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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265531 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 11/21/2024 |
| NAME OF PROVIDER OR SUPPLIER Heritage Nursing Center-Skilled Nurs by Americare | | STREET ADDRESS, CITY, STATE, ZIP CODE 1802 St Francis Kennett, MO 63857 | |

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) |
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| <p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45872</p> <p>Based on observation, interview, and record review, the facility failed to maintain a safe, clean, comfortable and homelike environment. This deficient practice had the potential to affect all residents at the facility. The facility census was 48.</p> <p>Review of the facility's policy titled, Safe and Homelike Environment, revised August 2024, showed:</p> <ul style="list-style-type: none"> - In accordance with residents' rights, the facility will provide a safe, clean comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. This includes ensuring that the resident can receive care and services and that the physical layout of the facility maximizes resident independence and does not pose a safety risk; - Environment refers to any environment in the facility that is frequented by residents, including (but not limited to) the residents' rooms, bathrooms, hallways, dining areas, lobby, outdoor patios, therapy areas and activity areas; - Orderly is defined as an uncluttered physical environment that is neat and well-kept. <p>1. Observations on 11/18/24 at 9:06 A.M., 11/19/24 at 10:05 A.M., 11/20/24 at 11:01 A.M., and 11/21/24 at 8:01 A.M., of the facility's outside front entrance showed:</p> <ul style="list-style-type: none"> - A buildup of spider webs and dirt on the vinyl ceiling and sides located under the awning; - A buildup of dirt and debris inside nine light covers on the vinyl ceiling located under the awning. <p>2. Observations on 11/18/24 at 9:17 A.M., 11/19/24 at 10:15 A.M., 11/20/24 at 11:11 A.M., and 11/21/24 at 8:11 A.M., of the outside exit door near the therapy room showed:</p> <ul style="list-style-type: none"> - A buildup of spider webs and dirt located on the outside vinyl ceiling and sides; - A buildup of spider webs and dirt on two sprinkler heads located on the vinyl ceiling. <p>3. Observations on 11/18/24 at 9:44 A.M., 11/19/24 at 10:24 A.M., 11/20/24 at 11:35 A.M., and 11/21/24 at 8:23 A.M., of the outside exit door near the laundry room 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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <ul style="list-style-type: none"> - A buildup of spider webs and dirt located on the vinyl ceiling and sides; - A buildup of spider webs and dirt on a sprinkler head located on the vinyl ceiling. <p>4. Observations on 11/18/24 at 9:59 A.M., 11/19/24 at 10:34 A.M., 11/20/24 at 11:51 A.M., and 11/21/24 at 8:47 A.M., showed a buildup of spider webs and dirt located on the outside vinyl ceiling of the exit door located near room [ROOM NUMBER] and room [ROOM NUMBER].</p> <p>5. Observations on 11/18/24 at 10:06 A.M., 11/19/24 at 2:15 P.M., and 11/20/24 01:08 P.M., of the North (N) Hall showed several areas of deep-scraped exposed sheetrock and peeled paint on the bottom part of the right-side wall near the window in Room N3.</p> <p>6. Observations on 11/20/24 at 8:05 A.M., showed:</p> <ul style="list-style-type: none"> - Several areas of exposed wood and black marks on the baseboards located at the front main entrance; - Several straight-lined dark scrapes by the restroom doors located near the front entrance; - Several dark scuff marks, scratches, and deep scrapes on two large decorative columns located between the main commons area and the TV sitting area at the front entrance; - A large piece of loosened wallpaper above the bird aviary (cage) located in the TV sitting area. <p>7. Observation on 11/20/24 at 8:10 A.M., of the South (S) Hall showed several areas of exposed sheetrock near the door in Room S4.</p> <p>8. Observation on 11/20/24 at 8:15 A.M., of the Northwest (NW) Hall showed:</p> <ul style="list-style-type: none"> - Several deep straight-lined scrapes on the entrance door located in Room NW2; - A large water stain on the ceiling located between Room NW1 and Room NW3. <p>9. Observation on 11/20/24 at 12:45 P.M., of the assisted bathing room near Suite 114 showed:</p> <ul style="list-style-type: none"> - A broken/chipped ceramic tile located on the bottom of a divider wall between the toilet area and the handwashing sink; - Several loose, broken/chipped ceramic tiles located on the bottom left-side area of the shower stall; - A buildup of dirt and debris inside four light fixture covers located on the ceiling; - A light fixture with no illumination (lighting) located on the ceiling near a wall cabinet on the left-side. <p>10. Observation on 11/20/24 at 12:52 P.M., of the assisted bathing room near Suite 113 showed:</p> <p>(continued on next page)</p> |

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| <p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <ul style="list-style-type: none"> - A buildup of hair and debris on a floor drain located in the shower stall; - A broken/chipped ceramic tile located on the bottom of a divider wall between the toilet area and handwashing sink; - A buildup of dirt and debris inside four light fixture covers located on the ceiling; - A light fixture with no illumination located on the ceiling between the divider curtains upon entrance. <p>Review of the maintenance request forms, dated September 2024 through November 2024, showed no documentation of areas of concerns addressed.</p> <p>During an interview on 11/20/24 at 10:20 A.M., Housekeeper A said he/she did not clean the sprinkler heads or the outside of the exit doors. Maintenance was responsible for the sprinkler heads and outside work. If there were any environmental issues, he/she verbally told the Maintenance Supervisor (MS).</p> <p>During an interview on 11/20/24 at 10:24 A.M., Housekeeper B said he/she was still new to the job in housekeeping and did not know who cleaned the sprinkler heads inside the building or the outside areas. It probably would be more of a maintenance department responsibility. If there was a repair needed, he/she verbally told the housekeeping supervisor and was not aware of a maintenance request form to be filled out.</p> <p>During an interview on 11/21/24 at 10:01 A.M., the MS said staff usually told him/her when something needed to be addressed. It would be more effective if staff would write down environmental concerns on a maintenance request form. The sprinkler heads and outside areas of the facility was the maintenance department's responsibility.</p> <p>During an interview on 11/21/24 at 11:02 A.M., the Administrator said she would expect staff to write down any environmental concerns so they could be addressed in a timely manner on a maintenance request form instead of verbally telling the MS. The sprinkler heads and outside areas of the facility was the responsibility of the maintenance department.</p> | | |

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| <p>F 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Assess the resident when there is a significant change in condition</p> <p>45872</p> <p>Based on interview and record review, the facility failed to complete a significant change Minimum Data Set (MDS - a federal mandated assessment to be filled out by the facility staff) on or within 14 days of a resident's admission to hospice (healthcare focused on the quality of life of a terminally ill person) for one resident (Resident #4) out of three sampled residents. The facility census was 48.</p> <p>Review of the facility's policy titled, Care Plan Policy, revised May 2024, showed:</p> <ul style="list-style-type: none"> - The purpose of the policy is to set out the values and framework within which the individuals care is completed and updated; - Care planning is critical to the quality of service in any care home; - Care plans will be updated with quarterly, annual and significant change MDS's according to the the resident assessment instrument (RAI - an assessment tool used to gather important care area information on a resident's strengths and weaknesses) manual. Care plans will also be updated with any changes in direct care of the individual and reviewed upon any readmission into the facility by the interdisciplinary team (IDT - a group of healthcare professionals from diverse fields who work in a coordinated effort toward a common goal for a resident); - The policy did not address completing a significant change MDS on or within 14 days of a resident's change in a health condition. <p>1. Review of Resident #4's medical record showed:</p> <ul style="list-style-type: none"> - admitted to facility on 06/06/24; - admitted to hospice on 10/11/24. <p>Review of the resident's MDS assessments showed:</p> <ul style="list-style-type: none"> - No significant change on or after of the resident's admission to hospice on 10/11/24; - The facility failed to submit a significant change MDS assessment on or within 14 days after the resident admitted to hospice. <p>During an interview on 11/20/24 at 3:35 P.M., the offsite MDS Coordinator said he/she would expect a significant change MDS to be completed on or within 14 days after a resident had been admitted to hospice services.</p> <p>During an interview on 11/20/24 at 4:48 P.M., the Director of Nursing (DON) said she would expect a significant change MDS to be completed within 14 days after a resident had been admitted to hospice.</p> <p>(continued on next page)</p> |

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| F 0637 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few | During an interview on 11/20/24 at 4:52 P.M., the Administrator said she would expect a significant change MDS to be completed on or within 14 days after a resident had been admitted to hospice. | | |

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| <p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure medication error rates are not 5 percent or greater.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48532</p> <p>Based on observation, interview, and record review, the facility failed to maintain a medication error rate of less than five percent (%). There were 28 opportunities with five errors made, resulting in an error rate of 17.86% for five residents (Residents #7, #8, #19, #22 and #28) out of eleven sampled residents. The facility's census was 48.</p> <p>Review of the facility's policy titled, Insulin Pen, dated 2024, showed:</p> <ul style="list-style-type: none"> - Insulin pens will be primed prior to each use to avoid collection of air in the insulin reservoir; - Procedure to prime the insulin pen: dial two units by turning the dose selector clockwise; with the needle pointing up, push the plunger, and watch to see that at least one drop of insulin appears on the tip of the needle. If not, repeat until at least one drop appears. <p>Review of the Humalog/lispro (a rapid insulin injected just below the skin that helps lower mealtime blood sugar spikes) Kwik Pen (insulin in a pen-type device) instructions, revised July 2023, showed:</p> <ul style="list-style-type: none"> - Prime the pen by turning the dose knob to two units; - Hold the pen with the needle pointing up; - Tap the cartridge holder gently to collect air bubbles at the top; - Push the dose knob in until it stops, and zero is seen in the dose window, count to five slowly, insulin will be visible at the tip of the needle. <p>Review of the Novolog/Fiasp/aspart (fast-acting insulin injected just below the skin that helps lower mealtime blood sugar spikes) Flex Pen administration instructions, dated September 2021, showed:</p> <ul style="list-style-type: none"> - Prime the pen by turning the dose selector to two units; - Keep the needle upwards and press the push-button until the dose selector reads zero. <p>1. Review of Resident #7's Physician Order Sheet (POS), dated November 2024, showed an order for Novolog insulin pen 100 units per milliliter (ml) subcutaneous (an injection under the skin) with meals per a sliding scale of blood sugar of 81-150=0 units, 151-250=3 units, 251-350=6 units, 351-400=9 units, dated 06/26/24.</p> <p>Observation of Resident #7's medication administration on 11/20/24 at 11:33 A.M., showed:</p> <ul style="list-style-type: none"> - Licensed Practical Nurse (LPN) C administered the Novolog insulin as ordered; <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 - Few</p> | <p>- LPN C failed to prime the Novolog Kwik Pen per the manufacturer's instructions prior to the administration of the insulin</p> <p>2. Review of Resident #8's POS, dated November 2024, showed an order for Humalog insulin pen 100 units per ml subcutaneous with meals per a sliding scale of blood sugar of 0-149=0 units, 150-200=2 units, 201-250=6 units, 251-300=8 units, 301-350=10 units, 351-400=12 units, 12 units greater than 400 call MD, dated 11/07/24.</p> <p>Observation of Resident #8's medication administration on 11/20/24 at 11:55 A.M., showed:</p> <p>- LPN D administered the Humalog insulin as ordered;</p> <p>- LPN D failed to prime the Humalog Flex Pen per the manufacturer's instructions prior to the administration of the insulin.</p> <p>3. Review of Resident #19's POS, dated November 2024, showed an order for Fiasp insulin pen 100 units per ml subcutaneous with meals per a sliding scale of blood sugar of 0-100=0 units, 101-200=4 units, 201-300=6 units, 301-400=8 units, dated 07/12/24.</p> <p>Observation of Resident #19's medication administration on 11/20/24 at 10:46 A.M., showed:</p> <p>- LPN C administered the Fiasp insulin as ordered;</p> <p>- LPN C failed to prime the Fiasp Flex Pen per the manufacturer's instructions prior to the administration of the insulin.</p> <p>4. Review of Resident #22's POS, dated November 2024, showed an order for lispro insulin pen 100 units per ml subcutaneous with meals per a sliding scale of blood sugar of 81-150=0 units, 151-250=3 units, 251-350=6 units, 351-400= 9 units, over 401 call MD, dated 08/21/24.</p> <p>Observation of Resident #22 medication administration on 11/20/24 at 11:45 A.M., showed:</p> <p>- LPN C administered the lispro insulin as ordered;</p> <p>- LPN C failed to prime the lispro Kwik Pen per the manufacturer's instructions prior to the administration of the insulin.</p> <p>5. Review of Resident #28's POS, dated November 2024, showed an order for Novolog insulin pen 100 units per ml subcutaneous with meals per sliding scale of blood sugar of 0-80=0 units, 0 units-juice; 81-150=0 units, 151-250=3 units, 251-350= 6 units, [PHONE NUMBER]=9 units, call MD, dated 08/21/24.</p> <p>Observation of Resident #28 medication administration on 11/20/24 at 11:16 A.M., showed:</p> <p>- LPN C administered the Novolog insulin as ordered;</p> <p>- LPN C failed to prime the Novolog Kwik Pen per the manufacturer's instructions prior to the administration of the insulin.</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 - Few</p> | <p>During an interview on 11/20/24 at 11:50 A.M., LPN C said he/she heard that once an insulin pen was primed with the first use, it was not necessary to prime the insulin pen with each use.</p> <p>During an interview on 11/21/24 at 12:10 P.M., Registered Nurse (RN) E said that before administering insulin, the insulin pen must be primed with two units of insulin before administering the insulin to the resident.</p> <p>During an interview on 11/21/24 at 12:10 P.M., the Director of Nursing (DON) said staff should prime insulin pens with two units with every insulin administration.</p> | | |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide and implement an infection prevention and control program.</p> <p>48532</p> <p>Based on observation, interview, and record review, the facility failed to implement Enhanced Barrier Precautions (EBP) and proper infection control practices during wound care and when staff were accessing and administering medications through a central venous access device (CVAD - a thin, soft, flexible tube that is placed in a vein that leads to the heart) for one resident (Resident #1) out of one sampled resident. The facility also failed to use proper hand hygiene during wound care for one resident (Resident #1) out of four sampled residents. This deficient practice had the potential to affect all residents in the facility. The facility census was 48.</p> <p>Review of the facility's policy, titled, Clean Dressing Change, dated 2023, showed:</p> <ul style="list-style-type: none"> - Loosen the tape and remove the existing dressing. If needed to minimize skin stripping or pain, moisten with prescribed cleansing solution or use adhesive remover to remove tape; - Remove gloves, pulling inside out over the dressing. Discard into appropriate receptacle; - Wash hands and put on clean gloves; - Cleanse wound as ordered, pat dry with gauze; - Wash hands and put on clean gloves; - Apply topical ointments or creams and dress the wound as ordered. Protect the surrounding skin as indicated with skin protectant; - Secure dressing. [NAME] with initials and date; - Discard disposable items and gloves into appropriate trash receptacle and wash hands. <p>Review of the facility's policy, titled, Enhanced Barrier Precautions, dated 2024, showed:</p> <ul style="list-style-type: none"> - An order for EBP will be obtained for residents with any of the following: wounds (e.g. chronic wounds such as pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and chronic venous stasis ulcers) and/or indwelling medical devices (e.g. central lines, urinary catheters, feeding tubes, tracheostomy/ventilator tubes, hemodialysis catheters, peripherally inserted central catheter (PICC) lines, midline catheters) even if the resident is not known to be infected or colonized with multi-drug resistant organism (MDRO); - Make gowns and gloves available immediately near or outside of the resident's room; - Personal protective equipment (PPE) for enhanced barrier precautions is only necessary when performing high-contact care activities and may not need to be donned prior to entering the resident's room; <p>(continued on next page)</p> | | |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>- High-contact resident care activities include: dressing, bathing, transferring, providing hygiene, changing linens, changing brief or assisting with toileting, device care or use: central lines, urinary catheters, feeding tubes, tracheostomy/ventilator tubes, hemodialysis catheters, PICC lines, midline catheters, wound care: any skin opening requiring a dressing.</p> <p>Review of the facility's policy, titled, Intravenous Therapy, dated 2024, showed:</p> <p>- Procedure for Intermittent Medication Infusion: disinfect needleless connector with appropriate antiseptic agent as per facility protocol; attach a 10 milliliter (ml) syringe, normal saline, and confirm patency of the vascular access device; disinfect the needleless connector again with an appropriate antiseptic agent; if medication is set to the primary tubing, disconnect, disinfect the needleless connector with an appropriate antiseptic solution and flush and/or lock with normal saline/locking solution as per protocol for a vascular device.</p> <p>Observation on 11/20/24 at 1:03 P.M., of Resident #1's medication administration showed:</p> <p>- Signage posted outside of the resident's room that instructed staff to wear gown and gloves for resident care;</p> <p>- Licensed Practical Nurse (LPN) C entered the resident's room to administer a medication;</p> <p>- Resident #1 had a CVAD;</p> <p>- LPN C performed hand hygiene and applied clean gloves;</p> <p>- LPN C failed to put on a gown prior to accessing the CVAD line.</p> <p>Observation on 11/20/24 at 1:45 P.M., Resident #1's CVAD access care showed:</p> <p>- LPN C did not put on a gown;</p> <p>- LPN C disconnected the tubing from the CVAD access;</p> <p>- The male end of the PICC line hub rested on the resident's arm;</p> <p>- LPN C reached for the normal saline syringe and attached the syringe to the hub without using an antiseptic agent before placing the lock cap.</p> <p>Observation on 11/20/24 2:03 P.M., of Resident #1's wound care showed:</p> <p>- LPN C prepared the wound dressings without gloves and without having performed hand hygiene;</p> <p>- LPN C performed wound care without a gown;</p> <p>- LPN C removed the saturated dressing from the right lower extremity;</p> <p>- LPN C changed gloves and did not perform hand hygiene;</p> <p>(continued on next page)</p> | | |

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <ul style="list-style-type: none"> - LPN C used wound cleanser and gauze to clean the wound and patted dry with clean gauze; - LPN C applied collagen (a wound dressing that stimulates new tissue growth), calcium alginate with silver (a wound dressing that help to prevent infection and promote healing), absorbent pad, border dressing, and a compression sock to the right lower extremity; - LPN C performed hand hygiene and applied clean gloves; - LPN C removed the compression sock and the soiled dressing from the left lower extremity; - LPN C changed gloves and did not perform hand hygiene; - LPN C used wound cleanser to loosen the soiled dressing from the wound; - LPN C changed gloves and did not perform hand hygiene; - LPN C applied collagen, calcium alginate, absorbent pad, border dressing and a compression sock to the left lower extremity; - LPN C removed the gloves and performed hand hygiene. <p>During an interview on 11/21/24 at 12:10 P.M., the Director of Nursing (DON) said gown and gloves should always be put on before providing care to a resident with EBP in place. When a PICC line was accessed, staff should scrub the hub of the PICC line every time.</p> <p>During an interview on 11/21/24 at 12:20 P.M., Registered Nurse (RN) E said when doing wound care, he/she would change gloves and do hand hygiene after removing the soiled dressing. If a resident was on EBP, he/she would put on PPE of at least a gown and gloves. When accessing a PICC line, he/she would remove the green cap and scrub the hub before connecting anything to the PICC line. When disconnecting the tubing from the PICC line, he/she would scrub the hub for 2 two minutes and place an alcohol cap onto the PICC line.</p> |