

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265598	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Brunswick Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 721 West Harrison St Brunswick, MO 65236	

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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38016</p> <p>Based on observation, interview and record review, the facility failed to provide sufficient nursing staff to meet the needs of two residents, (Resident #12 and #27) in a review of 15 sampled residents, when the facility failed to provide regular baths or showers. The facility also failed to respond to resident call lights in a timely manner for three residents (Resident #2, #5 and #19) resulting in resident's voicing frustration/concerns over wait time. The facility census was 31.</p> <p>Review of the undated facility policy titled, Staffing, showed the following:</p> <p>-Facilities will have sufficient and competent staff to meet the needs of the residents;</p> <p>Policy Interpretation and Implementation:</p> <ol style="list-style-type: none"> 1. Recruit and train staff according to the needs of the residents residing in the facility; 2. Facilities will identify staffing needs and educational opportunities based on the Facility Assessment; 3. Facilities will meet or exceed any state specific staffing requirements. <p>1. Review of the facility's Facility Assessment, dated 1/1/24-4/16/24, showed the following:</p> <p>Nurse Staffing Ration for Census 32-37:</p> <p>-Days 1:10, 1 charge nurse, 1 Certified Medication Technician (CMT), 3 Certified Nurse Assistant (CNA)/Nurse Assistant (NA);</p> <p>-Evenings 1:15 1 charge nurse, 1 CMT for 6 hours, 2 CNA/NA;</p> <p>-Nights 1:20 1 charge nurse, 2 CNA/NA.</p> <p>2. Review of the daily staffing sheets for 4/1/24-4/15/24, showed staffing for the following dates:</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-4/1/24, census 35, day shift: 1 Licensed Practical Nurse (LPN), 1 CMT, 1 CNA, and 1 NA; evening shift: 1 LPN, 1 CMT, 1 CNA and 1 NA; night shift: blank, the facility had 1 less aide on day shift than needed according to identified staffing need in the facility assessment and night shift was left blank;</p> <p>-4/2/24, census 35, day shift: 1 LPN, 1 CMT, 2 CNA, and 2 NA; evening shift: 1 LPN, 1 CMT, 1 CNA and 1 NA; night shift: 1 Registered Nurse (RN), 1 CNA and 1 NA;</p> <p>-4/3/24, census blank, day shift: 1 RN, 1 LPN, 1 CMT, and 1 CNA; evening shift: 1 LPN, 1 CMT, 2 CNA and 1 NA; night shift: 1 RN, 1 CNA and 1 NA, the facility had 2 less aides on day shift than needed according to identified staffing need in the facility assessment ;</p> <p>-4/4/24, census 35, day shift: 1 LPN, 1 CMT, 1 CNA, and 2 NA; evening shift: 1 LPN, 1 CMT, 2 CNA and 1 NA; night shift: 1 RN, 1 CNA and 1 NA, ;</p> <p>-4/5/24, census 34, day shift: blank; evening shift: 1 LPN, 1 CMT, 2 CNA and 2 NA; night shift: blank;</p> <p>-4/6/24, census 34, day shift: 1 RN, 1 CMT, and 2 CNA; evening shift: 1 RN, 1 CMT, 1 CNA and 2 NA; night shift: 1 RN, 1 CNA and 1 NA, the facility had 1 less aide on day shift than needed according to identified staffing need in the facility assessment;</p> <p>-4/7/24, census 33, day shift: 1 LPN, 1 CMT, and 2 CNA; evening shift: 1 LPN, 1 CMT, 2 CNA and 1 NA; night shift: 1 RN, 1 CNA and 1 NA, the facility had 1 less aide on day shift than needed according to identified staffing need in the facility assessment ;</p> <p>-4/8/24, census 33, day shift: 1 LPN, 1 CMT, and 2 CNA; evening shift: 2 LPN, 1 CMT, 2 CNA and 1 NA; night shift: 1 RN, 1 CNA and 1 NA, the facility had 1 less aide on day shift than needed according to identified staffing need in the facility assessment;</p> <p>-4/9/24, census 33, day shift: 1 LPN, 1 CMT, 1 CNA, and 2 NA; evening shift: 1 LPN, 1 CMT, and 2 CNA; night shift: blank;</p> <p>-4/10/24, census 33, day shift: 1 LPN, 1 CMT, and 2 NA; evening shift: 1 LPN, 1 CMT, 3 CNA and 1 NA; night shift: 1 RN, and 2 NA, the facility had 1 less aide on day shift than needed according to identified staffing need in the facility assessment ;</p> <p>-4/11/24, census 31, day shift: 1 LPN, 1 CMT, 2 CNA, and 1 NA; evening shift: 2 LPN, 1 CMT, and 3 CNA; night shift: 1 RN, and 2 NA;</p> <p>-4/12/24, census 31, day shift: 1 LPN, 1 CMT, 1 CNA, and 1 NA; evening shift: 1 RN, 1 LPN, 1 CMT, and 2 CNA; night shift: 1 RN, 1 CNA and 1 NA;</p> <p>-4/13/24, census 31, day shift: 2 LPN, and 2 NA; evening shift: 1 LPN, 1 CMT, and 2 NA; night shift: blank, the facility had 1 less aide on day shift than needed according to identified staffing need in the facility assessment;</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-4/14/24, census 31, day shift: 1 LPN, 1 CMT, 1 CNA, and 1 NA; evening shift: 1 LPN, 1 CMT, and 2 CNA; night shift: 1 LPN, 1 CNA and 1 NA, the facility had 1 less aide on day shift than needed according to identified staffing need in the facility assessment .</p> <p>1. Review of Resident #12's summary sheet showed the following:</p> <p>-The resident is his own responsible party;</p> <p>-Diagnoses include: diabetes mellitus (too much sugar in the bloodstream), essential hypertension (high blood pressure), chronic atria fibrillation (an irregular heart beat), heart failure (a chronic condition in which the heart does not pump blood as well as it should) and hemiplegia and hemiparesis following a cerebral infarction affecting the left side (left side weakness/paralysis after a stroke).</p> <p>Review of the resident's care plan, revised 04/03/24, showed the following:</p> <p>-Activities of daily living focus - he/she has limited physical mobility related to stroke with residual hemiparesis;</p> <p>-Dressing: set up - uppers, substantial - lowers, dependent for footwear;</p> <p>-Toileting substantial assistance;</p> <p>-Personal hygiene: set up;</p> <p>-Bathing: partial/moderate assistance.</p> <p>Review of the resident's annual Minimum Data Set (MDS), a federally mandated assessment completed by staff, dated 04/05/24, showed the following:</p> <p>-Cognitively intact;</p> <p>-Bilateral lower extremity mobility limitations;</p> <p>-Toileting hygiene assistance was answered only with a dash;</p> <p>-Dependent on staff for bathing, upper and lower body dressing, putting on/taking off footwear, personal hygiene and tub/shower transfers.</p> <p>Review of the facility provided shower schedule showed the resident's bath schedule was on Monday and Thursday during the day shift.</p> <p>Review of the resident's daily bathing records from 02/15/24 through 04/18/24 showed staff did not provide or offer the resident six showers or bed baths of the 19 times one was to be given/offered. There was no documentation the resident had refused the offering of these six showers.</p> <p>During an interview on 04/15/24, 10:39 A.M., the resident said the following:</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-He/She takes a bath about every two weeks because their was not enough staff to give him/her showers or bed bath;</p> <p>-He/She just got out of the shower and it had been at least a week or more since his/her last one;</p> <p>-He/She prefers to get his/her shower or bed bath as schedule.</p> <p>2. Review of Resident #27's face sheet shows the resident's family member is the residents durable power of attorney.</p> <p>Review of the resident's care plan, dated 10/18/23, says the resident refuses bathing.</p> <p>Review of the resident's quarterly MDS, dated [DATE], showed the following:</p> <p>-Severe cognitive impairment;</p> <p>-Wandering one to three days;</p> <p>-Dependent with bathing transfers and personal hygiene.</p> <p>Review of the facility's bath schedule the resident's bath days are Mondays and Thursdays on day shift (twice a week).</p> <p>Review of the resident's daily bathing records from 02/15/24 through 04/18/24 showed staff did not provide or offer the resident eight showers or bed baths of the 19 times one was to be given/offered. There was no documentation the resident had refused the offering of these eight showers.</p> <p>During an interview on 4/15/24, at 3:37 P.M., the resident's family member said the following:</p> <p>-He/She has had several conversations with the management of the facility;</p> <p>-The resident is often incontinent;</p> <p>-He/She has come in several times and the resident is saturated, or has dried feces on him/her;</p> <p>-Often he/she finds the resident with feces under his/her fingernails;</p> <p>-He/She does not want the resident to just lay for extended periods in urine;</p> <p>-The resident has had a couple of urinary tract infections;</p> <p>-The facility has had issues with keeping help;</p> <p>-He/She feels like the facility doesn't have enough staff;</p> <p>-The resident wanders and there aren't enough staff to notice him/her wandering;</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-On 4/1/24, the resident activated his/her call light at 6:15 A.M. and it was answered at 6:42 A.M. (26 minutes);</p> <p>-On 4/1/24, the resident activated his/her call light at 8:06 P.M. and it was answered at 8:27 P.M. (20 minutes);</p> <p>-On 4/2/24, the resident activated his/her call light at 1:34 A.M. and it was answered at 1:56 A.M. (21 minutes);</p> <p>-On 4/2/24, the resident activated his/her call light at 8:17 P.M. and it was answered at 8:39 P.M. (21 minutes);</p> <p>-On 4/3/24, the resident activated his/her call light at 6:45 A.M. and it was answered at 7:10 A.M. (25 minutes);</p> <p>-On 4/3/24, the resident activated his/her call light at 11:49 A.M. and it was answered at 12:07 P.M. (18 minutes);</p> <p>-On 4/4/24, the resident activated his/her call light at 5:47 A.M. and it was answered at 6:77 A.M. (30 minutes);</p> <p>-On 4/5/24, the resident activated his/her call light at 5:35 A.M. and it was answered at 5:52 A.M. (17 minutes);</p> <p>-On 4/5/24, the resident activated his/her call light at 1:06 P.M. and it was answered at 1:35 P.M. (29 minutes);</p> <p>-On 4/18/24, the resident activated his/her call light at 9:03 A.M. and it was answered at 9:32 A.M. (29 minutes).</p> <p>4. Review of Resident #19's quarterly MDS, dated [DATE], showed the following:</p> <p>-The resident had moderately impaired cognition;</p> <p>-He/She required staff supervision with upper and lower body dressing and rolling left to right in bed.</p> <p>Review of the resident's care plan meeting note, dated 4/4/24, showed the resident had concerns with staff answering the call light in a timely manner.</p> <p>Review of the resident's care plan, last updated 4/15/24, showed the following:</p> <p>-The resident required minimal assistance with transfers to his/her wheelchair;</p> <p>-He/She required minimal assistance with lower body dressing but was independent with upper body dressing.</p> <p>During an interview on 4/15/24 at 10:05 A.M., the resident said the following:</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Sometimes the staff take a long time to answer his/her call light;</p> <p>-He/She felt like it took half an hour for staff to respond.</p> <p>Review of the call light log printed on 4/18/24 showed the following:</p> <p>-On 4/1/24, the resident activated his/her call light at 6:05 A.M. and it was answered at 6:36 A.M. (30 minutes);</p> <p>-On 4/2/24, the resident activated his/her call light at 6:34 A.M. and it was answered at 7:07 A.M. (32 minutes);</p> <p>-On 4/3/24, the resident activated his/her call light at 6:10 A.M. and it was answered at 6:40 A.M. (29 minutes);</p> <p>-On 4/4/24, the resident activated his/her call light at 5:28 A.M. and it was answered at 5:45 A.M. (17 minutes);</p> <p>-On 4/4/24, the resident activated his/her call light at 6:05 A.M. and it was answered at 6:31 A.M. (25 minutes);</p> <p>-On 4/11/24, the resident activated his/her call light at 5:56 A.M. and it was answered at 6:17 A.M. (20 minutes);</p> <p>5. Review of Resident #5's significant change MDS, dated [DATE], showed the following:</p> <p>-Moderate cognitive impairment;</p> <p>-No signs of delirium, hallucinations, delusions, or behaviors.</p> <p>During an interview on 4/18/24, at 10:35 A.M., the resident said the following:</p> <p>-Sometimes it took forever for staff to answer his/her call light;</p> <p>-It made him/her feel bad, like a burden or not good enough;</p> <p>-Sometimes he/she is incontinent because it took too long, and he/she did not like that.</p> <p>Review of the call light log printed on 4/18/24 for, dates 4/1/24-4/18/24, showed the following:</p> <p>-On 4/1/24, the resident activated his/her call light at 8:29 P.M. and it was answered at 8:45 P.M. (15 minutes), the resident pushed his/her call light six times during that time;</p> <p>-On 4/2/24, the resident activated his/her call light at 8:34 A.M. and it was answered at 8:47 A.M. (13 minutes), the resident pushed his/her call light five times during that time;</p> <p>-On 4/3/24, the resident activated his/her call light at 7:28 A.M. and it was answered at 8:08 A.M. (40 minutes), the resident pushed his/her call light 14 times during that time;</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-On 4/4/24, the resident activated his/her call light at 8:18 A.M. and it was answered at 8:39 A.M. (20 minutes), the resident pushed his/her call light seven times during that time;</p> <p>-On 4/5/24, the resident activated his/her call light at 8:08 A.M. and it was answered at 8:33 A.M. (25 minutes), the resident pushed his/her call light nine times during that time;</p> <p>-On 4/5/24, the resident activated his/her call light at 9:48 A.M. and it was answered at 10:09 A.M. (20 minutes), the resident pushed his/her call light seven times during that time;</p> <p>-On 4/5/24, the resident activated his/her call light at 1:59 P.M. and it was answered at 2:16 P.M. (17 minutes), the resident pushed his/her call light six times during that time;</p> <p>-On 4/6/24, the resident activated his/her call light at 8:59 A.M. and it was answered at 9:17 A.M. (17 minutes), the resident pushed his/her call light six times during that time;</p> <p>-On 4/7/24, the resident activated his/her call light at 8:44 A.M. and it was answered at 9:18 A.M. (33 minutes), the resident pushed his/her call light twelve times during that time;</p> <p>-On 4/7/24, the resident activated his/her call light at 10:49 A.M. and it was answered at 11:09 A.M. (20 minutes), the resident pushed his/her call light seven times during that time;</p> <p>-On 4/7/24, the resident activated his/her call light at 1:42 P.M. and it was answered at 2:02 P.M. (20 minutes), the resident pushed his/her call light seven times during that time;</p> <p>-On 4/7/24, the resident activated his/her call light at 3:51 P.M. and it was answered at 4:09 A.M. (17 minutes), the resident pushed his/her call light six times during that time;</p> <p>-On 4/7/24, the resident activated his/her call light at 5:25 P.M. and it was answered at 5:37 P.M. (12 minutes), the resident pushed his/her call light five times during that time;</p> <p>-On 4/8/24, the resident activated his/her call light at 8:18 A.M. and it was answered at 8:34 A.M. (16 minutes), the resident pushed his/her call light six times during that time;</p> <p>-On 4/9/24, the resident activated his/her call light at 8:25 A.M. and it was answered at 8:43 A.M. (18 minutes)the resident pushed his/her call light six times during that time;</p> <p>-On 4/9/24, the resident activated his/her call light at 10:00 A.M. and it was answered at 10:29 A.M. (28 minutes)the resident pushed his/her call light ten times during that time;</p> <p>-On 4/10/24, the resident activated his/her call light at 6:45 P.M. and it was answered at 7:02 P.M. (17 minutes), the resident pushed his/her call light six times during that time;</p> <p>-On 4/13/24, the resident activated his/her call light at 9:19 A.M. and it was answered at 9:36 A.M. (16 minutes), the resident pushed his/her call light six times during that time;</p> <p>-On 4/13/24, the resident activated his/her call light at 3:44 P.M. and it was answered at 3:57 P.M. (13 minutes), the resident pushed his/her call light five times during that time;</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-On 4/14/24, the resident activated his/her call light at 9:57 P.M. and it was answered at 10:11 P.M. (14 minutes), the resident pushed his/her call light six times during that time;</p> <p>-On 4/16/24, the resident activated his/her call light at 7:21 A.M. and it was answered at 7:36 A.M. (15 minutes), the resident pushed his/her call light five times during that time;</p> <p>-On 4/18/24, the resident activated his/her call light at 8:14 A.M. and it was answered at 8:29 A.M. (15 minutes), the resident pushed his/her call light six times during that time;</p> <p>-On 4/18/24, the resident activated his/her call light at 9:47 A.M. and it was answered at 10:06 A.M. (19 minutes), the resident pushed his/her call light seven times during that time;</p> <p>-On 4/18/24, the resident activated his/her call light at 10:15 A.M. and it was answered at 10:30 A.M. (14 minutes), the resident pushed his/her call light five times during that time.</p> <p>During an interview on 04/18/24 at 1:50 P.M., Certified Nursing Assistant (CNA) E said the following:</p> <p>-Residents were scheduled to receive showers/bed baths two times a week;</p> <p>-If staff called in (did not come to work as scheduled), there was not enough staff to get all of the cares done and to give the residents showers/baths;</p> <p>-Staff called in frequently.</p> <p>During an interview on 04/18/24 at 1:56 P.M., Nursing Assistant (NA) G said due to call-ins in the past two days, all of the residents scheduled to receive a bath did not get one. NA G and CNA E were the only two aides scheduled for the past two days due to call-ins.</p> <p>During an interview on 5/6/24, at 4:15 P.M., NA F said the following:</p> <p>-Staff are not able to answer call lights right away when we are working with other residents;</p> <p>-The facility often only has two aides and it was impossible to get to everyone quickly;</p> <p>-The facility was short staffed;</p> <p>-Some residents have to wait longer that they would like;</p> <p>-With more staff they could get to residents quicker and there would not be near as many issues.</p> <p>During an interview on 04/18/24, at 7:30 P.M., the Director of Nursing (DON) said the following:</p> <p>-She expected staff to give showers as scheduled;</p> <p>-If there are not call-ins, there was enough staff scheduled to provide all cares;</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-It would be difficult to complete showers, shaving, nail care, answer call lights and provide all cares needed with just two CNAs working the floor;</p> <p>-The past two days, there were only two CNAs working the floor;</p> <p>-Showers did not get completed the past two days due to call-ins.</p> <p>-Call ins occurred more than she would like;</p> <p>-The corporation will not let them use agency for CNA's, only licensed staff.</p> <p>During an interview on 4/18/24 at 11:15 A.M., the Administrator said staff are to answer call lights within three minutes. If a call light is over 10 minutes, that would be too long. Reviewing the report, there were some call light times that would not be acceptable, and a lot of them seem to be during meals.</p> <p>MO232587</p>		

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<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>38016</p> <p>Based on interview and record review, the facility failed to provide the services of a Registered Nurse (RN) for at least eight consecutive hours a day, seven days a week. This had the potential to affect all residents. The facility census was 31.</p> <p>During an interview on 4/18/24, at 1:15 P.M., the Administrator said the facility did not have a policy for RN coverage. The facility followed the regulatory guidance.</p> <p>Review of the Payroll Based Journal (PBJ) report (the facility is mandated to report staffing hours to the Centers for Medicare and Medicaid Services (CMS) and those hours are reviewed and calculated into a report) dated 10/1/23-12/31/23, showed the following dates when the facility did not have any documented RN hours:</p> <p>-11/6/23; -11/7/23; -11/8/23; -11/12/23; -11/14/23; -11/15/23; -12/15/23; -12/18/23; -12/24/23; -12/28/23; -12/29/23; -12/31/23.</p> <p>Review of the facility's payroll and agency staffing, dated 2/15/24-4/15/24, showed the following:</p> <p>-2/17/24 no RN hours; -2/18/24 no RN hours; -2/24/24 no RN hours;</p> <p>(continued on next page)</p>

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-2/25/24 no RN hours;</p> <p>-3/3/24 no RN hours;</p> <p>-3/5/24 6.12 RN hours;</p> <p>-3/10/24 no RN hours;</p> <p>-3/16/24 no RN hours;</p> <p>-3/17/24 no RN hours;</p> <p>-3/18/24 no RN hours;</p> <p>-3/23/24 no RN hours;</p> <p>-3/28/24 5.73 RN hours;</p> <p>-3/30/24 no RN hours;</p> <p>-3/31/24 no RN hours;</p> <p>-4/5/24 RN hours started at 10:25 P.M. to 12:00 A.M. (1 hour and 35 minutes);</p> <p>-4/7/24 RN hours started at 10:31 P.M. to 12:00 A.M. (1 hour and 29 minutes);</p> <p>-4/9/24 3.73 RN hours;</p> <p>-4/12/24 RN hours started at 8:20 P.M. to 12:00 A.M. (3 hours and 40 minutes);</p> <p>-4/13/24 RN hours 12:00 A.M. to 7:21 A.M. (7 hours 21 minutes);</p> <p>-4/14/24 no RN hours.</p> <p>During an interview on 4/16/24, at 10:21 A.M., the Director of Nursing said the facility did not have full RN coverage. The facility did not have RN coverage everyday.</p> <p>During an interview on 4/15/24, at 1:28 P.M., the Administrator said the facility has had days with no RN coverage.</p> <p>MO232587</p>		

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<p>F 0925</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>36219</p> <p>Based on observation, interview, and record review, the facility failed to implement effective pest control measures to eliminate pests, including flies from areas throughout the facility and in resident rooms. This effected multiple residents of the facility, including Resident #31, who had an open cancerous wound, that required medication to treat for infestation of maggots, Resident #5 who could not sleep due to flies and other residents during their meal service to the extent that they had to use fly swatters to deter the flies during their meal. The facility census was 35.</p> <p>Review of the facility policy, Pest Control Program, dated 11/1/23, showed the following:</p> <ul style="list-style-type: none"> -It is the policy of the facility to maintain an effective pest control program that eradicates and contains common household pests and rodents; -Effective pest control program is defined as measures to eradicate and contain common household pests (e. g. bed bugs, lice, roaches, ants, mosquitos, flies, mice and rats); -The facility will maintain a written documentation of monthly pest control observation and spraying; -The facility will ensure that appropriate chemicals are used to control pests but can be used safely inside the building without compromising resident health; -The facility will utilize a variety of methods in controlling certain seasonal pests, i.e. flies. These will involve indoor and outdoor methods that are deemed appropriate. <p>Review of the facility pest control log, dated June 2024, showed on 6/10/24, the maintenance director changed the glue traps in the kitchen and other rooms and changed the glue boards for flying insects.</p> <p>1. Review of Resident #31's quarterly Minimum Data Set (MDS), a federally assessment instrument to be completed by the facility, dated 4/12/24, showed the following:</p> <ul style="list-style-type: none"> -Moderately impaired cognition; -Bed mobility-partial to moderate assist; -Occasionally incontinent of bladder; -Frequently incontinent of bowel; -No application of non-surgical dressing other than feet; -No other ulcers, wounds or skin issues. <p>(continued on next page)</p>		

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<p>F 0925</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's progress notes, dated 4/28/24, showed staff documented when changing resident's dressing to left side of head per physician orders, writer noted maggots to top of wound site and back of wound site. Spoke with family nurse practitioner and hospice. Order to start albendazole (dewormer) 200 milligrams (mg) two times daily for two weeks and doxycycline (antibiotic) 100 mg two times daily for ten days.</p> <p>Review of the resident's care plan, dated 4/30/24, showed the following:</p> <ul style="list-style-type: none"> -Limited physical mobility: Provide supportive care, assistance with mobility as needed; -Presence of flies in the resident's room poses a risk to the resident's health and comfort: Control and minimize the presence of flies in the resident's room to ensure a clean and safe environment for the resident. Place the fly trap in a strategic location in the resident's room, educate staff on the purpose of the fly trap, regularly assess the resident's room for any factors that may attract flies and address them accordingly; no date for this intervention could be viewed; -Bladder/bowel incontinence: Used a urinal as needed (PRN). <p>Review of the resident's progress notes, dated 5/3/24, showed staff documented the resident's wound to his/her left temporal cancer area measured 5.0 inches (in) x 5.0 in. x 3.5 centimeters (cm) in protrusion. Area red, beefy, with foul smell, moderate amount of bloody drainage and maggots noted. Currently on antibiotic therapy and Albendazole.</p> <p>Review of the resident's Physician Order Sheet (POS), dated June 2024, showed the following:</p> <ul style="list-style-type: none"> -Diagnoses included (without dates of initiation): wound myiasis (parasitic skin infection caused by fly larvae or maggots, infesting open wounds), basal cell carcinoma (skin cancer) of skin/face, and legal blindness; -Apply Telfa (non-adherent pad) with Abdominal Pad (ABD-non-woven, thick, absorbent dressing) to left temporal mass daily and PRN (11/13/18). <p>Review of the resident's progress notes, dated 6/17/24, showed the resident had a left temporal cancer wound. Area measures 14.0 cm by 16.0 cm by 3.5 cm in protrusion. Area red and beefy with copious amounts of bloody drainage. Foul smell. Many maggots noted.</p> <p>Observation on 6/20/24 at 9:55 A.M., showed the resident lay on his/her back in bed. The resident had an ABD dressing on his/her forehead. Three to five flies were on different parts of his/her body. The resident said, These flies are driving me crazy. The resident's top sheet had spots of blood. Ten flies were noted on the ceiling and privacy curtain. Fly strips hung from the ceiling on the left side of the resident's head and at the foot of the bed on the right side. Another strip hung from the ceiling corner near the first bed (nearest to the door). The strip near the resident's head was completely filled with flies and the other two were at least half full. The resident continually swatted at the flies with his/her hands.</p> <p>(continued on next page)</p>		

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<p>F 0925</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 6/20/24 at 12:22 P.M. showed the resident lay in his/her bed and picked at the wound dressing on his/her forehead. His/Her fingernails were tinged with blood from the wound. Bloody spots remained on the sheet. A strip of the wound was exposed as the dressing did not cover this portion. There were four to five flies on the resident and six flies on the ceiling and the privacy curtain. The same fly strips remained in the resident's room.</p> <p>Observation on 6/21/24 at 5:33 A.M. showed the resident lay on his/her back in bed with his/her eyes closed. Five flies were on the resident's body with two more on the wound dressing on the resident's head. Five flies were on the ceiling and on the privacy curtain. The resident swatted periodically (with his/her hand) at flies which swarmed around his/her head and landed on his/her body. His/Her eyes remained closed.</p> <p>Observation on 6/21/24 at 5:40 A.M., showed ten flies on the resident, privacy curtain and on the resident's overbed table. The top third of the resident's sheet had blood stains as the resident picked at back of head with his/her hands. Certified Nurse Assistant (CNA) C and CNA A entered the room. CNA C emptied dark urine from a graduate which sat uncovered on the resident's bedside table. CNA A removed the blood stained top sheet and placed it in a plastic bag.</p> <p>Observation on 6/21/24 at 11:28 A.M., showed the resident lay in his/her bed with his/her eyes closed. Flies sat on his/her left leg, right leg and right arm and one on the wound dressing where part of the wound was exposed. Three to five flies were on the ceiling and three more were on the privacy curtain and overbed table.</p> <p>During an interview on 6/20/24 at 10:59 A.M., Visitor A said the following:</p> <ul style="list-style-type: none"> -He/She recently visited the facility and there were flies everywhere in the building; -There were so many flies in the resident's room; -The sticky fly traps in the resident's room were filled with flies; -The resident complained to him/her about the amount of flies in his/her room. <p>During an interview on 7/12/24 at 8:11 A.M., the resident's nurse practitioner said the following:</p> <ul style="list-style-type: none"> -He was notified many times of the presence of maggots in/on the resident's wound; -He would not expect to see maggots in/on a wound; -The facility should have implemented additional measures to eliminate the flies. <p>2. Observations on 6/20/24 in the dining room, before and during meal time, showed the following:</p> <ul style="list-style-type: none"> -At 12:07 P.M., two flies flew around a dining table, near the conference where two residents sat; -At 12:08 P.M., two residents sat at a dining table near the nurse's desk where a fly sat on the table and another flew around the residents. A staff member waved his/her hand several times at the flies; <p>(continued on next page)</p>		

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<p>F 0925</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-At 12:09 P.M., a fly landed on the nurse's desk;</p> <p>-At 12:15 P.M., two flies landed on a table (near the bird aquarium) where a resident sat in a G-chair;</p> <p>-At 12:16 P.M., three flies sat on the white columns in the dining room.</p> <p>During an interview on 6/20/24 at 11:25 A.M., CNA E said there was a problem with flies. The facility gave residents fly swatters and had hung some fly strips.</p> <p>Observation on 6/21/24 at 1:55 P.M. showed there were six flies on the white columns in the dining area.</p> <p>Observation on 6/20/24 at 11:58 A.M. in the dining room showed the following:</p> <p>-Resident #3 sat in his/her wheelchair at the dining room table;</p> <p>-Four flies crawled on and swarmed around his/her table;</p> <p>-Resident #3 had a fly swatter and attempted to swat (unsuccessfully) at the flies.</p> <p>Observation on 6/21/24 at 12:04 P.M. showed Resident #33 sat in his/her wheelchair in the dining room eating lunch and he/she attempted to swat at two flies that swarmed around his/her food.</p> <p>During an interview on 6/20/24 at 9:35 A.M., Resident #22 said the following:</p> <p>-He/She ate his/her meals in the dining room and there were flies in the dining room;</p> <p>-There were so many flies in the dining room, he/she called them pets.</p> <p>3. Observation on 6/20/24 at 9:40 A.M. showed a fly landed on Resident #5 as he/she lay in bed.</p> <p>During an interview on 6/20/24 at 9:40 A.M., the resident said he/she saw a lot of flies in the facility and the flies bothered him/her constantly and could not sleep for the flies. The flies were even in the dining room where the residents ate. The facility should be spraying to get rid of the flies.</p> <p>4. During an interview on 6/21/24 at 4:00 P.M., the maintenance director said the following:-He had installed fly strips after they were care planned for Resident #31;</p> <p>-They had turned on the fan outside of the back door to keep flies out;</p> <p>-Staff also used fly swatters to kill the flies;</p> <p>-The facility was installing another fan outside the front door next week which would help keep the flies out;</p> <p>(continued on next page)</p>		

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<p>F 0925</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-He installed a glue board in outlets throughout the facility and he had just added new fly strips in Resident #31's room.</p> <p>During an interview on 6/21/24 at 4:22 P.M., the Director Of Nursing said the following:</p> <ul style="list-style-type: none"> -She was not aware of the number of flies in Resident # 31's room; -They had hung fly traps and used ultraviolet plug lights; -It would be the maintenance director's job to change the fly traps when needed during rounds; -The fly fly traps (ribbons) to be changed out as needed; -The facility had a lot of residents who smoked and went in and out of the front door; -She would not want the residents uncomfortable. <p>MO237842</p>		