

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/11/2024
NAME OF PROVIDER OR SUPPLIER Jackson Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 710 Broadridge Jackson, MO 63755	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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** 39360</p> <p>Based on observation, interview, and record review, the facility failed to provide a safe, clean, comfortable, and homelike environment. This deficient practice affected one resident (Resident #35) out of 17 sampled residents, one resident (Resident #48) outside the sample, and had the potential to affect all residents in the facility. The facility's census was 68.</p> <p>The facility did not provide a policy regarding the environment.</p> <p>1. Observation on 07/08/24 at 2:35 P.M. of room [ROOM NUMBER] showed:</p> <ul style="list-style-type: none"> - Four dime-sized brown stains and a long brown stain approximately four inches long on the divider curtain; - Scrapes and scratches on the bathroom door and trim; - Veneer missing from the sink vanity; - Scrapes on the drawers of the sink vanity; - Veneer missing on the closet door; - Scrapes on the closet door; - A loose, unused cable and surge protector laying in the floor in front of the night stand next to the bed; - A surge protector cord and two black cords hanging on the back wall by the window; - Gap in the dry wall around the outlet located in the far back left corner of the room; - Gaps in the ceiling tile located in the back left corner of the room; - Scrapes in the drywall on the walls throughout the room. <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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 07/08/24 at 2:35 P.M., the resident in room [ROOM NUMBER] said he/she does not like the room he/she is in. There had been a water leak, which caused the ceiling to collapse in the back left corner of the room. There are dings, scrapes and scratches in everything. The building is gross and he/she wants to move due to the living environment.</p> <p>2. Observation on 07/08/24 at 2:40 P.M. of room [ROOM NUMBER] showed scrapes and scratches into the paint and dry wall behind the bed A closest to the entrance of the room.</p> <p>3. Observation on 07/09/24 at 12:00 P.M. of room [ROOM NUMBER] showed:</p> <ul style="list-style-type: none"> - Bed control cord with areas of exposed colored wires and bed did not raise up when pushed by resident; - Multiple areas at the head of the bed, gouged out of the wall where the trapeze bar was located. <p>During an interview on 07/09/24 at 12:00 P.M., the resident in room [ROOM NUMBER] said he/she was worried the wires could shock him/her, so he/she told staff, but it had been this way for a while. The staff had been raising the bed when the controller would not work.</p> <p>4. Observation on 07/09/24 at 2:30 P.M. of room [ROOM NUMBER] showed chipping/peeling veneer on the bathroom and closet doors.</p> <p>5. Observation on 07/10/24 at 9:00 A.M. of room [ROOM NUMBER] Bed A showed multiple areas of chipped paint and exposed drywall behind the resident's bed.</p> <p>6. Observations on 07/10/24 at 10:17 A.M. of Blueberry Lane and Country Meadow halls showed:</p> <ul style="list-style-type: none"> - Gouges in the dry wall and chipped paint along the walls of Blueberry Lane and Country Meadow; - Gouges and scrapes with bent metal around both entrances to the Country Meadow Dining area; - Scrapes in the paint at the corner where Blueberry Lane and Country Meadow hallways meet. <p>During an interview on 07/11/24 at 4:00 P.M., the Administrator, the Area Director of Operations, and the Regional Nurse Consultant said they would expect the facility to be maintained and repaired when needed to be free from scrapes, holes, gouges etc. and cords to be secured and free from exposed wires in areas that residents access.</p> <p>46555</p>		

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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>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39360</p> <p>Based on interview and record review, the facility failed to notify the resident and/or the resident's representative in writing of a transfer to hospital, including the reason for transfer, and failed to notify the Office of the State Long-Term Care Ombudsman for two residents (Resident #2 and Resident #58) out of 17 sampled residents. The facility's census was 68.</p> <p>The facility did not provide a policy.</p> <p>1. Review of Resident #2's medical record showed:</p> <ul style="list-style-type: none"> - Transferred to the hospital on 10/16/23, and readmitted to the facility on [DATE]; - No documentation that the resident or resident's responsible party had been notified in writing; - No documentation of transfer/discharge notice given to the Ombudsman. <p>2. Review of Resident #58's medical record showed:</p> <ul style="list-style-type: none"> - Transferred to the hospital on 06/07/24, and readmitted to the facility on [DATE]; - Transferred to the hospital on 06/30/24 and readmitted the same day; - No documentation that the resident or resident's responsible party had been notified in writing; - No documentation of transfer/discharge notice given to the Ombudsman. <p>During an interview on 07/11/24 at 4:00 P.M., the Administrator and Regional Director of Operations said they would expect notification of transfers to be sent per regulation.</p> <p>49879</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39360</p> <p>Based on interview and record review, the facility failed to inform the resident and/or resident's representative, in writing, of the facility's bed hold policy at the time of transfer to the hospital for two residents (Resident #2 and Resident #58) out of 17 sampled residents. The facility's census was 68.</p> <p>Review of the facility's Bed Hold policy, last reviewed 11/15/22, showed:</p> <ul style="list-style-type: none"> - The facility will provide written information to the Resident and/or Resident's Representative regarding the Bed Hold Policy, prior to transferring a Resident to the hospital, as required by State/Federal Guidelines; - The facility will have policies that address holding the Resident's bed during periods of absence; - The facility will provide written information about these policies to Residents/Resident's Representatives prior to and upon transfer. <p>1. Review of Resident #2's medical record showed:</p> <ul style="list-style-type: none"> - Transferred to the hospital on 10/16/23 and readmitted to the facility on [DATE]; - No documentation the Resident or Resident's Representative was informed in writing of the facility's bed hold policy at the time of transfer. <p>2. Review of Resident #58's medical record showed:</p> <ul style="list-style-type: none"> - Transferred to the hospital on 06/07/24 and readmitted to the facility on [DATE]; - Transferred to the hospital on 06/30/24 and readmitted the same day; - No documentation the Resident or Resident's Representative was informed in writing of the facility's bed hold policy at the time of transfer. <p>During an interview on 07/11/24 at 4:00 P.M., the Administrator and Director of Operations said they would expect residents discharging to the hospital to have the bed hold papers sent per the regulations.</p> <p>49879</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46460</p> <p>Based on observation, interview, and record review, the facility failed to provide showers for three residents (Resident #2, #18, and #21) out of 17 sampled residents and one resident (Resident #4) outside the sample. The facility's census was 68.</p> <p>Review of the facility's policy, ADL Care Bathing, dated 07/21/22, showed:</p> <ul style="list-style-type: none"> - Nursing staff will assist in bathing to promote cleanliness and dignity; - The charge nurse will be made aware of residents who refuse bathing. <p>1. Review of Resident #2's medical record showed:</p> <ul style="list-style-type: none"> - Diagnosis of quadriplegia (a form of paralysis that affects all four limbs, plus the torso); - Scheduled shower days on Monday and Thursday. <p>Review of the resident's annual Minimum Data Set (MDS - a federally mandated assessment completed by the facility staff), dated 01/05/24, showed:</p> <ul style="list-style-type: none"> - Cognitive status intact; - Dependent on staff for dressing; - Moderate assist of staff for personal hygiene; - Dependent on staff for bathing. <p>Review of the resident's shower sheets for 05/01/24 through 07/10/24 showed:</p> <ul style="list-style-type: none"> - For June, the resident did not receive showers on 06/20/24 and 06/27/24, with two out of nine opportunities missed; - For July, the resident did not receive any showers, with three out of three opportunities missed. <p>Observation on 07/08/24 at 2:00 P.M. showed Resident #2 lay in bed with unkempt hair.</p> <p>During an interview on 07/08/24 at 2:00 P.M., Resident #2 said he/she often misses showers.</p> <p>2. Review of Resident #4's medical record showed:</p> <ul style="list-style-type: none"> - Diagnoses of Parkinson's disease (a disorder of the central nervous system that affects movement, often including tremors), and diabetes mellitus (DM - abnormal blood sugar), and dementia (a group of thinking and social symptoms that interferes with daily functioning); <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Scheduled shower days on Monday and Thursday.</p> <p>Review of the resident's annual MDS, dated [DATE], showed:</p> <ul style="list-style-type: none"> - Cognitive status intact; - Supervision or touching from staff for dressing lower body; - Supervision or touching assistance from staff for personal hygiene; - Maximal assistance from staff for bathing. <p>Review of the resident's shower sheets for 05/01/24 through 07/10/24, showed:</p> <ul style="list-style-type: none"> - For May, the resident did not receive showers on 05/09/24, 05/27/24, and 05/30/24, with three out of nine opportunities missed; - For June, the resident did not receive showers on 06/03/24, 06/13/24, and 06/24/24, with three out of nine opportunities missed; - For July, the resident did not receive showers on 07/01/24 and 07/08/24, with two out of three opportunities missed. <p>Observation on 07/09/24 at 02:40 P.M., showed Resident #4 sat on his/her bed wearing a long shirt, no pants, and unkempt hair.</p> <p>During an interview on 07/10/24 at 2:40 P.M., Resident #4 said he/she did not get two showers a week, but wishes he/she could. He/She thought the reason he/she doesn't get two showers a week was due to the facility being short staffed.</p> <p>3. Review of Resident #18's medical record showed:</p> <ul style="list-style-type: none"> - Diagnoses of DM, high blood pressure, and anxiety disorder (feelings of worry, anxiety, or fear that are strong enough to interfere with one's daily activities); - Scheduled shower days on Tuesday and Friday. <p>Review of the resident's quarterly MDS, dated [DATE], showed:</p> <ul style="list-style-type: none"> - Moderate cognitive impairment; - Supervision/touching assistance by staff for upper body dressing; - Partial to moderate assistance by staff for lower body dressing; - Supervision/touching assistance by staff for personal hygiene; - Bathing not attempted due to medical condition or safety concern. <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's shower sheets for 05/01/24 through 07/10/24, showed:</p> <ul style="list-style-type: none"> - For July, the resident did not receive showers on 07/04/24 and 07/09/24, with two out of three opportunities missed. <p>Observation on 07/08/24 at 2:04 P.M. showed Resident #18 with uncombed hair, the room smelled of body odor, and a fly buzzed about, landing on the resident and the resident's sheet.</p> <p>During an interview on 07/08/24 at 2:04 P.M., Resident #18 said it's been two weeks since his/her last shower.</p> <p>4. Review of Resident #21's medical record showed:</p> <ul style="list-style-type: none"> - Diagnoses of neuromuscular dysfunction of bladder (the nerves and muscles don't work together well), heart failure (chronic condition where heart does not pump blood as well it should), hypertension, renal failure, DM, and epilepsy (a disorder in which nerve cell activity in the brain is disturbed causing seizures; - Scheduled shower days on Saturday and Wednesday. <p>Review of the resident's quarterly MDS, dated [DATE], showed:</p> <ul style="list-style-type: none"> - Cognitive status intact; - Partial assistance for upper body from staff for dressing; - Maximal assistance for lower body from staff for dressing; - Partial assistance from staff for personal hygiene; - Maximal assistance from staff for bathing. <p>Review of the resident's shower sheets for 05/01/24 through 07/10/24, showed:</p> <ul style="list-style-type: none"> - For May, the resident did not receive showers on 05/15/24, 05/18/24, and 05/22/24, with three out of nine opportunities missed; - For June, the resident did not receive showers on 06/01/24, 06/08/24, 06/15/24, 06/22/24, and 06/29/24 with five out of nine opportunities missed; - For July, the resident did not receive showers on 07/06/24 and 07/10/24 with two out of three opportunities missed. <p>During an interview on 07/09/24 at 03:30 P.M., Resident #21 said he/she did not get showers as scheduled. At most, he/she gets one shower a week, but wishes he/she would receive showers more often.</p> <p>(continued on next page)</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 07/11/24 at 10:30 A.M., Certified Nurse Aide (CNA) D said residents are supposed to receive two showers a week. He/she would fill out a shower sheet if a shower was given and if a resident refused, he/she would have them sign the sheet saying they refused it. He/she would document any skin issues on the shower sheet and then turn in the sheets to the nurse. The nurse is supposed to review and sign the sheets and then turn them in to the front office.</p> <p>During an interview on 07/11/24 at 4:00 P.M., the Administrator, the Area Director of Operations, and the Regional Nurse Consultant said they would expect residents to receive at least two showers a week and a shower sheet to be completed and signed indicating the shower was either given, refused, or why it was not given, such as being out of the facility.</p> <p>46555</p> <p>49879</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>49754</p> <p>Based on observation and interview, the facility failed to post the nurse staffing data in a clear and readable format in a prominent place readily accessible to residents and visitors on a daily basis at the beginning of each shift. The facility's census was 68.</p> <p>The facility did not provide a policy for posting nurse staffing data.</p> <p>Observations on 07/08/24, 07/09/24, 07/10/24 and 07/11/24 showed the facility did not post the nurse staffing data. The last posted nurse staffing data sheet was dated 06/28/24.</p> <p>During an interview on 07/11/24 at 8:30 A.M., the Assistant Director of Nurses (ADON) said the Director of Nurses (DON) fills out the daily staffing sheets, but he/she is not in the area this week, and hasn't been in the facility all week. The ADON stated that he/she is covering for the DON while he/she is out. The ADON said staffing sheets are posted by the nursing station beside the activities bulletin board. The ADON also said that the Administrator is in charge of the schedule and changing the staffing sheets this week.</p> <p>During an interview on 07/11/24 at 4:00 P.M., the Administrator, Regional Director of Operations, and Regional Nurse Consultant said they would expect daily staffing to be posted.</p>

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<p>F 0868</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>46460</p> <p>Have the Quality Assessment and Assurance group have the required members and meet at least quarterly</p> <p>Based on interview and record review, the facility failed to maintain quarterly Quality Assurance and Improvement Program (QAPI) committee meetings with the required members. The facility's census was 68.</p> <p>Review of the facility's policy, QAPI, dated 08/20/20, showed:</p> <ul style="list-style-type: none"> - The Quality Assessment and Assurance (QAA) committee will meet monthly to assess and monitor the quality of services provided to residents and identify potential problems or areas of opportunity for improvement; - Team Members: Administrator, Director of Nursing, Medical Director/Designee, Infection Preventionist, Social Services Designee, Activities Director, Environmental Services, Dietary Manager/Designee, Medical Records, Human Resources and Pharmacy. <p>Review of the QAPI sign in sheets, provided by the Administrator, showed the Medical Director did not attend any meetings from April 2024 through June 2024.</p> <p>During an interview on 07/10/24 at 3:45 P.M., the Administrator said he couldn't find any QAPI documentation from prior to when he started as Administrator in April.</p> <p>During an interview on 07/11/24 at 12:50 P.M., the Administrator said the Medical Director should attend QAPI meetings. They were going to have a QAPI meeting on Tuesday and the Medical Director was supposed to come, but they canceled the meeting.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39360</p> <p>Based on observation, interview, and record review, the facility failed to maintain proper infection control practices to prevent transmission of infection during insulin administration for one resident (Resident #68) out of 17 sampled residents and while providing incontinent care for one resident (Resident #52) outside the sample. The facility also failed to provide appropriate documentation of tuberculosis (TB-an infectious bacterial disease that affects the lungs) testing for three residents (Residents #24, #30 and #42) out of five sampled residents. The facility's census was 68.</p> <p>Review of the facility's policy, Hand Hygiene, last reviewed 04/28/22, showed:</p> <ul style="list-style-type: none"> - Hand hygiene should be performed before and after providing care; - After contact with blood, body fluids or contaminated surfaces; - Before and after applying or removing gloves or Personal Protective Equipment (PPE); - After handling soiled linens or items potentially contaminated with blood, body fluids or secretions. <p>Review of the facility's policy, Incontinence Care, dated 07/21/22, showed:</p> <ul style="list-style-type: none"> - Perform hand hygiene and apply gloves; - Remove soiled brief, cleanse perineal (private) area with a perineal cleanser, use a clean surface area of the cloth for each wipe; use multiple cloths if necessary, to maintain infection control; - Remove soiled gloves, perform hand hygiene and apply clean gloves; - Apply clean brief and clothing; - Discard contaminated items in a plastic liner; - Remove gloves and perform hand hygiene; - Reposition resident, place call light within reach, and report abnormal findings to the Charge Nurse. <p>Review of the facility's policy, Injectable Medication Administration, dated 08/18, showed:</p> <ul style="list-style-type: none"> - Wash hands with soap and water; - Gather supplies; - Clean stopper with alcohol and allow to air dry; <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - Inject volume of air equal to volume of dose and withdraw medication; - Do not recap needles; - Remove air bubbles; - Expose area to be injected and clean with alcohol wipe; - Inject medication; - Remove and discard gloves, clean or sanitize hands. <p>Review of the facility's undated policy, Blood Glucose Monitoring, showed:</p> <ul style="list-style-type: none"> - Gather and prepare appropriate equipment; - Perform hand hygiene and put on gloves; - Puncture skin with a quick, continuous, and deliberate stroke to achieve good flow of blood and prevent the need to repeat puncture; - If required by facility, wipe away the first drop of blood using a gauze pad; - Touch drop of blood to test strip; - Remove and discard gloves and perform hand hygiene; - Clean and disinfect blood glucose meter with disinfectant pad, following manufacturers instructions. <p>The facility did not provide a policy for Resident TB Testing.</p> <p>1. Observation on 07/11/24 at 10:30 A.M. of incontinent care for Resident #52 showed:</p> <ul style="list-style-type: none"> - Certified Nurse Aide (CNA) C gathered supplies and placed on the bedside table without a barrier; - CNA C cleaned the resident's front peri area with a wipe; - With same gloves, obtained more wipes from package and continued to clean Resident's peri area; - With same soiled gloves, CNA C obtained more wipes, and cleaned area again; - CNA C placed used wipes inside of the soiled brief and folded the brief up; - CNA C removed the Resident's wet pants and placed on top of the fitted sheet of the bed. - CNA C rolled the Resident on his/her side, reached into package to obtain more wipes, and cleaned the Resident's buttock area; <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/11/2024
NAME OF PROVIDER OR SUPPLIER Jackson Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 710 Broadridge Jackson, MO 63755	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - While wearing the same soiled gloves, CNA C placed a clean brief on the Resident; - CNA C placed the soiled brief in the trash bag along with the wet pants; - With same soiled gloves, CNA C picked up clean pants from wheelchair and placed on the Resident; - With same soiled gloves, CNA C touched blanket and pulled up over Resident; - CNA C removed his/her gloves, exited the Resident's room without washing hands, and took bag of trash and wet pants to soiled utility. <p>During an interview on 07/11/24 at 10:42 A.M., CNA C said he/she should wash his/her hands all the time, after care and before touching clean things.</p> <p>2. Observation on 7/11/24 at 12:20 P.M. of Resident #68's blood glucose check showed:</p> <ul style="list-style-type: none"> - Certified Medication Technician (CMT) E performed a finger stick and did not obtain any blood; - CMT E removed gloves and walked out of room without washing hands, to obtain new lancet (a device used to obtain blood for glucose testing); - CMT E donned gloves, performed a finger stick again, wiped blood away with gloved finger instead of gauze, then obtained blood sugar reading that required insulin; - CMT E removed gloves, obtained a multidose vial of insulin out of medication cart in hall, failed to clean top of vial and withdrew insulin; - CMT E returned to room, wiped Resident's abdomen with alcohol pad and waved hand over area to dry, prior to administering insulin; - CMT E recapped needle after insulin administration; - CMT E did not wash or sanitize hands after insulin administration; - CMT E did not clean glucometer after use. <p>3. Review of Resident #24's medical records showed:</p> <ul style="list-style-type: none"> - admitted on [DATE]; - Last annual TB screen done on 06/10/22, read zero millimeters (mm) on 06/12/22; - No documentation of annual screenings for 2023 or 2024. <p>4. Review of Resident #30's medical records showed:</p> <ul style="list-style-type: none"> - admitted on [DATE]; <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/11/2024
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - Last annual TB screen given 01/31/22, with no read date of zero mm; - No documentaion of annual screenings for 2023 or 2024. <p>5. Review of Resident #42's medical records showed:</p> <ul style="list-style-type: none"> - admitted on [DATE]; - Last annual TB screen given on 07/01/22, read zero mm on 07/03/22; - No documentaion of annual screenings for 2023 or 2024. <p>During an interview on 07/11/24 at 4:00 P.M., the Administrator, Regional Director of Operations and Regional Nurse Consultant said they would expect staff to change gloves once contaminated, before touching a clean surface or resident and that residents should have a yearly screening for TB.</p> <p>During an interview on 07/18/24 at 8:57 A.M., the Administrator said he would expect staff to wash hands in between dirty and clean, before leaving a room, and glucometers should be cleaned in between each resident. Staff should swipe a multi-use vial of insulin with alcohol prior to withdrawing insulin, should use gauze pad to wipe excess blood off resident, not gloved finger and should not recap a needle after use.</p> <p>49879</p>