STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265546	A. Building B. Wing	05/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gasconade Manor Nursing Home	1910 Nursing Home Road, Owensville, MO 65066

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)
F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide activities to meet all resident's needs. 38417 50361 Based on interview and record review, facility staff failed to provide an ongoing program of activities designed to meet the residents' interest on the weekends for two residents (#3 and #54) out of two sampled residents. The facility census was 61. 1. Review of the facilities policy titled, Resident acitvity policy, undated, states activities refer to an endeavor, other than routine Activities of Daily Living (ADLs) in which a resident participates that is intended to enhance his/her sense of well-being and to promote physical, cognitive, emotional health. The certified Activity Director (AD) completes an Activity Assessment within 72 hours of resident admission in order to implement an effective daily activity program meeting their physical, cognitive social, spiritual, educational, and recreational needs with options essential for preserving and enhancing resident's sense of well-being. 2. Review of the facilities Activity Calander, dated May 2024, showed: -Saturday, 05/04/2024, library, music room, pool table, streaming service in the activity oom and use gaming console; -Sunday, 05/05/2024, did not contain acitvities; -Saturday, 05/11/2024, library, music room, pool table, streaming service in the activity oom and use gaming console; -Sunday, 05/12/2024, National Nursing Home Week Radiant Memories- A Tribute to the Golden Ages of Radio; -Saturday, 05/18/2024, library, music room, pool table, streaming service in the activity oom and use gaming console; -Sunday, 05/19/2024, did not contain acitvities; -Saturday, 05/25/2024, library, music room, pool table, streaming service in the activity oom and use gaming console; (continued on next page)

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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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Sunday, 05/26/2024, did not contain acitvities. 3. During an interview on 05/29/24 at 3:39 P.M., Resident #3 said the facility does not have activities on the weekends. The resident said he/she would participate in activities on the weekends if they were offered. During an interview on 05/29/24 at 2:29 P.M., Resident #54 said the facility does not offer activities on Saturday and Sunday. The resident said he/she would attend activities on Saturday and Sunday if they were offered. During an interview on 05/30/24 at 3:45 P.M., Certified Medication Technician (CMT) D said he/she works every other weekend. The CMT said activities are not offered regularly on the weekends. The CMT said when nursing staff have time they will provide activities on their hall. The CMT said there are not scheduled activities on the weekends. During an interview on 05/30/24 at 3:55 P.M., Regisitered Nurse (RN) E said he/she works some weekends. The RN said he/she thinks there is church every now and then on Sundays but there are no scheduled activities on the weekends. During an interview on 05/30/24 at 4:02 P.M., Acounts Payable/Receptionist said he/she also assists with acitvities. He/She does not work weekends and rarely does the weekend have scheduled activities. He/She said the activities on the weekends are what the residents choose to do on their own. During an interview on 05/31/24 at 3:27 P.M., the Director of Nursing (DON) said weekend activities are resident choice, there are no scheduled activities. The DON said residents can do things such as color, play the gamin console, watch movies, play board games, or do puzzles. The DON said the nursing staff should be offering activities on the weekend. The DON said he/she is aware activities are not always getting done on the weekends, it is only being done when staff have the time. During an interview on 05/30/24 at 4:15 P.M., the administrator said activities are offered on the weekends by the nursing staff and usually involve going outside, games, or independent activities. The administrator said there is not a way for the residents to know what activities are offered on the weekend because they are not listed on the schedule.

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F 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. 38417 Based on observation, interview and record review, facility staff failed to post the required nurse staffing information in an easily accessible place for residents and visitors, and failed to include the required data in the posting. The facility census was 61. 1. Review of the facility's policy titled, Posted Nursing Data, dated 10/23/23, showed per state and federal guidelines, it is the policy of the facility that the day charge nurse post the following data on a daily basis located at the skilled nurses station area: Facility name, current date, census, number of Registered Nurses (RN), Licensed Piratical Nurses (LPN), and Certified Nurse Aides (CNA). Observation on 05/30/24 at 2:00 P.M., showed the nurse staff posting at the nurse's desk behind a locked door, not easily accessible to residents and visitors. Review showed the nurse posting did not contain the facility name, resident census, or the total hours worked for direct care nursing staff. Observation on 05/31/24 at 9:49 A.M., showed the nurse staff posting at the nurse's desk behind a locked door, not easily accessible to residents and visitors. Review showed the nurse posting did not contain the facility name, resident census, or the total hours worked for direct care nursing staff. During an interview on 05/31/24 at 10:49 A.M., RN B said the nurse staff posting is located behind the nurses desk. RN B said the night shift nurse fills the form out and it is always done when he/she arrives at the facility. RN B said there is no other staff posting in the building, and it is not accessible to residents and visitors when locked behind the nurses desk. The RN did not know what should be listed on the form. During an interview on 05/31/24 at 3:31 P.M., the Director of Nursing (DON) said the night shift charge nurse is responsible for filling out the nurse staff posting form. The DON said the form changed, and it did not include the required information. The DON said the form was moved behind the nurses station when the staffs first and last name was added. The DON said the form should be filled out per regulation. The DON said the form is not kept in an accessible area for residents and visitors. During an interview on 05/31/24 4:17 P.M., the administrator and assistant administrator said the nurse staff posting should include the date, facility name, census, the number of LPN's, RN's, CNA's and the total hours worked. The Administrator said there is a dry erase board outside the nurses station for it to be posted on. The posting should be accessible to visitors and family and should be filled out per the regulation.

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure medication error rates are not 5 percent or greater. 37131 Based on observation, interview, and record review, facility staff failed to ensure a medication error rate of less than 5% out of 25 opportunities observed, two errors occurred, resulting in a 8% error rate, which affected one resident (Residents #2) of 11 sampled residents. The facility census was 61. 1. Review of the facility's, Insulin Administration Policy, not dated, showed if using an insulin pen, prime needle with two units prior to dialing to the amount of insulin. Review of Resident #2's Quarterly Minimum Data Set (MDS), a federally mandated assessment tool, dated 04/09/24, showed staff documented the resident diagnosis of Diabetes and received insulin injections seven days of the seven days in the look back period. Review of the resident's Physician Order Sheet (POS), dated 05/01/24, showed Humalog Kwik Pen (Insulin Lispro) 100 Units/milliliter (ml) per sliding scale three times a day. Review of the resident's Medication Administration Record (MAR), dated 05/01/24, showed staff documented the following medication administrations: -05/30/24, five units before lunch; -05/31/24, five units before breakfast. Observation on 05/30/24 at 11:37 A.M., showed Certified Medication Technician (CMT) C dialed the resident's Humalog Kwik Pen to five units and administered the insulin to the resident. The CMT did not prime the insulin pen prior to administration. Observation on 05/31/24 at 8:44 A.M., showed CMT A dialed the resident's Humalog Kwik Pen to five units and administered the insulin to the resident. The CMT did not prime the insulin pen prior to administration. During an interview on 05/31/24 at 11:44 A.M., CMT A said he/she should have primed the the insulin pen, that was his/her mistake. The CMT said he/she knows to prime the insulin pen, he/she just missed it. During an interview on 05/31/24 at 2:48 P.M., The Director of Nursing (DON) said staff should prime the insulin pen, he/she thinks two units. The DON said staff prime the needle to remove air. The DON said if staff did not prime the insulin pen, then the resident would not get the correct amount of insulin.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33477 Based on observation and interview, the facility staff failed to maintain the mechanical dishwasher in good repair to ensure dishes were effectively washed and sanitized to prevent cross-contamination. This failure has the potential to affect all residents. The facility census was 61. 1. Observation on 05/28/24 at 10:35 A.M., showed the Certified Dietary Manager (CDM) washed a rack of soiled cups in the chemical sanitizing mechanical dishwasher.Observation showed the CDM did not check the temperature of the dishwasher during the cycle. Observation showed the gauge of the dishwasher registered the water temperature during the wash cycle as 110 degrees Fahrenheit (dF) and the water temperature of the rinse cycle registered 112 dF. Observation showed when the dishwasher cycle finished, the CDM removed the rack of cups to the clean side of the station to dry and then loaded another rack of soiled dishes into the machine to wash. Observation showed the gauge of the dishwasher registered the temperature during the wash cycle as 110 dF and the rinse cycle as 112 dF. Observation of the manufacturer's instruction label on the dishwasher showed direction for the minimum water temperature to be 120 dF. During an interview on 05/28/24 at 10:37 A.M., the CDM said the temperature of the dishwasher should be at least 120 dF for the wash and rinse cycles and he/she did not know the machine did not reach 120 dF during the two cycles of dishes he/she washed in the machine. Observation on 05/29/24 at 7:20 A.M., showed dietary staff loaded a soiled sheet pan into the mechanical dishwasher, started the machine and walked away. Observation showed the dietary staff did not check the temperature of the water during the wash and rinse cycles of the machine. Observation showed the gauge on the dishwasher registered the water temperature of the wash cycle as 112 dF and the water temperature of the rinse cycle as 116 dF. Observations during a second run of the dishwasher, showed when tested with a calibrated metal stem-type thermometer, the water temperature of the wash cycle measured 112 dF and the gauge on the dishwasher registered the water temperature as 112 dF. Observation showed when tested with a calibrated metal stem-type thermometer, the water temperature of the subsequent rinse cycle measured 116 dF and the gauge on the dishwasher registered the water temperature as 116 dF. Observation showed the dietary staff returned to the kitchen, removed the sheet pan from the dishwasher and placed it on the clean side of the station to dry. Observation on 05/30/24 at 8:39 A.M., showed [NAME] F washed the soiled food processor in the mechanical dishwasher twice. Observations during a second run of the dishwasher, showed when tested with a calibrated metal stem-type thermometer, the water temperature of the wash cycle measured 112 dF and the gauge on the dishwasher registered the water temperature as 112 dF. Observation showed when tested with a calibrated metal stem-type thermometer, the water temperature of the subsequent rinse cycle measured 117 dF and the gauge on the dishwasher registered the water temperature as 117 dF. Observations showed the cook checked the water temperatures during the wash and rinse cycles of the machine when they measured less than 120 dF. Observation showed, when the dishwasher cycle finished, the cook removed the food processor from the machine to dry. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview on 05/30/24 at 8:40 A.M., [NAME] F said staff are supposed to check the water temperature first thing in the morning on the machine and the water temperature should be at least 120 dF. The cook said the water is always the hottest in the morning and it loses temperature throughout the day. Observation on 05/30/24 at 8:42 A.M., showed [NAME] F used the food processor to prepare pureed waffles for service to a resident at breakfast. During an interview on 05/30/24 at 8:53 A.M., the [NAME] F said if the dishwasher is not reaching the proper temperature then staff should not use it and wash the dishes another way. The cook said he/she knew the water temperature of the dishwasher did not reach 120 dF when he/she washed the food processor and he/she went ahead and used it anyway because he/she needed to get the pureed waffles out for breakfast. During an interview on 05/31/24 at 9:15 A.M., the CDM said the cooks are responsible to monitor the dishwasher water temperature on both shifts and the temperature should be at least 120 dF. The CDM said the water temperature of the dishwasher is not very hot first thing in the morning or after it sits for a while until it is used a few times and staff should check the temperature to make sure the machine is working appropriately before they use it to wash dishes. The CDM said if the dishwasher is not working correctly, staff should not use it and report the issue to him/her or the production manager for correction. The CDM said the facility did not have a policy for use and maintenance of the mechanical dishwasher, but staff are trained on proper use of the dishwasher upon hire. During an interview on 05/31/24 at 9:25 A.M., the administrator said the CDM and staff are responsible to monitor the condition of the dishwasher and check the water temperature of the machine before they use it to wash dishes to make sure it is right and they may need to run it a couple of times to get the temperature up properly. The administrator said the water temperature of the dishwasher should be close to 120 dF and staff have been trained on this requirement. The administrator said if staff have ran the dishwasher a few times and the water temperature is still not correct, then they should not use it and report it to the CDM or maintenance staff for repairs. 37131 FACILITY Kitchen 05/28/24 Initial Kitchen 10:35 A.M. Dishwasher, Cycle of cups already ran sitting to left of dishwasher drying. Dietary Manager (DM) [NAME] ran cycle on dishwasher for cups, wash cycle reached 110 F and Rinse cycle reached 112 F. DM did not check temp during cycle and moved cups on to dry an ran another load. Dishwasher washed at 110F again and Rinsed at 112F again at 10:37 A.M. DM not aware running cold as it is a low temp but minimum should be 120 F for rinse and wash cycle. Test strip showed chemical at 50 PPM. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	10:44 A.M. Open to air 32 oz pack and sliced ham in white frigidaire refrigerator, undated. DM seen the ham as inspector seen it and said threw it away, said when in doubt throw it out. DM said we should always date and sill the food. 10:48 A.M. walk-in freezer and fridge have internal thermometers and temped good. 10:50 A.M. open 10 pound tube of hamburger, missing half tube wrapped in silifain on bottom shelf of [NAME] cooler with three full 10lb tubes of hamburger in metal container. Half tube loosely covered and without open date. 10:53 A.M. walk-in fridge five 32oz. packages of thawed, sliced roast beef stored on third shelf up on left directly above open box with uncovered raw green peppers. 10:56 A.M. floor of [NAME] cooler has a lot of food debris and dried spills. Dry Storage: 10:59 A.M., 50 pound bag of oats stored on bottom shelf, top of bag torn open, no date and oats open to air and not covered.