

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265548	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER Daybreak Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 410 H Road Sikeston, MO 63801	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - 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 provide a safe, clean, comfortable, and homelike environment. This deficient practice had the potential to affect all residents in the facility. The facility census was 65.</p> <p>Review of the facility's policy titled, Homelike Environment, revised February 2021, showed:</p> <ul style="list-style-type: none"> - Residents are provided with a safe, clean, comfortable and homelike environment and encouraged to use their personal belongings to the extent possible; - The facility staff and management maximizes, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting which includes a clean, sanitary and orderly environment. <p>Observations on 10/07/24 at 2:12 P.M., and 10/09/24 at 2:26 P.M., showed several areas of peeled paint and exposed sheetrock located at the head of the bed located by the window in room [ROOM NUMBER].</p> <p>Observations on 10/08/24 at 2:16 P.M., and 10/09/24 at 2:30 P.M., showed a large area of peeled paint and exposed sheetrock on the wall beside the bed located by the window in room [ROOM NUMBER].</p> <p>Observations on 10/08/24 at 2:19 P.M., and 10/09/24 at 2:34 P.M., showed a long, narrow opening in the wall with several areas of peeled paint and exposed sheetrock behind the headboard of the bed located by the window in room [ROOM NUMBER].</p> <p>Observations on 10/09/24 at 3:04 P.M., and 10/09/24 at 4:02 P.M., of the shower room located by the Director of Nursing (DON) office, showed:</p> <ul style="list-style-type: none"> - A trash can overflowed with gowns, gloves and miscellaneous trash; - Several used gloves lay on the floor by the trash can; - [NAME] stained areas on top of the toilet lid; - [NAME] smeared areas on the shower curtain by the toilet; <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - A shower drain broken and bent with a buildup of grime and dirt; - The bottom edges of the shower stall floor with a buildup of black grime and missing caulk; - A dried brown substance on a yellow trash can lid; - A dried brown substance on a green trash can lid; - A soiled wash cloth lay at the bottom of the whirlpool tub; - An open bag of potato chips lay on top of a towel on the clean linen shelf by the whirlpool tub. <p>Observation on 10/10/24 at 9:16 A.M., showed several areas of peeled paint and deep scrapes on the bottom part of the door upon entering room [ROOM NUMBER].</p> <p>During an interview on 10/10/24 at 9:19 A.M., the resident in room [ROOM NUMBER] said he/she would like someone to paint the door because it looked bad and was missing a door cover at the bottom of it.</p> <p>Observation on 10/10/24 at 1:12 P.M., showed a whole in the bottom of the bathroom door approximately four inches (in.) by two in. located in room [ROOM NUMBER].</p> <p>Review of the Maintenance log, dated 09/05/24 through 10/05/24, showed no areas of concern addressed.</p> <p>During an interview on 10/10/24 at 8:36 A.M., Housekeeper B said he/she did not always report things that needed to be addressed by the maintenance department. He/She should be more proactive in this area.</p> <p>During an interview on 10/10/24 at 8:42 A.M., Housekeeper C said he/she had reported things to maintenance to be repaired and wrote them down on the maintenance log located at the nurse's station. He/She also verbally told maintenance when something needed to be repaired. Everything should be on the maintenance log that he/she had reported.</p> <p>During an interview on 10/10/24 at 11:44 A.M., Shower Aide E said whoever gave the showers should be cleaning up the shower room afterwards to ensure cleanliness. Staff should not be eating food and/or leaving food in the shower rooms.</p> <p>During an interview 10/10/24 at 11:59 A.M., the Maintenance Supervisor (MS) said staff would verbally tell him/her about environmental concerns. He/She would prefer staff to write down environmental concerns and repairs on the maintenance log at the nurse's station. Staff had been told to write down any issues needing addressed in the past.</p> <p>During an interview on 10/10/24 at 1:51 P.M., the Director of Operations (DOP) said she would expect staff to write down any environmental concerns or repairs needed for the MS to be addressed in a timely manner.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26904</p> <p>Based on observation, interview, and record review, the facility failed to provide adequate personal hygiene for one resident (Resident #10) out of 16 sampled residents and two additional residents (Resident #2 and #57) and failed to provide showers at least twice a week for one resident (Resident #2) outside the sample. The facility census was 65.</p> <p>Review of the facility's policy titled, Dignity, revised February 2021, showed:</p> <ul style="list-style-type: none"> - Each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, and feelings of self-worth and self-esteem; - Residents are treated with dignity and respect at all times; - The facility culture supports dignity and respect for residents by honoring resident goals, choices, preferences, values and beliefs; - This begins with the initial admission and continues throughout the resident's facility stay; - Individual needs and preferences of the resident are identified through the assessment process; - When assisting with care, residents are supported in exercising their rights. For example, residents are: groomed as they wish to be groomed (hair styles, nails, facial hair, etc.); encouraged to attend the activities of their choice, <p>including religious, political, civic, recreational, or social activities; encouraged to dress in clothing that they prefer; allowed to choose when to sleep, eat and conduct activities of daily living; and provided with a dignified dining experience.</p> <p>1. Review of Resident #2's quarterly Minimum Data Set (MDS - a federally mandated assessment completed by facility staff), dated 08/14/24, showed:</p> <ul style="list-style-type: none"> - Partial or moderate assistance for personal hygiene; - Substantial/maximum assistance for bathing. <p>Review of the resident's care plan, dated 07/18/24, showed:</p> <ul style="list-style-type: none"> - Activities of daily living (ADL) self-care performance deficit related to paralysis and weakness. Required monitoring to ensure safe and adequate completion of ADL's due to weakness and impaired cognitive/communication ability; <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Usually able to wash part of him/herself in the shower but needed substantial assist of one to complete a shower safely and adequately. Assess for adequate completion and offer assist as needed;</p> <p>- Assist as needed with transfers in and out of the bath/shower.</p> <p>Review of the facility's shower schedule showed Resident #2 scheduled for showers three days weekly on Tuesday, Thursday and Saturday.</p> <p>Review of the resident's shower sheets, dated 08/01/24-10/09/24, showed:</p> <p>- For August 2024, 13 missed out of 14 opportunities for showers and nail care;</p> <p>- For September 2024, 12 missed out 12 opportunities for showers and nail care;</p> <p>- For October 2024, three missed out of four opportunities for showers and nail care.</p> <p>Observations of the resident on 10/07/24 at 11:29 A.M., and 10/08/24 at 8:30 A.M., showed the resident's hair greasy and toenails long and untrimmed.</p> <p>During an interview on 10/09/24 at 11:50 A.M., the Assistant Director of Nursing (ADON) said there were only two shower sheets for Resident #2 because the resident was care planned to do showers by him/herself.</p> <p>During an interview on 10/09/24 at 3:48 P.M., Resident #2 said he was unable to wash his/her hair, back, lower legs and feet by him/herself. He/She would prefer to receive showers more often and would like his/her toenails trimmed.</p> <p>2. Review of Resident #10's quarterly MDS, dated [DATE], showed:</p> <p>- Dependent on staff for assistance for personal hygiene.</p> <p>Review of the resident's care plan, dated 07/25/24, showed:</p> <p>- ADL self-care performance deficit due to history of a stroke. Needed assist to complete most ADL's;</p> <p>- Personal hygiene needed extensive to full assist of one staff to complete personal hygiene tasks.</p> <p>Observations of the resident on 10/10/24 at 11:32 A.M., 10/08/24 at 8:33 A.M., 10/09/24 at 2:00 P.M., and 10/10/24 at 10:08 A.M., showed he/she had facial hair on his/her chin and upper lip.</p> <p>During an interview on 10/07/24 at 11:32 A.M., Resident #10 said he/she had facial hair on his/her chin and upper lip and would like it to be shaved, but the staff would not shave it.</p> <p>3. Review of Resident #57's annual MDS, dated [DATE], showed:</p> <p>- Dependent on staff for assistance for personal hygiene.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's care plan, dated 07/30/24 showed:</p> <ul style="list-style-type: none"> - Severely impaired cognitive, communication, and functional status, and dependent on staff for all ADL's; - Dependent on staff for completion of hygiene. Shave on shower days and as needed. <p>Review of the facility's shower schedule showed the resident scheduled for showers three days weekly on Monday, Wednesday and Friday.</p> <p>Review of the resident's shower sheets, dated 08/24/24-10/10/24, showed:</p> <ul style="list-style-type: none"> - For August 2024, 13 missed out of 13 opportunities for nail care; - For September 2024, 13 missed out of 13 opportunities for nail care; - For October 2024, four missed out of four opportunities for nail care. <p>Observations on 10/07/24 at 3:38 P.M. and 10/9/24 at 3:20 P.M., showed the resident lay in bed with untrimmed toenails and fingernails and several areas of flaky dry skin.</p> <p>During an interview on 10/10/24 at 10:45 A.M., Shower Aide E said he/she didn't do all of the showers, because the Certified Nurse Assistants (CNAs) will do certain residents. He/She always completed a shower sheet even if the resident showered themselves or refused. He/She knew some of the CNAs forgot to complete the sheets. The nurses should be doing the diabetic residents' nails, but otherwise the CNAs should be doing them. Sometimes the staff would forget to document they checked/clipped the residents' nails. Any of the CNAs could cut the residents' nails unless they were diabetic.</p> <p>During an interview on 10/10/24 at 2:13 P.M., the Director of Nursing (DON) said she would expect a shower sheet to be completed every time a resident took a shower or refused a shower. She would expect the CNAs to complete nail care and nurses to complete nail care for the diabetic residents.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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>50260</p> <p>Based on observation, interview, and record review, the facility failed to store medications in accordance with accepted professional standards of practice. This deficient practice had the potential to affect all residents residing in the facility. The facility also failed to properly label medications in a safe and effective manner. The facility's census was 65.</p> <p>Review of the facility's policy titled, Medication Labeling and Storage, dated 2001, showed:</p> <ul style="list-style-type: none"> - Medications requiring refrigeration are stored in a refrigerator located in the medication room at the nurses station or other secured location. Medications are stored separately from food and are labeled accordingly; - Policy did not address checking and the appropriate refrigerator temperatures or labeling over the counter medications with an opened date. <p>1. Review of the Medication Refrigerator Temperature Log, dated 08/01/24 - 10/08/24, showed:</p> <ul style="list-style-type: none"> - For August 2024, the medication refrigerator's temperature was not documented for 11 out 31 opportunities, and 18 out of the 20 completed temperatures were above 41 degrees; - For September 2024, the medication refrigerator's temperature was not documented for eight out of 30 opportunities, and 21 out of the 22 completed temperatures were above 41 degrees; - For October 2024, the medication refrigerator's temperature was not documented for two out of eight opportunities, and six out of the eight completed temperatures were above 41 degrees. <p>2. Observation on 10/08/24 at 10:27 A.M., of the medication cart showed:</p> <ul style="list-style-type: none"> - An opened Byetta (an anti-diabetic medication) injection pen, undated and unlabeled; - One opened bottle of over the counter prenatal vitamins (supplements that contain vitamins for a healthy pregnancy), undated; - One opened bottle of over the counter geritussin (helps to thin mucus), undated; - One opened bottle of over the counter clearlax (used to treat constipation), undated; - One opened bottle of over the counter pepto bismuth (used to treat heartburn or upset stomach), undated; - One opened bottle of over the counter fiber powder (used to treat constipation), undated. <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 - Few</p>	<p>During an interview on 10/08/24 at 10:35 A.M., the Assistant Director of Nursing (ADON) said sometimes the nurses forgot to write an open date on the over the counter medications when they were opened. The temperature log should be checked daily by the evening nurses.</p> <p>During an interview on 10/10/24 at 11:19 A.M., the Director of Nursing (DON) said that she expected nurses to be checking the refrigerator temperatures daily and the weekend evening nurse had not been doing it like he/she was taught. She did expect staff to write an opened date on over the counter medications when a new bottle was opened.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>46555</p> <p>Based on observation and interview, the facility failed to store and distribute food under sanitary conditions, increasing the risk of cross-contamination and food-borne illness. These practices had the potential to affect all residents who are served food from the kitchen. The facility census was 65.</p> <p>1. Observation on 10/07/24 at 2:24 P.M., of the dry food storage room showed:</p> <ul style="list-style-type: none"> - A large bag of elbow pasta opened with the top of the bag twisted, not sealed and undated; - Three bags of cereal opened, undated, and one unsealed; - Opened graham cracker crumbs in a labeled box with the bag unsealed. <p>2. Observation on 10/07/24 at 2:25 P.M., of the storage area showed:</p> <ul style="list-style-type: none"> - Two large baking sheets with black carbon build up on the sides/bottom. <p>3. Observation on 10/07/24 at 2:26 P.M., of a white single door residential-style stand up freezer located in the front of the kitchen showed:</p> <ul style="list-style-type: none"> - Two Ziploc bags of frozen items unlabeled and undated. <p>4. Observation on 10/07/24 at 2:27 P.M., of a white single door residential-style stand up freezer located in the back of the kitchen showed:</p> <ul style="list-style-type: none"> - Six bags of frozen items unlabeled and undated. <p>5. Observation on 10/08/24 at 9:47 A.M., 1:00 P.M., 1:11 P.M., and 1:13 P.M., and 10/09/24 at 2:00 P.M., and 10/10/24 at 12:00 P.M., showed no dietary staff wore hair nets while working and preparing food in the kitchen.</p> <p>6. Observation on 10/08/24 at 1:13 P.M., of the kitchen staff preparing food showed:</p> <ul style="list-style-type: none"> - Dietary Aide D knocked two skilletts onto the floor from a shelf and put the two skilletts back on the shelf; - Dietary Aide D put on gloves, touched the refrigerator, a cutting board and a knife, and then touched a green pepper without changing gloves and performing hand hygiene; - Dietary Aide D used one of the skilletts that was knocked onto the floor from the shelf to saute green peppers without changing gloves and performing hand hygiene. <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 - Few</p>	<p>During an interview on 10/10/24 at 12:00 P.M., the Dietary Manager (DM) said he/she would expect opened packages of food to be wrapped or put into appropriate storage containers, and to be labeled and dated. He/She would expect kitchen cookware to be free from carbon buildup, the staff to wear hair nets in the kitchen, to change gloves after touching dirty surfaces, and to wash a skillet if it was dropped on the floor before using it to prepare food.</p>		

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<p>F 0925</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>46555</p> <p>Based on interview, and record review, the facility failed to maintain an effective pest control program. This had the potential to affect all residents in the facility. The facility's census was 65.</p> <p>Review of the facility's policy titled, Pest Control, revised May 2008, showed:</p> <ul style="list-style-type: none"> - The facility shall maintain an effective pest control program; - This facility maintains an on-going pest control program to ensure that the building is kept free of insects and rodents; - Pest control services are provided by a contracted pest control company; - Maintenance services assist, when appropriate and necessary, in providing pest control services. <p>Review of the most recent pest control invoices showed no details of the areas of concern or what treatment was provided.</p> <p>During an interview on 10/10/24 at 1:04 P.M., Resident #34 said he/she saw four or five spiders in his/her room. He/She thought they were brown recluse spiders.</p> <p>During an interview on 10/10/24 at 1:09 P.M., Resident #42 said he/she had seen three spiders in his/her room.</p> <p>During an interview on 10/10/24 at 1:01 P.M., Resident #64 said he/she saw spiders in the facility within the last month.</p> <p>During an interview on 10/10/24 at 1:05 P.M., Resident #26 said on 10/09/24, staff were changing him/her and a spider crawled on his/her back. Resident #26 said luckily, he/she did not get bit, but it was scary having it on his/her back.</p> <p>During an interview on 10/08/24 at 10:51 A.M., Housekeeper A said there had been spiders and the residents had complained about them. Traps were put in the resident's room. He/She didn't know what kind of spiders they were.</p> <p>During an interview on 10/10/24 at 10:46 A.M., the Maintenance Supervisor (MS) said the facility did have a spider issue about 1 1/2 months ago. An outside vendor came in and treated the facility for over two hours. There are still a few spiders reported throughout the facility. MS said the pest control vendor was at the facility on Tuesday for the monthly service and inspection.</p> <p>During an interview on 10/18/2024 at 1:06 P.M., the Administrator said they have a pest control company spray the facility once a month. He/she said they have had a couple residents that said they have seen spiders. The Administrator said he/she has not seen them. He/she said maintenance and housekeepers will check the rooms if someone says they have seen them in their room and maintenance will put out safe spider traps.</p>