

| | | | |
|---|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265594 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/09/2025 |
| NAME OF PROVIDER OR SUPPLIER Ozarks Methodist Manor, The | | STREET ADDRESS, CITY, STATE, ZIP CODE 205 South College, Marionville, MO 65705 | |

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 0550</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 dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>39411</p> <p>Based on observation, interview, and record review, the facility failed to ensure all residents were treated with dignity/respect at all times when staff failed to serve residents sitting at the same table consecutively during meal service resulting in one resident (Resident #233) sitting without a meal while tablemates ate.</p> <p>Review of the facility's policy titled Dining Room Dignity Service Policy, undated, showed meals would be provided to all residents sitting at the table at the same time.</p> <p>1. Observation of a meal on 01/06/24, at 5:25 P.M., showed four residents sat at the same table. Three of the residents were served their meal at 5:25 P.M. The fourth resident, Resident #233, was not served his/her meal. Staff served the surrounding tables their meals without noticing the resident did not have a meal. The resident was observed raising his/her hand to get staff's attention. No staff responded to the resident's raised hand. The staff noticed the resident's raised hand at 5:43 P.M., and served him/her a meal.</p> <p>During an interview on 01/06/24, at 5:43 P.M., the resident said he/she did not know why he/she did not get his/her meal and thought they forgot him/her. The resident said he/she was hungry and just wanted to eat.</p> <p>2. Observation of a meal on 01/07/24, from 12:15 P.M. to 12:29 P.M., the resident was observed sitting at the table with three other residents. The three residents were served their meals at 12:22 P.M. Resident #233 was not served his/her meal. The surrounding tables were served their meals while the resident sat at his/her table without a meal. At 12:30 P.M. a staff member walked by the resident and noticed he/she did not have a meal. The resident was served her meal at 12:30 P.M.</p> <p>3. During an interview on 01/08/24, at 11:59 A.M., the Dietary Manager (DM) said she was responsible for the service and the staff serving the meals in the dining room. She was not aware of any dining room protocols and did not know residents sitting at a table together were not being served their meals at the same time. The DM said that it would be frustrating to sit and watch other residents eat while not having a meal. The DM said that there was no training for staff serving meals.</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 |
|---|-------|-----------|

| | | | |
|--|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265594 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/09/2025 |
| NAME OF PROVIDER OR SUPPLIER Ozarks Methodist Manor, The | | STREET ADDRESS, CITY, STATE, ZIP CODE 205 South College, Marionville, MO 65705 | |
| 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 - Some</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>26006</p> <p>Based on observations, interviews, and record review, the facility failed to ensure a clean homelike environment for all residents when the bathroom exhaust fan vents of seven residents (Resident #281, #280, #76, #5, #279, #22, and #11) were kept clean.</p> <p>Review of the facility policy titled, Job Duties, Housekeeper (South Hall), dated 10/22/24, showed weekly duties included to dust all vents in rooms and bathrooms.</p> <p>1. Observation on 01/06/25, at 3:10 P.M., showed the exhaust vent in the shared bathroom of Resident #281, Resident #280, and Resident #76 was covered in a layer of fuzzy, gray dust, dirt, and debris.</p> <p>Observation on 01/06/25, at 3:28 P.M., showed the exhaust vent in the shared bathroom of Resident #5, Resident #279, and Resident #22 was covered in a layer of fuzzy, gray dust, dirt, and debris.</p> <p>Observation on 01/06/25, at 4:38 P.M., the exhaust vent in the private bathroom of Resident #11 was covered in a layer of stringy cobweb-like fibers and fuzzy gray dirt, dust, and debris.</p> <p>During concurrent observations and interviews on 01/09/25, beginning at 1:43 PM, the Environmental Services/Plant Director (ESD) and Environmental Services/Plant Assistant (ESA) both confirmed the bathroom vents for Resident #281, Resident #280, Resident #76, Resident #5, Resident #279, Resident #22, and Resident #11 were covered in a layer of cobwebs, dust, dirt, and debris and stated the vents needed to be vacuumed. The ESD stated the vents were last cleaned about two months ago. The ESA stated the vents were to be vacuumed on a quarterly basis, though the vents were inspected for proper functioning weekly.</p> | | |

| | | | |
|---|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265594 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/09/2025 |
| NAME OF PROVIDER OR SUPPLIER Ozarks Methodist Manor, The | | STREET ADDRESS, CITY, STATE, ZIP CODE 205 South College, Marionville, MO 65705 | |

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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42440</p> <p>Based on interview and record review, the facility failed to complete a significant change assessment within 14 days of the significant change when facility staff did not complete the assessment for one resident (Resident #228) after being admitted to hospice services. A sample of 21 residents were reviewed.</p> <p>Review of the facility's Resident Assessment Instrument policy, revised September 2010, showed the assessment coordinator is responsible for ensuring that the interdisciplinary assessment team conduct timely resident assessments and reviews when there has been a significant change in the resident's condition.</p> <p>1. Review of Resident #228's Admission Record, located in the Profile tab of the Electronic Medical Record (EMR) showed the following:</p> <p>-admitted [DATE];</p> <p>-Diagnoses included hypertensive (high blood pressure) heart disease, diabetes, and myocardial infarction (heart attack).</p> <p>Review of the resident's Census tab showed there resident began on hospice care on 11/20/24.</p> <p>Review of the resident's Social Services Note, dated 11/20/24, and located in the Prog Notes tab of the EMR, showed the resident was admitted to hospice services.</p> <p>Review of the resident's MDS tab showed a quarterly MDS assessment, with an ARD date of 11/12/24, was completed. Staff did not complete any further MDS assessment was done after 11/12/24.</p> <p>During an interview on 01/09/25, at 2:32 P.M., the MDS Coordinator (MDSC) reported she did not recall the resident changing to hospice care. A significant change MDS was to be completed when the resident started hospice care.</p> <p>During an interview on 01/09/25, at 4:55 P.M., the Director of Nursing (DON) said she expected completion of a significant change MDS within 14 days of a resident changing to hospice care.</p> |

| | | | |
|---|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265594 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/09/2025 |
| NAME OF PROVIDER OR SUPPLIER Ozarks Methodist Manor, The | | STREET ADDRESS, CITY, STATE, ZIP CODE 205 South College, Marionville, MO 65705 | |

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 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42440</p> <p>Based on record review and interviews, the facility failed to ensure completed Minimum Data Set (MDS - a federally mandated assessment completed by facility staff) assessments were sent to the Centers for Medicare and Medicaid Services (CMS) system with required time frames days after completion for four residents (Resident #11, #19, #15, and #1) out 21 sampled residents reviewed for MDS transmission.</p> <p>Review of the facility's policy titled Nursing Services Policy and Procedure Manual for Long-Term Care - Assessments and Care Planning, dated July 2017, showed it did not address transmission of MDS data to the CMS system.</p> <p>Review of the CMS 2024 Resident Assessment Instrument (RAI) Manual, accessed at https://www.cms.gov/files/document/finalmids-30-rai-manual-v1191october2024.pdf on 01/09/24, showed the following:</p> <ul style="list-style-type: none"> -Encoding Data: Within 7 days after completing a resident's MDS assessment or tracking record, the provider must encode the MDS data (i.e., enter the information into the facility MDS software). The encoding requirements are as follows: <ul style="list-style-type: none"> -For a comprehensive assessment (Admission, Annual, Significant Change in Status, and Significant Correction to Prior Comprehensive), encoding must occur within 7 days after the Care Plan Completion Date; -For a quarterly, significant correction to prior quarterly, discharge, or PPS assessment, encoding must occur within 7 days after the MDS Completion Date; -For a tracking record, encoding should occur within 7 days of the event date; -Transmitting Data: Providers must transmit all sections of the MDS 3.0 required for their State-specific instrument, including the Care Area Assessment (CAA) Summary (Section V) and all tracking or correction information. Transmission requirements apply to all MDS 3.0 records used to meet both federal and state requirements; -Comprehensive assessments must be transmitted electronically within 14 days of the Care Plan Completion Date. All other MDS assessments must be submitted within 14 days of the MDS Completion Date. -Tracking Information Transmission: For entry and death in facility tracking records, information must be transmitted within 14 days of the event date. <p>1. Review of Resident 11's Admission Record, located in the Profile tab of the electronic medical record (EMR), showed the following:</p> <ul style="list-style-type: none"> -admitted [DATE]; <p>(continued on next page)</p> |

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265594 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/09/2025 |
| NAME OF PROVIDER OR SUPPLIER Ozarks Methodist Manor, The | | STREET ADDRESS, CITY, STATE, ZIP CODE 205 South College, Marionville, MO 65705 | |
| 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 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>-Diagnoses included dementia, post-traumatic stress disorder (PTSD), anxiety disorder, insomnia, and depression.</p> <p>Review of the resident's MDS tab of the EMR showed the most recent assessment that had been transmitted was a quarterly MDS with an Assessment Reference Date (ARD) of 07/18/24. Subsequent assessments, an annual MDS with an ARD of 08/26/24 and a quarterly MDS dated [DATE], were completed in the facility, but were not transmitted.</p> <p>2. Review of Resident #19's Admission Record, located under the Profile tab of the EMR, showed the following:</p> <p>-admitted [DATE];</p> <p>-Diagnoses included vascular dementia and fracture of right lower leg.</p> <p>Review of the resident's MDS tab of the EMR showed the resident's quarterly MDS, with an ARD of 11/08/24, was completed but not submitted.</p> <p>3. Review of Resident #15's Admission Record, located in the Profile tab of the EMR, showed the following:</p> <p>-admitted [DATE];</p> <p>-Diagnoses that included depression, anxiety, and dementia.</p> <p>Review of the resident's MDS tab of the EMR showed the most recent assessment that had been transmitted was an annual MDS with an ARD of 08/08/24. A subsequent assessment, a quarterly MDS with an ARD of 11/08/24, was completed in the facility, but was not transmitted.</p> <p>4. Review of Resident #1's Admission Record, located under the Profile tab of the EMR, showed the following:</p> <p>-admitted [DATE];</p> <p>-Diagnoses included cerebral palsy (a group of disorders that affect a person's ability to move, balance, and maintain posture), paraplegia (the inability to voluntarily move the lower parts of the body), anxiety disorder, major depressive disorder, and muscle wasting.</p> <p>Review of the resident's annual MDS, with an ARD of 11/09/24 and located under the MDS tab of the EMR, showed the assessment was signed as completed on 11/14/24 and not submitted.</p> <p>5. During an interview on 01/09/25, at 2:53 P.M., the Assistant Director of Nursing/MDS Coordinator (ADON/MDSC) said she was responsible for completion of the MDS; however, the DON was responsible for signing and transmitting the assessment. She would tell the Director of Nursing (DON) which assessments needed to be transmitted, as she was under the impression that comprehensive (initial, annual, or significant change) or quarterly assessments should not be submitted to prevent unauthorized access to residents' protected health information. She was not aware all completed assessments needed to be transmitted.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265594 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/09/2025 |
| NAME OF PROVIDER OR SUPPLIER Ozarks Methodist Manor, The | | STREET ADDRESS, CITY, STATE, ZIP CODE 205 South College, Marionville, MO 65705 | |
| 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 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>6. During an on 01/09/25, at 4:40 P.M., the DON said she was responsible for signing and transmitting MDS assessments and the ADON/MDSC would tell her which assessments needed to be transmitted. The DON stated her understanding was that only entry, prospective payment system (PPS), and discharge assessments needed to be transmitted and she was not aware of the requirement to transmit initial, annual, or significant change assessments.</p> | | |

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265594 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/09/2025 |
| NAME OF PROVIDER OR SUPPLIER Ozarks Methodist Manor, The | | STREET ADDRESS, CITY, STATE, ZIP CODE 205 South College, Marionville, MO 65705 | |
| 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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39411</p> <p>Based on observation, interviews, and record review, the facility failed to develop a comprehensive care plan directing measurable goals and interventions for three residents (Resident #231, #11, and #10) of a total sample of 21 residents.</p> <p>1. Review of the facility's Behavioral Assessment, Intervention and Monitoring policy, revised March 2019, showed the care plan will incorporate findings from the comprehensive assessment and Pre-Admission Screening and Resident Review (PASARR) Level II determinations (as appropriate), and be consistent with current standards of practice.</p> <p>Review of Resident #231's Admission Record, located in the Profile tab of the EMR, showed the following:</p> <ul style="list-style-type: none"> -admitted [DATE]; -Diagnoses included paranoid schizophrenia (a type of schizophrenia accompanied by paranoia. Delusions and hallucinations are the two symptoms), bipolar (a mental illness that causes clear shifts in a person's mood, energy, activity levels, and concentration), major depressive disorder, intellectual disability, and anxiety. <p>Review of the resident's PASARR/ID (Pre-Admission Screening and Resident Review/Intellectual Disability] Client Data/Determination Sheet), located in the Misc tab of the EMR, dated 10/21/19, showed the following:</p> <ul style="list-style-type: none"> -The resident met the federal definition of Intellectual Disability/Related Condition (ID/RC), but did not require specialized services; -Please incorporate the lesser intensity services into the resident's care plan; -Recommended services included physical therapy, crisis intervention, drug therapy and monitoring of drug therapy, structured socialization activities, development and maintenance of daily living skills, development of personal support networks, physician services, and medically related social services. -Diagnoses included schizophrenia and major depressive disorder. <p>Review of the resident's quarterly MDS, with an ARD of 12/30/24, located in the MDS tab of the EMR, showed the following:</p> <ul style="list-style-type: none"> -The resident had moderately impaired cognition; -Diagnoses included schizophrenia and bipolar disorder; -The resident received antipsychotic medication. <p>(continued on next page)</p> | | |

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265594 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/09/2025 |
| NAME OF PROVIDER OR SUPPLIER Ozarks Methodist Manor, The | | STREET ADDRESS, CITY, STATE, ZIP CODE 205 South College, Marionville, MO 65705 | |
| 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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Review of the resident's Care Plan, located in the Care Plan tab of the EMR, showed staff did not care plan related to the resident's diagnoses of schizophrenia, bipolar, or intellectual disability diagnoses or the resident receiving antipsychotic medication.</p> <p>During an interview on 01/09/25, at 1:18 P.M., the Social Services Director (SSD) said schizophrenia, bipolar, and intellectual disability diagnoses should be on the care plan as well as antipsychotics with side effects and behaviors to monitor.</p> <p>During an interview on 01/09/25, at 2:32 P.M., the MDS Coordinator (MDSC) said she had spoken to the SSD about the resident. Schizophrenia, bipolar, and intellectual disability diagnoses should be on the care plan as well as antipsychotics with side effects and behaviors to monitor.</p> <p>During an interview on 01/09/25, at 4:55 P.M., the Director of Nursing (DON) expected medical diagnoses of intellectual disability, schizophrenia, and bipolar disorder treated with antipsychotic medications to be care planned, to include the medication side effects.</p> <p>2. Review of Resident #11's Admission Record located in the Profile tab of the EMR showed the following:</p> <p>-admitted [DATE];</p> <p>-Diagnoses included dementia, basal cell carcinoma (cancer) of skin, benign prostatic hyperplasia (a noncancerous enlargement of the prostate gland) with lower urinary tract symptoms, and neuromuscular dysfunction of bladder.</p> <p>Review of the resident's quarterly MDS, found under the MDS tab with an ARD of 11/26/24, showed the following:</p> <p>-Resident had severely impaired cognition;</p> <p>-Resident had open lesions (e.g., cancer lesions) of the skin and received ointments/topical medications;</p> <p>-Resident used an indwelling urinary catheter (a tube that is inserted into your bladder, allowing your urine to drain freely).</p> <p>Observations on 01/06/25, at 5:26 P.M., on 01/07/25, at 11:49 A.M., on 01/08/25, at 12:00 P.M., and 01/09/25 at 8:36 A.M., in the Memory Care unit dining room, showed the resident had a large, brownish-reddish scabbed area on the left side of his/her chin and had an indwelling urinary catheter with a privacy bag covering the urine collection bag.</p> <p>Review of the resident's Orders tab of the EMR, showed the following:</p> <p>-An order, dated 08/15/22, to empty the catheter bag every eight hours and as needed, and provide catheter care every shift with soap and water or wipes;</p> <p>-An order, dated 10/29/24, to insert and maintain an indwelling urinary catheter</p> <p>(continued on next page)</p> | | |

| | | | |
|---|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265594 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/09/2025 |
| NAME OF PROVIDER OR SUPPLIER Ozarks Methodist Manor, The | | STREET ADDRESS, CITY, STATE, ZIP CODE 205 South College, Marionville, MO 65705 | |

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Review of the resident's most recent Weekly Skin Check, located in the Progress Notes tab of the EMR and dated 12/27/24, showed the following:</p> <ul style="list-style-type: none"> -Skin issue has been evaluated on chin; -Mole/Lesion progress stalled; -Previously improving wound characteristics plateaued; -Wound acquired in-house. It is unknown how long the wound has been present; -Moisture barrier. <p>Review of resident's care plan showed the following:</p> <ul style="list-style-type: none"> -Staff did not care plan regarding the resident's skin lesion or the need to apply moisture barrier to the area; -Staff did not care plan interventions related to the resident's catheter. <p>During an interview on 01/09/25, at 2:32 P.M., the ADON/MDSC said she was aware most residents' Care Plans were lacking information and was trying to work on updating the Care Plans in the building this week. The MDSC acknowledged information about the resident's skin lesion was missing from his Care Plan and she would expect the issue to be included on the Care Plan with pertinent approaches to monitor the area and notify the physician of any changes.</p> <p>3. Review of Resident #10's Admission Record, located under the Profile tab of the EMR, showed the following:</p> <ul style="list-style-type: none"> -admitted [DATE]; -Diagnoses that included heart failure and acute kidney failure. <p>Review of the resident's physician orders, dated 12/18/24, showed physician order for admission to hospice.</p> <p>Review of the resident's significant change in status MDS, with an ARD of 12/23/24, and located under the MDS tab of the EMR, showed the following:</p> <ul style="list-style-type: none"> -The resident was cognitively intact; -The resident was receiving hospice care. <p>Review of the resident's Care Plan, dated 10/06/24, and located under the Care Plan tab of the EMR, showed staff did not care plan related to receipt of hospice services.</p> <p>(continued on next page)</p> |

| | | | |
|---|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265594 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/09/2025 |
| NAME OF PROVIDER OR SUPPLIER Ozarks Methodist Manor, The | | STREET ADDRESS, CITY, STATE, ZIP CODE 205 South College, Marionville, MO 65705 | |

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>During an interview on 01/09/25, at 2:32 P.M., the Assistant Director of Nursing (ADON) said there had been a lack of consistency in getting care plans in place and that there had been a lot of missing areas on care plans. The ADON stated that she would expect hospice services to be included in the care plan with the facilities responsibilities and interventions.</p> |

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265594 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/09/2025 |
| NAME OF PROVIDER OR SUPPLIER Ozarks Methodist Manor, The | | STREET ADDRESS, CITY, STATE, ZIP CODE 205 South College, Marionville, MO 65705 | |
| 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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42440</p> <p>Based on observation, interviews, record review, and policy review, the facility failed to develop a comprehensive care plan directing measurable goals and interventions for six residents (Resident (R) 19, R228, R231, R11, R10, and R14) of a total sample of 21 residents. This failure placed residents at risk for unmet care needs and the inability to meet their maximum practicable level of functioning.</p> <p>Findings include:</p> <p>3. Review of R231's Admission Record located in the Profile tab of the EMR revealed the resident was admitted to the facility on [DATE] and had diagnoses that included paranoid schizophrenia, bipolar, major depressive disorder, intellectual disability, and anxiety.</p> <p>Review of R231's PASRR/ID [Pre-Admission Screening and Resident Review/Intellectual Disability] Client Data/Determination Sheet located in the Misc tab of the EMR, and dated 10/21/19, revealed R231 met the federal definition of Intellectual Disability/Related Condition (ID/RC) but did not require specialized services. Please incorporate the lesser intensity services into the resident's care plan. Recommended services included: physical therapy, crisis intervention, drug therapy and monitoring of drug therapy, structured socialization activities, development and maintenance of daily living skills, development of personal support networks, physician services, and medically related social services. Diagnoses included schizophrenia and major depressive disorder.</p> <p>Review of R231's quarterly MDS with an ARD of 12/30/24, located in the MDS tab of the EMR, revealed she scored a nine out of 15 on the Brief Interview for Mental Status (BIMS), indicating moderately impaired cognition. Diagnoses included schizophrenia and bipolar disorder, and the resident received antipsychotic medication.</p> <p>Review of R228's Care Plan located in the Care Plan tab of the EMR revealed no documentation of schizophrenia, bipolar, or intellectual disability diagnoses, no documentation of a level II PASRR with recommendations, and no documentation of resident receiving antipsychotic medication.</p> <p>During an interview on 1/09/25 at 1:18 PM, the Social Services Director (SSD) stated schizophrenia, bipolar, and intellectual disability diagnoses should be on the care plan as well as antipsychotics with side effects and behaviors to monitor.</p> <p>During an interview on 01/09/25 at 2:32 PM, the MDSC reported she had spoken to the SSD about R231. The MDSC stated schizophrenia, bipolar, and intellectual disability diagnoses should be on the care plan as well as antipsychotics with side effects and behaviors to monitor. I'm not sure if that's one [Care Plan] I've scoured yet. I still have a list I'm working on.</p> <p>During an interview on 01/09/25 at 4:55 PM, the DON reported she expected medical diagnoses of intellectual disability, schizophrenia, and bipolar disorder, treated with antipsychotic medications to be care planned, to include the medication side effects.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265594 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/09/2025 |
| NAME OF PROVIDER OR SUPPLIER Ozarks Methodist Manor, The | | STREET ADDRESS, CITY, STATE, ZIP CODE 205 South College, Marionville, MO 65705 | |
| 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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Review of the facility's Behavioral Assessment, Intervention and Monitoring policy, revised March 2019, revealed The care plan will incorporate findings from the comprehensive assessment and PASARR Level II determinations (as appropriate), and be consistent with current standards of practice.</p> <p>4. Review of R11's undated Admission Record located in the Profile tab of the EMR revealed he was admitted to the facility on [DATE] with diagnoses including dementia, basal cell carcinoma of skin, benign prostatic hyperplasia with lower urinary tract symptoms, and neuromuscular dysfunction of bladder.</p> <p>Review of R11's quarterly MDS, found under the MDS tab with an ARD of 11/26/24, revealed he scored five out of 15 on the BIMS, indicating severely impaired cognition. He had open lesions (e.g., cancer lesions) of the skin and received ointments/topical medications. He used an indwelling urinary catheter.</p> <p>a. During observations on 01/06/25 at 5:26 PM, 01/07/25 at 11:49 AM, 01/08/25 at 12:00 PM, and 01/09/25 at 8:36 AM in the Memory Care unit dining room, R11 had a large, brownish-reddish scabbed area on the left side of his chin.</p> <p>Review of R11's most recent Weekly Skin Check, located in the Progress Notes tab of the EMR and dated 12/27/24, revealed, Skin issue has been evaluated. Location: Chin. Laterality / Orientation: Left . Other skin issue description: Mole/Lesion Progress: Stalled: previously improving wound characteristics plateaued. Wound acquired in-house. It is unknown how long the wound has been present. Painful: No. Additional care: Moisture barrier.</p> <p>Review of R11's EMR revealed there was no Care Plan addressing his skin lesion or the need to apply moisture barrier to the area.</p> <p>During a telephone interview on 01/09/25 at 2:32 PM, the ADON/MDSC stated she was aware most residents' Care Plans were lacking information and was trying to work on updating the Care Plans in the building this week. The MDSC acknowledged information about R11's skin lesion was missing from his Care Plan and stated she would expect the issue to be included on the Care Plan with pertinent approaches to monitor the area and notify the physician of any changes.</p> <p>b. During observations on 01/06/25 at 5:26 PM, 01/07/25 at 11:49 AM, 01/08/25 at 12:00 PM, and 01/09/25 at 8:36 AM in the Memory Care unit dining room, R11 had an indwelling urinary catheter with a privacy bag covering the urine collection bag.</p> <p>Review of R11's Orders tab of the EMR revealed an order, dated 10/29/24, to insert and maintain an indwelling urinary catheter, size 16 French and 10 cubic centimeter (cc) balloon. Additional orders, dated 08/15/22, instructed staff to empty the catheter bag every eight hours and as needed, and provide catheter care every shift with soap and water or wipes.</p> <p>Review of R11's Care Plan, located under the Care Plan tab of the EMR and dated 07/17/24, revealed, The resident has Indwelling Catheter: Terminal condition/BPH [benign prostatic hyperplasia]. The goals were, The resident will be/remain free from catheter-related trauma through review date and The resident will show no s/sx [signs or symptoms] of urinary infection through review date. There were no interventions included on the Care Plan.</p> <p>(continued on next page)</p> | | |

| | | | |
|---|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265594 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/09/2025 |
| NAME OF PROVIDER OR SUPPLIER Ozarks Methodist Manor, The | | STREET ADDRESS, CITY, STATE, ZIP CODE 205 South College, Marionville, MO 65705 | |

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>5. Review of R10's Admission Record, located under the Profile tab of the EMR, revealed R10 was admitted to the facility on [DATE] with diagnoses that included heart failure, and acute kidney failure.</p> <p>A review of the physician orders dated 12/18/24 revealed a physician order for admission to Hospice on 12/18/24.</p> <p>Review of R10's significant change in status MDS, with an ARD of 12/23/24 and located under the MDS tab of the EMR, revealed R10 scored 14 out of 15 on the BIMS, which indicated R10 was cognitively intact. It was recorded that R10 was receiving Hospice Care.</p> <p>Review of R10's Care Plan, dated 10/06/24 and located under the Care Plan tab of the EMR, revealed there was no care plan for Hospice Care developed.</p> <p>In an interview on 01/09/25 at 2:32 PM the Assistant Director of Nursing (ADON) stated that there had been a lack of consistency in getting care plans in place and that there had been a lot of missing areas on care plans. The ADON stated that she would expect Hospice to be included in the care plan with the facilities responsibilities and interventions.</p> |

| | | | |
|--|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265594 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/09/2025 |
| NAME OF PROVIDER OR SUPPLIER Ozarks Methodist Manor, The | | STREET ADDRESS, CITY, STATE, ZIP CODE 205 South College, Marionville, MO 65705 | |
| 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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42440</p> <p>Based on observation, interview, and record review, the facility failed to provide pressure ulcer care per standards of practice when staff failed to document full and accurate assessments of a pressure ulcer and failed to care plan the pressure ulcer and interventions in place to prevent and/or treat pressure ulcers for one resident (Resident # 19), for three residents reviewed for pressure ulcers, in a total sample of 21 residents reviewed.</p> <p>Review of the facility's Pressure Ulcers/Skin Breakdown - Clinical Protocol policy, revised April 2018, showed the following:</p> <ul style="list-style-type: none"> -During resident visits, the physician will evaluate and document the progress of wound healing, especially for those with complicated, extensive, or poorly-healing wounds. -The physician will guide the care plan as appropriate, especially when wounds are not healing as anticipated or new wounds develop despite existing interventions. -Current approaches should be reviewed for whether they remain pertinent to the resident/patient's medical conditions, are affected by factors influencing wound development or healing, and the impact of specific treatment choices made by the resident/patient or a substitute decision-maker. <p>Review of the facility's Pressure Ulcer/Injury Risk Assessment policy, revised July 2017, showed the following:</p> <ul style="list-style-type: none"> -Develop the resident-centered care plan and interventions based on the risk factors identified in the assessments, the condition of the skin, the resident's overall clinical condition, and the resident's stated wishes and goals. -The interventions must be based on current, recognized standards of care. The effects of the interventions must be evaluated. -The care plan must be modified as the resident's condition changes, or if current interventions are deemed inadequate. <p>1. Review of Resident #19's Admission Record, located under the Profile tab of the electronic medical record (EMR), showed the following:</p> <ul style="list-style-type: none"> -admitted [DATE]; -Diagnoses included vascular dementia and a healed fracture of right lower leg. <p>Review of the resident's admission Minimum Data Set (MDS - a federally mandated assessment tool completed by facility staff) with an Assessment Reference Date (ARD) of 05/08/24 and located under the MDS tab of the EMR, showed the following:</p> <ul style="list-style-type: none"> -Resident had no pressure ulcer/injury; <p>(continued on next page)</p> | | |

| | | | |
|--|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265594 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/09/2025 |
| NAME OF PROVIDER OR SUPPLIER Ozarks Methodist Manor, The | | STREET ADDRESS, CITY, STATE, ZIP CODE 205 South College, Marionville, MO 65705 | |
| 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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>-Resident had a pressure reducing device for chair and bed, and was not on a turning/repositioning program.</p> <p>-Resident had functional limitation in range of motion on one lower extremity;</p> <p>-Resident needed partial/moderate assistance with transfers and mobility except for rolling side-to-side, which was done with supervision;</p> <p>-Resident had moderate cognitive impairment.</p> <p>Review of the resident's Braden Scale for Predicting Pressure Sore Risk, dated 05/13/24, and located in the Assmnts (Assessments) tab of the EMR, showed staff assessed the resident as a score of 18 (which indicated at risk for pressure ulcer development).</p> <p>Review of the resident's Care Plan, located under the Care Plan tab of the EMR, showed the following:</p> <p>-A focus area, initiated on 05/17/24, identified the resident's risk for pressure ulcer development related to immobility;</p> <p>-Care plan interventions included following facility policies/protocols for the prevention/treatment of skin breakdown, encourage small frequent position changes, turn/reposition at least every two to three hours, and pressure relieving/reducing device on bed/chair.</p> <p>Review of the resident's Braden Scale for Predicting Pressure Sore Risk, dated 05/20/24, and located in the Assmnts tab of the EMR, showed staff assessed the resident as a score of 14 (moderate risk for pressure ulcer development).</p> <p>Review of the resident's Skin Only Evaluation, dated 06/10/24, and located in the Assmnts tab of the EMR, showed no skin issues.</p> <p>Review of the resident's Braden Scale for Predicting Pressure Sore Risk, dated 06/11/24, and located in the Assmnts tab of the EMR, showed staff assessed the resident with a score of 11 (high risk for pressure ulcer development).</p> <p>Review of the resident's Skin/Wound Note, dated 06/15/24, and located under the Prog Notes tab of the EMR, showed resident noted to have an open area on his/her posterior right heel measuring 2.5 centimeters (cm) wide x 1.8 cm length with new order (treatment) until resolved.</p> <p>Review of the resident's Orders in the EMR showed a physician's order, dated 06/15/24, to cleanse area with wound cleanser and skin prep periwound. Apply fibracol to wound bed and cover with foam border dressing every day until resolved.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265594 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/09/2025 |
| NAME OF PROVIDER OR SUPPLIER Ozarks Methodist Manor, The | | STREET ADDRESS, CITY, STATE, ZIP CODE 205 South College, Marionville, MO 65705 | |
| 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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Review of the resident's Skin Only Evaluation, dated 06/17/24, and located in the Assmnts tab of the EMR, showed a right heel pressure ulcer/injury without description or measurement other than painful. Clinical suggestions check-marked included: advise resident to frequently shift weight and raise buttocks while sitting in chair, evaluate for pain and discomfort, perform dressing changes/treatments as ordered, move resident at least every two hours, and administer PRN (as needed) medication per order.</p> <p>Review of the resident's care plan showed staff did not update the care plan with the new pressure ulcer or any new interventions related to the pressure ulcer.</p> <p>Review of the resident's Order Note, dated 06/21/24, and located under the Prog Notes tab of the EMR, showed new orders for wound care provider to eval and treat for right heel ulcer.</p> <p>Review of the resident's Skin Only Evaluation, dated 06/25/24, and located in the Assmnts tab of the EMR, showed a right heel pressure ulcer/injury without description or measurement other than painful. Clinical suggestions check-marked included: advise resident to frequently shift weight and raise buttocks while sitting in chair, evaluate for pain and discomfort, perform dressing changes/treatments as ordered, move resident at least every two hours, and administer PRN medication per order.</p> <p>Review of the resident's wound care provider's Visit Summary Report, dated 07/01/24 and provided by the facility, showed the wound care provider rounded with a facility nurse, who reported the wound was first observed approximately two weeks prior as a result of the resident's foot resting on wheelchair pedals. The first assessment by the wound care provider was 07/01/24. The wound care provider included instructions of educated nurse on updated treatment plan of frequent elevation of lower extremities, use of Podus boots (boots used to reduce pressure), and floating heels while in bed to offload pressure. Nurse reported resident was non-ambulatory since fracturing his/her right tibia about seven months prior to his/her admission to the facility, was wheelchair bound, and transferred with a hooyer lift (mechanical lift). The wound measured 2.6 cm x 1.2 cm x 0.1 cm and was a Stage 3 (full thickness tissue loss) pressure ulcer.</p> <p>Review of the resident's Orders showed an order from the wound care provider, dated 07/01/24, to cleanse wound with hypochlorous acid, protect peri-wound with skin protectant, apply Santyl to the wound bed and calcium alginate to wound base, and cover with super absorbent dressing.</p> <p>Review of the resident's care plan showed staff did not update the care plan with the new pressure ulcer or any new interventions related to the pressure ulcer.</p> <p>Review of the resident's wound care provider note, dated 07/08/24, located in the Misc tab of the EMR, showed resident found sitting in wheelchair with Podus boots on. He/She continued to spend a large part of the day sitting in wheelchair with legs dependent. Recommended getting new foot pedals that will allow patient to elevate lower extremities. Nurse stated he/she would check with physical therapy if available. Right heel wound with increased depth.</p> <p>Review of the resident's care plan showed staff did not update the care plan with the new pressure ulcer or any new interventions related to the pressure ulcer.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265594 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/09/2025 |
| NAME OF PROVIDER OR SUPPLIER Ozarks Methodist Manor, The | | STREET ADDRESS, CITY, STATE, ZIP CODE 205 South College, Marionville, MO 65705 | |
| 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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Review of the resident's wound care provider Visit Summary Report, dated 07/15/24 and provided by the facility, showed resident found sitting in recliner. Legs elevated and Podus boots on. Right heel wound greatly deteriorated with larger measurements. New malodorous drainage noted. Debridement performed and tissue sample taken for culture. Reinformed teaching on floating heels while in bed to offload pressure and prevent further skin breakdown. Did note that no modifications made to foot pedals on wheelchair. Nurse stated she would discuss with physical therapy. The wound measured 2.9 cm x 1.4 cm x 0.3 cm.</p> <p>Review of the resident's care plan showed staff did not update the care plan with the new pressure ulcer or any new interventions related to the pressure ulcer.</p> <p>Review of the resident's Wound Care Notes, dated 07/22/24 and located in the Misc tab of the EMR, showed culture results reviewed from 07/17/24. Nurse stated he/she will forward the culture results to PCP (primary care provider) and get antibiotics started.</p> <p>Review of the resident's wound care provider Visit Summary Report, dated 07/29/24 and provided by the facility, showed facility nurse said physical therapy discussed modifying pedals on wheelchair, but orthopedic doctor said resident should not elevate as it will contribute to foot drop. Discussed with nurse that resident would benefit from Broda chair (reclining padded wheelchair), and he/she stated he/she would bring up at the next meeting.</p> <p>Review of Wound Care Notes, dated 08/05/24 and located in the Misc tab of the EMR, showed the nurse reported resident not eligible for Broda chair at this time. Resident found sitting in wheelchair with Podus boots on. Muscle rigidity and limited range of motion result in lower extremities to be extended and unable to effectively use foot pedals. Feet in direct contact with floor. Right heel wound deteriorated. Depth increased and more slough (non-viable tissue) to wound bed. Maceration (irritation) and bruising evident to peri site. Nurse did note that facility staff attempt to encourage resident to elevate in bed, however, resident refused and will shout out if not in wheelchair.</p> <p>Review of the resident's wound care provider Visit Summary Report, dated 08/12/24 and provided by the facility, showed nurse reported Broda chair had been approved and should be arriving at facility later that week.</p> <p>Review of the resident's wound care provider Visit Summary Report, dated 08/19/24 and provided by the facility, showed the resident found sitting in bed with Podus boots on. Right heel wound drastically deteriorated with new exposed bone and tendon. The nurse reported that resident spends majority of day sitting in wheelchair with legs in extended position, resulting in almost constant pressure to wound site against floor. A new geri chair (reclining padded wheelchair) had been ordered but awaiting delivery. Due to resident's behaviors it had been difficult to follow plan of care. The pressure ulcer's staging was downgraded to Stage 4 (full thickness tissue loss with palpable or exposed bone, tendon, or muscle).</p> <p>Review of the resident's wound care provider Visit Summary Report, dated 08/19/24 and provided by the facility, showed the nurse said they got the resident a new recliner in his/her room which allowed him/her to effectively elevate lower extremities. Resident is up to wheelchair for meals only, then in bed or recliner. Still awaiting delivery of new geri chair.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265594 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/09/2025 |
| NAME OF PROVIDER OR SUPPLIER Ozarks Methodist Manor, The | | STREET ADDRESS, CITY, STATE, ZIP CODE 205 South College, Marionville, MO 65705 | |
| 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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Review of the resident's wound care provider Visit Summary Report, dated 08/19/24 and provided by the facility, showed received new geri chair last week.</p> <p>Review of the resident's Order Recap Report, dated 06/15/24 to 12/10/24, located in the Orders tab of the EMR, showed the following:</p> <ul style="list-style-type: none"> -An order, dated 09/18/24, to change from weight bearing as tolerated to the right lower extremity to non-weight bearing; -An order, dated 12/03/24, to float heels at all times off of the bed and footrest of Broda chair. <p>Review of the resident's Care Plan, located under the Care Plan tab of the EMR, showed a focus area was initiated on 12/10/24 which identified the resident's right heel pressure ulcer. Interventions initiated 12/10/24 included: heels to be floated at all times while in bed; follow doctor orders for weight bearing status; and bunny boots to be worn at all times when in bed.</p> <p>(No focus area for the right heel pressure ulcer nor interventions were added to the Care Plan prior to 12/10/24. The Care Plan did not mention the Broda chair or elevating the resident's legs.)</p> <p>During an observation on 01/07/25 at 11:26 A.M., the resident sat in a Broda wheelchair with feet in socks, heels resting on a pillow at the base of the chair</p> <p>During an interview on 01/09/25, at 11:59 A.M., Licensed Practical Nurse (LPN) 2 said the resident had orders to float her heels in bed. The resident had completed weight-bearing transfers with the assistance of two staff, but then changed to a hooyer lift after developing the pressure ulcer to his/her heel.</p> <p>During an interview on 01/09/25, at 2:05 P.M., LPN 1 said she rounded with the wound care provider for certain residents, which included the resident. The resident used the Broda chair because of comfort and safety, not due to the pressure ulcer. The resident would not bend her right leg.</p> <p>During an interview on 01/09/25, at 2:32 P.M., the Assistant Director of Nursing/MDS Coordinator (ADON/MDSC) said there had been a lack of consistency with getting Care Plans in place. The MDSC was trying to get them caught up. As soon as the pressure ulcer was identified, it should have been added to the Care Plan.</p> <p>During an interview on 01/09/25, at 4:55 P.M., the Director of Nursing (DON) said when a resident developed a pressure ulcer, she expected intervention to be put in place and documented in the EMR. The DON reported that when the resident's foot pedal was an issue, a pressure relieving boot was placed that the wound care provider had suggested. Per the DON, after a couple of weeks, the boot was making it worse, so the resident started using the Broda chair.</p> | | |

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265594 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/09/2025 |
| NAME OF PROVIDER OR SUPPLIER Ozarks Methodist Manor, The | | STREET ADDRESS, CITY, STATE, ZIP CODE 205 South College, Marionville, MO 65705 | |
| 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 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> | <p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39411</p> <p>Based on observation, interview, and record review, the facility failed to identify weight loss and poor intake and failed to implement interventions to aid in the prevention of weight loss for one resident (Resident #14) who had severe weight loss of 9.60% in one month and for one resident (Resident #228) who had weight loss of 19.38% in five months. Three residents were reviewed for weight loss in a facility with a census of 58.</p> <p>Review of the facility policy titled Nutrition (Impaired)/Unplanned Weight Loss-Clinical Protocol, revised 09/17, showed staff should report significant weight loss, abrupt change in appetite and food intake to the physician.</p> <p>Review of the facility policy titled Nutrition Assessment, revised 10/17, showed the Registered Dietitian (RD), in conjunction with nursing staff and other healthcare practitioners, would conduct a nutritional assessment for each resident as indicated by a change in condition that places the resident at risk for nutritional impairment.</p> <p>Review of the facility's Weight Assessment and Intervention policy, revised [DATE], showed the following:</p> <ul style="list-style-type: none"> -Any weight change of 5% or more since the last weight assessment will be retaken the next day for confirmation. If the weight is verified, nursing will immediately notify the dietician in writing. Verbal notification must be confirmed in writing. The dietician will respond within 24 hours of receipt of written notification. -The dietician will review the unit weight record by the 15th of the month to follow individual weight trends over time. Negative trends will be evaluated by the treatment team whether or not the criteria for significant weight change has been met. The threshold for significant unplanned and undesired weight loss will be based on the following criteria: 1 month - 5% weight loss is significant; 3 months - 7.5% weight loss is significant; 6 months - 10% is significant. -Care planning for weight loss or impaired nutrition will be a multidisciplinary effort and will include the physician, nursing staff, the dietician, the consultant pharmacist, and the resident or resident's legal surrogate. -Individualized care plans shall address, to the extent possible: the identified causes of impaired nutrition, the resident's personal preferences, goals and benchmarks for improvement, and time frames and parameters for monitoring and reassessment. <p>1. Review of Resident #14's Admission Record, located under the Profile tab of the electronic medical record (EMR), showed the following:</p> <ul style="list-style-type: none"> -admitted [DATE]; -Diagnoses included vascular dementia, major depressive disorder, anxiety disorder, and unspecified protein-calorie malnutrition, anorexia, and diarrhea. <p>(continued on next page)</p> | | |

| | | | |
|--|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265594 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/09/2025 |
| NAME OF PROVIDER OR SUPPLIER Ozarks Methodist Manor, The | | STREET ADDRESS, CITY, STATE, ZIP CODE 205 South College, Marionville, MO 65705 | |
| 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 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> | <p>Review of the resident's Care Plan, updated on 08/26/24, and located under the Care Plan tab of the EMR, showed the following:</p> <ul style="list-style-type: none"> -Resident will consume 75% of ordered diet each day; -Educate resident/representative regarding nutritional needs and requirements; -Modify diet as appropriate according to resident tolerance and preference. <p>Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated assessment tool completed by facility staff), with an Assessment Reference Date (ARD) of 11/09/24, and located under the MDS tab of the EMR, showed the following:</p> <ul style="list-style-type: none"> -Resident had severe cognitive impairment; -The resident weighed 125 pounds (lbs.) and had no weight loss. <p>Review of the resident's Weights, located under the Weights & Vitals tab of the EMR, showed the following:</p> <ul style="list-style-type: none"> -Resident's weight on 11/22/24 was 144.4 lbs; -Resident's weight on 12/17/24 was 135.6 lbs. <p>(This represents a 9.60% weight loss in less than a month.)</p> <p>Review of the resident's EMR Progress Notes showed staff did not document the RD was notified of the weight loss.</p> <p>Review of the resident's intakes, dated 11/25/24 to 01/07/25, located under the Tasks tab of the EMR, showed the resident was eating 20% or less or refusing meals two to three times a day.</p> <p>Review of the resident's EMR Progress Notes showed staff did not document the RD was notified of the reduced meal intake.</p> <p>Review of the resident's Progress Notes, located under the Progress Notes tab of the EMR, dated 01/14/24 to 01/09/25, showed do documented physician notes addressing the weight loss and no nutritional assessment addressing the weight loss.</p> <p>Review of the resident's Behavior Note, dated 01/06/25, and located under the Progress Notes tab of the EMR, showed the resident refused to eat breakfast this morning, Staff that is in the dining room state that it has been weeks since he/she ate just more than 20% at a meal.</p> <p>Observations on 01/06/25, at 5:40 P.M., and on 01/07/25, showed the resident sat at the table in the dining room with his/her eyes closed. The resident would occasionally take a drink of his/her fluids. Staff were observed helping the resident take a few bites of his/her meal. The resident would ask staff to remove him/her from the dining room before the meal was over.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265594 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/09/2025 |
| NAME OF PROVIDER OR SUPPLIER Ozarks Methodist Manor, The | | STREET ADDRESS, CITY, STATE, ZIP CODE 205 South College, Marionville, MO 65705 | |
| 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 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> | <p>During an interview on 01/08/25, at 10:58 A.M., the Dietary Manager (DM) said she would notify the Assistant Director of Nursing (ADON) or Director of Nursing (DON) of any weight loss or change of condition unless the RD was coming in. She was not aware of any weight meetings and changes to the care plan would be discussed during care plan meetings.</p> <p>During an interview on 01/09/25, at 10:10 A.M., Certified Nursing Assistant (CNA)1 said he/she recorded all the intakes in the EMR and reported to nursing if a resident was not eating well.</p> <p>During an interview on 01/09/25, at 10:15 A.M., Restorative Nursing Aide (RNA) 1 said he/she did all the monthly weights and gives them to the Director of Nursing (DON) to record into the EMR. He/she will report any weight changes to the DON who will take care of it.</p> <p>During an interview on 01/09/25, at 11:31 A.M., the RD said she was not aware of the resident's intakes and was not notified of the resident's weight loss. She did not review the resident's EMR and she did not know if any intervention for weight loss had been put in place. If there were any interventions they would be documented in the Nutritional Risk Assessment. She would expect to be notified of poor intakes and weight loss. She does yearly assessments, but is behind. She has input on the care plan, but does not document on the care plan. She does not review the care plans of the residents.</p> <p>During an interview on 01/09/25, at 2:32 P.M., the Assistant DON (ADON) said she would expect the care plans to reflect weight loss and that dietary would be reviewing the care plans.</p> <p>During an interview on 01/09/25, at 4:38 P.M., the DON said when she is notified about weight loss, she would add the resident to weight meetings and then ask the physician for a supplement and review. The DON stated that the RD was given a weight list every time she came in.</p> <p>2. Review of Resident #228's Admission Record, located in the Profile tab of the EMR, showed the following:</p> <p>-admitted [DATE];</p> <p>-Diagnoses included hypertensive (high blood pressure) heart disease, diabetes, and myocardial infarction (heart attack).</p> <p>Review of the resident's Order Summary Report, located in the Orders tab of the EMR, showed the resident's diet was upgraded from mechanical soft to regular texture on 11/07/22.</p> <p>Review of the resident's Mini Nutritional Assessment, dated 02/01/23, and located in the Assmnts tab of the EMR, showed the following:</p> <p>-Resident had no weight loss;</p> <p>-Resident scored in the normal nutritional status range.</p> <p>Review of the resident's Care Plan, located in the Care Plan tab of the EMR, showed the following:</p> <p>-On 03/07/24, and reviewed 03/13/24, the resident had potential nutritional problem;</p> <p>(continued on next page)</p> | | |

| | | | |
|--|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265594 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/09/2025 |
| NAME OF PROVIDER OR SUPPLIER Ozarks Methodist Manor, The | | STREET ADDRESS, CITY, STATE, ZIP CODE 205 South College, Marionville, MO 65705 | |
| 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 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> | <p>-Assist the resident with developing a support system to aid in weight loss efforts;</p> <p>-Invite the resident to activities that promote additional intake;</p> <p>-Monitor/record/report to medical doctor as needed for signs/symptoms of malnutrition;</p> <p>-Significant weight loss;</p> <p>-The resident needs a calm quiet setting at meal times with adequate eating time;</p> <p>-The resident preferred to sit at table in dining room by his/her friends.</p> <p>Review of the resident's weights, located in the Wts/Vitals tab of the EMR, showed the following:</p> <p>-A weight of 141.4 lbs on 07/23/24;</p> <p>-A weight of 133.4 lbs on 08/06/24.</p> <p>(A weight loss of a 5.7 percent in less than a month.)</p> <p>Review of the resident's annual MDS, with an ARD of 08/12/24, located in the MDS tab of the EMR, showed the following:</p> <p>-Resident had was cognitively intact;</p> <p>-Resident received set up or clean-up assistance with eating;</p> <p>-Resident had a weight loss of five percent or more in the last month or loss of 10 percent or more in the last six months;</p> <p>-Resident not on a prescribed weight-loss regimen;</p> <p>-Resident's weight was 133 lbs.</p> <p>Review of the resident's CAA (Care Area Assessment) Worksheet, dated 08/12/24, and located in the MDS tab of the EMR, showed nutrition status was to be addressed on the Care Plan. No referral to another discipline was warranted, according to the CAA.</p> <p>Review of resident's weights located in the Wts/Vitals tab of the EMR showed the following:</p> <p>-On 09/10/24, the resident had a five percent weight loss in a month from 08/17/24 (133.4 lbs) to 09/10/24 (125.8 lbs).</p> <p>-On 10/07/24, the resident weighed 125.4 lbs.</p> <p>Review of the resident's EMR Progress Notes showed staff did not document that the RD was notified of the weight loss.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265594 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/09/2025 |
| NAME OF PROVIDER OR SUPPLIER Ozarks Methodist Manor, The | | STREET ADDRESS, CITY, STATE, ZIP CODE 205 South College, Marionville, MO 65705 | |
| 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 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> | <p>Review of resident's nurse practitioner (NP) progress note, dated 10/22/24, located in the Misc tab of the EMR, showed the NP reviewed the resident's weights over the past 90 days and noted no significant weight changes.</p> <p>Review of the resident's quarterly MDS, with an ARD of 11/12/24, located in the MDS tab of the EMR, showed the following:</p> <ul style="list-style-type: none"> -The resident had moderate cognitive impairment; -The resident received supervision or touching assistance for eating; -The resident had a weight loss of five percent or more in the last month or loss of 10 percent or more in the last six months; -The resident was not on a prescribed weight-loss regimen; -The resident weighed 125 lbs. <p>Review of the resident's Care Plan, located in the Care Plan tab of the EMR, showed staff did not make updates regarding the resident's nutritional status from 03/13/24 until 11/14/24. On 11/14/24, a focus area of the resident had unplanned/unexpected weight loss related to poor food intake was added. Interventions included if weight decline persists, contact physician and dietician immediately and monitor and evaluate any weight loss. Staff to determine percentage lost and follow facility protocol for weight loss.</p> <p>Review of the resident's EMR Progress Notes showed staff did not document the RD was made aware of the weight loss.</p> <p>Review of the resident's Social Services Note, dated 11/20/24, and located in the Prog Notes tab of the EMR, showed the resident was admitted to hospice services.</p> <p>Review of the resident's Wts/Vitals tab of the EMR revealed the resident weighed 114 lbs on 12/16/24.</p> <p>Review of the resident's Order Summary Report, located in the Orders tab of the EMR, showed an order, dated 12/19/24, by hospice, for Med Pass 2.0+ (a supplement used for additional calories).</p> <p>Review of the Assmnts tab of resident's EMR showed no nutritional assessments or progress notes by the RD following the 02/02/23 Mini Nutritional Assessment Screening.</p> <p>During an interview on 01/07/25, at 10:23 A.M., the resident reported not having much of an appetite.</p> <p>During an observation on 01/08/25, at 12:30 P.M., the resident was observed slowly feeding him/herself lunch in the dining room.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265594 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/09/2025 |
| NAME OF PROVIDER OR SUPPLIER Ozarks Methodist Manor, The | | STREET ADDRESS, CITY, STATE, ZIP CODE 205 South College, Marionville, MO 65705 | |
| 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 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> | <p>During an interview on 01/09/25, at 10:10 A.M., CNA 1 said RNA 1 weighed the residents and wrote down their intakes at meals for the CNAs to record. If RNA 1 was not working, the CNAs monitored the meal intakes. If a resident was not eating well or had a weight loss, CNA 1 reported it to the nurse.</p> <p>During an interview on 01/09/25, at 10:15 A.M., RNA 1 said she did the monthly weights and recorded them on a paper, which she gave to the DON. She was unaware of any intervention which occurred due to the resident's weight loss.</p> <p>During an interview on 01/09/25, at 11:05 A.M., the RD said she was in the facility twice a month. The RD did a nutritional assessment on admission and then after a period of time, which the RD tried to keep to within a year. She reviewed weights by running a report from the EMR and checked in with the nurses regarding any concerns. The RD expected to be notified of weight loss when she was in the facility and stated she was available by phone, which was probably better than waiting two weeks for her next time in the facility. She had not been aware of the resident's weight loss, which started in August 2024 until December 2024. The RD only had weights of 133 lbs in August 2024 and then 129 lbs in November 2024. The RD was unaware of any dietary interventions prior to December 2024.</p> <p>During an interview on 01/09/25, at 11:59 A.M., LPN 2 said he/she seldom had anything relayed to him/her regarding weights. RNA 1 weighed residents, and the DON entered the weights into the EMR. When the provider saw the weights, the provider may give orders. Occasionally, the RD asked questions or made recommendations.</p> <p>During an interview on 01/09/25, at 2:32 PM, the ADON/MDS Coordinator (MDSC) reported a lack of consistency with getting care plans in place. There have been a lot of missing items on care plans. Staff discuss weight loss at care conferences, and dietary can update them as well then. The MDSC stated a care plan was to reflect significant weight loss shortly after it occurred.</p> <p>During an interview on 01/09/25, at 4:55 P.M., the DON said she entered weights into the EMR. The DON ran a report to see the residents with weight loss and gain. Those residents were added to the risk meeting. The DON checked current orders and asked for supplement orders or medication review. The DON expected the dietician to be aware of weight loss. A weight report was provided during the RD's visits and EMR access was available.</p> | | |

| | | | |
|---|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265594 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/09/2025 |
| NAME OF PROVIDER OR SUPPLIER Ozarks Methodist Manor, The | | STREET ADDRESS, CITY, STATE, ZIP CODE 205 South College, Marionville, MO 65705 | |

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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>26446</p> <p>Based on interviews and record review, the facility failed to consistently use the services of a registered nurse (RN) for at least eight consecutive hours a day, seven days a week between 07/04/24 and 12/30/24. This deficient practice had the potential to affect all 58 residents residing in the facility.</p> <p>1. Review of the facility's Staffing Sheets, provided by the Human Resources Director (HR Director), dated 07/04/24 through 12/30/24, showed there was no RN coverage on the following dates:</p> <ul style="list-style-type: none"> -On 07/04/24; -On 07/06/24; -On 07/07/24; -On 07/31/24; -On 08/01/24; -On 09/02/24; -On 12/23/24; -On 12/30/24. <p>During an interview on 01/09/25, at 11:30 A.M., Central Supply (CS) and the HR Director confirmed that the facility had more licensed practical nurses than registered nurses and that there were days that the facility had not been able to schedule a registered nurse to work at the facility for at least eight hours a day.</p> <p>During an interview on 01/09/25, at 5:22 P.M., the Director of Nursing confirmed that there had been RN coverage issues, and that the facility was struggling to get full eight-hour RN coverage daily.</p> <p>During an interview on 01/09/25, at 11:47 A.M., the Administrator confirmed that there were days that the facility had not been able to have a registered nurse work for at least eight consecutive hours a day, seven days a week.</p> |

| | | | |
|--|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265594 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/09/2025 |
| NAME OF PROVIDER OR SUPPLIER Ozarks Methodist Manor, The | | STREET ADDRESS, CITY, STATE, ZIP CODE 205 South College, Marionville, MO 65705 | |
| 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 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p> | <p>26446</p> <p>Post nurse staffing information every day.</p> <p>Based on observation and interview, the facility failed to ensure that the daily nurse staffing was posted to accurately reflect the actual staff hours to care for the 58 current residents.</p> <p>1. Observations throughout the facility, on 01/06/25 through 01/09/25, showed the Daily Nursing Roster was posted in the facility at the North Hall Nurse Station on 01/06/25, at 2:00 P.M.; on 01/07/25, at 9:50 A.M.; on 01/08/25, at 5:00 P.M.; and on 01/09/25, at 11:25 A.M., without ensuring all information was documented. The daily postings failed to document the daily resident census, whether or not the nurse was a Licensed Practical Nurse (LPN) or Registered Nurse (RN), or the actual hours worked by the staff.</p> <p>During an interview on 01/09/25, at 11:30 AM, Central Supply (CS) and the Human Resources (HR) Director confirmed that they were not aware that the daily nurse postings required the resident census and/or the need to identify the licensing of the nurse. They said the Director of Nursing (DON) was the one responsible for posting them daily.</p> <p>During an interview on 01/09/25, at 5:22 P.M., the DON said she was not aware that the daily nurse posting forms did not have all the documentation required.</p> <p>During an interview on 01/09/25, at 11:47 A.M., the Administrator said he was not familiar with the requirements of the daily nurse postings.</p> | | |

| | | | |
|---|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265594 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/09/2025 |
| NAME OF PROVIDER OR SUPPLIER Ozarks Methodist Manor, The | | STREET ADDRESS, CITY, STATE, ZIP CODE 205 South College, Marionville, MO 65705 | |

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 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>39411</p> <p>Based on interview and record review, the facility failed to ensure the Dietary Manger met the required training, certification, and/or experience This deficient practice had the potential to affect all 58 residents who received meals in the facility.</p> <p>Review of the facility's Director of Food and Beverage Services, updated 07/14, showed the position required certification as required by state regulations.</p> <p>1. During an interview on 01/06/24, at 2:37 P.M., the Dietary Manager (DM) said she had been employed at the facility for two years. She was not certified and did not have any Serv-Safe courses. She had been enrolled in classes since 2023, but had not been able to complete the courses.</p> <p>During an interview on 01/09/24, at 11:31 A.M., the Registered Dietitian (RD) said she was aware the DM was not certified. She is in the facility two days a month for approximately 16 hours and spends most of her time precepting the DM in her courses, but she has had a hard time finishing them.</p> |

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265594 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/09/2025 |
| NAME OF PROVIDER OR SUPPLIER Ozarks Methodist Manor, The | | STREET ADDRESS, CITY, STATE, ZIP CODE 205 South College, Marionville, MO 65705 | |
| 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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26446</p> <p>Based on interviews and record review, the facility failed to ensure residents' medical records were complete and accurately documented when the facility failed to ensure physician progress notes were documented and available for review in the electronic medical record (EMR) for one resident (Resident #133), reviewed out of a total sample of 21 residents.</p> <p>1. Review of Resident #133's Face Sheet, located in the Profile tab of the electronic medical record (EMR), showed the following:</p> <p>-admitted [DATE];</p> <p>-Diagnoses included atherosclerotic heart disease (thickening or hardening of the arteries), chronic obstructive pulmonary disease (COPD - a condition caused by damage to the airways or other parts of the lung), low-tension glaucoma (a group of eye diseases that can cause vision loss and blindness by damaging a nerve in the back of your eye called the optic nerve), and osteoporosis (a bone disease that develops when bone mineral density and bone mass decreases, or when the quality or structure of bone changes).</p> <p>Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated assessment tool completed by facility staff), with an Assessment Reference Date (ARD) of 12/25/24, showed the resident had a was severely cognitive impaired.</p> <p>Review of the resident's Progress Notes tab of the EMR showed no documentation of the physician progress notes.</p> <p>Review of the resident's Miscellaneous tab of the EMR showed no documentation of the physician progress notes.</p> <p>Review of the resident's EMR showed there was no documentation of the physician progress notes accessible during the survey review dates without the physician submitting photos of his laptop, as noted in the Administrator interview below.</p> <p>During an interview on 01/08/25, at 11:25 A.M., Social Service Director (SSD) said the physician progress notes should be documented under the Miscellaneous tab in the EMR for the facility residents. She could not recall how long physician progress notes had not been consistently placed into resident records. She confirmed the physician progress notes could not be found in the EMR for the resident.</p> <p>During an interview on 01/09/25, at 5:22 P.M., the Director of Nursing confirmed that the facility had been having a hard time getting the physician progress notes from the physician's dictating company. She confirmed the resident records were not complete without the physician progress notes.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265594 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/09/2025 |
| NAME OF PROVIDER OR SUPPLIER Ozarks Methodist Manor, The | | STREET ADDRESS, CITY, STATE, ZIP CODE 205 South College, Marionville, MO 65705 | |
| 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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During an interview on 01/09/25, at 9:28 A.M., the Administrator confirmed that the facility had been having a problem with getting the dictated physician progress notes and having them placed into the resident records. The Administrator was not aware of how long this had been a concern. The Administrator provided physician progress notes for the resident, which were photo images of the physician's laptop screen, and not documentation that had been available in the EMR.</p> | | |

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265594 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/09/2025 |
| NAME OF PROVIDER OR SUPPLIER Ozarks Methodist Manor, The | | STREET ADDRESS, CITY, STATE, ZIP CODE 205 South College, Marionville, MO 65705 | |
| 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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 52126</p> <p>Based on record review and interview, the facility failed to conduct an annual review of its Infection Prevention and Control Program (IPCP) and update their program, as necessary, including revision of the IPCP as national standards changed. The failure had the potential to increase the risk of adverse events, including the development of antibiotic-resistant organisms, from unnecessary or inappropriate antibiotic use for all 58 facility residents.</p> <p>Review of the facility policy titled Infectious Disease Threat Communications Plan, revised April 2019, showed The Infectious Disease Threat Communications Plan was reviewed and updated at least annually.</p> <p>1. Review of a binder provided by the facility titled Infection Prevention showed the following:</p> <ul style="list-style-type: none"> -The binder appeared disorganized and had policy pages out of order or missing pages. The content of one page did not match the content of the following page. -The binder included a policy titled COVID-19 Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes Centers for Disease Control and Prevention (CDC) guidelines dated [DATE]. -Another policy titled Coronavirus Disease (COVID-19) Prevention and Control was dated March 2020. -The binder included a copy of a document titled F-Tag Help F880 that was not dated and did not specify how often the IPCP was to be reviewed. <p>During an interview on 01/09/25, at 4:36 P.M., the Infection Preventionist stated the IPCP policies had not been reviewed since June when the Infection Preventionist was hired.</p> <p>During an interview on 01/09/25, at 6:10 P.M., the Administrator was unsure when the IPCP was last reviewed and did not have written documentation. The Administrator said the policies were reviewed during a QAPI (quality assurance) meeting, but was not sure. The Administrator was unable to provide documentation as to when the IPCP was last reviewed.</p> | | |

| | | | |
|--|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265594 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/09/2025 |
| NAME OF PROVIDER OR SUPPLIER Ozarks Methodist Manor, The | | STREET ADDRESS, CITY, STATE, ZIP CODE 205 South College, Marionville, MO 65705 | |
| 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 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Implement a program that monitors antibiotic use.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 52126</p> <p>Based on record review and interviews, the facility failed to conduct ongoing review for antibiotic stewardship for one resident (Resident #15), of three residents reviewed for antibiotic stewardship, who received multiple antibiotics over multiple months.</p> <p>Review of the facility's policy titled, Antibiotic Stewardship, revised December 2016, showed antibiotics will be prescribed and administered to residents under the guidance of the facility's antibiotic stewardship program.</p> <p>Review of the facility's policy titled, Antibiotic Stewardship - Review and Surveillance of Antibiotic Use and Outcomes, revised December 2016, showed the following:</p> <p>-All clinical infections treated with antibiotics will undergo review by the infection preventionist (IP), or designee;</p> <p>-The IP, or designee, will review antibiotic utilization as part of the antibiotic stewardship program and identify specific situations that are not consistent with the appropriate use of antibiotics;</p> <p>-All resident antibiotic regimens will be documented on the facility-approved antibiotic surveillance tracking form. The information gathered will include resident name and medical record number; unit and room number; date symptoms appeared; name of antibiotic (see approved surveillance list); start date of antibiotics; pathogen identified (see approved surveillance list); site of infection; date of culture; stop date; total days of therapy; outcome; and adverse events.</p> <p>Review of the facility's policy titled, Antibiotic Stewardship - Staff and Clinician Training and Roles, revised December 2016, showed the Director of Nursing (DON) and will receive initial orientation and ongoing training on how to use surveillance tools to monitor infections rates, antibiotic usage patterns and outcomes.</p> <p>1. Review of Resident #15's Admission Record, located in the Profile tab of the electronic medical record (EMR), showed the following:</p> <p>-admitted [DATE];</p> <p>-Diagnoses included acute vaginitis (a condition that causes vaginal irritation, discharge, odor, swelling, itching, or pain) and urinary tract infection (UTI).</p> <p>Review of the resident's Order Summary Report, Medication Administration Records (MAR), and Treatment Administration Record (TAR), located in the Orders tab of the EMR, showed the following antibiotics were ordered and administered in August 2024, September 2024, November 2024, and December 2024:</p> <p>-On 08/16/24, cefuroxime oral tablet was ordered for UTI and administered for seven days as ordered;</p> <p>(continued on next page)</p> | | |

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265594 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/09/2025 |
| NAME OF PROVIDER OR SUPPLIER Ozarks Methodist Manor, The | | STREET ADDRESS, CITY, STATE, ZIP CODE 205 South College, Marionville, MO 65705 | |
| 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 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>-On 09/05/24, ceftriaxone sodium injection was ordered for infection and administered one time as ordered;</p> <p>-On 09/06/24, cefuroxime oral tablet was ordered for sinus infection and administered for 10 days as ordered;</p> <p>-On 11/24/24, Macrobid oral capsule was ordered for vaginitis and administered one time as ordered;</p> <p>-On 11/24/24, Macrobid oral capsule was ordered for vaginitis and administered for five days as ordered;</p> <p>-On 12/03/24, Diflucan oral tablet was ordered for vaginal yeast/itching and administered one time as ordered;</p> <p>-On 12/11/24, ciprofloxacin oral tablet was ordered for UTI and administered for two days then changed to Augmentin on 12/13/24;</p> <p>-On 12/13/24, Augmentin oral suspension was ordered for UTI and administered for five days as ordered;</p> <p>Review of the resident's Laboratory Report, located in the Misc tab of the EMR, showed a culture and sensitivity lab result, dated 12/13/24, that showed the organism causing the infection was resistant to ciprofloxacin and susceptible to amoxicillin & pot clavulanate.</p> <p>Review of the facility's Infection Control Line Listing, located in the Infection Control binder. showed the resident was not listed on the log for antibiotic stewardship review dated August 2024, September 2024, November 2024, and December 2024. The Infection Control Line Listing log sheets were incomplete with missing information for resident room numbers, dates of labs/pathogen, date/Symptoms, and predisposing factors.</p> <p>During an interview on 01/09/25, at 4:36 P.M., the Director of Nursing (DON), who also served as the IP, said antibiotic stewardship was done by her and logged in the Infection Control binder. When asked about what protocols were followed, the DON said the residents were watched for signs and symptoms, labs ordered, and discussed with the provider. The DON said staff follow what the doctor gives us. The DON said the McGeer criteria (tool designed to support facility healthcare-associated infection surveillance) was followed for signs and symptoms. For documentation, a progress note was written on each resident. The DON said there was no policy that she was aware of for following the McGeer criteria or protocols to follow for reviewing antibiotic stewardship. Every resident that was prescribed an antibiotic should be on the log. The resident should have been on the log.</p> <p>During an interview on 01/09/25, at 6:10 P.M., the Administrator said the DON was responsible for the antibiotic stewardship program. The Administrator said that guidelines were to be followed for appropriate ordering of antibiotics.</p> | | |