:24 P.M., the Director of Nursing (DON) said:</p> <p>-Staff should have vaccination records so they can be entered in their employee medical file.</p> <p>-Residents should have vaccination records so they can be entered in their medical record.</p> <p>-He/She was not sure if residents were given education regarding COVID vaccines, but he/she was sure if the staff were provided with the education.</p> <p>-He/She did not think it was still required.</p>