

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265552	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/05/2024
NAME OF PROVIDER OR SUPPLIER  Crowley Ridge Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1204 North Outer Road Dexter, MO 63841	

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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47447</b></p> <p>Based on interview and record review, the facility failed to ensure two residents (Resident #8, and #16) received a Level II Preadmission Screening and Record Review (a comprehensive evaluation required as a result of a positive Level I screening and to determine whether placement or continued stay in a nursing facility to be appropriate) (PASARR) out of four sampled residents. The facility census was 43.</p> <p>The facility did not provide a policy.</p> <p>1. Record review of Resident #8's significant change Minimum Data Set (MDS) (a federally mandated assessment to be completed by the facility staff), dated 01/22/24, showed:</p> <ul style="list-style-type: none"> <li>- admitted to the facility on [DATE];</li> <li>- Diagnoses of neurogenic bladder (lack of bladder control due to brain, spinal cord or nerve problems), cerebral vascular accident (CVA, an interruption in the flow of blood to the brain), paraplegia (paralysis of the legs and lower body), anxiety disorder (disorder characterized by feelings of worry, anxiety, or fear that are strong enough to interfere with one's daily activities), depression (a mood disorder that causes a persistent feeling of sadness and loss of interest), and schizophrenia (a chronic and severe mental disorder which affects how a person thinks, feels and behaves);</li> <li>- Level I PASARR completed on 11/05/12 indicated the need for a level II PASARR to be completed;</li> <li>- No documentation of a Level II PASARR.</li> </ul> <p>During an interview on 04/04/24 at 10:30 A.M., the Social Services Director (SSD) said Resident #8 was transferred from another facility and did not have a level II PASARR completed upon admission to this facility.</p> <p>2. Review of Resident # 16's medical record showed:</p> <ul style="list-style-type: none"> <li>- admitted to the facility on [DATE];</li> </ul> <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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Diagnosis of Huntington's disease (an inherited disorder that causes nerve cells in part of the brain to gradually break down and die), major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest), bipolar disorder( a mental health condition that causes extreme mood swings that include emotional highs and lows) , with psychotic features, anxiety disorder (a mental health disorder characterized by feelings of worry, anxiety, or fear, that are strong enough to interfere with one's daily activities);</p> <p>- Level I PASARR completed on 10/20/12 indicated the need for a level II PASARR to be completed.</p> <p>- No documentation of a Level II PASARR.</p> <p>During an interview on 04/02/24 at 3:30 P.M., the Social Services Director (SSD) said that resident #16 was transferred from another facility and did not have a level II PASARR completed upon admission to this facility.</p> <p>During an interview on 04/05/24 at 2:00 P.M., the Administrator said that she would expect a resident who triggers a Level II PASARR to have that screening completed.</p> <p>49879</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>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>47678</p> <p>Based on observation, record review and interview, the facility failed to store and distribute food under sanitary conditions, increasing the risk of cross-contamination and food-borne illness. This has the potential to affect all residents. The facility census was 43.</p> <p>Review of the facility's policy titled, Storage of Dry Food and Supplies, dated April 2011, showed:</p> <ul style="list-style-type: none"> <li>- The Dietary Department will store dry food and supplies according to facility guidelines and state regulations;</li> <li>- The storeroom must be neat and orderly;</li> <li>- Open boxes are to be effectively resealed. Bulk crackers, cereal, cookies, pasta, are to be stored and properly labeled in sealed containers;</li> <li>- Severely dented, rusted, leaking, and bulging cans must be placed in a separate, labeled holding area for return to the distributor.</li> </ul> <p>Observation on 04/03/24 at 10:34 A.M., of the dry food storage room showed:</p> <ul style="list-style-type: none"> <li>- Three 12 quart (qt.) plastic containers containing dry cereals without an item label or date;</li> <li>- One 12 qt. plastic container containing salt without a date;</li> <li>- One 5 gallon plastic container containing sugar without a date;</li> <li>- One 6 pound (lb.) 5 ounce (oz.) dented can of sliced apples, one 6 lb. 8 oz. dented can of sauerkraut, and one 6 lb. 8 oz. dented can of great northern beans on the canned food storage rack;</li> <li>- A 30 milliliter (ml) plastic medication cup containing a white cream substance on a food storage shelf;</li> <li>- A sweatshirt wadded up on a food storage shelf.</li> </ul> <p>During an interview on 04/03/24 at 10:50 A.M., the Dietary Manager said dented cans should be separated or returned to the distributor, the medication cup contained Silvadene (a topical antibiotic used to treat burns) for a burn on one of the cooks, containers should be labeled with the item and date, and personal items had to be kept in the food storage room because there was no other place to put them.</p> <p>During an interview on 04/04/24 at 10:12 A.M., the Administrator said she expects staff to not use dkeep dented food cans with the other food items and to return them to the vendor, label containers with the item name and date, and personal items should probably not be kept in the food storage room.</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>47447</p> <p>Based on observation, interview, and record review the facility failed to follow standard precautions to prevent the spread of infection. This had the potential to affect all residents. The facility census was 43.</p> <p>Review of facility policy titled, Medications, Storage of from the Nursing Guidelines Manual states:</p> <ul style="list-style-type: none"> <li>- Drugs must be stored in an orderly manner in cabinets, drawers, or carts.</li> <li>- Each resident must have a space assigned to them that prevents the possibility of a drug for one resident being administered to another.</li> </ul> <p>Review of facility policy titles, Infection Prevention and Control Program dated 10/13/22 states:</p> <ul style="list-style-type: none"> <li>- Medical staff supports the infection prevention/control program by adhering to all policies and procedures related to infection prevention.</li> <li>- Employees support resident safety by adhering to all guidelines related to infection prevention.</li> </ul> <p>Observation on 04/05/24 at 9:00 A.M., showed Certified Medication Technician (CMT) A's personal travel cup with clear lid and straw full of cream-colored liquid sitting in drawer of the medication cart along with stock medications being administered to residents.</p> <p>Observation on 04/05/24 at 9:00 A.M., showed CMT A pulled Polyethylene Glycol 3350 (used to treat constipation) from the same drawer of CMT A's cup to administer to Resident #37.</p> <p>During an interview on 04/05/24 at 9:00 A.M., CMT A stated he/she forgot to put his/her cup in the breakroom.</p> <p>Observation on 04/05/24 at 10:16 A.M., showed LPN B took Resident #37's Humalog Kwik Pen (an insulin injection used to lower blood sugar) opened on 04/02/24 from basket with three other residents' insulin pens.</p> <p>During an interview on 04/05/24 at 10:16 A.M., Licensed Practical Nurse (LPN) B stated opened insulin pens are kept in the same basket in the medication cart.</p> <p>During an interview on 04/05/24 at 2:00 P.M., the Administrator said he/she would expect insulin pens to be separated by resident to prevent cross contamination.</p> <p>49999</p>

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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>47447</p> <p>Based on interview and record review, the facility failed to provide the required annual competencies of Abuse Prevention and Dementia Care for two out of two nurse aides sampled. The facility census was 43.</p> <p>The facility did not provide a policy regarding Abuse Prevention and Dementia Care training.</p> <p>1. Review of the facility's April 2023 through March 2024 in-service records showed:</p> <ul style="list-style-type: none"> <li>- Certified Nursing Assistant (CNA) C with a hire date of 04/26/14;</li> <li>- CNA C attended a total of 16.5 hours of in-services;</li> <li>- CNA C did not attend an annual competency in-service on Abuse Prevention;</li> <li>- CNA C did not attend an annual competency in-service on Dementia Care.</li> </ul> <p>2. Review of the facility's April 2023 through March 2024 in-service records showed:</p> <ul style="list-style-type: none"> <li>- CNA D with a hire date of 01/20/22;</li> <li>- CNA D attended a total of 12 hours of in-services;</li> <li>- CNA D did not attend an annual competency in-service on Abuse Prevention;</li> <li>- CNA D did not attend an annual competency in-service on Dementia Care.</li> </ul> <p>During an interview on 04/05/24 at 2:00 P.M., the Administrator said that annual nurse aide training should include Abuse Prevention and Dementia Care.</p>