

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265431	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2024
NAME OF PROVIDER OR SUPPLIER Truman Lake Manor Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 600 East 7th St Lowry City, MO 64763	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48534</p> <p>Based on interview and record review, the facility failed to notify residents' physicians of all changes in condition when when staff failed to ensure one resident's (Resident #29) physician was aware of the death of the resident's spouse prior to discontinuing an antianxiety medication and failed to report changes in the resident's condition after the discontinuation of the anti-anxiety medication. The facility census was 62.</p> <p>Review of the facility's policy titled, Tapering Medications and Gradual Drug Dose Reduction (GDR), revised [DATE], showed when a medication is tapered or stopped, the staff will closely monitor the resident and will inform the physician if there is a return or worsening of symptoms.</p> <p>Review of the facility's policy titled, Change in a Resident's Condition or Status, revised [DATE], showed the following:</p> <ul style="list-style-type: none"> -Staff shall promptly notify the resident, his or her attending physician, and representative (sponsor) of changes in the resident's medical/mental condition and/or status (e.g., changes in level of care, billing/payments, resident rights, etc.); -The nurse will notify the resident's attending physician or physician on call when there has been a(an) significant change in the resident's physical/emotional/mental condition; -A significant change of condition is a major decline or improvement in the resident's status that will not normally resolve itself without intervention by staff or by implementing standard disease related clinical interventions (is not self-limiting); -Except in medical emergencies, notifications will be made within 24 hours of a change occurring in the resident's medical/mental condition or status. <p>1. Review of Resident #29's face sheet (resident's information at a glance) showed the following:</p> <ul style="list-style-type: none"> -admitted [DATE]; -Diagnoses included Alzheimer's disease, type two diabetes (a chronic condition that affects the way the body processes blood sugar), and depression. <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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's annual Minimum Data Sheet (MDS - a federally mandated assessment tool completed by facility staff), dated [DATE], showed the resident had severe cognitive impairment.</p> <p>Review of the resident's care plan, revised [DATE], showed the following:</p> <ul style="list-style-type: none"> -The resident has impaired cognitive function and impaired thought process related to Alzheimer's; -Staff should monitor/document/report as needed any changes in cognitive function, specifically changes in decision making ability, memory, recall and general awareness, difficulty expressing self, difficulty understanding others, level of consciousness, and mental status. <p>Review of the resident's progress notes, dated [DATE] to [DATE], showed staff did not document regarding the resident's spouse passing away in the same facility on [DATE].</p> <p>Review of the note to attending physician/prescriber regarding the residents GDR review, dated [DATE], showed the following:</p> <ul style="list-style-type: none"> -An recommendation to stop an order, dated [DATE], for buspirone (an anti-anxiety medication), 5 milligrams (mg), by mouth, one time a day; -Physician/Prescriber response, dated [DATE], showed agree, discontinue buspirone. <p>Review of the resident's progress notes, dated [DATE] to [DATE] showed the following:</p> <ul style="list-style-type: none"> -On [DATE], at 9:19 A.M., a new order received from the physician related to GDR of buspirone. The physician agreed to discontinue; -On [DATE], at 7:26 P.M., the nurse was checking the resident's blood glucose, and the resident became tearful, when asked what was wrong the resident voiced everything. When the resident was asked if he/she was having a bad day the resident voiced every day is a bad day, just leave me alone. (Staff did not document notification of the resident's physician of the resident's change of condition and statements.); -On [DATE], at 2:30 A.M., the resident was yelling out, saying that he/she knows someone is outside of his/her room watching him/her. The resident became tearful voicing that the nurse was calling him/her a liar. (Staff did not document notification of the resident's physician of the resident's change of condition and statements.); -On [DATE], at 7:34 P.M., the nurse responded to the resident crying out, the resident said that it was a bad day, when the nurse asked what happened the resident said that he/she had already told the nurse and the nurse didn't care enough to remember. The resident continued to cry saying he/she doesn't want to be in the building anymore. (Staff did not document notification of the resident's physician of the resident's change of condition and statements.); -On [DATE], at 5:47 P.M., the resident refused to eat any dinner. The resident usually has a good appetite. The resident said that he/she was not hungry and if he/she didn't want to eat, he/she didn't have to. (Staff did not document notification of the resident's physician of the resident's change of condition and statements.); <p>(continued on next page)</p>		

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-On [DATE], at 11:45 P.M., the resident was yelling out at 7:00 P.M., and wanted to go to bed. The resident was crying out and when asked why he/she was crying he/she said they didn't know. The resident continued to cry out with cares and fell asleep at 1:15 A.M. (Staff did not document notification of the resident's physician of the resident's change of condition and statements.);</p> <p>-On [DATE], at 11:02 P.M., the resident was yelling out while in bed. When the resident was asked how he/she was doing, the resident said, just leave me alone because he/she wants to go to sleep. (Staff did not document notification of the resident's physician of the resident's change of condition and statements.)</p> <p>During an interview on [DATE], at 8:10 A.M., Certified Nursing Assistant (CNA) J said the following:</p> <ul style="list-style-type: none"> -He/she is not always made aware of resident's medication changes; -If he/she notices changes in a resident, he/she would report the information to a charge nurse; -The resident has had changes in his/her behavior recently including hollering out and being more paranoid; -The resident's spouse recently passed away; -He/she was not aware that the resident has a recent medication change. <p>During an interview on [DATE], at 8:43 A.M., Licensed Practical Nurse (LPN) P said the following:</p> <ul style="list-style-type: none"> -Staff are made aware of medication changes when report is given; -If the resident has a negative change in behavior after a medication change, the physician should be notified; -The resident has had changes in his/her behavior recently; -The resident has been hollering out more; -LPN P was not aware that the resident had any medication changes recently; -LPN P said the resident's spouse passed away recently. <p>During an interview on [DATE], at 8:59 A.M., Certified Medical Technician (CMT) Q said the following:</p> <ul style="list-style-type: none"> -He/she is made aware of medication changes for residents; -The resident has been yelling out more, but denies any pain. <p>During an interview on [DATE], at 9:12 A.M., the Director of Nursing (DON) said the following:</p> <p>(continued on next page)</p>

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-All staff are not made aware of medication changes;</p> <p>-Staff should notify him/her when there is a change in the resident's behavior;</p> <p>-The physician should be notified of a change in the resident's behavior;</p> <p>-It should be documented in the resident's chart that the resident's spouse had recently passed away;</p> <p>-The physician should have been notified of the changes in the resident's behavior.</p> <p>During an interview on [DATE], at 9:42 A.M., the Social Service Director (SSD) said the following:</p> <p>-Staff should document in the resident's chart a life event that had potential to affect the resident's behavior;</p> <p>-Staff should notify him/her of changes in the resident's behavior;</p> <p>-The resident has had a recent change in behavior;</p> <p>-The resident's change in behavior should be reported to the physician.</p> <p>During an interview on [DATE], at 12:23 P.M., the Administrator said the following:</p> <p>-He would expect staff to document in the resident's chart a significant life event that could affect the resident's behavior;</p> <p>-He does not know if the physician was made aware that the resident's spouse had recently died ;</p> <p>-He would expect staff to notify the physician of a change in the resident's behavior following a medication change.</p> <p>34871</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34871</p> <p>Based on observation, interview, and record review, the facility failed to ensure a clean and homelike environment for all residents when staff failed to repair floors in resident rooms for two residents (Resident #1 and Resident #7) out of a sample of 20 residents. The facility census was 62.</p> <p>Review of the facility's policy titled, Maintenance Service, revised December 2009, showed the following:</p> <ul style="list-style-type: none"> -Maintenance service shall be provided to all areas of the building, grounds, and equipment; -The maintenance department is responsible for maintaining the buildings, grounds, and equipment in a safe and operable manner at all times; -Functions of maintenance personnel include, but are not limited to, maintaining the building in good repair and free from hazards. <p>1. Review of Resident 1's face sheet (admission data) showed the following:</p> <ul style="list-style-type: none"> -admitted [DATE]; -Diagnoses included paraplegia (paralysis of the legs and lower body) and delusional disorders. <p>Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated assessment instrument completed by facility staff), dated 01/05/24, showed the following:</p> <ul style="list-style-type: none"> -Cognitive skills intact; -Independent with oral hygiene; -Substantial/maximal assistance with toileting. <p>Observations on 03/19/24, at 1:51 P.M., showed the resident's floor contained cracked and missing floor tiles around the resident's bed. The area with missing floor tiles had black underneath and was a non cleanable surface.</p> <p>During an interview on 03/18/24, at 9:45 A.M., the resident said that the tiles in his/her room had been broken and missing for longer than two years. He/she had an electric wheelchair and the foot rests were so heavy that they messed up the floor. He/she would like to have the floor replaced and is concerned that the floor is not able to be properly cleaned. He/she saw the maintenance staff strip and wax other rooms and would like his/her room stripped and waxed, but has been told that because he/she had so many broken tiles that they are not able to strip and wax his/her floor.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 03/18/24, at 9:55 A.M., Housekeeping (HK) R said he/she sweeps and mops daily in the resident's room. He/she noticed the missing floor tiles and reported it to maintenance staff. He/she did not remember how long ago it had been when he/she reported it, but said its been several months. Maintenance is currently working on changing tiles in residents' rooms and is not sure when he will get to the resident's room.</p> <p>During an interview on 03/18/24, at 11:55 A.M., HK S said that he/she strips and waxes the floors. If there are missing tiles or tiles that need replaced, maintenance will replace them. He/she is aware of the broken tiles in the resident's room and said they need replaced. Maintenance is aware and he/she is waiting for maintenance to replace them. After the tiles are replaced he/she will be able to strip and wax the resident's floor.</p> <p>During an interview on 03/21/24, at 8:36 A.M., the Maintenance Supervisor said he cannot buy the tile in the resident's room anymore. The tile was made back in the 1980's. He will have to relocate the resident to repair the floor.</p> <p>During an interview on 03/21/24, at 9:34 A.M., Certified Nurse Aide (CNA) C said staff report any broken tiles to maintenance. He/she noticed broken tiles in the resident's room. CNA C had not reported the broken tiles to maintenance and said that he/she should had reported them.</p> <p>During an interview on 03/21/24, at 10:13 A.M., CNA D said he/she reported the resident's floor tile to maintenance staff and did not remember how long ago that was. CNA D did not see anyone fixing any of the broken tiles.</p> <p>During an interview on 03/21/24, at 12:23 P.M., the Administrator said the resident will have to go in with another resident in order for maintenance staff to fix the missing/broken tile.</p> <p>2. Review of #7's face sheet (admission data) showed the following:</p> <ul style="list-style-type: none"> -admitted [DATE]; -Diagnoses included chronic obstructive pulmonary disease (COPD - constriction of the airways and difficulty in breathing) and obsessive-compulsive disorder. <p>Review of the resident's quarterly MDS, dated [DATE], showed the following information:</p> <ul style="list-style-type: none"> -Cognitive skills intact; -Supervision or touching assistance required with toileting hygiene. <p>Observations on 03/19/24, at 1:29 P.M., showed the resident's bathroom floor contained cracked and missing floor tiles. The area with missing floor tiles had black underneath and that was a non cleanable.</p> <p>During an interview on 03/21/24, at 8:36 A.M., the Maintenance Supervisor said he did not know about the missing tiles in the resident's bathroom. It looks like it had been there awhile.</p> <p>(continued on next page)</p>

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 03/21/24, at 11:20 A.M., the resident said his/her bathroom floor is all torn up. The floor had been like that for a while. He/she did not like it. He/she would love for it to be fixed if they can.</p> <p>3. During an interview on 03/19/24, at 3:20 P.M., Registered Nurse (RN) G said staff report to maintenance staff if they find any broken tiles in a resident room. Staff fill out requests in the book at the nurses' station.</p> <p>4. During an interview on 03/21/24, at 10:13 A.M., CNA D said there are a lot of rooms with broken floor tiles. Staff report the broken floor tiles to maintenance staff.</p> <p>5. During an interview on 03/21/24, at 8:36 A.M., the Maintenance Supervisor said the following:</p> <ul style="list-style-type: none"> -Staff should write in the maintenance request book if any damages or repairs needed for resident room floors; -He looks at the book every morning and schedules the repairs. <p>6. During an interview on 03/21/24, at 10:28 A.M., the Director of Nursing (DON) said the following:</p> <ul style="list-style-type: none"> -The facility is an old building and staff are slowly working on it; -Facility staff complete repairs in stages; -She knows the Maintenance Supervisor and Administrator are aware about the broken/missing tiles in the resident rooms. <p>7. During an interview on 03/21/24, at 12:23 P.M., the Administrator said the following:</p> <ul style="list-style-type: none"> -Facility staff have replaced some of the tiles in the resident rooms; -He talked to a company for the floors. He wants to do an epoxy pour for the bathrooms instead of re-tiling them; -He talked with a company representative three weeks ago for the bathroom tiles. <p>48187</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34871</p> <p>Based on interview and record review, the facility failed provide care in accordance with standards of practice when staff failed to document an order change and complete dressing changes as ordered for one resident (Resident #59) resulting in the resident having routinely saturated dressing. A sample of 20 residents was reviewd in a facility with a census of 62.</p> <p>48187</p> <p>Review of the facility policy titled Telephone Orders, undated, showed the following:</p> <ul style="list-style-type: none"> -Verbal telephone orders may only be received by licensed personnel; -Orders must be recorded in the resident's medical record; -The entry must contain the instructions from the physician, date, time, and the signature and title of the person transcribing the information. <p>1. Review of Resident #59's face sheet (a brief resident profile sheet) showed the following information:</p> <ul style="list-style-type: none"> -admitted [DATE]; -Diagnoses included chronic pancreatitis (the organ becomes permanently damaged from inflammation), gastrostomy (a surgical incision into the stomach), chronic kidney disease stage 2 (mild kidney damage), chronic obstructive pulmonary disease (COPD - a group of lung diseases making it difficult to breathe), and hypertension (high blood pressure). <p>Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated assessment instrument completed by facility staff), dated 02/05/24, showed the following information:</p> <ul style="list-style-type: none"> -Cognition intact; -Required setup or cleanup assistance with bathing, dressing and personal hygiene. <p>Review of the resident's care plan, revised 03/15/24, showed the following information:</p> <ul style="list-style-type: none"> -Required tube feeding (G-tube and J-tube) related to pancreatitis infection; -Monitor/document/report as needed any signs and symptoms of fever, shortness of breath, tube dislodged, tube dysfunction or malfunction, pain, tenderness, or infection at tube site; -Provide care to G-tube and J-tube sites as ordered and monitor for signs and symptoms of infection. <p>(continued on next page)</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's physician order sheet (POS), current as of 03/20/24, showed an order, dated 01/29/24, to change dressing to G/J tube daily.</p> <p>Review of the resident's Nurse Progress Note, dated 03/16/24, showed the following information:</p> <ul style="list-style-type: none"> -The resident called nurse to room regarding G/J-tube site; -The resident said he/she was concerned regarding the amount of drainage coming from around his/her G/J-tube and was uncomfortable. The resident requested to be sent to the emergency room to be evaluated; -The nurse documented green drainage around the tube site and thick brown drainage under the tube site. The resident's skin appeared red and inflamed; -Nurse notified physician and received new orders to change dressing twice per day to help keep skin clean and dry and received orders for Tylenol as needed for pain. <p>Review of the resident's POS, current as of 03/20/24, showed the following information:</p> <ul style="list-style-type: none"> -An order, dated 03/16/24, to give extra strength Tylenol every six hours as needed for pain. <p>(Staff did not document a new order to change the resident's dressing twice per day.)</p> <p>Review of the resident's March 2024 Treatment Administration Record (TAR) showed the following information:</p> <ul style="list-style-type: none"> -An order, dated 01/29/24, to change dressing to G/J tube daily; -Staff documented completion of the daily dressing changes were documented. <p>Observations on 03/17/24, at 5:40 P.M., on 03/18/24, at 9:15 A.M., and on 03/19/24, at 2:00 P.M., showed the G/J-tube dressing to be saturated.</p> <p>During an interview on 03/17/24, at 5:40 P.M., the resident said that he/she is upset that the staff has not kept his/her dressing changed. The dressing keeps getting his/her clothing wet. The resident was concerned that the G/J-tube site was infected.</p> <p>During an interview on 03/18/24, at 9:15 A.M., the resident said that he/she cannot remember if his/her dressing had been changed last night. The resident said that the staff do not change the dressing during the day shift, only the night shift and they only change the dressing if he/she tells someone that it needs to be changed.</p> <p>During an interview on 03/19/24, at 2:10 P.M., Certified Nurse Aide (CNA) B said that he/she has seen the resident's dressing saturated several times while assisting him/her with showers. The resident has complained about the drainage getting his/her clothing wet. CNA B said that he/she will remove the dressing prior to the shower and always notifies the nurse of the saturated dressing.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 03/18/24, at 2:25 P.M., Licensed Practical Nurse (LPN) A said that the resident had orders for daily dressing changes. The resident drains a lot and has redness and pain around the site.</p> <p>During an interview on 03/20/24, at 9:34 A.M., CNA C said that he/she has not noticed that the resident had any dressings that were saturated, but would tell the charge nurse is he/she did notice.</p> <p>During an interview on 03/20/24, at 1:45 P.M., Registered Nurse (RN) G said that the resident does sometimes saturate his/her dressing. The resident will usually let the staff know and the staff will change the dressing. RN G said that if licensed staff receive telephone orders, that staff should immediately add the order to the electronic medical record so that it will pop up on your to do task list.</p> <p>During an interview on 03/21/24, at 9:48 A.M., the Director of Nursing (DON) said that he/she called the physician to get the order changed from daily dressing changes to twice per day due to it being saturated and causing redness to the skin. The drainage was yellow and green and it appeared to be infected. The DON said that he/she forgot to put the order in the electronic medical record and that it was his/her fault that the dressings did not get done. The DON said that he/she expected staff to put the orders into the electronic medical record immediately after receiving them.</p> <p>During an interview on 03/21/24, at 10:09 A.M., the Administrator said that he/she expected staff to follow physician orders. The Administrator said he/she also expected staff to follow through with verbal and telephone orders. If staff received orders via telephone, the Administrator expects staff to put those orders in the electronic medical record.</p> <p>48534</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 17193</p> <p>Based on observation, interview, and record review, the facility failed to maintain an environment free of safety hazards when staff failed follow the care plan when transferring one resident (Resident #52) of two sampled residents who was care planned to need a mechanical lift for transfers and when the staff failed to implement planned fall intervention for one resident (Resident #46), assessed as a fall risk, when staff did not have a fall mat in place when the resident was in bed. The facility census was 62.</p> <p>1. Review of the facility policy Safe Lifting and Movement of Residents, revised July 2017, showed the following:</p> <ul style="list-style-type: none"> -Resident safety, dignity, comfort, and medical condition will be incorporated into goals and decisions regarding the safe lifting and moving of residents; -Manual lifting of residents shall be eliminated when feasible; -Nursing staff, in conjunction with rehabilitation staff shall assess resident's needs for transfer assistance on an ongoing basis. Staff will document resident transferring and lifting needs in the care plan and shall included resident's mobility (degree of dependency), weight-bearing ability, and cognitive status; -Mechanical lifting devices shall be used for heavy lifting, including lifting and moving residents when necessary. <p>Review of Resident #52's face sheet (admission information at a glance) showed the following:</p> <ul style="list-style-type: none"> -admitted [DATE]; -Diagnoses included dementia (brain is damaged by injury or disease and involved progressive impairments in memory, thinking, and behavior which negatively impacts a person's ability to function and carry out every day activities), and psychotic disorder with delusions (mental illness where you can't tell what's real from what was imagined and main symptom of delusions which belief that is not true or based on reality). <p>Review of the resident's care plan, dated 05/24/23, showed the following:</p> <ul style="list-style-type: none"> -Activities of daily living (ADL) self-care performance deficit related to aggressive behavior, confusion, dementia, and limited mobility; -The resident required two staff for total assistance with transfers with a hooyer lift (mechanical lift often use for residents who are non-weight bearing) to move between surfaces at least every two hours and as necessary. <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated assessment instrument completed by facility staff), dated 02/22/24, showed the following:</p> <ul style="list-style-type: none"> -Severely impaired cognition; -No behaviors; -Sit-to-stand (ability to come to a standing position from sitting in a chair or wheelchair or side of the bed) - not attempted due to medical condition or safety concerns; -Chair/bed-to-chair transfer (the ability to come to a standing position from sitting in a chair, wheelchair) - dependent, helper does all the effort. Resident does none of the effort to complete the action. <p>Observation and interview on 03/19/24, at 9:19 A.M., showed Certified Nurse Aide (CNA) B and CNA C pushed the resident's wheelchair into the his/her room, put their hands under the resident's arms on each side of the resident without putting a gait belt (an assistance safety device used to help a patient sit, stand, or walk around to steady them) on the resident's waist and transferred the resident from the wheelchair to the bed. The resident said, Oh loudly as they stood him/her up. The resident's lower legs remained stiff and straight as they transferred him/her to the bed (not bearing weight). CNA C said the resident did not need a hooyer transfer since he/she will stand and bear weight, but did not always bear his/her weight.</p> <p>During interviews on 03/19/24, at 9:26 A.M., and on 03/21/24, at 9:36 A.M., CNA C said he/she did have a gait belt and should have used a gait belt to transfer the resident. He/she did not have the gait belt with him/her at the time. They can find how to transfer a resident by looking at his/her care plan in the resident's medical record. If changes were made with the resident's transfer, the charge nurse or CNAs would tell him/her. He/she knew the resident was a hooyer lift, but knew the resident could stand. The resident had been a hooyer lift for a while.</p> <p>During interviews on 03/20/24, at 10:21 A.M., and 03/21/24, at 10:13 A.M. CNA D said the resident was a hooyer lift transfer. The resident did not bear his/her weight and they would not try to stand him/her. The resident was very stiff and was not safe to transfer with a gait belt either. When a resident was admitted , therapy comes in and makes the decision of the type of transfer. If they notice a change in the resident's mobility, whether it is better or worse, they have therapy evaluate them again. This resident was a two person transfer when admitted . Now, the resident was a hooyer lift for months due to stiffness in his/her whole body. They could find this information in the resident's care plan book but CNAs don't look in this. He/she gets information from the nurses or therapy. For a two person assistance transfer, they were to use a gait belt. There were too many shoulder issues with residents which could pop their shoulder out of place.</p> <p>During an interview on 03/20/24, at 4:20 P.M., CNA E said they were to transfer the resident with the mechanical lift since the resident was not weight bearing. They were not to transfer him/her with a gait belt. The resident's legs were stiff and it would be unsafe to stand him/her. They were never to go under the resident's arms to transfer the resident since it could pull a shoulder out of place and/or cause a tear.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 03/21/24, at 9:55 A.M., CNA B said the residents' medical records and care plans say how the residents are transferred. There were care plan books at the nurses' desk. The CNAs can get information from the kiosks and the CNA can ask other aides or the nurse especially if resident was new at the facility. The resident was a hooyer lift, but was weight bearing. They have told the nurses and therapy this. They normally transfer the resident with a two person assist with a gait belt. Staff were aware of this. The resident has strength in his/her legs and will lose it, if he/she doesn't use it. The staff did an evaluation and said the resident was a hooyer lift. They were never to transfer a resident under his/her arms. They were to always use a gait belt. He/she did not know if there was a gait belt in the resident's room. They would have been expected to use a hooyer lift to transfer this resident.</p> <p>During an interview on 03/21/24, at 10:30 A.M., Licensed Practical Nurse (LPN) A said if a resident was unable to bear his/her weight, they would use a mechanical lift to transfer them. If a resident was not safe or could hurt themselves or staff hurt themselves to transfer the resident, the CNAs use a hooyer lift until therapy can assess the resident.</p> <p>If a resident was care planned as a hooyer lift, CNAs would not transfer the resident with a gait belt, but transfer with a hooyer lift. They keep information in the resident's care plans on how to transfer the resident and will notify aides if there was a change in their transfer. This resident was a hooyer lift and does not bear much weight most of the time. The resident was transferred by hooyer lift for both his/her safety and staff safety. At times, the resident was more stiff in his/her extremities.</p> <p>During interview on 03/21/24, at 8:50 A.M., the Director of Nursing (DON) said staff were to use a gait belt to transfer a resident because they were not to tug on arms or let a resident put their arms around their necks which was unsafe. Staff were never to lift underneath the resident's arms. Staff were to look in the resident's care plan and they do use word of mouth to know how to transfer a resident. The resident was a hooyer lift transfer and never transfers with a gait belt with his/her stiffness. She tells the staff if they haven't been here to work for a while, they were to ask them how to transfer a resident. The care plan books were usually up at the nurse's desk.</p> <p>During interview on 03/21/24, at 12:22 P.M., the Administrator said he would expect staff to transfer a resident according to their care plan and/or assessment. He would expect staff to transfer the resident according to the care plan which said a hooyer lift.</p> <p>48534</p> <p>2. Review of the facility's policy titled, Falls and Fall Risk, Managing, revised March 2018, showed the following:</p> <p>-Based on previous evaluation and current data, the staff will identify interventions related to the resident's specific risks and causes to try to prevent the resident from falling and to try to minimize complications from falling;</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-According to the MDS, a fall is defined as unintentionally coming to rest on the ground, floor, or other lower level, but not as a result of an overwhelming external force (i.e., resident pushes another resident). An episode where a resident lost his/her balance and would have fallen, if not for another person or if he or she had not caught him/herself, is considered a fall. A fall without injury is still a fall. Unless there is evidence suggesting otherwise, when a resident is found on the floor, a fall is considered to have occurred;</p> <p>-Resident conditions that may contribute to the risk of falls include delirium and other cognitive impairment, lower extremity weakness, functional impairments, neurological disorders, and balance and gait disorders;</p> <p>-The staff, with the input of the attending physician, will implement a resident-centered fall prevention plan to reduce the specific risk factor(s) of falls for each resident at risk or with history of falls;</p> <p>-If a systematic evaluation of a resident's fall risk identifies several possible interventions, the staff may choose to prioritize interventions (i.e., to try one or a few at a time, rather than many at once);</p> <p>-If falling recurs despite initial intervention, staff will implement additional or different interventions, or indicate why the current approach remains relevant;</p> <p>-In conjunction with the attending physician, staff will identify and implement relevant interventions to try to minimize serious consequences of falling;</p> <p>-The staff will monitor and document each resident's response to interventions intended to reduce falling or the risks of falling;</p> <p>-If the resident continues to fall, staff will re-evaluate the situation and whether it is appropriate to continue or change current interventions. As needed, the attending physician will help the staff reconsider possible causes that may not previously have been identified;</p> <p>-The staff and/or physician will document the basis for conclusions that specific irreversible risk factors exist that continue to present a risk for falling or injury due to falls.</p> <p>Review of Resident #46's face sheet (resident's information at a quick glance) showed the following:</p> <p>-Readmitted [DATE];</p> <p>-Diagnoses included conversion disorder with seizures or convulsions (a psychiatric illness in which psychological conflicts are manifested as physical symptoms), muscle weakness, lack of coordination, and reduced mobility.</p> <p>Review of the resident's March 2024 Physician Order Summary (POS) report showed the following:</p> <p>-An order, dated 05/26/23, for fall mats while in bed, every day and night shift, related to unsteadiness on feet, other reduced mobility, and muscle weakness.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's progress note dated 11/9/23, at 10:53 A.M., showed the following:</p> <ul style="list-style-type: none"> -The resident was observed lying on his/her left side on floor next to bed with legs tangled in the blankets; -The resident said he/she rolled out of bed and hit his/her head; -Staff were educated regarding floor mat being down while the resident is in bed. <p>Review of the resident's fall risk evaluation, completed on 03/07/24, showed the following:</p> <ul style="list-style-type: none"> -Resident had three or more falls in past three months; -Resident is ambulatory; -Balance problem while walking and decreased muscular coordination; -Resident has one to two predisposing diseases present; -The resident is at risk for falls. <p>Review of the resident's quarterly MDS, dated [DATE], and showed the following information:</p> <ul style="list-style-type: none"> -Severe cognitive impairment; -Resident has had two or more falls since prior assessment. <p>Observation on 03/17/24, at 4:07 P.M., showed the resident lying in bed, bed in lowered position, with fall mat folded up leaning against the roommate's recliner.</p> <p>Review of resident's care plan, updated 03/20/24, showed the following information:</p> <ul style="list-style-type: none"> -The resident is at risk for falls related to decline in condition; -Assist resident with bed positioning as needed; -Resident is now on a low bed, close to the nurses' station, and fall mat beside bed; -Ensure bed is in lowest position; -If resident is a fall risk, initiate fall risk precautions. <p>Observation on 03/20/24, at 10:21 A.M., showed the resident in bed, bed lowered, with fall mat folded up beside roommate's recliner.</p> <p>During an interview on 03/21/24, at 8:10 A.M., CNA J said the following:</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Staff are made aware of residents who are fall risk in report;</p> <p>-Staff can find fall interventions on care plans;</p> <p>-The resident is a fall risk:</p> <p>-The resident has fall interventions in place, including a fall mat to be used when the resident is in bed.</p> <p>Observation on 03/21/24, at 8:12 A.M., showed the resident in bed, bed lowered, with resident's feet hanging off bed. The resident's fall mat was folded up beside roommate's recliner.</p> <p>Observation on 3/21/24, at 8:33 A.M., showed the following:</p> <p>-The resident was on his/her knees on the floor next to his/her bed, bed lowered, with no fall mat in place;</p> <p>-The resident was assisted to recliner by two staff members;</p> <p>-The resident was assessed/vitals taken by LPN P;</p> <p>-The resident was assisted back to bed and fall mat was placed on floor next to bed.</p> <p>During an interview on 03/21/24, at 8:43 A.M., LPN P said the following:</p> <p>-Fall interventions are found on the resident's care plan;</p> <p>-The resident is a fall risk;</p> <p>-The fall mat should be used anytime the resident is in bed;</p> <p>During an interview on 03/21/24, at 8:59 A.M., CMT Q said the following:</p> <p>-Interventions for residents that are fall risk include fall mats;</p> <p>-The resident is a fall risk;</p> <p>-Fall mats should be in place anytime the resident is in bed.</p> <p>During an interview on 03/21/24, at 9:12 A.M., the DON said the following:</p> <p>-All staff have access to the resident's care plan;</p> <p>-Fall interventions are listed in the resident's care plan;</p> <p>-The resident is a fall risk;</p> <p>-The fall mat should be used when the resident is in bed;</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-The DON would expect all staff to follow interventions listed on the care plan for residents who are at risk of falling.</p> <p>During an interview on 03/21/24, at 12:33 P.M., the Administrator said that he/she would expect all staff to follow fall interventions put in place for residents.</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34871</p> <p>Based on interview and record review, the facility failed to ensure incontinent residents received care and appropriate treatment to prevent and treat urinary tract infections when staff failed to follow-up with the physician regarding hi/her response to a positive urine culture for one resident (Resident #32) resulting in a delay of care. A sample of 20 residents was reviewed in a facility with a census of 62.</p> <p>1. Review of Resident #32's face sheet showed the following:</p> <p>-admitted [DATE];</p> <p>-Diagnoses included bipolar disease (a mental illness that causes unusual shifts in a person's mood, energy, activity levels, and concentration), vascular dementia, and reduced mobility.</p> <p>Review of the resident's laboratory results, reported on 02/06/24, showed the following:</p> <p>-Clarity-hazy (reference range:clear);</p> <p>-Nitrite (abnormal presence in urine) - positive (reference range: negative);</p> <p>-Leukocytes (high levels of white blood cells) - one plus (reference range: negative);</p> <p>-Red blood cells 6-20 microscopic high power field (HPF) (reference range less than six);</p> <p>-White blood cells 21-50 HPF (reference range less than six);</p> <p>-Bacteria moderate (reference range negative);</p> <p>-Culture indicated;</p> <p>-Urine culture showed greater than 100,000 colony forming unit (CFU)/milliliters (ml) Kluuvera Ascorabata (a bacteria that indicated infection.)</p> <p>Review of the resident's nurse's note dated 02/06/24, at 3:49 P.M., showed Licensed Practical Nurse (LPN) A documented the resident's urinalysis results (UA) results came in for the resident. The culture stated the resident had Kluuvera Ascorabata. Staff faxed the results of the UA to the physician. Staff awaiting response from physician for new order.</p> <p>Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated assessment tool completed by facility staff), dated 02/13/24, showed the following:</p> <p>-Moderately impaired cognitive skills;</p> <p>-No behaviors;</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Required partial moderate assistance for toilet transfer;</p> <p>-Always incontinent.</p> <p>Review of the resident's medical record, dated 02/06/24 to 02/15/24, showed staff did not document a response regarding the abnormal lab or new orders obtained from physician to treat the UA.</p> <p>Review of the resident's February 2024 Physicians' Order Sheet, dated 02/14/24 to 02/29/24, showed the following:</p> <p>-An order, dated 02/16/24, for amoxicillin-potassium clavulanate (an antibiotic) tablet 875-125 milligrams (mg), give one tablet by mouth (PO) every 12 hours for UTI (urinary tract infection) until 02/23/24.</p> <p>Review of the resident's care plan, revised 02/16/24, showed the following:</p> <p>-Resident had an UTI;</p> <p>-Staff to administer the antibiotic as ordered for seven days;</p> <p>-Staff to encourage fluids;</p> <p>-Staff to monitor the resident for any further signs and symptoms of infection and notify the physician and family.</p> <p>Review of the resident's nurse's note dated 02/17/24, at 1:17 A.M., showed a nurse documented the initial dose of antibiotic given without any noted or reported adverse reactions.</p> <p>During an interview on 03/20/24, at 9:34 A.M., LPN A said the following:</p> <p>-The resident's physician did not like the nurses calling his cell and wants results faxed;</p> <p>-He/she expects the order for an antibiotic sooner than 10 days after staff receive UA results. It should only be a few days to receive an order for an antibiotic.</p> <p>During an interview on 03/20/24, at 10:13 A.M., LPN P said the following:</p> <p>-The facility had a hard time at times getting in touch with the resident's physician;</p> <p>-The best time to get in touch with the resident's physician is 6:30 A.M.;</p> <p>-It normally did not take that long to receive a response from the physician and start an ordered antibiotic.</p> <p>During an interview on 03/20/24, at 10:13 A.M., the Assistant Director of Nursing (ADON) said the following:</p> <p>(continued on next page)</p>

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Staff collected the resident's UA on 02/02/24 and staff received the laboratory results on 02/06/24;</p> <p>-Nurses faxed to the resident's physician on 02/06/24 and he/she did not see an order until 02/16/24;</p> <p>-Nurses should continue to call the physician if no response;</p> <p>-He/she expected the antibiotic to not take that long;</p> <p>-He/she reviews the progress notes daily and it fell through the cracks.</p> <p>During an interview on 03/20/24, at 10:34 A.M., the Director of Nursing (DON) said she expects the antibiotic order before 10 days later. She expected nurses to contact the physician the next day if no response or order obtained for abnormal UA. The nurses should call the physician everyday to receive a response of laboratory results. Nurses should communicate between nurses and if no response from the physician, continue to call.</p> <p>During an interview on 03/21/24, at 12:23 P.M., the Administrator said he expected nurses to follow up with the physician if there was no response back regarding lab results. He expected an antibiotic to be started sooner than 10 days after laboratory results.</p>

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34871</p> <p>Based on interview and record review, the facility failed to ensure all resident's drug regimens were free from unnecessary drugs when staff failed to provide adequate monitoring related to the administration of one resident's (Resident #49) Lasix (a diuretic medication) and potassium resulting in staff administering the Lasix out of ordered parameters and failing to administer the potassium. A sample of 20 residents was reviewed in a facility with a census of 62.</p> <p>Review of the facility's policy titled Medication and Treatment Orders, revised July 2016, showed the following:</p> <ul style="list-style-type: none"> -Orders for medications and treatments will be consistent with principles of safe and effective order writing; -Medications shall be administered only upon the written order of a person duly licensed and authorized to prescribe such medications in this state; -Drug and biological orders must be recorded on the physician's order sheet in the resident's chart. Such orders are reviewed by the consultant pharmacist on a monthly basis; -Verbal orders must be recorded immediately in the resident's chart by the person receiving the order and must include prescriber's last name, credentials, the date and the time of the order. <p>Review of the drug information insert for Lasix, dated September 2020, showed the following:</p> <ul style="list-style-type: none"> - Lasix is a potent diuretic which, if given in excessive amounts, can lead to a profound diuresis (a condition in which the kidneys filter too much bodily fluid) with water and electrolyte depletion. Therefore, careful medical supervision is required and dose and dose schedule must be adjusted to the individual patient ' s needs. <p>1. Review of Resident #49's face sheet (admission data) showed the following:</p> <ul style="list-style-type: none"> -admitted [DATE]; -Diagnoses included presence of cardiac pacemaker, atrial fibrillation (an irregular, often rapid heart rate that commonly causes poor blood flow), and hypertension (high blood pressure). <p>Review of the resident's admission Minimum Data Set (MDS - a federally mandated assessment instrument completed by facility staff), dated 02/26/24, showed the following information:</p> <ul style="list-style-type: none"> -Moderately impaired cognition skills; -No impairment for upper and lower extremities; -Diuretic medications received. <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Truman Lake Manor Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 600 East 7th St Lowry City, MO 64763	
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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's February 2024 Physician Orders Sheet (POS) showed the following:</p> <ul style="list-style-type: none"> -An order, dated 02/23/24, for potassium chloride extended release (ER) tablet, 20 milliequivalents (meq), give tablet by mouth as needed (PRN). Potassium chloride to be given on days Lasix is administered. -An order, dated 02/24/24, for Lasix oral tablet 40 milligrams (mg), give one tablet by mouth (PO) one time a day for fluid retention. Hold medication if systolic blood pressure reading (measured when the heart beats, when blood pressure is at its highest) is less than 140 millimeters of mercury (mmHg) or diastolic blood pressure reading (measured between heart beats, when blood pressure is at its lowest) is less than 80 mmHg. Administer potassium on days Lasix is administered; <p>Review of the resident's nurse's note dated 02/24/24, at 12:02 A.M., showed a nurse documented the physician ordered new parameters placed on Lasix and potassium. Staff to monitor the resident's blood pressure two times per day. Staff to monitor the resident for increased swelling.</p> <p>Review of the resident's February 2024 Medication Administration Record (MAR) showed the following:</p> <ul style="list-style-type: none"> -An order, dated 02/23/24, for potassium chloride ER tablet 20 meq, give one tablet by mouth PRN on days Lasix administered; -An order, dated 02/24/23, for Lasix oral tablet 40 mg, give one tablet PO one time a day for fluid retention hold if systolic less than 140 mmHg or diastolic less than 80 mmHg. Give potassium on days of Lasix; -On 02/26/24, staff documented the resident's blood pressure as 118/84 mmHg. Staff documented administration of the Lasix. (The blood pressure was not within parameters to administer per the physician order.) Staff did not document administration of the potassium; -On 02/27/24, staff documented the resident's blood pressure as 110/74 mmHg. Staff documented administration of the Lasix. (The blood pressure was not within parameters to administer per the physician order.) Staff did not document administration of the potassium; -On 02/28/24, staff documented the resident's blood pressure as 122/92 mmHg. Staff documented administration of the Lasix. (The blood pressure was not within parameters to administer per the physician order.) Staff did not document administration of the potassium. <p>Review of the resident's care plan, revised on 03/04/24, showed the following:</p> <ul style="list-style-type: none"> -The resident had high blood pressure; -Staff to administer anti hypertensive medications as ordered; -Resident is on diuretic therapy (Lasix) related to congestive heart failure (CHF - is a long-term condition in which the heart can't pump blood well enough to meet the body's needs and can result in fluid build-up); <p>(continued on next page)</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Administer diuretic medications as ordered by the physician. Monitor for side effects and effectiveness every shift.</p> <p>Review of the resident's March 2024 MAR showed the following:</p> <p>-An order, dated 02/23/24, for potassium chloride ER tablet 20 meq, give one tablet by mouth PRN on days Lasix administered;</p> <p>-An order, dated 02/24/23, for Lasix oral tablet 40 mg, give one tablet PO one time a day for fluid retention hold if systolic less than 140 mmHg or diastolic less than 80 mmHg. Give potassium on days of Lasix;</p> <p>-On 03/04/24 staff documented the resident's blood pressure as 111/84 mmHg. Staff documented administration of the Lasix. (The blood pressure was not within parameters to administer per the physician order.) Staff did not document administration of the potassium;</p> <p>-On 03/05/24, staff documented the resident's blood pressure as 108/66 mmHg. Staff documented administration of the Lasix. (The blood pressure was not within parameters to administer per the physician order.) Staff did not document administration of the potassium</p> <p>-On 03/06/24, staff documented the resident's blood pressure as 102/54 mmHg. Staff documented administration of the Lasix. (The blood pressure was not within parameters to administer per the physician order.) Staff did not document administration of the potassium;</p> <p>-On 03/11/24, staff documented the resident's blood pressure as 128/70 mmHg. Staff documented administration of the Lasix. (The blood pressure was not within parameters to administer per the physician order.) Staff did not document administration of the potassium;</p> <p>-On 03/12/24, staff documented the resident's blood pressure as 105/71 mmHg. Staff documented administration of the Lasix. (The blood pressure was not within parameters to administer per the physician order.) Staff did not document administration of the potassium;</p> <p>-On 03/15/24, staff documented the resident's blood pressure as 101/74 mmHg. Staff documented administration of the Lasix. (The blood pressure was not within parameters to administer per the physician order.) Staff did not document administration of the potassium;</p> <p>-On 03/19/24, staff documented the resident's blood pressure as 128/72 mmHg. Staff documented administration of the the Lasix. (The blood pressure was not within parameters to administer per the physician order.) Staff did not document administration of the potassium.</p> <p>During an interview on 03/19/24, at 2:55 P.M., Certified Medication Technician (CMT) F said the following:</p> <p>-Staff should hold the resident's Lasix if the systolic is less than 140 mmHg or the diastolic is less than 80 mmHg;</p> <p>-Staff should take the resident's blood pressure before administration of the medication;</p> <p>(continued on next page)</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Staff should administer the potassium if Lasix is given;</p> <p>-The March 2024 MAR did not show staff administered the potassium. Staff should administer the potassium if staff administered the Lasix that day;</p> <p>-Staff should not have administered the Lasix on the days the blood pressure was out of parameters.</p> <p>During an interview on 03/19/24, at 3:20 P.M., Registered Nurse (RN) G said the following:</p> <p>-Nurses enter the physician orders into the computer;</p> <p>-Staff should not administer the Lasix if the systolic or diastolic is not within the parameters;</p> <p>-The Lasix parameters is to hold the medication due to the resident's blood pressure issues and not wanting them to have too low of a blood pressure reading;</p> <p>-The Lasix 'dumps' all the electrolytes so potassium is given to replace the potassium;</p> <p>-Staff did not administer the potassium each time the Lasix was given.</p> <p>During in interview on 03/19/24, at 3:37 P.M., Licensed Practical Nurse (LPN) A said the following:</p> <p>-Nurses enter the orders;</p> <p>-Staff should monitor a resident for swelling or leaking fluid retention if a resident is on Lasix;</p> <p>-Staff should not had given the Lasix for the dates in February 2024 and March 2024 when the blood pressure was out of parameters;</p> <p>-Staff should read the physician order before administering a medication;</p> <p>-Staff should take a blood pressure before administering a medication, if ordered, to determine if given;</p> <p>-Staff should have given the potassium on all the days Lasix was given.</p> <p>During an interview on 03/19/24, at 3:51 P.M., the Director of Nursing (DON) said the following:</p> <p>-Staff should take the resident's blood pressure daily before Lasix is administered and potassium should be given on the days Lasix is administered;</p> <p>-The order is to hold the Lasix if either the systolic is less than 140 or diastolic is less than 80;</p> <p>-The physician ordered to hold the Lasix if the blood pressure parameters are not met. The resident has heart problems;</p> <p>-She expects the staff to follow the physician orders;</p> <p>(continued on next page)</p>

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Staff should not have administered Lasix on the dates the resident's blood pressure was out of parameters;</p> <p>-Staff did not administer the potassium each time Lasix was given.</p> <p>During an interview on 03/20/24, at 4:01 P.M., the resident's physician said the following:</p> <p>-He expects the nursing staff to follow the physician orders;</p> <p>-Staff should not have administered the resident's Lasix when the blood pressure was out of the ordered parameters;</p> <p>-He expected the nursing staff to administer the potassium when the Lasix was given;</p> <p>-Staff should call the physician if they have any questions regarding medications;</p> <p>-Reasons for the parameters for Lasix is due to his/her orthostatic hypotension (causes a sudden drop in blood pressure when one stands up) issues.</p> <p>During an interview on 03/21/24, at 12:23 P.M., the Administrator said he expects nursing staff to follow physician orders and ordered parameters for the resident's Lasix.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>48534</p> <p>Based on observation, interview, and record review, the facility failed to store and prepare food in accordance with professional standards of practice and protect all food from possible contamination when the facility staff failed to seal and date stored food in refrigerator and freezer; failed to discard dented cans when staff stored dented cans on the shelves along with cans of food staff used to prepare resident food; failed to follow proper hand hygiene while serving food; failed to wash dishes properly between the preparation of separate food items; and failed to keep ice machine free of white substances. The facility's census was 62.</p> <p>1. Review of the facility's policy titled, Food Storage (Dry, Refrigerated and Frozen), dated 2016, showed the following:</p> <ul style="list-style-type: none"> -Food shall be stored on shelves in a clean, dry area, free from contaminants. Food shall be stored at appropriate temperatures and using appropriate methods to ensure the highest level of food safety; -All food items will be labeled. The label must include the name of the food and the date by which it should be sold, consumed, or discarded; -Leftover contents of can and prepared food will be stored in covered, labeled and dated containers in refrigerators and/or freezers; -Wrap food properly. Never leave any food item uncovered and not labeled. <p>Observation on 03/17/24, at 3:27 P.M., of the kitchen refrigerator showed the following:</p> <ul style="list-style-type: none"> -One quart size zipper bag containing french toast sticks. The bag was not labeled or dated; -One quart size zipper bag containing sausage patties. The bag was not labeled or dated; -One quart size zipper bag containing a ground meat. The bag was not labeled or dated; -One gallon size zipper bag containing sliced American cheese. The bag was not labeled or dated; -One gallon size zipper bag containing what appeared to be a turkey breast. The bag was not labeled or dated; -An unsealed and undated stick of margarine. <p>Observation on 03/17/24, at 3:44 P.M., of the freezer showed one 20 lb. box of beef patties and one bag of approximately 15 chicken breasts unsealed and undated.</p> <p>Observation on 03/18/24, at 9:26 A.M., of the kitchen refrigerator showed the following:</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-One gallon size zipper bag containing sliced American cheese. The bag was not labeled or dated;</p> <p>-One gallon size zipper bag containing what appeared to be a turkey breast. The bag was not labeled or dated.</p> <p>Observation on 03/18/24, at 9:33 A.M., of the freezer showed one 20 lb. box of beef patties and one bag of approximately 15 chicken breasts unsealed and undated.</p> <p>Observation on 03/19/24, at 11:07 A.M., of the kitchen refrigerator showed the following:</p> <p>-One gallon size zipper bag containing sliced American cheese. The bag was not labeled or dated:</p> <p>-One gallon size zipper bag containing what appeared to be a turkey breast. The bag was not labeled or dated.</p> <p>During an interview on 03/19/24, at 1:55 P.M., Dietary Aide (DA) M said the following:</p> <p>-Kitchen staff are responsible for dating and identifying food prior to putting in refrigerator/freezer;</p> <p>-Items in the refrigerator not dated should be thrown away;</p> <p>-All items in the refrigerator and freezer should be in sealed containers.</p> <p>During an interview on 03/19/24, at 2:14 P.M., Cook O said the following:</p> <p>-Staff putting away food are responsible for dating and identifying food prior to putting in the refrigerator;</p> <p>-Items in the refrigerator not dated or identified should be thrown away;</p> <p>-All items should be stored in sealable containers and not open to air.</p> <p>During an interview on 3/19/24, at 2:38 P.M., Dietary Manager (DM) said the following:</p> <p>-He/She expects staff to date and label food prior to putting it in the refrigerator;</p> <p>-All food should be stored in sealable containers and not open to air;</p> <p>-Food in refrigerator not dated or identified should be discarded.</p> <p>During an interview on 03/20/24, at 2:10 P.M., the Administrator said the following:</p> <p>-He/She expects food to be dated and identified prior to storing in the refrigerator;</p> <p>-He/She expects all food to be stored in sealable containers.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>2. Review of the facility's policy titled, Food Storage (Dry, Refrigerated and Frozen), dated 2016, showed dented cans are set aside in a separate labeled area of the storeroom to avoid using them and discarded according to vendor procedure.</p> <p>Review of the Food and Drug Administration (FDA) 2022 Food Code showed rusted, pitted, or dented cans may also present a serious potential hazard.</p> <p>Observation on 03/17/24, at 3:00 P.M., of the dry food storage area showed the following:</p> <ul style="list-style-type: none"> -Three dented 50-ounce (oz) cans of cream of mushroom soup; -One dented 112 oz. can apple fruit filling; -One dented 108 oz. can tapioca pudding; -One dented 6 pound (lb.) 12 oz. can black beans; -One dented 6 lb. 6 oz. can of whole potatoes. <p>Observation on 03/17/24, at 5:20 P.M., of dinner serve out showed the tapioca pudding being served to residents for dessert.</p> <p>Observation on 03/17/24, at 5:20 P.M., of the food storage area showed all 108 oz. cans of tapioca pudding, including the one dented can, was gone.</p> <p>During an interview on 03/17/24, at 6:20 P.M., DA L said the following:</p> <ul style="list-style-type: none"> -All staff are responsible for stocking items when they arrive; -Dented cans do not go on the shelf. If he/she finds a dented can he/she tells the DM; -Dented cans go on a separate shelf in the DM's office; -The food from the dented cans can make the residents sick. <p>During an interview on 03/17/24, at 6:22 P.M., DA M said the following:</p> <ul style="list-style-type: none"> -All staff are responsible for unloading the truck and putting away items; -All staff are to look for dented cans when putting items away; -If staff find dented cans, they go in a separate room to be sent back to the driver; -The food in the dented cans may be contaminated and could make residents sick. <p>During an interview on 03/17/24, at 6:25 P.M., the DM said the following:</p> <ul style="list-style-type: none"> -Staff are to look for dented cans when putting away items; <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-Dented cans should not be put on the shelf, they should be put in separate store room;</p> <p>-Dented cans can be contaminated and cause food poisoning and sickness in the residents;</p> <p>-The DM used the dented 108 oz can of Tapioca pudding for dinner. He/she would not have had enough tapioca pudding for dinner if not used.</p> <p>Observation on 03/18/24, at 9:18 A.M., of the kitchen and food storage area showed the following:</p> <p>-Three dented 50 oz cans of cream of mushroom soup;</p> <p>-One dented 112 oz. can apple fruit filling;</p> <p>-One dented 6 lb. 12 oz. can black beans;</p> <p>-One dented 6 lb. 6 oz. can whole potatoes.</p> <p>During an interview on 03/19/24, at 2:14 P.M., Cook O said the following:</p> <p>-Dented cans should not be put on shelf or used;</p> <p>-Dented cans can be contaminated and make resident sick.</p> <p>During an interview on 03/20/24, at 2:10 P.M., the Administrator said he expects dented cans to be sent back with the driver when delivered and not used.</p> <p>3. Review of the facility's policy titled, Proper Hand Washing and Glove Use, dated 2016, showed the following:</p> <p>-All employees will use proper hand washing procedures and glove usage in accordance with State and Federal Sanitation Guidelines;</p> <p>-Employees will wash hands before and after handling foods, after touching any part of the uniform, face, or hair, and before and after working with an individual resident;</p> <p>-Gloves are to be used whenever direct food contact is required with the following exception: bare hand contact is allowed with foods that are not in ready to eat form that will be cooked or baked;</p> <p>-Hands are washed before donning gloves and after removing gloves;</p> <p>-Gloves are changed any time hand washing would be required. This includes when leaving the kitchen for a break, or to go to another location in the building; after handling potentially hazardous raw food; or if the gloves become contaminated by touching the face, hair, uniform or other non-food contact surface, such as door handles and equipment;</p> <p>-Staff should be reminded that gloves become contaminated just as hands do and should be changed often. When in doubt, remove gloves and wash hands again.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of the FDA 2022 Food Code showed the following:</p> <ul style="list-style-type: none"> -Food employees shall clean their hands and exposed portions of their arms as immediately before engaging in food preparation including working with exposed food, clean equipment, and utensils; -Food employees shall clean their hands after handling soiled equipment or utensils; -Food employees shall clean their hands during food preparation, as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks; -Food employees shall clean their hands before donning gloves to initiate a task that involves working with food; -Single-use gloves shall be used for only one task such as working with ready-to-eat food or with raw animal food, used for no other purpose, and discarded when damaged or soiled, or when interruptions occur in the operation. <p>Observation on 03/19/27, at 11:12 A.M., of the puree process showed the following:</p> <ul style="list-style-type: none"> -Cook N washed his/her hands and donned gloves; -Cook N placed chicken and broth in blender bowl, pureed the chicken, and poured the pureed chicken into a metal pan; -Without washing hands or changing his/her gloves, Cook N placed rice and broth in the blender bowl and pureed the rice; -Cook N removed blender bowl, blade, and lid and sprayed them with hot water to remove food debris, then attached the pieces to the blender; -Cook N did not doff his/her gloves or wash his/her hands; -Using the same gloves, Cook N used his/her gloved hands to scoop cooked broccoli into the blender bowl, pureed the broccoli, and poured the puree in a metal pan; -Cook N removed blender bowl, blade, and lid and sprayed them with hot water to remove food debris, then attached the pieces to the blender; -Cook N did not doff his/her gloves or wash his/her hands; -Using the same gloves, Cook N placed five pieces of cake and milk in the blender bowl and pureed it. The cook then poured pureed cake into three separate serving dishes. <p>Observation on 3/19/24, at 11:49 A.M., of lunch serve out showed the following:</p> <ul style="list-style-type: none"> -Cook N washed hands and donned gloves; <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-Cook N went from serving food with serving utensils to the refrigerator, retrieved a bag of hot dogs, and opened the bag. The cook used his/her hands and retrieved one hot dog, opened the microwave and placed hot dog directly on glass microwave plate to cook;</p> <p>-Cook N did not doff his/her gloves or wash his/her hands;</p> <p>-Cook N retrieved a bag of hot dog buns, opened the bag, using his/her hands retrieved one hot dog bun, set on plate, then used tongs and placed hot dog in bun. Cook N then sent plate to be served to resident;</p> <p>-Cook N did not doff his/her gloves or wash his/her hands;</p> <p>-Cook N returned to serving food with serving utensils;</p> <p>-Cook N retrieved a bag of sliced cheese from the refrigerator, opened the bag, with his/her hands retrieved a slice of cheese, and placed it on a hamburger patty and returned to serving;</p> <p>-Cook N did not doff his/her gloves or wash his/her hands;</p> <p>-Cook N retrieved a bag of hamburger buns, with his/her hands he/she retrieved a hamburger bun from the bag and placed it on a plate;</p> <p>-Cook N using his/her hands then placed a hamburger patty and slice of cheese on the bun and sent the tray to be served to resident;</p> <p>-Cook N repeated this process two times;</p> <p>-Cook N did not doff his/her gloves during the lunch serve out process.</p> <p>During an interview on 03/19/24, at 1:55 P.M., DA M said the following:</p> <p>-Staff should wash hands when entering the kitchen;</p> <p>-Staff should wash their hands prior to donning gloves;</p> <p>-Staff should don gloves prior to direct food contact;</p> <p>-Staff should change gloves when going from non food items to direct food items.</p> <p>During an interview on 03/19/24, at 2:14 P.M., Cook O said the following:</p> <p>-Staff should always wash hands and wear gloves;</p> <p>-Staff should change gloves between preparing food and washing dishes;</p> <p>-Staff should probably change gloves prior to direct food contact.</p> <p>During an interview on 03/19/24, at 2:38 P.M., the DM said the following:</p> <p>(continued on next page)</p>

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NAME OF PROVIDER OR SUPPLIER Truman Lake Manor Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 600 East 7th St Lowry City, MO 64763	
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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-Staff should wash hands when entering the kitchen, between preparing food items, and after taking trash out;</p> <p>-Staff should wear gloves during direct food contact;</p> <p>-Staff should change gloves, when going between direct food contact and no food item contact.</p> <p>During an interview on 03/20/24, at 2:10 P.M., the Administrator said he/she expected staff to use proper hand hygiene while preparing and serving food.</p> <p>4. Review of the facility policy titled, Cleaning Rotation, dated 2016, showed the following:</p> <p>-Equipment and utensils will be cleaned according to the facility guidelines or manufacturer's instructions;</p> <p>-Items cleaned after each use include small food preparation equipment (e.g. blender, food processor), kettles and utensils and mixers.</p> <p>Review of the 2022 FDA Food Code showed the following:</p> <p>-Equipment food-contact surfaces and utensils shall be clean to sight and touch;</p> <p>-Equipment food-contact surfaces and utensils shall be cleaned before each use with a different type of raw animal food;</p> <p>-Equipment food-contact surfaces and utensils shall be cleaned each time there is a change from working with raw food to working with ready-to-eat-foods;</p> <p>-Equipment food-contact surfaces and utensils shall be cleaned between uses with raw fruits and vegetables and with time/temperature control for safety food;</p> <p>-Equipment food-contact surfaces and utensils shall be cleaned at any time during the operation when contamination may have occurred;</p> <p>-Equipment food-contact surfaces and utensils shall be effectively washed to remove or completely loosen soils by using the manual or mechanical means necessary such as the application of detergents containing wetting agents and emulsifiers; acid, alkaline, or abrasive cleaners; hot water; brushes; scouring pads; high-pressure sprays; or ultrasonic devices;</p> <p>-Utensils and food-contact surfaces of equipment shall be sanitized before use after cleaning'</p> <p>-After cleaning and sanitizing, equipment and utensils shall be air-dried or used after adequate draining.</p> <p>Observation on 03/19/27, at 11:12 A.M., of the puree process showed the following:</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-Cook N placed chicken and broth in blender bowl, pureed the chicken, then poured the puree into a metal pan;</p> <p>-Cook N placed rice and broth in the blender bowl, without washing/sanitizing it, and pureed the rice;</p> <p>-Cook N removed blender bowl, blade, and lid and sprayed them with hot water to remove food debris, then attached the pieces to the blender. The cook did not use soap or sanitize the equipment;</p> <p>-Cook N scooped cooked broccoli into the blender bowl, pureed broccoli, and poured in metal pan;</p> <p>-Cook N removed blender bowl, blade, and lid and sprayed them with hot water to remove food debris, then attached the pieces to the blender. The cook did not use soap or sanitize the equipment;</p> <p>-Cook N placed five pieces of cake and milk in the blender bowl and pureed it. The cook then poured pureed cake into three separate serving dishes. The blender bowl, wet from removing food debris, dripped off the bowl into the serving dishes.</p> <p>During an interview on 03/19/24, at 1:55 P.M., DA M said the following:</p> <p>-All dishes having food contact should be washed with soap and sanitized;</p> <p>-Dishes should be dry prior to use.</p> <p>During an interview on 03/19/24, at 2:14 P.M., Cook O said the following:</p> <p>-The food processor should be washed with soap and sanitized between pureeing of foods;</p> <p>-The processor should be dried prior to use;</p> <p>-Dishes should not have water dripping from them while in use.</p> <p>During an interview on 03/19/24, at 2:38 P.M., DM said the following:</p> <p>-The DM expects staff to clean the bowl, blade, and lid of the processor between pureeing of foods;</p> <p>-Staff should use soap and sanitizer when washing dishes;</p> <p>-All dishes should be dry prior to use.</p> <p>During an interview on 03/20/24, at 2:10 P.M., the Administrator said the following:</p> <p>-He/She expected staff to wash dishes with soap and sanitize them;</p> <p>-He/She expected staff to wash the processor between the pureeing of separate food items;</p> <p>-He/She expected dishes to be air dried prior to use.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>5. Review of the facility's Daily AM and Daily PM cleaning logs showed the following:</p> <ul style="list-style-type: none"> -Mop ice room; -Delime ice machine. <p>Review of the FDA 2022 Food Code showed the following:</p> <ul style="list-style-type: none"> -Surfaces of utensils and equipment contacting food that is not time/temperature control for safety food such as iced tea dispensers, carbonated beverage dispenser nozzles, beverage dispensing circuits or lines, water vending equipment, coffee bean grinders, ice makers, and ice bins must be cleaned on a routine basis to prevent the development of slime, mold, or soil residues that may contribute to an accumulation of microorganisms <p>Observation on 03/17/24, at 3:51 P.M., on 03/18/24, at 9:35 A.M., and on 03/19/24, at 12:29 P.M., showed the following:</p> <ul style="list-style-type: none"> -The inside of the ice machine, above the ice and around the hinges, has a white substance present; -The deflector shield on the inside of the ice machine had six black spots and a pinkish substance along most of the bottom of the deflector shield. <p>During an interview on 03/19/24, at 1:55 P.M., DA M said the following:</p> <ul style="list-style-type: none"> -Staff are given a daily cleaning schedule with assigned task; -Kitchen staff are responsible for cleaning the inside and outside of the ice machine; -The ice machine is cleaned every shift. <p>During an interview on 03/19/24, at 2:14 P.M., Cook O said DA's are responsible for cleaning the ice machine.</p> <p>During an interview on 03/19/24, at 2:38 P.M., the DM said the following:</p> <ul style="list-style-type: none"> -The ice machine is delimed daily; -Kitchen staff are responsible for cleaning the outside of the ice machine; -Maintenance staff are responsible for cleaning the inside of the ice machine. <p>During an interview on 03/20/24, at 12:30 P.M., the Maintenance Supervisor said the following:</p> <ul style="list-style-type: none"> -Maintenance staff are responsible for cleaning and sanitizing the inside of the ice machine; -Maintenance staff clean the inside of the ice machine once a month; -Maintenance staff have not been documenting when the ice machine was cleaned. <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 03/20/24, at 2:10 P.M., the Administrator said there should not be calcium/lime build up on the ice machine.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>34871</p> <p>Based on observation, interview, and record review, the facility failed to maintain an effective infection prevention and control program, based on facility policy and standards of practice, when multiple staff did not wear face coverings and appropriate personal protective equipment (PPE) while assisting/conversing with 14 residents on the designated hall during a coronavirus disease 2019 (COVID-19 - an infectious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)) outbreak in the facility. The facility census was 62.</p> <p>Review of the facility's policy titled Covid-19 Prevention, Response and Reporting, revised 01/01/24, showed the following:</p> <ul style="list-style-type: none"> -It is the policy of the facility to ensure that appropriate interventions are implemented to prevent the spread of COVID-19 and promptly respond to any suspected or confirmed COVID-19 infections. COVID-19 information will be reported through the proper channels as per federal, state, and/or local health authority guidance; -Source control options for health care personnel (HCP) include the following: <ul style="list-style-type: none"> -A NIOSH (National Institute for Occupational Safety and Health) approved particulate respirator with N95 filters or higher; -A respirator approved under standards used in other countries that are similar to NIOSH-approved N95 filtering face piece respirator; -A well-fitting facemask; -Source control can be used for an entire shift unless they become soiled, damaged, or hard to breathe through; -Source control is recommended for individual in healthcare settings who have suspected or confirmed SARS-CoV-2 infection or other respiratory infection; had close contact (residents and visitors) or a higher-risk exposure (HCP) with someone with SARS-CoV-2 infections, for 10 days after their exposure; -Source control is recommended more broadly in the following circumstances: <ul style="list-style-type: none"> -By residing or working on a unit or area of the facility experiencing a SARS-CoV-2 or other outbreak of respiratory infection universal use of source control could be discontinued as a mitigation measure once the outbreak is over (no new cases of SARS-CoV-2 infection have been identified for 7 days) or; -Facility-wide or, based on facility risk assessment, targeted toward higher risk areas or resident populations during periods of higher levels of community SARS-CoV-2 or other respiratory virus transmission; <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-The facility may consider designating entire units within the facility, with dedicated HCP to care for residents with SARS-CoV-2 infection when the number of residents with SARS-CoV-2 infection is high;</p> <p>-HCP who enter the room of a resident with suspected or confirmed SARS-CoV-2 infection should adhere to standard precautions and use a NIOSH-approved particulate respirator with N95 filters, or higher, gown, gloves and eye protection.</p> <p>Review of the Centers for Disease Control and Prevention's (CDC) Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, dated 03/18/24, showed the following:</p> <p>-The recommendations in this guidance continue to apply after the expiration of the federal COVID-19 Public Health Emergency;</p> <p>-Source control is recommended for individuals in healthcare settings who have suspected or confirmed SARS-CoV-2 infection or other respiratory infection (e.g., those with runny nose, cough, sneeze); or had close contact (patients and visitors) or a higher-risk exposure (HCP) with someone with SARS-CoV-2 infection, for 10 days after their exposure;</p> <p>-Source control is recommended more broadly by those residing or working on a unit or area of the facility experiencing a SARS-CoV-2 or other outbreak of respiratory infection; universal use of source control could be discontinued as a mitigation measure once the outbreak is over (e.g., no new cases of SARS-CoV-2 infection have been identified for 14 days); or facility-wide or, based on a facility risk assessment, targeted toward higher risk areas (e.g., emergency departments, urgent care) or patient populations (e.g., when caring for patients with moderate to severe immunocompromised) during periods of higher levels of community SARS-CoV-2 or other respiratory virus transmission.</p> <p>1. Observation and interviews on 03/17/24, beginning at approximately 4:00 P.M., showed the following:</p> <p>-An isolation cart on the outside of the COVID unit which contained PPE;</p> <p>-Certified Nurse Aide (CNA) H and CNA I worked on the designated COVID hall and were not wearing PPE;</p> <p>-The Administrator entered the back door of the COVID wearing an N95 mask. He said he did not have any symptoms except he was tired and out of breath after his run today. The Administrator had tested positive for COVID;</p> <p>-CNA I said he/she was positive for COVID and did not have COVID symptoms;</p> <p>-The Administrator said the staff working the COVID hall are positive and did not have to wear PPE.</p> <p>Observation and interview on 03/17/24, at 5:30 P.M., on the COVID unit showed the following:</p> <p>-CNA J said he/she tested positive for COVID on 03/16/24;</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-His/her symptoms included nauseous, headache, and he/she was a little tired;</p> <p>-He/she worked on the COVID unit;</p> <p>-He/she did not wear mask or PPE while working on the COVID unit;</p> <p>-CNA I, CNA H, CNA J, and the Administrator served the dinner meals to the residents on the COVID unit. The staff did not wear PPE.</p> <p>During an interview on 03/18/24, at 12:22 P.M., Licensed Practical Nurse (LPN) K said staff did not need to wear PPE if they are positive for COVID and work the COVID unit. Staff should wear PPE if they are negative for COVID and work on the COVID unit.</p> <p>During an observation and interview on 03/18/24, at 12:21 P.M., CNA H wore an N95 mask on the COVID unit. He/she tested negative for COVID that morning. He/she said staff did not wear PPE if COVID positive and worked on the COVID unit. The DON informed staff of this information.</p> <p>During an interview on 03/19/24, at 3:20 P.M., Registered Nurse (RN) G said the following:</p> <p>-He/she did not believe COVID positive staff who work on the COVID unit had to wear PPE;</p> <p>-Staff should wear PPE if working with residents on the COVID unit and then they work out of the COVID unit with residents.</p> <p>During an interview on 03/19/24, at 3:37 P.M., LPN A said as far as he/she knew, if staff are positive for COVID, they can wear just a N95.</p> <p>During an interview on 03/19/24, at 3:51 P.M., the Director of Nursing/Infection Preventionist said the following:</p> <p>-Staff should isolate the resident to their room if positive for COVID;</p> <p>-On 03/12/24, the facility had multiple residents test positive for COVID;</p> <p>-She called the Administrator to inform him. The facility made a COVID unit instead of isolating each resident to his/her room;</p> <p>-Staff monitor the residents daily;</p> <p>-Residents are on isolation until a negative COVID test;</p> <p>-The facility policy is when COVID in the building, staff test daily and wear N95 masks throughout the facility;</p> <p>-Staff who are negative for COVID and work the COVID hall should wear shoe covers, gown, N95, face shield, and gloves;</p> <p>-Staff who are positive did not have to wear PPE if they worked on the COVID unit.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 03/21/24, at 12:23 P.M., the Administrator said the following:</p> <ul style="list-style-type: none"> -Staff who are positive for COVID and work on the COVID unit did not have to wear PPE; -COVID positive staff are not at a higher risk of spreading COVID; -Staff should wear PPE if they are negative for COVID.