

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265530	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/04/2025
NAME OF PROVIDER OR SUPPLIER  Jefferson City Nursing and Rehabilitation Ctr, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1221 Southgate Lane Jefferson City, MO 65110	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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** 42815</b></p> <p>Based on interview and record review, facility staff failed to maintain professional standards of care, when staff failed to document they provided colostomy care for one resident (Resident #1), catheter care for one resident (Resident #2), monitor blood glucose levels for one resident (Resident #3), or obtain weights for one resident (Resident #4) out of four sampled residents. The facility census was 81.</p> <p>1. Review of the facility's Colostomy Care policy, dated 08/2017, showed staff were directed to document on treatment sheet care completed.</p> <p>Review of the facility's Weights policy, dated 10/2009, showed staff were directed to electronically document weights.</p> <p>The facility did not provide a policy in regard to catheter care or blood glucose monitoring documentation guidance.</p> <p>2. Review of Resident #1's Quarterly Minimum Data Set (MDS), a federally mandated assessment tool, dated 12/20/24, showed staff assessed the resident as follows:</p> <p>-Cognitively intact;</p> <p>-Did not reject care;</p> <p>-Used an ostomy bag (a surgical procedure that creates a temporary or permanent opening on the body surface to allow waste products to be expelled);</p> <p>Review of the resident's Physician Order Sheet (POS), dated 03/06/25, showed physician orders to provide routine colostomy care on day shift.</p> <p>Review of the resident's Medication Administration Record (MAR), dated 02/01/25 through 02/28/25, showed the MAR did not contain documentation staff provided colostomy care on 02/01/25, 02/02/25, 02/08/25, 02/09/25, 02/14/25 or 02/16/25. The MAR did not contain documentation the resident refused colostomy care treatment.</p> <p>3. Review of Resident #2's Quarterly MDS, dated [DATE], showed staff assessed the resident as follows:</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 265530
		If continuation sheet Page 1 of 5

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Moderate cognitive impairment;</p> <p>-Did reject care one out of three days during the seven day look back period;</p> <p>-Used an indwelling catheter.</p> <p>Review of the resident's Physician Order Sheet (POS), dated 03/06/25, showed physician orders to empty the catheter bag and record output every shift, provide urinary catheter care every shift, and to irrigate the urinary catheter with sixty cubic centimeters of acetic acid every shift.</p> <p>Review of the resident's MAR, dated 02/01/25 through 02/28/25, showed the MAR did not contain documentation staff drained the resident's catheter or recorded output on 02/07/25 or 02/18/25. Review showed staff did not document they provided catheter care on 02/07/25 or 02/18/25 and did not document they irrigated the urinary catheter with 60 cubic centimetre of acetic acid on 02/07/25 or 02/18/25.</p> <p>4. Review of Resident #3's Significant Change MDS, dated [DATE], showed staff assessed the resident as follows:</p> <p>-Moderate cognitive impairment;</p> <p>-Did not reject care;</p> <p>-Diagnosis of Diabetes Mellitus.</p> <p>Review of the resident's POS, dated 03/06/25, showed physician orders to monitor blood glucose three times a day and call the doctor if blood sugar levels are under sixty or over 400.</p> <p>Review of the resident's MAR, dated 02/01/25 through 02/28/25, showed the MAR did not contain documentation staff monitored the resident's blood glucose levels on 02/01/25, 02/03/25, 02/08/25, 02/10/25, 02/14/25, 02/16/25, 02/17/25, 02/23/25, 02/24/25, 02/27/25, or 02/28/25.</p> <p>5. Review of Resident #4's Admission Assessment MDS, dated [DATE], showed staff assessed the resident as follows:</p> <p>-Cognitively intact;</p> <p>-admitted on [DATE];</p> <p>-Did not reject care;</p> <p>-Diagnosis of Coronary Artery Disease (damage or disease in the heart's major blood vessels).</p> <p>Review of the resident's POS, 03/06/25, showed physician orders to obtain daily weights every day shift for fluid retention and an order for Furosemide (to treat fluid retention) 40 milligram tablet every twenty four hours as needed for retention for weight gain of three pounds from baseline within a week.</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 - Few</p>	<p>Review of the resident's MAR's, dated 02/01/25 through 02/28/25, showed the MAR did not contain documentation staff obtained the resident's daily weights on 02/16/25, 02/22/25, or 02/23/25.</p> <p>6. During an interview on 03/04/25 at 6:23 A.M., Licensed Practical Nurse (LPN) A said staff are directed to document any treatments or medication administration in the resident's medical record. He/She said if there was a missed treatment or medication administration, staff should report to Director of Nursing (DON) and administrator, contact the physician and family, and check with staff to verify if they did provide treatment or medication administration. He/She said if it was not documented, then it was not done.</p> <p>During an interview on 03/04/25 at 8:09 A.M., the administrator said staff are directed to document any completed treatments or medication administration in the resident's medical records. He/She said if staff noticed missing treatments or medication administration in the resident's MAR, then staff would report to upper management and notify the physician of the missed medication dose. He/She said ultimately it was the responsibility of the DON and himself/herself to ensure documentation was completed.</p> <p>During an interview on 03/04/25 at 8:10 A.M., the DON said staff are directed to document any completed treatments or medication administration in the resident's medical records. The DON said in the past, staff had forgotten to select the save option on the electronic MAR's, so treatments and medicaion were not documented once completed.</p> <p>MO00249592 and MO00249765</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>42815</p> <p>Based on observation, interviews and record review, facility staff failed to provide adequate nursing staff, as determined by their facility assessment. The facility census was 81.</p> <p>1. Review of the Facility Assessment, dated 08/02/24, showed staff are directed as follows:</p> <ul style="list-style-type: none"> <li>-Direct care staff required to care for their facility census for an eight hour shift should include: Three day nurses, three evening nurses, three night nurses, six day Certified Nurse Aides (CNA's), six evening CNA's, five night CNA's, and two day shower aide's.</li> <li>-The assessment is based on the resident population and their healthcare needs and support;</li> <li>-The average daily census number of occupied beds was 88.</li> </ul> <p>Review of the employee staffing schedule from 02/01/25 through 02/28/25, with an average daily census of 88, showed:</p> <ul style="list-style-type: none"> <li>-Saturday 02/01/25- zero day shower aides, two evening nurses and five CNA's;</li> <li>-Monday 02/03/25- zero day shower aides and four night CNA's;</li> <li>-Wednesday 02/05/25- five day CNA's and zero day shower aides;</li> <li>-Thursday 02/06/25- one day shower aide and two night nurses;</li> <li>-Friday 02/07/25- five evening CNA's;</li> <li>-Sunday 02/09/25- zero day shower aides and four night CNA's;</li> <li>-Monday 02/10/25- one day shower aides and five evening CNA's;</li> <li>-Tuesday 02/11/25- two night nurses;</li> <li>-Wednesday 02/12/25- one day shower aide;</li> <li>-Friday 02/14/25- five evening CNA's and four night CNA's;</li> <li>-Sunday 02/16/25- five day CNA's and zero day shower aides;</li> <li>-Tuesday 02/18/25- zero day shower aides and four evening CNA's;</li> <li>-Wednesday 02/19/25- zero day shower aides and four night CNA's;</li> <li>-Thursday 02/20/25- one day shower aide and two night nurses;</li> </ul> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Saturday 02/22/25- zero day shower aides;</p> <p>-Sunday 02/23/25- five day CNA's, zero shower aides and two evening nurses;</p> <p>-Monday 02/24/25- zero day shower aides and four evening CNA's;</p> <p>-Tuesday 02/25/25- one day shower aide and five evening CNA's;</p> <p>-Wednesday 02/26/25- two evening nurses;</p> <p>-Thursday 02/27/25- five day CNA's and one day shower aide;</p> <p>-Friday 02/28/25- one day shower aide and four evening CNA's.</p> <p>During an interview on 03/04/25 at 6:55 A.M., the Staffing Coordinator said he/she just started his/her position within the past two weeks and was still in training with the administrator. He/She said he/she worked with the administrator to create a staff schedule.</p> <p>During an interview on 03/04/25 at 8:09 A.M., the administrator said he/she assisted the Staffing Coordinator with creating the schedule. He/She said the staffing scheduled was based on the facility assessment. The administrator said he/she would ask staff to stay over, ask staff to come in to cover shifts, or utilized agency staffing when the facility was understaffed. He/She said there were numerous staff sick during the month of February. He/She said the facility did the best they could during the month of February when several staff members were out sick.</p> <p>MO00249592 and MO00249765</p>		