

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265634	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/11/2024
NAME OF PROVIDER OR SUPPLIER  Lacoba Homes Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  850 Highway 60, Monett, MO 65708	

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 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 06401</p> <p>Based on observation, interview, and record review, the facility failed to provide thickened liquids in the prescribed consistency for one of one resident (Resident #37) who had a diagnosis of dysphagia (difficulty with swallowing) and received thickened liquids. A sampled of 21 residents was reviewed.</p> <p>Review of the facility's policy titled, Thickened Liquids, dated 2017, showed the following:</p> <ul style="list-style-type: none"> <li>-Thickened Liquids are often needed for individuals with difficulty swallowing;</li> <li>-The individual is evaluated by a speech language pathologist (SLP) and, after evaluation, the SLP orders the appropriate diet consistency and liquid consistency as needed.</li> </ul> <p>1. Review of Resident #37's Speech Language Pathologist (SLP) Discharge Summary, dated 12/07/23, showed the SLP discharge recommendations were for the resident to receive pureed consistencies food and nectar thick liquids.</p> <p>Review of the resident's medical diagnoses sheet, located in the resident's electronic medical record (EMR) under the Med Diag [Diagnosis] tab, showed the following:</p> <ul style="list-style-type: none"> <li>-The resident was admitted on [DATE];</li> <li>-The resident's diagnoses included dysphagia and dementia.</li> </ul> <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 01/14/24, showed the following:</p> <ul style="list-style-type: none"> <li>-Severe cognitive impairment;</li> <li>-Required a mechanically altered diet (e.g., pureed food, thickened liquids);</li> <li>-Held food in mouth/cheeks or residual food in mouth after meals;</li> <li>-Required supervision or touching assistance with eating.</li> </ul> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's Care Plan, located in the EMR under the Care Plan tab, dated 01/26/24, showed the following:</p> <ul style="list-style-type: none"> <li>-The resident had a nutritional problem related to being at risk for aspiration (when something enters the airway or lungs by accident) and required a mechanically altered diet;</li> <li>-Provide and serve a pureed texture diet with nectar thickened liquids and fortified foods as ordered.</li> </ul> <p>Review of the resident's current Physician's Orders, located in the EMR under the Orders tab, showed the following:</p> <ul style="list-style-type: none"> <li>-An order, dated 10/09/23, for regular diet with fortified foods, pureed texture, and nectar fluid consistency.</li> </ul> <p>Observation on 04/09/24, at 3:36 P.M., showed the resident was in bed with a pitcher of unthickened water and ice on his/her over bed table. The pitcher of unthickened water contained a straw and was within the resident's reach.</p> <p>Observation on 04/10/24, at 12:25 P.M., showed the resident was eating her lunch in the facility's dining room. The resident was observed to independently consume nectar thickened liquids from a cup using a straw without difficulty.</p> <p>Observation on 04/10/24, at 3:40 P.M., showed the resident was in bed with a pitcher of unthickened water and ice on his/her over bed table. The pitcher of unthickened water contained a straw and was within the resident's reach.</p> <p>Observations on 04/11/24, at 8:50 A.M. and at 9:35 A.M., showed the resident was in his/her room seated in a wheelchair with a pitcher of unthickened water and ice on his/her over bed table. The pitcher of unthickened water contained a straw and was within the resident's reach. Also, within the resident's reach on the over bed table was a cup of water with a straw which contained a minimal amount of thickener which had settled to the bottom of the cup. The water in the cup was not thickened to a nectar consistency.</p> <p>During an interview on 04/11/24, at 9:35 A.M., Certified Nursing Assistant (CNA) 1 confirmed the water in the cup and the water in the pitcher positioned on the resident's over bed table were within the resident's reach and were not thickened to a nectar consistency. CNA1 said the resident's fluids should have been thickened to a nectar consistency.</p> <p>During an interview on 04/11/24, at 9:45 A.M., the Administrator confirmed the water in the cup and the water in the pitcher on the resident's over bed table were within the resident's reach and were not thickened to a nectar consistency.</p> <p>During an interview on 04/11/24, at 11:05 A.M., the Dietary Manager (DM) said the resident should have received nectar thickened liquids per his/her current diet order. The DM explained the dietary department provided the nursing staff with the thickening agent and the nursing staff were responsible for thickening fluids provided to residents in their rooms.</p> <p>(continued on next page)</p>		

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 04/11/24, at 1:10 P.M., the facility's SLP said he/she previously worked with the resident related to his/her dysphagia diagnosis. The SLP explained the resident consumed fluids independently and his/her fluids should have been thickened to a nectar consistency. The SLP said the resident could consume nectar thick liquids safely using a straw, but should not have unthickened fluids within her reach.</p> <p>During an interview on 04/11/24, at 3:10 P.M., the facility's Medical Director said the resident had difficulty swallowing and should have received nectar thickened liquids as ordered.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>06401</p> <p>Based on observation, interview, and facility policy review, the facility failed to date bread products, lettuce, and cheese stored in the facility's kitchen. This had the potential to affect all 59 residents who consumed food prepared from the kitchen.</p> <p>Review of the facility's policy titled, Food Storage and Supply, undated, showed food is properly stored to preserve flavor, nutritive value, and appearance.</p> <p>Review of the undated storage instructions from the facility's bread vendor showed upon delivery store in freezer or thaw and store at room temperature for immediate use. Best used within seven days of thawing.</p> <p>1. Observation during the initial kitchen inspection on 04/08/24, from 9:30 A.M. to 10:00 A.M., of bread products stored on the kitchen's bread racks, with the Dietary Manager (DM) present, showed the following:</p> <ul style="list-style-type: none"> <li>-One undated package of hamburger buns;</li> <li>-Three undated packages of hot dog buns. One package contained one bun with mold growth present. The second package contained three buns with mold growth present. The third package contained three buns with mold growth present;</li> <li>-Three undated packages of bread which had no manufacturer's use by date or expiration date on their packages.</li> </ul> <p>During an interview on 04/08/24, at 9:55 A.M., the DM confirmed the packages of hamburger buns, hot dog buns, and bread stored on the kitchen's bread racks were not dated, and the hot dog buns had mold growth on them. The DM stated staff were expected to date bread products when they removed them from the freezer to thaw.</p> <p>During an interview on 04/11/24, at 11:05 A.M., the DM said the facility's bread vendor recommended for bread products to be used within seven days after being thawed.</p> <p>2. Observation during the initial kitchen inspection on 04/08/24, from 9:30 A.M. to 10:00 A.M., of food stored in the kitchen's walk-in refrigerator showed the following:</p> <ul style="list-style-type: none"> <li>-An opened and undated five-pound bag of shredded mild cheddar and Monterey [NAME] cheese;</li> <li>-An opened and undated large bag of shredded lettuce. The undated lettuce had started to turn brown in color.</li> </ul> <p>During an interview on 04/08/24, at 10:30 AM, the DM confirmed the opened bag of cheese and opened bag of lettuce stored in the walk-in refrigerator were not dated. The DM also confirmed the lettuce had started to turn brown. The DM stated staff were expected to date food when opened.</p>		