

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265480	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/27/2025
NAME OF PROVIDER OR SUPPLIER  Grand River Health Care		STREET ADDRESS, CITY, STATE, ZIP CODE  118 Trenton Road Chillicothe, MO 64601	

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 0550</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 dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50980</b></p> <p>Based on observations, interviews, and record review the facility failed to ensure staff cared for residents in a dignified and professional manner when they ignored a resident's request for medical help and were seen vaping (inhaling aerosol vapor containing tobacco, through a battery operated device) while in the resident's room (Resident #11), provided care for two residents (Resident #15, #22) in a public common area in view of others, served room meal trays to residents on Styrofoam and with plastic utensils for meals and additionally failed to serve all residents who sat at the same dining room table before serving other tables. This affected five of the 12 sampled residents. The facility census was 27.</p> <p>The facility did not provide a residents rights policy.</p> <p>Review of the facility's undated Professionalism policy showed:</p> <ul style="list-style-type: none"> <li>- Staff are to respect resident requests, if concerned about a request ask the charge nurse first;</li> <li>- Do not tell residents what to do, if staff have suggestions, inform the charge nurse;</li> <li>- Treat residents how you would want to be treated;</li> </ul> <p>Review of the facility's Resident Smoking policy, undated, showed smoking restrictions shall be strictly enforced in all nonsmoking areas;</p> <p>1. Review of Resident #11's Quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 10/2/24, showed:</p> <ul style="list-style-type: none"> <li>- Severely impaired cognitive skills;</li> <li>- Total assist for all Activities of Daily Living; Mobility, Transfers and Hygiene</li> <li>- Diagnosis: Anemia, hypertension (high blood pressure), diabetes (chronic disease when body can't produce insulin), seizure disorder, schizophrenia (mental disorder with a disruption in thought processes), PTSD (mental health condition from witnessing a traumatic event);</li> </ul> <p>Review of the facility's self report complaint, dated 1/24/25 showed:</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- the resident filed a grievance regarding staff rudeness and vaping in the resident's room;</p> <p>Review of facility's investigation report, dated, 1/29/25, showed:</p> <p>- The resident has a Brief Interview for Mental Status (BIMS) score of 12 which indicates a moderate cognitive impairment;</p> <p>- The resident was mentally distraught and had triggers that caused him/her to get upset fast;</p> <p>- The resident said in his/her statement that NA (C) made me cry, gave me a dirty look, and was vaping in his/her room;</p> <p>- NA (C) said in his/her statement that the resident requested that he/she look at his/her urine and staff member refused and then redirected resident back to their bed. NA (C) then went back to the nurse's station and asked LPN (A) if they needed to look at the urine and they were told no;</p> <p>- NA (C) was suspended and written up for unprofessional behavior and vaping in the building;</p> <p>During a phone interview on 2/25/25 at 1:50 P.M., NA (C) said:</p> <p>- He/she answered resident's call light and helped them to the bathroom. Resident asked them to look at the urine but he/she refused and told the resident to flush the toilet and then had to re-direct resident out of the hall and to their bed since it was late at night;</p> <p>- The next day NA (C) was informed by MDS/CP Coordinator that resident was on a new medication that causes them to pace and that's why the resident was wandering to the hallway;</p> <p>- NA (C) admitted that they had their vaping pen in their hand at the time of cares in the resident's room;</p> <p>During an interview on 2/26/25 at 8:30 A.M., the Resident said:</p> <p>- NA(C) was rude and in his /her opinion, yelled at him/her and that NA C was also vaping in the room;</p> <p>- He/she felt hurt that NA (C) would be mean towards him/her and didn't like the staff member vaping in the his/her room;</p> <p>During an interview on 2/26/25 at 9:00 A.M., The Administrator said:</p> <p>- NA (C) was suspended due to vaping in the building and in the resident's room and additionally for unprofessional behavior;</p> <p>- NA (C) can sometimes be gruff with his/her tone;</p> <p>- She provided face to face training with all CNAs and in-service training on 1/30/25 for professional standards;</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- NA (C) should have spoken to the charge nurse about looking at the urine and attempt to alleviate the resident's anxiousness about the urine color.</p> <p>31102</p> <p>2. Review of Resident #15's Quarterly MDS, dated [DATE], showed:- Cognitive skills moderately impaired;</p> <p>- Independent with eating and transfers;</p> <p>- Diagnoses included: Diabetes mellitus, depression, high blood pressure, schizophrenia ( a serious mental illness that affects how a person thinks, feels, and behaves) and chronic obstructive pulmonary disease (COPD, obstruction of air flow that interferes with normal breathing).</p> <p>Review of the resident's POS, dated 1/25/25 - 2/25/25, showed:</p> <p>- Start date: 3/5/24 - Check and record blood sugar daily;</p> <p>- Start date: 7/22/24 - Humulin R (short acting) insulin per sliding scale. The order did not indicate how often it was to be administered;</p> <p>- Start date: 6/19/24 - Trelegy Ellipta 100-62.5 - 5-25 micrograms (mcg.), inhale one puff daily and rinse mouth after use for COPD.</p> <p>Review of the resident's Nurse medication administration record (MAR) dated February 2025, showed:</p> <p>- Check and record blood sugar daily;</p> <p>- Trelegy Ellipta 100-62.5 - 5-25 mcg., inhale one puff daily and rinse mouth after use for COPD.</p> <p>Observation in the day room, on 2/25/25 at 4:58 P.M., showed;</p> <p>- The resident sat in a chair in the day room with five other residents present;</p> <p>- At 5:00 P.M., Registered Nurse (RN) A obtained the resident's blood sugar while he/she sat in the day room;</p> <p>- At 5:03 P.M., the resident pulled up his/her shirt and exposed his/her abdomen and RN A administered the insulin in the resident's abdomen.</p> <p>Observation in the day room on, 2/26/25 at 6:48 A.M., showed:</p> <p>- The resident sat in the day room at the table with other residents in the day room;</p> <p>- CMT A gave the resident his/her Trelegy Ellipta inhaler and instructed the resident to blow out, place the inhaler in his/her mouth and inhale;</p> <p>- CMT A had the resident rinse his/her mouth with water afterwards and spit into a cup.</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 2/26/25 at 11:17 A.M., CMT A said staff should not administer inhalers in the day room and should do it in the resident's room.</p> <p>3. Review of Resident #22's Quarterly MDS, dated [DATE] showed:</p> <ul style="list-style-type: none"> <li>- Cognitive skills intact;</li> <li>- Independent with eating dressing, personal hygiene and transfers;</li> <li>- Diagnoses included psychotic disorder ( a mental illness that causes a person to lose touch with reality), COPD and diabetes mellitus.</li> </ul> <p>Review of the resident's POS, dated 1/25/25 - 2/25/25 showed an order dated 8/27/23 for Novolog (fast acting) Flexpen insulin per sliding scale three times a day for diabetes mellitus.</p> <p>Review of the Nurse MAR, dated February 2025. showed the Novolog insulin per sliding scale was not addressed on the MAR.</p> <p>Observation in the day room, on 2/25/25 at 5:06 P.M., showed;- The resident sat at the table in the day room;</p> <ul style="list-style-type: none"> <li>- At 5:11 P.M., RN A obtained the resident's blood sugar;</li> <li>- At 5:12 P.M., the resident pulled up his shirt and exposed his/her abdomen and RN A administered the insulin in the resident's abdomen.</li> </ul> <p>During a interview on 3/6/25 at 1:48 P.M., RN A said nursing staff should not obtain blood sugars, administer insulin or inhalers in the day room, it should be administered in private area.</p> <p>During an interview on 2/27/25 at 4:15 P.M., the DON said;- Staff should not obtain blood sugars, or administer insulin and inhalers in the day room;</p> <ul style="list-style-type: none"> <li>- It should be done privately.</li> </ul> <p>51166</p> <p>4. Review of Resident #9's Admission MDS assessment, dated 2/16/25, showed:</p> <ul style="list-style-type: none"> <li>-Resident is cognitively intact;</li> <li>-Independent with walking and eating;</li> <li>-Requires set up and clean up assistance with meals;</li> <li>-Diagnoses included: Depression, lung disease and, high blood pressure.</li> </ul> <p>Review of Resident #2's Quarterly MDS, dated [DATE], showed:</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Resident is cognitively intact;</p> <p>-Requires walker or wheelchair;</p> <p>-Independent with eating and wheeling;</p> <p>-Diagnoses included: heart disease, kidney disease, diabetes, dementia, anxiety, and depression.</p> <p>Observation on 2/24/25 at 11:37 A.M., showed Residents meal trays were passed to several tables before serving all residents at the same table.</p> <p>During resident council meeting on 2/25/25 at 9:15 A.M., Resident #9 said:</p> <p>-Residents should be treated equally;</p> <p>-He/She did not understand why they were usually served last;</p> <p>-The food was cold when they were served last.</p> <p>During the resident council meeting on 2/25/25 at 9:15 A.M., Resident #2 said:</p> <p>-Residents sit in the same places in the dining room for every meal;</p> <p>-Residents at the same table were not served at the same time;</p> <p>-Diabetic residents were served first because they receive their insulin shots.</p> <p>During an interview on 2/26/25 at 3:06 P.M., RN B said Residents sitting at the same table should not be served their meal at the same time because the diabetic residents needed to be served first and the diabetic residents don't sit together at the same table.</p> <p>During an interview on 2/27/25 at 4:15 P.M., the DON said Residents that sit at the same table should be served meals at the same time.</p> <p>5. Observation on 2/26/25 at 11:26 A.M. showed staff served residents lunch on Styrofoam (disposable) plates with plastic utensils.</p> <p>During an interview on 2/26/25 11:26 A.M., [NAME] A said Styrofoam plates and cups and plastic utensils are used for the residents that eat in their room because the dishes and silverware do not get returned to the kitchen.</p> <p>During an interview on 2/26/25 at 3:53 P.M., Dietary Aid A said:</p> <p>-Residents should be served on regular dishware and utensils rather than disposable plates and plastic utensils;</p> <p>-Residents have thrown dishes away in the past;</p> <p>(continued on next page)</p>		

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>27584</p> <p>Based on observation and interview, the facility staff failed to ensure they provided a reasonable accommodation of needs when they made residents, some with potential gait instabilities, from entering a dark restroom connected to their room and having to cross the whole restroom to flip the light switch to get the light to illuminate. This affected 11 of 30 rooms. The facility census was 27.</p> <p>1. Observation on 2/5/25 stating at 2:36 P.M., showed the the restrooms between rooms 201/203, 202/204, 205/207, 206/208, 209, and 210/212 had a shared restroom. Both sides had a light switch. The light switch was located just inside the restroom on the interior wall on both sides. To get to the other light switch the resident would need to pass by the sink, toilet, and get to the other wall with the light switch. If the light was on, both light switches could turn off the light, but if the light were off, only one switch could turn on the light. If the light switch on the side of the resident did not turn on the light, they would need to traverse through the restroom to get to the other side to turn on the light.</p> <p>During an interview on 2/5/25 at 2:36 P.M., Resident #480 said the only one light switch would turn on the light. At night one would need to pass to the other side of the restroom to turn on the light. He/she wished they would fix it.</p> <p>During an interview on 2/25/25 at 2:30 P.M., the Maintenance Supervisor said the lights had been wired that only one light switch would turn on the light in the shared restrooms on the 200 hall. He was not sure why they were wired that way.</p>

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<p>F 0561</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 and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 31102</p> <p>Based on observation, interview, and record review, the facility failed to promote an environment respectful of the rights of each resident to make choices about significant aspects of their lives when staff did not respond to shower preferences for two of the 12 sampled residents, (Resident #2 and Resident #3) and when staff failed to assist Resident #3 to shave per his/her preference. The facility census was 27.</p> <p>The facility did not provide a policy regarding showers or shaving.</p> <p>1. Review of Resident #3's Annual Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 12/20/24 showed:- Cognitive skills intact;</p> <ul style="list-style-type: none"> <li>- Independent with showers, dressing, personal hygiene and transfers;</li> <li>- Always continent of bowel and bladder;</li> <li>- Diagnoses included anxiety and schizophrenia ( a serious mental illness that affects how a person thinks, feels, and behaves).</li> </ul> <p>Review of the resident's care plan, revised 1/28/25 showed:</p> <ul style="list-style-type: none"> <li>- The resident preferred to take showers at night. He/she did not want other residents interrupting him/her;</li> <li>- The staff would ensure the resident had privacy and would not be disturbed during showers and self care.</li> </ul> <p>Observation and interview on 2/24/25 showed:</p> <ul style="list-style-type: none"> <li>- The resident said he/she was normally clean shaven;</li> <li>- It bothered him/her to have long facial hairs on his/her face and it made him/her feel unkempt.</li> </ul> <p>During an interview on 2/26/25 at 11:43 A.M., Certified Medication Technician (CMT) A said:</p> <ul style="list-style-type: none"> <li>- The resident is very specific about who he/she allows to shave him/her;</li> <li>- CMT A has never seen the resident clean shaven, but normally the beard is clean, short and tidy.</li> </ul> <p>During an interview on 2/27/25, at 4:15 P.M., the Director of Nursing (DON) and the Administrator said:</p> <ul style="list-style-type: none"> <li>- The DON said the aides will ask the residents if they want to be shaved;</li> </ul> <p>(continued on next page)</p>		

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<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- The Administrator said the shift aides are primarily responsible to ask residents and they are to shave residents if the residents ask. Some residents are particular with which staff member they will let shave them.</p> <p>51166</p> <p>2. Review of Resident #2's Quarterly MDS, dated [DATE], showed:</p> <ul style="list-style-type: none"> <li>-Resident is cognitively intact;</li> <li>-Requires walker or wheelchair;</li> <li>-Requires supervision or touching assistance for showers;</li> <li>-Diagnoses included: heart disease, kidney disease, diabetes, dementia, anxiety, and depression</li> </ul> <p>During an interview on 2/24/25 at 10:30 A.M., Resident #2 said:</p> <ul style="list-style-type: none"> <li>-When the shower room is too cold, he/she can't shower because it is painful;</li> <li>-He/She hasn't showered in over a week and had been trying to get a shower today;</li> <li>-He/She smells and doesn't want to see other people because he/she stinks;</li> <li>-It is humiliating to not have a shower;</li> <li>-He/She did not eat in the dining room on 2/24/25 because it would gross people out.</li> </ul> <p>During an interview on 2/25/25 at 4:47 P.M., Resident #2 said he/she did not get his/her requested shower today.</p> <p>During an interview on 2/26/25 at 3:10 P.M., CMT A said residents should be able to receive a shower any day they want.</p> <p>During an interview on 2/27/25 at 4:15 P.M., the DON said residents should be able to receive a shower whenever they want, even daily.</p>

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<p>F 0567</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 manage his or her financial affairs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50980</p> <p>Based on interview and record review the facility staff failed to ensure residents (Resident #1, #4, #6, #15) had timely access to their personal funds on the weekend. This affected four of the 12 sampled residents. The facility census was 27.</p> <p>Review of facility policy Guidelines for Maintaining the Resident Trust Fund Account, revised, 8/20/19, showed:</p> <ul style="list-style-type: none"> <li>- The resident and/or legal representative, upon request will have reasonable access to the resident's personal funds during normal business office hours;</li> <li>- If funds are requested for weekend use, funds should be requested during normal business hours on Friday or if outside normal business/banking hours, facility staff may contact a member of facility management for access;</li> </ul> <p>1. Review of Resident #1's Quarterly Minimum Data Set (MDS, a federally mandated assessment completed by the facility staff), dated 12/2/24, showed:</p> <ul style="list-style-type: none"> <li>- Cognition Intact-(understands and makes all needs known)</li> <li>- Diagnosis: hypertension (high blood pressure), diabetes (chronic disease when body can't produce insulin), Parkinson's disease (progressive neurological disorder); .</li> </ul> <p>During an interview on 2/24/25 at 10:13 A.M., the resident said the facility holds money for him/her but he/she is unable to get money on Saturdays. He/she has to request money during the week or he/she can't get it on the weekends;</p> <p>2. Review of Resident #4's Quarterly MDS, dated [DATE], showed diagnoses of hypertension (high blood pressure), anxiety disorder, schizophrenia (chronic mental illness that disrupts thought processes);</p> <p>During an interview on 2/24/25 at 1:37 P.M., resident said he/she can not get money on the weekends;</p> <p>3. Review of Resident #6's Quarterly MDS, dated [DATE], showed:</p> <ul style="list-style-type: none"> <li>- Cognition Intact;</li> <li>- Diagnosis: hypertension (high blood pressure), hyperlipidemia (high cholesterol), dementia (decline in cognitive abilities), anxiety disorder, depression, schizophrenia (chronic mental illness that disrupts thought processes);</li> </ul> <p>During an interview on 2/24/25 at 2:10 P.M, resident said he/she gets frustrated sometimes that he/she can't get his/her personal funds on Saturdays;</p> <p>(continued on next page)</p>

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<p>F 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>4. Review of Resident #15's Quarterly MDS, dated [DATE], showed:</p> <ul style="list-style-type: none"> <li>- Cognition Intact:</li> <li>- Diagnosis: hypertension (high blood pressure), diabetes (chronic disease when body can't produce insulin), depression, schizophrenia (chronic mental illness that disrupts thought processes);</li> </ul> <p>During an interview on 1:21 P.M., resident said he/she cannot get money on the weekends but he/she would like to have access to his/her money on the weekends so he/she does not have to worry about forgetting about it during the week;</p> <p>During a group interview on 2/25/25 at 9:15 A.M., with nine residents, five of the nine residents said they cannot access their money on the weekends and they have to request it during the week if they want their funds;</p> <p>During an interview on 2/25/25 at 2:04 P.M., The BOM (Business office Manager) said:</p> <ul style="list-style-type: none"> <li>- The petty cash is kept in a safe in a closet and she and the Administrator are the only ones who have access to the safe;</li> <li>- Residents cannot get funds on the weekends because there is no one available at the facility to access the funds, residents need to request funds Monday through Friday;</li> </ul> <p>During an interview on 2/27/25 at 4:15 P.M., The Administrator said staff ask the residents on Fridays if they need funds for the weekend but residents should be able to get their money on weekends.</p>

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NAME OF PROVIDER OR SUPPLIER  Grand River Health Care		STREET ADDRESS, CITY, STATE, ZIP CODE  118 Trenton Road Chillicothe, MO 64601	

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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>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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50980</b></p> <p>Based on observation and interview, the facility failed to maintain a clean, comfortable, and homelike environment when the facility failed to maintain comfortable temperatures in the shower room, fill, sand, and paint drywall patches, maintain facility furniture in good repair, ensure all call lights were functional, flooring was clean and in good repair and replace wallpaper as needed. This affected all residents in the facility. The facility census was 27.</p> <p>A policy regarding Maintenance and Upkeep of Facility was requested but provided.</p> <p>Review of the Maintenance Work Log at the nurses' station showed:</p> <ul style="list-style-type: none"> <li>- A binder containing repair requests entered in by staff for the maintenance department to complete;</li> <li>- Entry: room [ROOM NUMBER] hole in wall needs filled, marked down as fixed;</li> <li>- Entry: Shower room drain won't go down (not fixed) 2/18/25;</li> </ul> <p>Observation on 2/24/25 showed:</p> <ul style="list-style-type: none"> <li>- 10:17 AM room [ROOM NUMBER] misaligned coat cabinet near door misaligned will not shut properly, door needs repainting in several places front and back. Call light string in bathroom is cut and only two inches long and unreachable from the floor. Large gouging behind chair on wall;</li> <li>- 10:42 A.M. room [ROOM NUMBER] has peeling paint on back of door;</li> <li>- 10:56 AM room [ROOM NUMBER] floors are very sticky, paint coming off the walls, drawers are misaligned (one drawer opens two drawers due to alignment), floor laminate coming up at entrance to room;</li> </ul> <p>Observation on 2/25/25 showed:</p> <ul style="list-style-type: none"> <li>- 8:55 A.M. room [ROOM NUMBER] bathroom door has wood peeling off toward the bottom and paint is chipped;</li> <li>- 11:02 A.M. Residents eating meals on Styrofoam containers and cups;</li> </ul> <p>Observation on 2/26/25 showed:</p> <ul style="list-style-type: none"> <li>- 8:08 A.M. room [ROOM NUMBER] wallpaper coming apart from wall, surface damage to front and back of door;</li> <li>- room [ROOM NUMBER] Bathroom door has damage needs painting, cabinet laminate is coming off of wood in several locations on dresser drawer;</li> </ul> <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 - Some</p>	<ul style="list-style-type: none"> <li>- room [ROOM NUMBER] paint coming off of walls severely in several areas;</li> <li>- 100 Hallway, outside room [ROOM NUMBER] wall has missing paint;</li> <li>- room [ROOM NUMBER] has large missing paint spots, broken laminate at corner entrance of door, wall molding at bottom of wall near back of room and on side of room is coming away from wall;</li> <li>- room [ROOM NUMBER] light cord string broken off for wall light, about six inches in length;</li> <li>- room [ROOM NUMBER] no call light string attached to call light in bathroom;</li> <li>- room [ROOM NUMBER] large patch needs painting on back wall near left side of heater;</li> <li>- 200 Hallway missing chunk of paint out of wall;</li> <li>- Liquid stains on wall outside room [ROOM NUMBER];</li> <li>- room [ROOM NUMBER] rust stains on tiles along entire back wall floor;</li> <li>- room [ROOM NUMBER] bathroom door missing paint;</li> <li>- TV lounge at nurses' station corner wall entering lounge has damage to wall, missing some plaster and paint, has plastic coming off at the base of wall;</li> <li>- room [ROOM NUMBER] broken wooden board in front of sink basin;</li> <li>- 9:05 A.M. chairs next to salon door have peeling and cracked vinyl seats;</li> <li>- 2:41 P.M. chair outside shower room has vinyl cracking with multiple cracks;</li> <li>- 5:55 P.M. ceiling vent near thermostat coated with dust;</li> </ul> <p>During an observation on 2/26/25 at 7:30 A.M. of the shower room showed the room temperature measured at 68 degrees Fahrenheit (taken with infrared thermometer).</p> <p>During an observation on 2/27/25 at 8:49 A.M. the shower room showed the room temperature measured at 65.7 degrees Fahrenheit (taken with infrared thermometer).</p> <p>During an interview on 2/25/25 at 9:15 A.M., members of the resident council said:</p> <ul style="list-style-type: none"> <li>- One resident said the shower is dirty;</li> <li>- Five of five residents said the shower room is too cold. When the local area got to be zero degrees outside the shower room was unbearable;</li> <li>- Two of five residents said the cold shower room makes their arthritis hurt</li> <li>- Four of five residents said they have missed showers due to the cold temperatures; -</li> </ul> <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 - Some</p>	<p>During an interview on 2/26/25 at 9:00 A.M., HSK (A) said housekeeping deep cleans every day which includes washing the walls if there are stains, removing black marks on doors and cleaning windows;</p> <p>During an interview on 2/26/25 at 10:45 A.M., Maintenance Supervisor said:</p> <ul style="list-style-type: none"> <li>- He is trying to catch up on all the work required at the facility, currently working on room [ROOM NUMBER], patched a hole in the room, next step is to get painted and there are a couple of spot on the ceiling that need work;</li> <li>- Not sure if anyone in the facility inspects the rooms, he just repairs them whenever someone tells him there's a requirement;</li> <li>- Has a book at the nurses station which staff can enter in work requests;</li> <li>- There is a small heater in the shower room that can be turned on for 15 minutes at a time when it is operated manually inside the shower;</li> </ul> <p>During an interview on 2/26/25 at 11:52 A.M., CMT (A) said:</p> <ul style="list-style-type: none"> <li>- He/she is only aware of one resident who has turned down showers due to it being too cold in the shower room during the recent cold spell in the area.</li> <li>- Interventions are to make sure the heater in the room was turned on prior to a resident taking a shower first thing in the morning. The heater will stay on for 15 minutes and then has to be re-energized again by staff. No temperatures are taken before residents take a shower and he/she does not know of any required temperatures for the showers;</li> </ul> <p>During an interview on 2/27/25 at 4:15 P.M., Administrator said:</p> <ul style="list-style-type: none"> <li>- The temperature should be no less than 68 degrees (F) in the shower room;</li> <li>- Vinyl on chairs should not be torn or cracked;</li> <li>- Floors in resident rooms should not have large rust stains or be coming up from the base;</li> <li>- Laminate should not be coming off of furniture;</li> <li>- All furniture drawers should operate properly;</li> <li>- Walls and doors should be painted after sustaining damage over time.</li> </ul>

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 31102</p> <p>Based on interview and record review, the facility failed to protect the resident's right to be free from abuse when Resident #12 threatened harm to Resident #9. The facility census was 27.</p> <p>Review of the facility's undated Abuse Prohibition Protocol Policy, showed:</p> <ul style="list-style-type: none"> <li>- It is the policy of this facility that each resident will be free from Abuse. Abuse can include verbal, mental, sexual, or physical abuse, misappropriation of resident property and exploitation, corporal punishment or involuntary seclusion</li> <li>- Additionally, residents will be protected from abuse, neglect and harm while they are residing at the facility;</li> <li>- No abuse or harm of any type will be tolerated, and residents and staff will be monitored for protection;</li> <li>- The objective of the abuse policy is to comply with the seven step approach to abuse and neglect detection and prevention. The abuse policy will be reviewed on an annual basis or more frequently and will be integrated into the facility Quality Assurance and performance Improvement (QAPI) program;</li> <li>- Overview of the seven components: reporting and response; screening; training; prevention; identification; investigation; and protection.</li> </ul> <p>1. Review of Resident #12's Quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 2/8/25., showed:</p> <ul style="list-style-type: none"> <li>- 12/9/16 - admitted ;</li> <li>- Cognitive skills moderately impaired;</li> <li>- Rejected cares daily;</li> <li>- Wandering occurred daily;</li> <li>- Independent with transfers, dressing, personal hygiene and toilet use;</li> <li>- Diagnoses included schizophrenia ( a serious mental illness that affects how a person thinks, feels, and behaves) and psychotic disorder ( a mental illness that causes a person to lose touch with reality).</li> </ul> <p>Review of the resident's care plan, revised 2/10/25 showed:</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- The resident had delusions (something that is believed to be true or real but that is actually false or unreal) related to schizophrenia. Do not confront, argue against, or deny resident's thoughts. Maintain a calm environment and approach to the resident. Refocus resident when he/she changes the subject in middle of conversation. Reinforce and focus on reality. Use clear, concise terms. Set limits and expectations for resident's behavior;</p> <p>- 2/26/25 - The resident has verbal behavioral symptoms directed toward others (threatening others, screaming at others and cursing at others). Administer medications and monitor and record effectiveness. Report adverse side effects. Report to provider if resident tries to cheek his/her medications. Allow distance in seating other residents around resident. Assess whether the behavior endangers resident or others. Intervene as necessary. Avoid over-stimulation (noise, crowding, other physically aggressive residents). Avoid power struggles with resident. Convey an attitude of acceptance towards the resident. Divert resident's behavior by removing him form other residents and providing 1:1 counsel. If resident has delusions/hallucinations, do not try to reason with or confront resident. Offer reassurance. Ignore resident's verbal abuse. Maintain a calm, slow, understandable and environment approach to the resident. Provide 1:1 session with resident, and one monitoring if he/she is being threatening to other residents , or verbally abusive. Proved consistency in approaching the resident: set boundaries for personal space, do not allow him/her to talk to a single staff member behind a closed door. Proved private, comfortable environment for care. Refocus conversation when resident becomes verbally abuse. Set expectations and limits for resident. When resident becomes verbally abusive, move to a quiet, calm environment.</p> <p>Review of the nursing progress notes, showed:</p> <p>- 2/25/25 at 5:15 P.M. - Behavior: This nurse with State surveyor in hall checking blood sugars and insulin, Resident #9 stopped to talk. Resident #9 reported being in the dining room and turned the television on. Resident #12 went and turned the television off. Resident #9 turned the television back on and Resident #12 told Resident #9 the next time he/she catches Resident alone, he/she is going to hurt Resident #9;</p> <p>- 2/25/25 at 9:34 P.M. - Resident had a 1:1 ordered, confirmed night shift 1:1 with staff member and with charge nurse (CN) checking in hourly.</p> <p>Resident refused to get on ambulance at 6:15 P.M. as Emergency Medical Services (EMS) was called to transport for immediate medication evaluation due to a report from another resident that Resident #12 threatened to hurt him/her and flipped him/her off. Police were called but informed Administrator that they did not have authority to detain Resident #12 at this point due to no crime being committed. Police recommended calling guardian and getting a court order.</p> <p>Guardian was called. Guardian said they were not sure what to do and that the Police should have detained Resident #12 for his/her comments, or or made to got to a psych inpatient. Administrator informed the Guardian the staff could not force Resident #12 to go. The Guardian will work on a court order in the morning.</p> <p>Resident #12 pointed a butter knife in the Administrator's direction and said, This is threatening. I would have used this if I threatened anyone. I am not threatening you right now either, just showing you an example.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident #12 is certain that a particular resident told on him/her which is a completely different resident. Resident #12 said all he/she said to the him/her was that He/she needs help, and he/she isn't a doctor. Resident #12 then stated to the business office manager (BOM) that he/she will threaten him/her, and he/she will deserve what is coming for him/her. This was gathered in a statement. Resident #12 then walked back to his/her room with the BOM (who was Resident #12's current 1:1) and Certified Medication Technician (CMT) stated Resident #12 stated he/she wanted to kill him/herself and take down the entire joint with him/her too. When the Administrator asked him/her about both statements, he/she denied saying anything and that he/she did not have a plan to hurt him/herself.</p> <p>- Administrator called Police again to update them on Resident #12's comments and actions. The Sergeant said Resident #12 still was not committing a crime even though the Administrator stressed her worry that Resident #12 needs psych evaluation and that there is a resident who is scared of Resident #12. Administrator placed Resident #12 1:1 overnight to ensure safety of other residents. The Police said to call them if Resident #12 advanced to the victim's room or becomes combative.</p> <p>Review of the facility's initial reporting form, dated 2/25/25 showed:</p> <p>- Resident #9 went to the Administrator, Director of Nursing (DON) and BOM at 5:30 P.M., and said he/she was afraid because Resident #12 threatened him/her for turning on the television in the dining room. He/she said Resident #12 turned the television off and he/she turned it back on and Resident #12 turned it off again and said, Do that again, I am going to hurt you, flipped him/her off and said, up yours. Resident #9 is scared of Resident #12 because he/she is mean. Resident #9 said it happened earlier today and he/she did not tell anyone because he/she did not want to tattle on Resident #12 and he/she was threatened often at his/her last facility.</p> <p>Review of the fax sent from the Public Administrator's (PA) office, dated 2/26/25 at 4:50 P.M. showed the PA office filed a petition with the court to have Resident #12 transported by the Sheriff's department to a psych hospital.</p> <p>2. Review of Resident #9's medical records showed an admitted [DATE].</p> <p>Review of the resident's Admission MDS, dated [DATE], showed:</p> <p>- Cognitive skills intact;</p> <p>- Independent with dressing, toilet use and transfers;</p> <p>- Diagnoses included high blood pressure, depression, schizophrenia and chronic obstructive pulmonary disease (COPD, obstruction of air flow that interferes with normal breathing).</p> <p>Review of the resident's care plan, revised 2/20/25 showed;- The resident has a diagnosis of paranoid schizophrenia. Staff will allow the resident to vent any concerns regarding his/her diagnoses and reassure him/her that he/she is in a safe environment;</p> <p>- The resident has exhibited change in usual behavior as evidenced by anxiety at times (increased restlessness, fidgety, lack of initiative/involvement. Evaluate whether the behavior is attributed to organic causes or other risk factors.</p> <p>(continued on next page)</p>		

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<p>F 0600</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 notes, recorded as a late entry on 8/26/25 at 8:57 A.M., showed:</p> <ul style="list-style-type: none"> <li>- The resident went to the Administrator's office with the DON, and BOM. He/she said he/she was sorry to bother them but that Resident #12 had threatened him/her. Resident #9 had turned the television on in the dining room, and Resident #12 turned it off and told him/her, Do that again and I will hurt you. Resident #12 them flipped Resident #9 off and said, up yours while walking away from him/her. Resident #9 said Resident #12 is very mean person and made him/her feel very scared. Resident #9 said it happened earlier in the day and he/she did not tell anyone because he/she did not want to tattle. The Administrator reassured the resident that it is not tattling and wanted the resident to feel at home.</li> <li>- At 10:00 P.M., the Administrator spoke with Resident #9 in his/her room and asked him/her how he/she was feeling. Resident #9 said, Better now, Resident #12 scared him/her. The resident was reassured a staff member was watching #12 and he/she was safe.</li> </ul> <p>During an interview on 3/6/25 at 1:48 P.M., Registered Nurse (RN) A said:</p> <ul style="list-style-type: none"> <li>- Resident #12 was currently out of the facility;</li> <li>- He/she makes a lot of hateful comments to other residents but did not do it in front of the staff;</li> <li>- Some of the residents are afraid of him/her.</li> </ul> <p>During an interview on 3/6/25 at 2:00 P.M., the Administrator said:</p> <ul style="list-style-type: none"> <li>- The facility obtained the court order to send Resident #12 to a psych hospital;</li> <li>- Since he/she has been there, they have refused all of his/her medications;</li> <li>- The hospital is wanting to send him/her back but they have not done anything with him/her, he/she is the same as when they were transferred out;</li> <li>- The facility had sent out referrals to try and find different placement for him/her, but have not heard anything back yet.</li> </ul> <p>MO250171</p>

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50980</p> <p>Based on observation, interview and record review, the facility failed to ensure staff developed and updated a care plan consistent with resident's specific conditions and needs which affected two of the 12 sampled residents, (Resident #11, #26). The facility census was 27.</p> <p>A policy regarding care plans was requested but not provided.</p> <p>1. Review of Resident #11's Quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 10/2/24, showed:</p> <ul style="list-style-type: none"> <li>- Cognition severely impaired;</li> <li>- Total assist of all Activities of Daily Living; Mobility, Transfers and Hygiene</li> <li>- Diagnosis: Anemia, hypertension (high blood pressure), diabetes, seizure disorder, schizophrenia (mental disorder with a disruption in thought processes), Post Traumatic Stress Disorder (PTSD) (mental health condition from witnessing a traumatic event);</li> </ul> <p>Review of the resident's care plan revised, 2/12/2025, showed:</p> <ul style="list-style-type: none"> <li>- Resident diagnosed with PTSD.</li> <li>- No identified triggers are listed and no interventions for staff to avoid or address when behaviors occur;</li> </ul> <p>Review of Behavioral Triggers document, undated, shows:</p> <ul style="list-style-type: none"> <li>- A behavioral trigger is any stimulus, situation, or action that prompts or initiates a specific behavior, often leading to an emotional response;</li> <li>- Resident #11 lists police, trains, rope, suicide, and loud noises as triggers;</li> </ul> <p>Observation on 2/25/25 in the dining room showed:</p> <ul style="list-style-type: none"> <li>- 6:00 P.M. Resident is eating in the dining room near the side wall;</li> <li>- 6:05 P.M. Paramedics enter from the other side of the dining room and start talking with the Administrator. Resident stopped eating and immediately went to the ground and started screaming when he/she saw the paramedics enter the room;</li> <li>- Nursing staff and the Administrator try to calm resident and do a health assessment on him/her;</li> <li>- 6:06 P.M. Paramedics leave the dining room and resident is still shaking and upset on the ground;</li> </ul> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- 6:23 P.M. Four police officers arrive at the facility and are speaking to the Administrator. The resident is now calmed down and still sitting in the dining room eating;</p> <p>- 6:27 P.M. Resident got visibly upset when a police officer entered the dining room and he/she screams Oh my god! That's right. My mom got raped with a knife. Resident is screaming and staff run over to him/her to calm them and then walked resident out of the dining room;</p> <p>-6:30 P.M. The facility did not remove the resident from the area were police and EMS were present, causing the resident to show extreme verbal behaviors.</p> <p>During an interview on 2/26/25 at 8:35 A.M., Resident #11 said:</p> <p>- He/she was very upset last night. The people in uniforms really upset him/her and he/she didn't know what to do;</p> <p>- Loud noises also make him/her upset though they realize that the noise may not be that loud to others but it is to them;</p> <p>During an interview on 2/26/25 at 2:35 P.M., RN (B) said:</p> <p>- No one at the facility has a diagnosis of PTSD;</p> <p>- If someone did have PTSD their triggers would be listed in the 802 Matrix (a list of serious conditions and controlled medications identified for each resident);</p> <p>- Could not recall having any specific training for PTSD;</p> <p>During an interview on 2/26/25 at 3:05 P.M., MDS-Care Plan Coordinator said:</p> <p>- PTSD should be documented in the resident's care plan along with identified triggers;</p> <p>- Interviews with the resident and the guardian are conducted to identify triggers for each resident and this occurs within the first two weeks of admission to the facility and is an ongoing process;</p> <p>- Resident #11 does not meet the definition of PTSD according to their psychological provider;</p> <p>- Resident #11 will normally be cooperative when police are present and immediately calm down if upset;</p> <p>During an interview on 2/27/25 at 4:00 P.M., the Administrator said PTSD and the resident's known triggers should be documented in the care plan for each resident;</p> <p>31102</p> <p>2. Review of Resident #26's Physician Order Sheet (POS) dated, 1/25/25 - 2/25/25 showed:</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Grand River Health Care		STREET ADDRESS, CITY, STATE, ZIP CODE  118 Trenton Road Chillicothe, MO 64601	
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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- Start date: 2/16/25 - Bactrim DS 800-160 milligrams (mgs.) daily on Mondays, Wednesdays, and Fridays for systemic involvement of connective tissue (a term for a group of autoimmune diseases that cause inflammation of connective tissues throughout the body);</p> <p>- Start date: 2/11/25 - Code status: full code.</p> <p>Review of the resident's electronic chart showed:</p> <p>- admitted : 2/11/25;</p> <p>- The baseline care plan did not address the resident's code status.</p> <p>Review of the resident's Admission MDS, dated [DATE], showed:</p> <p>- Short term and long term memory problems;</p> <p>- Required set up and clean up for eating, oral care and personal hygiene;</p> <p>- Diagnoses included high blood pressure, anxiety and diabetes mellitus.</p> <p>Review of the resident's care plan, revised 2/25/25, showed the plan did not address the use of antibiotics.</p> <p>During an interview on 2/25/25 at 3:08 P.M., the MDS/Care Plan Coordinator said:</p> <p>- The baseline care plans are completed by the charge nurse (CN) and within 14 days, he/she tried to have an actual care plan completed;</p> <p>- He/she reviewed the baseline care plan and it did not indicate what the resident's code status should be;</p> <p>- He/she would expect the code status to be on the baseline care plan so everyone would know the resident's code status;</p> <p>- If a resident was on an antibiotic prophylactically (to prevent disease or infection, or to guard against), then it should be care planned.</p> <p>During an interview on 2/27/25 at 4:15 P.M., the DON said the baseline care plan should address the resident's code status and if a resident was taking an antibiotic prophylactically, then it should be care planned.</p> <p>During a telephone interview on 3/6/25 at 1:48 P.M., Registered Nurse (RN) A said he/she would expect to see a resident's code status and use of antibiotics on the care plan.</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 31102</p> <p>Based on observation, interview, and record review, the facility failed to ensure staff provided services that met professional standards of quality of care when staff failed to have medications available for two of the 12 sampled residents, (Resident #6, #15) and failed to clarify a sliding scale insulin order for Resident #15. The facility census was 27.</p> <p>The facility did not provide a policy for ordering medications.</p> <p>1. Review of Resident #15's Quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 12/15/24, showed:</p> <ul style="list-style-type: none"> <li>- Cognitive skills moderately impaired;</li> <li>- Independent with eating and transfers;</li> <li>- Diagnoses included diabetes mellitus, depression, high blood pressure, Schizophrenia ( a serious mental illness that affects how a person thinks, feels, and behaves) and Chronic Obstructive Pulmonary Disease (COPD, obstruction of air flow that interferes with normal breathing).</li> </ul> <p>Review of the resident's Physician Order Sheet (POS) dated 1/25/25 - 2/25/25 showed:</p> <ul style="list-style-type: none"> <li>- Start date: 3/1/24 - Myrbetriq tablet, extended release, 25 milligram (mg.) daily for overactive bladder;</li> <li>- Start date: 10/19/24 - Jardiance tablet 25 mg., one tab daily for Schizophrenia;</li> <li>- Start date: 7/22/24 - Humulin R regular (short acting) insulin per sliding scale. Does not indicate how often it is to be administered.</li> </ul> <p>Review of the resident's Medication Administration Record (MAR), dated February 2025, showed:</p> <ul style="list-style-type: none"> <li>- Jardiance tablet 25 mg., one tab daily for Schizophrenia. On 2/26/25 Certified Medication Technician (CMT) A initialed in the box and circled it;</li> <li>- Myrbetriq tablet, extended release, 25 mg. daily for overactive bladder. On 2/26/25 CMT A initialed in the box and circled it;</li> <li>- On the Nurse's medication notes, CMT A documented the resident was out of the Jardiance and the Myrbetriq and the Charge Nurse (CN) was notified;</li> <li>- Humulin R regular insulin per sliding scale. Does not indicate how often it is to be administered.</li> </ul> <p>2. Review of Resident #6's Quarterly MDS, dated [DATE] showed:</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> <li>- Cognitive skills intact;</li> <li>- Independent with eating and transfers;</li> <li>- Diagnoses included Congestive Heart Failure (CHF, an accumulation of fluid in the lungs and other areas of the body), dementia (inability to think), anxiety, depression, bipolar (a mental illness that involves extreme mood swings, or shifts in energy, thinking and behavior) and Schizophrenia.</li> </ul> <p>Review of the resident's POS, dated 1/26/25 - 2/26/25, showed:</p> <ul style="list-style-type: none"> <li>- Start date: 11/10/22 - Eliquis 5 mg. twice daily for atrial fibrillation ( A-fib, a condition where the upper chambers of the heart (atria) beat irregularly and rapidly).</li> </ul> <p>Review of the resident's MAR, dated February, 2025 showed:</p> <ul style="list-style-type: none"> <li>- Eliquis 5 mg. twice daily for atrial fibrillation (A-fib.);</li> <li>- On 2/26/25 CMT A initialed in the box and circled it;</li> <li>- On the Nurse's medication notes, CMT A documented the resident was out of the Eliquis and the CN was notified.</li> </ul> <p>During an interview on 2/26/25 at 11:17 A.M., CMT A said:</p> <ul style="list-style-type: none"> <li>- The residents should have their medications available but the local pharmacy only fills certain medications, like Jardiance, Myrbetriq and Eliquis (blood thinner), for 14 days;</li> <li>- The facility is in the process of switching pharmacies;</li> <li>- On the MAR if he/she initialed the box and circled it, either the resident had refused the medication or it was not available. Staff should fill out an entry on the back of the MAR to indicate why the medication was not administered.</li> </ul> <p>During a telephone interview on 3/6/25 at 1:48 P.M., Registered Nurse (RN) A said the order for the sliding scale insulin should indicate how often it was to be administered.</p> <p>During an interview on 2/27/25 at 4:15 P.M., the Director of Nursing (DON) and the Administrator said:</p> <ul style="list-style-type: none"> <li>- The DON was just made aware that the pharmacy only filled Eliquis, Myrbetriq and Jardiance for 14 days and the residents have been running out of them;</li> <li>- The Administrator said they are going to be switching pharmacies;</li> <li>- The DON said there should be an order to indicate how often sliding scale insulin should be administered.</li> </ul>

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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>51166</p> <p>Based on interview and record review, the facility failed to provide the necessary care and services to attain or maintain the highest practicable physical, mental, or psychosocial well-being for one of 12 sampled residents (Resident #8) when staff failed to notify the physician of a resident's change of condition in a timely manner. The facility census was 27.</p> <p>A policy regarding physician notification was requested but not provided.</p> <p>1. Review of Resident #8's Quarterly Minimum Data Set (MDS), a federally mandated assessment tool completed by facility staff, dated 1/8/25, showed:</p> <ul style="list-style-type: none"> <li>-Severe cognitive impairment;</li> <li>-Dependent on a wheelchair for mobility;</li> <li>-Diagnoses included: Diabetes, high blood pressure, dementia, anxiety, and depression.</li> </ul> <p>Review of nursing progress notes, dated 2/20/25-2/24/25, showed:</p> <ul style="list-style-type: none"> <li>-No documentation regarding the resident's upper respiratory condition;</li> <li>-No documentation regarding contacting the resident's physician or guardian of changes.</li> </ul> <p>Observation on 2/24/25 at 2:24 P.M. showed:</p> <ul style="list-style-type: none"> <li>-The resident sitting in the common area with other residents by the TV;</li> <li>-The resident said he/she had a cold for a couple of weeks;</li> <li>-The resident's eyes were draining yellowish discharge and crusted;</li> <li>- Fluid was dripping out of nose and he/she was coughing.</li> </ul> <p>Observation on 2/25/25 at 2:57 P.M. showed:</p> <ul style="list-style-type: none"> <li>-The resident was sitting in the common area with other residents by the TV;</li> <li>-The resident's voice was hoarse, eyes crusted with discharge, and coughing.</li> </ul> <p>During an interview on 2/25/25 at 2:05 P.M., RN A said:</p> <ul style="list-style-type: none"> <li>-The resident had symptoms including a cough and eye drainage over the weekend;</li> <li>-The resident's doctor should have already been contacted.</li> </ul> <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 2/26/25 at 11:16 A.M., the BOM (business office manager) said:</p> <ul style="list-style-type: none"> <li>-A flu test was done on the resident today;</li> <li>-The resident would be eating meals in their room until the flu is ruled out;</li> <li>-Staff should have already tested the resident.</li> </ul> <p>During an interview on 2/26/25 at 3:10 P.M., CMT A said:</p> <ul style="list-style-type: none"> <li>-The resident started having upper respiratory symptoms last week;</li> <li>-The resident's eyes were draining, and had a cough;</li> <li>-He/She reported resident's symptoms to the charge nurse and asked for a flu swab to be done on Friday.</li> <li>-Facility staff tried to keep the resident in his/her room, away from other residents, while symptomatic;</li> <li>-Facility staff tried to encourage the resident to rest but he/she preferred to be on the couch in the common area or in dining room;</li> <li>-Without a physician's order, the staff could not isolate the resident.</li> </ul> <p>During an interview on 2/27/25 at 9:35 A.M., the Guardian said:</p> <ul style="list-style-type: none"> <li>-He/She expects the facility would provide notification of a resident's change in condition;</li> <li>-He/She could not confirm if the facility notified the guardian of the resident's change in condition;</li> <li>-He/She considered the upper respiratory issue a minor concern.</li> </ul> <p>During an interview on 2/27/25 at 4:15 P.M., the DON said:</p> <ul style="list-style-type: none"> <li>-The physician should be contacted when the resident's symptoms appear;</li> <li>-Symptoms, duration, and physician's guidance should be documented;</li> <li>-Resident's guardian should be contacted when there are new orders or if the resident has symptoms.</li> </ul>

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 31102</p> <p>Based on observation, interview, and record review, the facility failed to ensure the residents had fresh water at bedside that was easily accessible to the residents. This affected three of the 12 sampled residents, (Resident #15, #22 and #26). The facility census was 27.</p> <p>Review of the facility's undated policy titled, Hydration, showed staff were directed to do the following:</p> <ul style="list-style-type: none"> <li>- Each resident is supplied with sufficient fluid intake to maintain proper hydration;</li> <li>- Fresh water is distributed each shift, pitchers and glasses are within reach of the resident and residents who are unable to pour and drink independently will be given assistance by the staff.</li> </ul> <p>1. Review of Resident #15's care plan, revised 11/30/24 showed;- The resident had a diagnosis of constipation;</p> <ul style="list-style-type: none"> <li>- Will follow diet as ordered by the primary care physician;</li> <li>- Will maintain adequate hydration daily.</li> </ul> <p>Review of the resident's Quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 12/15/24, showed:</p> <ul style="list-style-type: none"> <li>- Cognitive skills moderately impaired;</li> <li>- Independent with eating and transfers;</li> <li>- Diagnoses included diabetes mellitus, depression, high blood pressure, schizophrenia ( a serious mental illness that affects how a person thinks, feels, and behaves) and chronic obstructive pulmonary disease (COPD, obstruction of air flow that interferes with normal breathing).</li> </ul> <p>Review of the resident's Physician Order Sheet (POS), dated 1/25/25 - 2/25/25 showed no diet order.</p> <p>Observation and interview with the resident on 2/24/25 at 1:28 P.M., showed;</p> <ul style="list-style-type: none"> <li>- The resident's water pitcher was almost empty and did not have any ice in it;</li> <li>- The staff do not always pass fresh ice water to him/her;</li> <li>- He/she feels like the staff forget about him/her;</li> <li>- He/she would like to have fresh ice water.</li> </ul> <p>2. Review of Resident #22's Quarterly MDS, dated [DATE], showed:</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> <li>- Cognitive skills intact;</li> <li>- Independent with eating dressing, personal hygiene and transfers;</li> <li>- Diagnoses included psychotic disorder ( a mental illness that causes a person to lose touch with reality), COPD and diabetes mellitus.</li> </ul> <p>Review of the resident's POS, dated 1/25/25 - 2/25/25, showed an order dated 11/22/24 to start Level 7 diet (easy to chew diet that consists of soft and tender foods), reduced concentrated sweets.</p> <p>Review of the resident's care plan, revised 1/28/25, showed;- The resident was on a therapeutic diet related to diabetes mellitus;</p> <ul style="list-style-type: none"> <li>- The resident had difficulty chewing some foods and needed a mechanical soft diet.</li> </ul> <p>Observation and resident interview on 2/24/25 at 1:39 P.M., showed;</p> <ul style="list-style-type: none"> <li>- The resident's water pitcher was half full and did not have any ice in it;- The staff bring a clean cup with ice in it around 3:30 A.M., but by the time he/she woke up, it was melted;</li> <li>- If he/she wanted fresh ice water, then he/she would have to get up and get him/herself;</li> <li>- It would be nice if the staff would pass fresh ice water each shift.</li> </ul> <p>3. Review of Resident #26's Admission MDS, dated [DATE], showed:</p> <ul style="list-style-type: none"> <li>- Short term and long term memory problems;</li> <li>- Lower extremity impaired on one side;</li> <li>- Required supervision or touch assistance with transfers;</li> <li>- Required set up and clean up for eating, oral care and personal hygiene;</li> <li>- Diagnoses included high blood pressure, anxiety and diabetes mellitus.</li> </ul> <p>Review of the resident's care plan, revised 2/24/25, showed the resident was on a low sodium, low cholesterol, low fat diet.</p> <p>Review of the resident's POS dated 1/25/25 - 2/25/25, showed an order with a start date of 2/20/25 for a low fat, low cholesterol, low sodium, diet.</p> <p>Observation and interview on 2/24/25 at 10:12 A.M., showed:</p> <ul style="list-style-type: none"> <li>- The resident's was almost empty and did not have any ice in it;</li> <li>- The resident said the staff do not always pass fresh ice water and he/she would like to have it each shift.</li> </ul> <p>(continued on next page)</p>

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 2/26/25 at 11:17 A.M., Certified Medication Technician (CMT) A said:</p> <ul style="list-style-type: none"> <li>- The night shift passes fresh ice water;</li> <li>- He/she was not for sure when the day shift passed fresh ice water.</li> </ul> <p>During an interview on 2/26/25 at 10:27 A.M., Registered Nurse (RN) B said:</p> <ul style="list-style-type: none"> <li>- The day shift did not actually pass fresh ice water;</li> <li>- If a resident asked for fresh ice water, the staff would get it for them.</li> </ul> <p>During an interview on 2/27/25 at 8:54 A.M., Nurse Aide (NA) B said the staff were supposed to pass fresh ice water every shift.</p> <p>During an interview on 2/27/25 at 4:15 P.M., the Director of Nursing (DON) said the staff should pass fresh ice water on each shift.</p> <p>During an interview on 3/6/25 at 1:48 P.M., RN A said:</p> <ul style="list-style-type: none"> <li>- The day shift do not pass fresh ice water often enough;</li> <li>- The night shift passes fresh ice water, but it's hit or miss on the day shift;</li> <li>- He/she thought it was supposed to be passed three times a day;</li> <li>- They have several residents who will ask for fresh ice water during the day.</li> </ul>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50980</b></p> <p>Based on observation, interview and record review, the facility failed to ensure staff provided proper respiratory care when staff failed to date weekly oxygen tubing, allowed oxygen tubing to lay on the floor (Resident #17, #22, #79, #129), and additionally failed to refill humidifiers daily with distilled water (Resident #17, #22) resulting in possible exposure to bacteria and discomfort during oxygen usage. This affected four of 12 sampled residents. The facility census was 27.</p> <p>Review of the facility's Cleaning (Sanitizing) Guidelines - Oxygen Equipment policy, undated, showed;</p> <ul style="list-style-type: none"> <li>- Humidifiers - standards include changing humidified water, rinsing the humidifier and replacing humidifier water;</li> <li>- Humidifiers are to be dated, initialed, and replaced every seven days;</li> <li>- Tubing, masks, and cannulas used with oxygen therapy should be replaced monthly and marked with date and initials;</li> <li>- All concentrator outside surfaces are to be cleaned weekly by nursing personnel, and marked with date and initials;</li> <li>- Humidifiers must be emptied and refilled every 24 hours with distilled water;</li> </ul> <p>1. Review of Resident #129's Face Sheet, undated, showed:</p> <ul style="list-style-type: none"> <li>- Diagnoses: fracture right hip joint, GERD (acid reflux), ventricular arrhythmia (abnormal heart rhythm), neck fracture of right femur (leg);</li> </ul> <p>Review of resident's care plan, dated 2/14/2025, showed no entry for oxygen care;</p> <p>Review of resident's physician orders, dated 2/24/25, showed no orders for oxygen;</p> <p>Review of resident progress note dated 2/24/25 at 12:00 P.M., showed:</p> <ul style="list-style-type: none"> <li>- Staff called to resident's room because resident complained that he/she couldn't breathe. SPO2 (oxygen saturation, percentage of oxygen in the blood) was 82% on 3 liters per minute. Resident was in obvious respiratory distress with respirations of 28.</li> <li>- Call placed to provider who gave order to send resident to ER for evaluation and treatment. 911 called;</li> </ul> <p>Observation of the resident's room on 2/24/25 at 10:56 A.M. showed several coils of oxygen tubing hooked up to the oxygen humidifier lying on the ground with no date of when last changed taped to the tubing;</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>31102</p> <p>2. Review of Resident #22's Quarterly MDS, dated [DATE], showed:</p> <ul style="list-style-type: none"> <li>- Cognitive skills intact;</li> <li>- Independent with eating dressing, personal hygiene and transfers;</li> <li>- Diagnoses included psychotic disorder ( a mental illness that causes a person to lose touch with reality), chronic obstructive pulmonary disease (COPD, obstruction of air flow that interferes with normal breathing), and diabetes mellitus.</li> </ul> <p>Review of the resident's POS, dated 1/25/25 - 2/25/25, showed;</p> <ul style="list-style-type: none"> <li>- Start date: 9/27/23 - O2 at 2L/NC (Liters per Nasal Cannula) with ambulation, none required at rest for acute respiratory failure with hypoxia (lack of oxygen to the tissues);</li> <li>- Start date: 8/13/23 - Ipratropium-albuterol solution for nebulization 0.5 mg. -3 mg./3 ml four times a day for shortness of air.</li> </ul> <p>Review of the resident's care plan, revised 1/28/25, showed:</p> <ul style="list-style-type: none"> <li>- The resident had a diagnosis of COPD and required oxygen during the day;</li> <li>- Had nebulizer treatments as ordered.</li> </ul> <p>Review of the resident's MAR, dated February, 2025, showed:</p> <ul style="list-style-type: none"> <li>- O2 at 2L/NC with ambulation, none required at rest for acute respiratory failure with hypoxia;</li> <li>- Ipratropium-albuterol solution for nebulization 0.5 mg. -3 mg./3 ml four times a day for shortness of air.</li> </ul> <p>Observation and interview on 2/24/25 at 10:30 A.M., showed:</p> <ul style="list-style-type: none"> <li>- The resident said he/she used his/her oxygen frequently;</li> <li>- The resident's oxygen tubing was lying on the floor and was dated 2/13/25;</li> <li>- The front of the O2 concentrator had dried white debris spilled down the front;</li> <li>- The nebulizer machine was sat directly on the floor;</li> <li>- The nebulizer tubing was not dated;</li> <li>- The humidified water bottle was almost empty and was not dated.</li> </ul> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265480	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/27/2025
NAME OF PROVIDER OR SUPPLIER  Grand River Health Care		STREET ADDRESS, CITY, STATE, ZIP CODE  118 Trenton Road Chillicothe, MO 64601	

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 2/27/25 at 8:34 A.M., showed;- The O2 concentrator had dried white debris spilled down the front of it;</p> <ul style="list-style-type: none"> <li>- The nebulizer machine remained directly on the floor and the tubing was not dated;</li> <li>- The oxygen tubing was dated but the bag it was lying directly on the floor.</li> </ul> <p>During an interview on 2/26/25 at 11:17 A.M., Certified Medication Technician (CMT) A said:</p> <ul style="list-style-type: none"> <li>- The oxygen tubing should not be on the floor, it should be in a bag and dated;</li> <li>- The oxygen tubing is supposed to be changed out on Wednesdays on the night shift;</li> <li>- There should be distilled water in humidified water bottle;</li> <li>- The oxygen concentrators should be clean;</li> <li>- The nebulizer machine should not be on the floor and the tubing should be dated and in a bag.</li> </ul> <p>51166</p> <p>3. Review of Resident #17's Quarterly MDS, dated [DATE], showed:</p> <ul style="list-style-type: none"> <li>-Cognitive skills intact;</li> <li>-Diagnoses include: heart failure, and high blood pressure.</li> </ul> <p>Review of Resident's physician's orders showed:</p> <ul style="list-style-type: none"> <li>-Start date 1/31/25 - Ipratropium-albuterol solution for nebulization 0.5 mg. -3 mg./3 ml every six hours, as needed, for acute congestive heart failure;</li> <li>-Start date 2/17/25 - O2 therapy: 1-2L each nostril NC, as needed, to keep oxygen levels above 92%.</li> </ul> <p>Observation of the resident's room on 2/24/25 at 1:15 P.M. showed:</p> <ul style="list-style-type: none"> <li>-Undated oxygen tubing on the floor;</li> <li>-Humidifier bottle had 1/4 inch of water;</li> <li>-Resident was short of breath.</li> </ul> <p>4. Review of Resident #79's Quarterly MDS, dated [DATE] showed:</p> <ul style="list-style-type: none"> <li>-Moderately impaired cognition;</li> <li>-Active diagnoses include: diabetes, and manic depression.</li> </ul> <p>(continued on next page)</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation of the resident's room on 2/24/25 at 2:36 P.M. showed:</p> <ul style="list-style-type: none"> <li>-Nebulizer tubing was was undated;</li> <li>-Undated oxygen tubing was on the floor.</li> </ul> <p>During an interview on 2/27/25 at 8:54 A.M., Nurse Aide (NA) B said:</p> <ul style="list-style-type: none"> <li>- The oxygen and nebulizer tubing should not be on the floor. It should be dated and in a bag;</li> <li>- The oxygen and nebulizer tubing should be changed out on Wednesdays on the night shift;</li> <li>- The nebulizer machine should not be on the floor;</li> </ul> <p>The oxygen concentrator should be clean;</p> <ul style="list-style-type: none"> <li>- There should be water in the humidified water bottle;</li> <li>- He/she thought the nurses were supposed to check it.</li> </ul> <p>During an interview on 2/27/25 at 4:15 P.M., the Director of Nursing (DON) said:</p> <ul style="list-style-type: none"> <li>- The oxygen concentrators should be clean;</li> <li>- There should be water in the humidified water bottle;</li> <li>- The nebulizer machine should not be on the floor and the tubing should be dated;</li> <li>- The oxygen tubing should not be on the floor and it should be dated.</li> </ul> <p>During a telephone interview on 3/6/25 at 1:48 P.M., RN A said:</p> <ul style="list-style-type: none"> <li>- The oxygen and nebulizer tubing should be dated and should not be on the floor;</li> <li>- The tubing should be changed weekly on Wednesdays on the night shift;</li> <li>- The humidified water bottle should have water in it;</li> <li>- The nebulizer machine should not be on the floor.</li> </ul>

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>31102</p> <p>Ensure medication error rates are not 5 percent or greater.</p> <p>Based on observation, interview, and record review, the facility failed to ensure staff administered medications with a medication error rate of less than 5%. Facility staff made five medication errors out of 26 opportunities for error which resulted in a medication error rate of 19.23%, which affected four of the 12 sampled residents, ( Resident #2, #22, #15 and #9). The facility census was 27.</p> <p>Review of the facility's undated policy titled, Medication, Administration Guidelines, showed staff were directed to do the following:</p> <ul style="list-style-type: none"> <li>- It is the purpose of this facility that residents receive their medications on a timely basis and in accordance with established policies;</li> <li>- Drug administration shall be defined as an act in which an authorized person, in accordance with all laws and regulations governing such acts, gives a single dose of a prescribed drug or biological to a resident;</li> <li>- The complete act of administration entails removing an individual dose from a previously dispensed, properly labeled container (including a unit dose container), verifying it with the physician's orders, giving the individual dose to the proper resident, and promptly recording the information.</li> </ul> <p>Review of the facility's undated policy titled, Instillation of eye medication, showed staff were directed to do the following:</p> <ul style="list-style-type: none"> <li>- Tilt resident's head backward, draw down lower lid. Have resident look up;</li> <li>- To prevent dropper tip from touching eye or lids, nurse should support hand on resident's forehead or bridge of nose;</li> <li>- Introduce drop on center of lower lid;</li> <li>- Instruct resident to close eye;</li> <li>- Gently press tissue against the inner corner of the eye close to the nose for one minute.</li> </ul> <p>1. Review of Resident #2's Physician Order sheet (POS) dated 1/25/25 - 2/25/25., showed:</p> <ul style="list-style-type: none"> <li>- Start date:1/22/25 - Cyclosporine 0.05% one drop in both eyes twice daily for dry eyes.</li> </ul> <p>Review of the resident's medication administration record (MAR), dated February, 2025, showed to apply Cyclosporine 0.05%, one drop in both eyes twice daily for dry eyes.</p> <p>Observation on 2/25/25 at 9:36 A.M., showed:</p> <ul style="list-style-type: none"> <li>- Certified Medication Technician (CMT) A instilled two drops in the left eye and applied lacrimal pressure for six seconds;</li> </ul> <p>(continued on next page)</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- CMT A instilled one drop in the right eye and applied lacrimal pressure for five seconds.</p> <p>2. Review of Resident #9's POS, dated 1/26/25 - 2/26/25 showed:</p> <p>- Start date: 2/24/25 - Brimonidine 0.2% eye drops, one drop in both eyes twice daily for blindness in both eyes.</p> <p>Review of the resident's MAR (Medication Administration Record), dated February, 2025 showed:</p> <p>- Brimonidine 0.2% eye drops, one drop in both eyes twice daily for blindness in both eyes.</p> <p>Observation on 2/26/25 at 6:54 A.M., showed:- CMT A instilled one drop in the resident's right eye and CMT A applied lacrimal pressure for 19 seconds;</p> <p>- CMT A instilled one drop in the resident's left eye and CMT A applied lacrimal pressure for 20 seconds.</p> <p>During an interview on 2/26/25 at 11:17 A.M., CMT A said:</p> <p>- If the physician's order said for one drop, then he/she should have administered one drop;</p> <p>- He/she thought lacrimal pressure should be applied for 30 seconds up to one minute.</p> <p>During an interview on 2/27/25 at 4:15 P.M., the Director of Nursing (DON) said:</p> <p>- Staff should apply lacrimal pressure for one minute;</p> <p>- Staff should only administer one drop if that's what the physician ordered.</p> <p>3. The facility did not provide a policy for how soon a resident should have a meal after receiving Novolog (fast-acting) insulin.</p> <p>Review of the website, <a href="https://novologpro.com">https://novologpro.com</a> for Novolog insulin showed:-Eat a meal within five to ten minutes after using Novolog, a fast-acting insulin, to avoid low blood sugar.</p> <p>Review of Resident #22's POS, dated 1/25/25 - 2/25/25, showed:</p> <p>- Start date: 8/27/23 - Novolog Flexpen insulin per sliding scale three times a day for diabetes mellitus;</p> <p>- For blood sugar of 163, give four units of Novolog insulin (150-199- give four units).</p> <p>Review of the resident's MAR, dated February 2025, showed:</p> <p>- It did not have Novolog insulin on the MAR.</p> <p>Observation on 2/25/25 at 5:11 P.M., showed:</p> <p>(continued on next page)</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> <li>- Registered Nurse (RN) A obtained the resident's blood sugar, which was 163;</li> <li>- At 5:12 P.M., RN A administered four units of insulin;</li> <li>- At 5:42 P.M., the resident sat in the dining room and received his/her dinner and started eating.</li> </ul> <p>During an interview on 3/6/25 at 1:48 P.M., RN A said residents should have a meal within 15 minutes of receiving a fast-acting insulin.</p> <p>4. Review of the resident's Medication Administration Record (MAR), dated February 2025, showed:</p> <ul style="list-style-type: none"> <li>- Jardiance tablet 25 mg., one tab daily for Schizophrenia. On 2/26/25 Certified Medication Technician (CMT) A initialed in the box and circled it;</li> <li>- Myrbetriq tablet, extended release, 25 mg. daily for overactive bladder. On 2/26/25 CMT A initialed in the box and circled it;</li> <li>- On the Nurse's medication notes, CMT A documented the resident was out of the Jardiance and the Myrbetriq and the Charge Nurse (CN) was notified.</li> </ul> <p>During an interview on 2/26/25 at 11:17 A.M., CMT A said:</p> <ul style="list-style-type: none"> <li>- The residents should have their medications available but the local pharmacy only fills certain medications, like Jardiance, Myrbetriq and Eliquis (blood thinner), for 14 days;</li> <li>- The facility is in the process of switching pharmacies;</li> <li>- On the MAR if he/she initialed the box and circled it, either the resident had refused the medication or it was not available. Staff should fill out an entry on the back of the MAR to indicate why the medication was not administered.</li> </ul> <p>During an interview on 2/27/25 at 4:15 P.M., the Director of Nursing (DON) and the Administrator said:</p> <ul style="list-style-type: none"> <li>- The DON was just made aware that the pharmacy only filled Eliquis, Myrbetriq and Jardiance for 14 days and the residents have been running out of them;</li> <li>- The Administrator said they are going to be switching pharmacies.</li> </ul>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>31102</p> <p>Based on observation, interview, and record review, the facility failed to discard expired medications, and biologicals stored within the medication room and the medication cart, failed to date an opened vial of Influenza vaccine, and failed to ensure resident's cigarettes and personal money was not stored in the medication cart. This had the potential to affect all residents within the facility. The facility census was 27.</p> <p>Review of the facility's undated policy titled, Medication Administration Guidelines, showed:</p> <ul style="list-style-type: none"> <li>- It is the purpose of this facility that residents receive their medications on a timely basis and in accordance with established policies;</li> <li>- Drug administration shall be defined as an act in which an authorized person, in accordance with all laws and regulations governing such acts, gives a single dose of a prescribed drug or biological to a resident;</li> <li>- The complete act of administration entails removing an individual dose from a previously dispensed, properly labeled container, verifying it with the physician's orders. giving the individual dose to the proper resident, and promptly recording the information;</li> <li>- The same person preparing the doses for administration must administer the medications;</li> <li>- Medications may not be prepared in advance and must be administered within one hour of preparation.</li> </ul> <p>Review of the facility's undated policy titled, Labeling Drugs and Medications, showed:</p> <ul style="list-style-type: none"> <li>- All drugs and biologicals must be properly labeled and legible at all times;</li> <li>- Medications in containers having no labels must be destroyed in accordance with the facility procedures governing the destruction of medications.</li> </ul> <p>1. Observation and interview on 2/25/25 at 8:20 A.M., of the medication room showed:</p> <ul style="list-style-type: none"> <li>- Two opened 10 milliliters (ml.) bottles of Sterile Water, expired 12/1/24;</li> <li>- Two unopened 10 ml. bottles of Sterile Water, expired 12/1/24;</li> <li>- Resident #10 had an opened bottle of Lorazepam (used to treat anxiety) and did not have a date when it was opened;</li> <li>- Resident #22 had a Symbicort inhaler (used to treat chronic obstructive pulmonary disease, (COPD), an obstruction of air flow that interferes with normal breathing), dated 9/25/23;</li> </ul> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> <li>- A can of house stock burn relief, expired 3/6/24;</li> <li>- A medication cup with five ml. of powder in it, and did not have a date or labeled;</li> <li>- A packaged of tactical electrolyte drink mix, expired 12/24;</li> <li>- An opened vial of tuberculin (TB) purified protein derivative (Mantoux), dated 12/10/25. The label on the box said to discard 30 days after opening;</li> <li>- Registered Nurse (RN) A said everything should be dated when opened;</li> <li>- An opened vial of Influenza vaccine, did not have a date when it was opened;</li> <li>- Inside the medication refrigerator there was a yellow and brown dried substance inside the door. The freezer had an excess of ice;</li> <li>- An opened chocolate health shake in the medication refrigerator did not have an expiration date on it. RN A said there had been a recall on it and it should not be in the medication refrigerator;</li> <li>- Resident #79 had an opened bottle of Constulose (used for constipation), expired 2/1/25;</li> <li>- An unopened house stock bottle of Aspirin (used to treat mild pain), expired 8/24;</li> <li>- A Suprep bowel prep kit, expired 5/31/21;</li> <li>- A black box with a pair of hearing aides in them. RN A said he/she was not for sure they belonged to.</li> </ul> <p>2. Observation and interview on 2/25/25 at 9:10 A.M., of the Nurse's medication cart showed:</p> <ul style="list-style-type: none"> <li>- In the locked box, Resident #8 had an envelope in a zip lock bag and it had \$1.01 in it. A piece of paper said there should be \$1.42;</li> <li>- A loose dime in the top drawer of the medication cart;</li> <li>- Two paper medication cups stacked on each other had Resident #21's name on the bottom cup and it had 0.72 in it;</li> <li>- Resident #10 had an open envelope and unknown staff wrote \$20.00 to order from a local fast food restaurant, the list is inside the envelope of what the resident wants, on the outside of the envelope. There was only 0.11 in the envelope. RN A said the list is long gone;</li> <li>- Resident #11 had an open envelope and the note inside was dated 9/20/24 at 6:00 P.M., used \$4.50, remained \$11.50. The envelope contained \$11.50;</li> <li>- Resident #5 had an open envelope and had \$10.00 in it;</li> </ul> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> <li>- Resident #79 had an opened bottle of Morphine Sulfate, (MS, used to treat moderate to severe pain), and did not have a date when it was opened;</li> <li>- In the locked drawer of the medication cart, there was a plastic cup with 1 ml. of clear liquid in the dropper, and a syringe with a little less than 1 ml. of pink liquid in it. A yellow sticky note said, 2/23/25, RN A, just in case you're going to need this. Resident #79 - 1 ml. of Ativan, 1 ml. of MS. It was signed by RN B. That should not have been left in the cart, it should have been destroyed;</li> <li>- There were four different zip lock bags with cigarettes in them and no names on the bags. There was loose tobacco in the drawer of the medication cart.</li> </ul> <p>During an interview on 2/25/25 at 9:31 A.M., RN A said:</p> <ul style="list-style-type: none"> <li>- The expired medications should not be used, they should be destroyed;</li> <li>- Vials should be dated when opened;</li> <li>- Ativan and MS should be dated when opened. Everything should be dated when opened;</li> <li>- Should not have health shakes in the medication refrigerator;</li> <li>- There should not be any money or cigarettes in the medication cart;</li> <li>- The hearing aide should have a resident's name on them;</li> <li>- He/she thought the pharmacy consultant checked the medication room and cart for expired medications;</li> <li>- The nurses try to check for expired medications;</li> <li>- He/she was not for sure who was responsible to clean and defrost the medication refrigerator and freezer.</li> </ul> <p>During an interview on 2/26/25 at 6:47 A.M., RN B said he/she should not have left the eye dropper and the syringe with medication in the plastic cup. It should have been discarded.</p> <p>During an interview on 2/27/25 at 4:15 P.M., the Director of Nursing said:- There should not be any expired medication in the medication room or the medication cart, they should be destroyed;</p> <ul style="list-style-type: none"> <li>- All medications should be dated when opened;</li> <li>- Staff should not have left a syringe and an eye dropper with medication in them, it should have been destroyed;</li> <li>- There should not be any food in the medication refrigerator;</li> <li>- Staff should not store residents' money or cigarettes in the medication cart;</li> </ul> <p>(continued on next page)</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> <li>- She will start checking the medication room and medication carts monthly for expired medications;</li> <li>- She will be responsible to clean the medication refrigerator and defrost the freezer;</li> <li>- Residents hearing aides should not be left in the medication room.</li> </ul>

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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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 51166</p> <p>Based on observation, interview, and record review, the facility failed to prepare and serve food in accordance with professional standards for food service safety when staff failed to keep a record of the dishwasher chemical tests, label and date all foods, dispose of expired foods, properly store glasses and cups, failed to ensure kitchen was clean and in good repair, and failed to ensure walk-in cooler was in good repair. The facility census was 27.</p> <p>A policy regarding dietary services and food storage was requested but not provided.</p> <p>1. Continuous observation of the kitchen on [DATE] beginning at 9:44 A.M. showed:</p> <ul style="list-style-type: none"> <li>- Expired 8 oz. Always Save baking cocoa best by date was [DATE];</li> <li>- Expired 10 lb. Clabber Girl baking powder best by date was ,d+[DATE];</li> <li>-No open date labeled on 1 gallon Kikkoman soy sauce;</li> <li>-49 oz. Supreme Tradition parsley flakes with no open or best by date;</li> <li>-11 lb. Gold Medal chocolate fudge icing with no open date;</li> <li>-Three boxes of Hyvee 5.85 oz. chocolate pudding with best by date of [DATE] and no received date;</li> <li>-Three boxes of Hyvee 5.85 oz. chocolate pudding with best by date of [DATE] and no received date;</li> <li>-Two unbranded, opened packages of tortilla chips with no open date;</li> <li>-No open date on a bag of tater tots in the walk-in freezer;</li> <li>-No received date on a bag of fried rice in the walk-in freezer;</li> <li>-No open date on a bag of frozen corn in the walk-in freezer.</li> </ul> <p>Observation on [DATE] at 9:06 A.M. showed:</p> <ul style="list-style-type: none"> <li>-Expired 18 oz. Sysco Imperial paprika open date was [DATE] with no best by date;</li> <li>-Expired Sysco Imperial 18 oz. light chili powder open date was [DATE] with a best by date of [DATE];</li> <li>- 14 oz. Sysco Imperial ground cumin best by date was [DATE] with no open date.</li> </ul> <p>During an interview on [DATE] at 3:53 P.M., Dietary Aid A said:</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Grand River Health Care		STREET ADDRESS, CITY, STATE, ZIP CODE  118 Trenton Road Chillicothe, MO 64601	

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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>-Opened food should be labeled with date opened;</p> <p>-Seasonings should not be discarded until they are gone.</p> <p>During an interview on [DATE] at 8:32 A.M., the Dietary Manager said opened food packages should be labeled with the date opened.</p> <p>During an interview on [DATE] at 10:14 A.M., the Dietician said:</p> <p>-He/She expects opened food to be labeled with the date opened;</p> <p>-He/She expects all food items to be dated with a received date;</p> <p>-If a product is unopened, the item should be discarded a year past the best-by date.</p> <p>During an interview on [DATE] at 4:15 P.M., the Administrator said:</p> <p>-He/She expects food items to be labeled with opened date;</p> <p>-He/She expects food items to be discarded after best by date.</p> <p>2. Observation on [DATE] at 9:06 A.M. showed cups stored upright and uncovered on beverage cart.</p> <p>Observation on [DATE] at 8:17 A.M. showed:</p> <p>-Coffee mugs were stored upright and uncovered on a tray in front of the microwave;</p> <p>-Cups on beverage cart under cooler were stored upright and uncovered.</p> <p>During an interview on [DATE] at 3:53 P.M., Dietary Aid A said cups and glasses should be stored face down.</p> <p>During an interview on [DATE] at 8:32 A.M., the Dietary Manager said cups and glasses should be stored face down.</p> <p>During an interview on [DATE] at 10:14 A.M., the Dietician said he/she expects cups and glasses to be stored inverted.</p> <p>During an interview on [DATE] at 4:15 P.M., the Administrator said he/she expects glasses and cups to be stored in a downward facing position.</p> <p>3. Review of the Waste Disposal policy, dated ,d+[DATE], showed trash cans should be covered when not in use.</p> <p>Observation on [DATE] at 9:06 A.M. showed garbage can next to dishwasher was not covered while not in 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>During an interview on [DATE] at 3:53 P.M., Dietary Aid A said the garbage can should be covered when not in use.</p> <p>During an interview on [DATE] at 8:32 A.M., the Dietary Manager said garbage cans should have a lid on them when not in use.</p> <p>During an interview on [DATE] at 10:14 A.M., the Dietician said garbage can should have a lid on it when not in use.</p> <p>During an interview on [DATE] at 4:15 P.M., the Administrator said he/she expects the kitchen garbage to be covered when not in use.</p> <p>4. Review of the Dish Machine Temperature policy, dated ,d+[DATE], showed:</p> <ul style="list-style-type: none"> <li>-Chemically sanitized machines should be checked daily with a test strip;</li> <li>-Logs are to be kept on file for three months.</li> </ul> <p>Observation on [DATE] at 9:44 A.M. showed no dishwasher chemical test log.</p> <p>During an interview on [DATE] at 3:53 P.M., Dietary Aid A said there should be a log for the dishwasher chemical tests.</p> <p>During an interview on [DATE] at 8:32 A.M., the Dietary Manager said there should be a log for the dishwasher chemical tests.</p> <p>During an interview on [DATE] at 10:14 A.M., the Dietician said he/she expects there to be a log for the dishwasher chemical tests.</p> <p>During an interview on [DATE] at 4:15 P.M., the Administrator said he/she expects there be a log for the dishwasher chemical tests.</p> <p>5. A policy regarding kitchen cleaning and maintenance was requested but not provided.</p> <p>Observation on [DATE] at 9:06 A.M. showed:</p> <ul style="list-style-type: none"> <li>-Vent outside of kitchen office was caked with dust;</li> <li>-Dirty floor with white stains on the floor under the three-bay sink;</li> <li>-Dirty and dusty floor under the dishwasher station.</li> </ul> <p>Continuous observation on [DATE] starting at 8:17 A.M. showed:</p> <ul style="list-style-type: none"> <li>-Wall next to the three-bay sink had been spackled but not painted;</li> <li>-Paint on the ceiling next to a vent was peeling in a 3x5 inch area;</li> </ul> <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>-Floor next to the ice machine has white stains, brown buildup, crumbs and debris on the floor.</p> <p>-Dark brown spatter on the ceiling in front of the ice machine near sprinkler;</p> <p>-Dirty and dusty ceiling around vent outside the pantry door;</p> <p>-Dirty and dusty vent next to sprinkler outside the kitchen office door.</p> <p>During an interview on [DATE] at 3:53 P.M., Dietary Aid A said:</p> <p>-Floors around equipment should be clean and free of debris;</p> <p>-Kitchen ceiling and vents should be clean and free of dust.</p> <p>During an interview on [DATE] at 8:32 A.M., the Dietary Manager said:</p> <p>-Floors around equipment should be clean and free of debris.</p> <p>-Kitchen ceiling should be clean, and vents should be clean and free of dust.</p> <p>During an interview on [DATE] at 10:14 A.M., the Dietician said:</p> <p>-Floors around equipment should be clean and free of debris;</p> <p>-He/She expects kitchen ceiling and vents be clean and free of dust.</p> <p>During an interview on [DATE] at 4:15 P.M., the Administrator said:</p> <p>-He/She expects the floors around kitchen equipment to be clean and free of debris.</p> <p>-He/She expects the kitchen ceiling and vents to be clean and free of dust.</p> <p>6. A policy regarding maintenance of walk-in coolers was requested but not provided.</p> <p>Continuous observation on [DATE] starting at 8:17 A.M. showed:</p> <p>-Water was dripping from walk-in cooler ceiling;</p> <p>-The walk-in cooler floor was wet with a wet towel inside the doorway on the floor.</p> <p>During an interview on [DATE] at 3:53 P.M., Dietary Aid A said:</p> <p>-The walk-in cooler floor should not be wet and have a wet towel on the floor;</p> <p>-The ceiling of the walk-in cooler is leaking.</p> <p>During an interview on [DATE] at 8:32 A.M., the Dietary Manager said the walk-in cooler floor should not be wet and should not have a wet towel on the floor.</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>During an interview on [DATE] at 10:14 A.M., the Dietician said the walk-in refrigerator floor should not be wet and should not have a wet towel on the floor.</p> <p>During an interview on [DATE] at 4:15 P.M., the Administrator said the walk-in refrigerator floor should not be wet and have a wet towel on the floor.</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51166</b></p> <p>Based on observation, interview, and record review the facility failed to ensure the required two step tuberculosis (TB, a communicable disease that affects the lungs characterized by fever, cough, and difficulty in breathing) screening test was administered upon hire for seven random sampled, newly hired employees, and failed to use proper handwashing in between tasks, and failed to use enhanced barrier precautions during wound care for resident #79, which affected one of twelve sampled residents. The facility census was 27.</p> <p>Review of the facility's undated Tuberculosis (TB) Control policy showed:</p> <ul style="list-style-type: none"> <li>-Initial examination: Provide a tuberculin skin test to all employees during pre-employment procedures.</li> <li>-If the initial skin-test result is 0-9mm, a second test should be given at least one week and no more than three weeks after the first test.</li> </ul> <p>Review of the facility's policy titled, Enhanced Barrier Precautions to Infection Guidance, showed:</p> <ul style="list-style-type: none"> <li>- To prevent broader transmission of multidrug-resistance organisms (MDRO) and to help protect residents with chronic wounds and indwelling devices;</li> <li>- Enhanced Barrier Precautions (EBP) should be implemented for the period of their stay or until wounds have resolved or indwelling medical devices have been removed;</li> <li>- Who requires EBP: residents with a wound, regardless of their MDRO status;</li> <li>- When to use EBP: Use EBP when providing high - contact resident care activities such as those listed below: transferring residents from one position to another; providing hygiene; changing briefs or assisting with toileting; performing wound care;</li> <li>- Conduct proper hand hygiene before starting care; gloved and donning and doffing of gown are required when conducting high-contact resident care activities that are listed above. Gloves and gown should be removed and discarded after each resident care encounter. Attempt to arrange cares to be grouped together to assist in reducing consumption of supplies where practical;</li> <li>- Residents that are placed on EBP should have personal protective equipment (PPE, equipment worn to minimize exposure to hazards that cause serious workplace injuries and illnesses), in close proximity outside the door and a trash can in resident's room for disposal prior to leaving the room;</li> <li>- Multi-resident medical equipment must be sanitized between resident uses.</li> </ul> <p>1. Observation on 2/27/25 of newly hired employees records., showed:</p> <ul style="list-style-type: none"> <li>-The facility did not maintain records for new employee TB tests:</li> </ul> <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>-Housekeeping Aid B, hire date 6/13/24- TB skin test process was not completed;</p> <p>-CNA B, hire date 7/17/23-TB skin test process was not completed;</p> <p>-Activities Director B, hire date 11/16/23-TB skin test process was not completed;</p> <p>-Maintenance B, hire date 1/8/24 -TB skin test process was not completed;</p> <p>-Transportation Aid A, hire date 9/24/24 -TB skin test process was not completed;</p> <p>-Laundry Aid A, hire date 1/18/25 -TB skin test process was not completed;</p> <p>-LPN B, hire date 2/25/25 -TB skin test process was not completed;</p> <p>During an interview on 2/27/25 at 1:56 P.M., the BOM (Business Office Manager) said the facility policy is to test new employees for TB with a two-step process;</p> <p>During an interview on 2/27/25 at 4:15 P.M., the DON (director of nursing) said TB two-step testing for pre-employment screening should be performed and recorded for prospective employees.</p> <p>During an interview on 2/27/25 at 4:15 P.M., the Administrator said TB two-step testing for pre-employment screening should be performed and recorded for prospective employees.</p> <p>50980</p> <p>2. Observation on 2/25/25 at 8:47 A.M., showed Housekeeper (HSK) A cleaned room [ROOM NUMBER] with gloves on while using disinfectant cloth/towel on high contact surfaces and used a mop to clean the floors. HSK then went to room [ROOM NUMBER] with the same gloves on and started to clean that room without changing gloves or performing hand washing;</p> <p>Observation on 2/25/25 at 9:01 A.M., showed the Maintenance Supervisor came from another room and entered room [ROOM NUMBER] to perform work without washing hands.</p> <p>Observation on 2/26/25 7:36 A.M., showed CNA A passing room trays to resident rooms without washing hands between each rooms. CNA A returned from a resident's room after delivering the meal tray and picked up the next food container and drinks and delivered them to a different room without washing hands;</p> <p>During an interview on 2/26/25 at 9:15 A.M, CMT A said Hygiene precautions for Enhanced Barrier Protection (EBP) are to wash hands, apply gloves and then gown prior to entering a resident room. Before leaving room take gown and gloves off and put in biohazard container and then wash hands, then exit room. During cares in the room if your hands get soiled remove the gloves, wash your hands and put on a new pair of gloves;</p> <p>During an interview on 2/26/25 at 10:29 A.M., HSK B said:</p> <p>- He/she has been here for eight months and in the kitchen before moving to housekeeping;</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>- The routine for going into rooms is to put gloves on first, check the trash, grab cleaner, spray around the room and put on a new pair of gloves if they get soiled. He/she doesn't use hand sanitizer each time he/she changes gloves because it dries out their hands;</p> <p>- Training has consisted of one on ones with the Supervisor initially but no follow-on training. There is no scheduled training but when there are issues to address training occurs;</p> <p>31102</p> <p>3. Review of Resident #79's Quarterly MDS,(Minimum Data Set), a mandatory assessment completed by facility staff, dated 12/13/24, showed:</p> <p>- Cognitive skills severely impaired;</p> <p>- Lower extremities impaired on both sides;</p> <p>- Required partial to moderate assistance with oral care, personal hygiene and transfers;</p> <p>- Required substantial to maximum assistance with toilet use;</p> <p>- Frequently incontinent of urine;</p> <p>- Occasionally incontinent of bowel;</p> <p>- Diagnoses included psychotic disorder ( a mental illness that causes a person to lose touch with reality), diabetes mellitus and schizophrenia ( a serious mental illness that affects how a person thinks, feels, and behaves).</p> <p>Review of the resident's care plan, revised 1/28/25 showed;- The resident was frequently incontinent of urine. One to two staff assistance with toileting every two hours during waking hours; checked and changed by staff every two hours during the night;</p> <p>- The resident was at risk for pressure ulcers (an area of localized damage to skin and underlying tissue caused by pressure, shear, friction and/or a combination of these), related to limited mobility and need for assistance with transfer and activities of daily living (ADLs);</p> <p>- The resident has a documented wound on the buttock region and was referred to wound care consultants and treatment order received;</p> <p>- The care plan did not address the use of EBP.</p> <p>Review of the resident's Physician Order Sheet (POS), dated 1/26/25 - 2/26/25, showed:- Start of order date: 2/4/25: Apply collagen powder (a supplement that provides the body with collagen, a protein that plays a vital role in various bodily functions), mixed with any barrier cream (used to protect and moisturize the skin) directly to buttocks wound daily and as needed, do not apply a dressing.</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>Review of the resident's Medication Administration Record (MAR), dated February, 2025, directed staff to mix collagen powder with any barrier cream and apply to affected area daily and as needed. Do not apply a dressing.</p> <p>Observation on 2/25/25 at 3:45 P.M., showed:</p> <ul style="list-style-type: none"> <li>- An isolation medical supply cart beside the resident's door;</li> <li>- Nurse Aide (NA) A and Certified Medication Technician (CMT) A used the mechanical lift and transferred the resident from the Broda chair (reclining geri chair) to the bed and provided incontinent care;</li> <li>- Registered Nurse (RN) A entered the room and provided wound care to the resident's inner gluteal (buttocks) cleft;</li> <li>- NA A, CMT A and RN A used gloves but did not follow the EBP guidelines.</li> </ul> <p>During an interview on 2/26/25 at 11:17 A.M., CMT A said since the resident had a wound, he/she should have used the EBP during the peri care and assisting with the wound care.</p> <p>During a telephone interview on 3/6/24 at 1:48 P.M., RN A said he/she should have used EBP during the wound treatment.</p> <p>During an interview on 2/27/25 at 4:15 P.M., the DON said staff should have used EBP during the incontinent care and during the wound treatment.</p>		