

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265647	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/24/2025
NAME OF PROVIDER OR SUPPLIER  Crown Rehab and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3001 East Elm Harrisonville, MO 64701	

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 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Allow resident to participate in the development and implementation of his or her person-centered plan of care.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42955</p> <p>Based on interview and record review, the facility failed to notify the resident or the resident's representative of meetings for care plan development, review, and revision, for three sampled residents (Resident #13, #32 and #40) out of 20 sampled residents. The facility census was 99 residents.</p> <p>Review of the facility policy titled Care Planning dated 10/24/22 showed:</p> <ul style="list-style-type: none"> <li>-The facility would develop a baseline and/or a comprehensive care plan for the residents.</li> <li>-The facility would provide a written summary of the baseline and/or comprehensive care plan to the resident and/or the resident's representative when the care plan was completed.</li> <li>-The medical record must contain evidence that the summary was given to the resident and/or the resident's representative.</li> <li>-The facility would invite the resident, if capable, and their family to the care plan meetings and use the best efforts to schedule the care plan meetings at times convenient for the resident and family.</li> </ul> <p>1. Review of Resident #13's annual Minimum Data Set (MDS- a federally mandated assessment instrument completed by facility staff for care planning) dated 1/1/25, showed the resident was cognitively intact.</p> <p>Review of the resident's electronic health record (EHR) progress notes dated January 2025 to March 2025 showed no notes that indicated the resident received notification of his/her care plan meeting.</p> <p>During an interview on 3/17/25 at 11:11 A.M., the resident said:</p> <ul style="list-style-type: none"> <li>-He/She was unsure of when his/her last care plan meeting was.</li> <li>--The last one may have been six months ago.</li> <li>-He/She did not have care plan meetings quarterly.</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 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. Review of Resident #32's annual MDS, dated [DATE], showed the resident was severely cognitively impaired.</p> <p>Review of the resident's EHR progress notes dated January 2025 to March 2025 showed:</p> <ul style="list-style-type: none"> <li>-No notes that indicated the resident received notification of his/her care plan meeting.</li> <li>-No noted that indicated the resident's representative received notification of the resident's care plan meeting.</li> </ul> <p>During an interview on 3/17/25 at 12:38 P. M, the resident's family member said:</p> <ul style="list-style-type: none"> <li>-He/She was unsure when the last care plan meeting was.</li> <li>-He/She was unsure how often and when care plan meeting notification should be made.</li> </ul> <p>3. Review of Resident #40's annual MDS, dated [DATE], showed the resident was cognitively intact.</p> <p>Review of the resident's EHR progress notes dated January 2025 to March 2025 showed no notes that indicated the resident received notification of his/her care plan meeting.</p> <p>During an interview on 3/17/25 at 12:01 P.M., the resident said:</p> <ul style="list-style-type: none"> <li>-He/She had not been invited to a care plan meeting.</li> <li>-He/She did not attend any care plan meetings.</li> <li>-He/She wanted to know what his/her care plan said.</li> </ul> <p>4. During an interview on 3/19/25 at 8:49 A.M., Certified Nursing Assistant (CNA) C said:</p> <ul style="list-style-type: none"> <li>-Resident's received invites to care plan meetings.</li> <li>-He/She thought they came from the Social Services Designee (SSD).</li> </ul> <p>During an interview on 3/19/25 at 9:26 A.M., CNA D said:</p> <ul style="list-style-type: none"> <li>-Residents were invited to care plan meetings by the SSD.</li> <li>-The team came and talked to the residents and let them know when the meeting was.</li> </ul> <p>During an interview on 3/19/25 at 9:57 A.M., Certified Medication Technician (CMT) A said:</p> <ul style="list-style-type: none"> <li>-Residents were invited by the SSD to care plan meetings.</li> <li>-The SSD talked to the residents, and they were very much included to make sure their needs were met.</li> </ul> <p>(continued on next page)</p>

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<p>F 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 3/20/25 at 9:59 A.M., the SSD said:</p> <ul style="list-style-type: none"> <li>-He/She gave letters to residents and left them at bedside.</li> <li>-He/She called resident representatives/family to notify them of the care plan meetings.</li> <li>-He/She did not make a progress note when the resident and/or the resident's representative/family was invited to the resident's care plan meeting.</li> </ul> <p>During an interview on 3/21/25 at 9:27 A.M., the Administrator said:</p> <ul style="list-style-type: none"> <li>-The SSD gave letters to residents and left them at beside.</li> <li>-The SSD was making phone calls to resident families and not making progress notes.</li> <li>-The SSD did not have access to the electronic information notification system that sent out reminders to residents and family members through text and email.</li> <li>-There was no documentation that the care plan invites were being done.</li> </ul>

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37576</b></p> <p>Based on interview and record review, the facility failed to ensure completion, submission and retention of a Level I Nursing Facility Pre-Admission Screening for Mental Illness, Intellectual Disability or Related Condition (PASRR-a federally mandated screening process for individuals with serious mental illness and/or intellectual disability/developmental disability related diagnosis who apply or reside in Medicaid (program that helps with medical costs for some people with limited income and resources) certified beds in a nursing facility regardless of the source of payment. The screening assures appropriate placement of persons known or suspected of having a mental impairment(s) and that the individual needs of mentally impaired persons can be and are being met in the appropriate placement environment) for one sampled resident (Resident #4) out of 20 sampled residents. The facility census was 99 residents.</p> <p>1. Review of Resident # 4's Admission Record showed he/she was admitted on [DATE] with the following diagnoses:</p> <ul style="list-style-type: none"> <li>-Major depressive disorder (mental health disorder characterized by persistently depressed mood or loss of interest in activities, causing significant impairment in daily life) 3/4/2020.</li> <li>-Cognitive communication deficit (problems with communication that have an underlying cause in a cognitive deficit such as: attention, memory, organization, problem solving/reasoning, rather than a primary language or speech deficit) 4/7/2020.</li> <li>-Bipolar disorder (a form of mental illness associated with episodes of mood swings ranging from depressive lows to manic highs) 3/5/20.</li> <li>-Traumatic brain compression without herniation (TBI-a condition where a head injury causes the brain to be compressed, but the brain tissue does not shift or herniate [an abnormal condition in which an organ or other tissue protrudes through an opening or narrow space] through the openings in the skull, subsequent encounter 10/05/2021.</li> </ul> <p>Review of the resident's electronic health record showed no PASRR record.</p> <p>Review of the resident's undated Care Plan showed the resident:</p> <ul style="list-style-type: none"> <li>-Had impaired cognitive function/dementia (a general term for a decline in mental ability resulting in memory loss, and other mental abilities severe enough to interfere with daily functioning) or impaired thought processes related to diagnosis of TBI Date Initiated: 4/1/2020 Revision on 3/5/2024.</li> <li>-Behavioral symptoms: Risk for harm to self or others due to medical condition of a TBI. Date Initiated: 10/6/2021 Revision on 3/12/2025.</li> <li>-Had a communication problem related to TBI Date Initiated: 4/1/2020 Revision on: 3/5/2024.</li> </ul> <p>During an interview on 3/19/25 at 1:50 P.M., the Social Service Designee (SSD) and the Administrator said:</p> <p>(continued on next page)</p>		

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> <li>-The resident had a PASRR in 2004.</li> <li>-He/She came to the facility in 2020 from another closed facility.</li> <li>-This facility did not get a copy of the PASRR at the time of admission.</li> <li>-The facility contacted Central Office Medical Review Unit (COMRU).</li> <li>-COMRU was not able to provide a copy because of the original date of 2004.</li> <li>-COMRU advised the facility to do an updated form, there were no changes since admission, no psychiatric stays they were aware of since the resident's admitted to this facility.</li> <li>-A PASRR should have been completed before admission to the facility.</li> <li>-The facility should have completed a PASRR at the time of admission.</li> <li>-He/She should have a level two based on his/her diagnoses.</li> </ul>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 37576</p> <p>Based on observation, interview and record review, the facility failed to ensure bathing/showers were completed twice weekly and with the resident's preference considered for two sampled residents (Resident #4 and #79) out of 20 sampled residents. The facility census was 99 residents.</p> <p>A policy for showers/bathing was requested and was not received at the time of exit.</p> <p>1. Review of Resident #4's Admission Record showed he/she was admitted on [DATE] with the following diagnoses:</p> <ul style="list-style-type: none"> <li>-Hemiplegia and Hemiparesis (muscle weakness or partial paralysis on one side of the body) affecting left non-dominant side 3/4/20.</li> <li>-Traumatic brain compression without herniation (TBI-a condition where a head injury causes the brain to be compressed, but the brain tissue does not shift or herniate [an abnormal condition in which an organ or other tissue protrudes through an opening or narrow space] through the openings in the skull, subsequent encounter 10/05/2021.</li> <li>-Cognitive (involving conscious intellectual activity) communication deficit (problems with communication that have an underlying cause in a cognitive deficit such as: attention, memory, organization, problem solving/reasoning, rather than a primary language or speech deficit) 4/7/2020.</li> <li>-Morbid (severe) obesity (a disorder involving excessive body fat that increases the risk of health problems) due to excess calories 11/21/23.</li> <li>-Need for assistance with personal care 6/8/22.</li> </ul> <p>Review of the resident's undated Care Plan showed:</p> <ul style="list-style-type: none"> <li>-An Activities of Daily Living (ADL) self-care performance deficit related to TBI, and obesity Date Initiated: 1/24/2024 and Revision on: 10/29/2024.</li> <li>--Intervention: The resident was totally dependent on two staff to provide showers.</li> </ul> <p>Review of the resident's Annual Minimum Data set (MDS - a federally mandated assessment tool completed by the facility staff for care planning) dated 1/2/25 showed:</p> <ul style="list-style-type: none"> <li>-He/She was cognitively intact.</li> <li>-He/She required substantial/maximal (a helper provides more than half of the effort required to complete an activity) assistance with showering/bathing.</li> </ul> <p>Review of the resident's shower/skin condition reports dated February 2025 to March 15, 2025, showed he/she received:</p> <p>(continued on next page)</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-One shower the week of 2/2/25 to 2/8/25.</p> <p>-One shower the week of 2/9/25 to 2/15/25.</p> <p>-No showers the week of 2/16/25 to 2/22/25.</p> <p>-One shower the week of 2/23/25 to 3/1/25.</p> <p>-One shower the week of 3/2/25 to 3/8/25.</p> <p>-One shower the week of 3/9/25 to 3/15/25.</p> <p>During an interview on 3/18/25 at 10:02 A.M., the resident said:</p> <p>-He/She didn't know when the last time he/she had a shower.</p> <p>-Would like a shower at least two times a week.</p> <p>2. Review of Resident #79's Admission Record showed he/she was admitted on [DATE] with the following diagnoses:</p> <p>-Cognitive communication deficit 9/4/24.</p> <p>-Muscle wasting (a weakening, shrinking, and loss of muscle caused by disease or lack of use) and atrophy (The wasting away or decrease in size of a body part) 9/4/24.</p> <p>-Muscle weakness (when full effort doesn't produce a normal muscle contraction or movement, or a decrease in muscle strength) 9/4/24.</p> <p>Review of the resident's undated Care Plan showed:</p> <p>-He/She had an ADL self-care performance deficit related to arthritis to knees, Date Initiated: 9/6/2024 Revision on: 10/10/2024.</p> <p>--Intervention: The resident was totally dependent on two staff to provide showers.</p> <p>Review of the resident's Quarterly MDS dated [DATE] showed:</p> <p>-He/She was cognitively intact.</p> <p>-He/She required substantial/maximal assistance with showering/bathing.</p> <p>Review of the resident's shower/skin condition reports from February 2025 to March 15, 2025, showed he/she received:</p> <p>-One shower the week of 2/2/25 to 2/8/25.</p> <p>-One shower the week of 2/9/25 to 2/15/25.</p> <p>(continued on next page)</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-One shower the week of 2/16/25 to 2/22/25.</p> <p>-One shower the week of 2/23/25 to 3/1/25.</p> <p>-No showers the week of 3/2/25 to 3/8/25</p> <p>-One shower the week of 3/9/25 to 3/15/25.</p> <p>During an interview on 3/18/25 at 10:16 A.M., the resident said:</p> <p>-Sometimes he/she went weeks without a shower.</p> <p>-He/She did not get complete peri care (Perineal care to the area between the anus and the exterior genitalia) daily maybe once a week.</p> <p>-He/She would like a shower at least two times a week.</p> <p>3. During an interview on 3/24/25 at 10:00 A.M., Certified Nursing Assistant (CNA) H said:</p> <p>-Residents should get showers at least two times a week when there was a shower aide.</p> <p>-The shower aide was off today.</p> <p>-The CNAs didn't give the showers unless the resident was incontinent, and needed cleaned up more than just using the wipes.</p> <p>-If a resident refused a shower the shower aide would try to encourage them and try at a different time.</p> <p>During an interview on 3/24/25 at 10:06 A.M., Licensed Practical Nurse (LPN) D said:</p> <p>-The residents should be offered a shower twice a week.</p> <p>-If a resident refused a shower CNAs should try again at a different time or ask the resident what time they wanted to take a shower.</p> <p>-If a resident continued to refuse a shower the CNA should notify the nurse.</p> <p>-The nurse would let the Director of Nursing (DON) know.</p> <p>During an interview on 3/24/25 at 1:22 P.M., the Administrator, and Regional Nurse Consultants A &amp; B said:</p> <p>-All nursing staff, CNAs and nurses, were responsible for giving residents showers.</p> <p>-The facility had a shower aide.</p> <p>-If the shower aide was not available then the CNA should do the resident's scheduled shower.</p> <p>(continued on next page)</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-The residents should be offered at least two showers a week or more often if the resident preferred more than twice a week.</p> <p>-If the shower aide was pulled to work the floor, then the showers should be divided out among the CNAs.</p> <p>-If a resident refused a shower the CNA should offer it at a different time.</p> <p>-The CNA giving the shower should notify the charge nurse and the DON if a resident refused a shower and chart it on the shower sheet.</p> <p>-Shower sheets were reviewed by management, and they would re-offer or find out what the resident preferred.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 32720</p> <p>Based on observation, interview and record review, the facility failed to ensure communication and coordination of care with a resident's hospice (end of life care) provider for one sampled resident (Resident #73) out of 20 sampled residents. The facility census was 99 residents.</p> <p>Review of the facility's End of Life Care policy dated 10/24/22 showed no instructions on how the hospice provider and the facility will communicate with one another to ensure coordination of care.</p> <p>1. Review of Resident #73's Face Sheet showed he/she was admitted on [DATE] and was receiving hospice services.</p> <p>Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated assessment instrument completed by facility staff for care planning) dated 1/21/25 showed the resident:</p> <ul style="list-style-type: none"> <li>-Was severely cognitively impaired.</li> <li>-Was receiving hospice services.</li> </ul> <p>Review of the facility's hospice provider communication book showed:</p> <ul style="list-style-type: none"> <li>-The front of the binder included written instructions for the facility to access the residents' who received hospice services from that provider's electronic records.</li> <li>-The binder included a tabbed section with admission information for each resident receiving hospice services on the unit from that hospice provider with a section for Resident #73.</li> <li>-No additional documentation related to the hospice provider's visits were included in the binder.</li> </ul> <p>During an interview on 3/19/25 at 11:22 A.M., Licensed Practical Nurse (LPN) E said:</p> <ul style="list-style-type: none"> <li>-The hospice communication book on the unit was the complete communication book.</li> <li>-Hospice staff provided verbal communication with facility staff of the visit with the resident.</li> <li>-No visits were documented in the facility's electronic medical records.</li> <li>-He/She was not aware of any way facility staff could access information related to hospice visits with the facility.</li> </ul> <p>During an interview on 3/24/25 at 9:21 A.M., Certified Medication Technician (CMT) B said:</p> <ul style="list-style-type: none"> <li>-He/She did not know how the hospice provider communicated with the facility regarding visits with the resident.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-He/She knew there was a hospice book at the nurse's station, but did not know if it contained written documentation or how to access the hospice records.</p> <p>During an interview on 3/24/25 at 9:19 A.M., LPN A said:</p> <p>-Hospice communication was documented in the hospice book.</p> <p>-Facility staff got verbal communication from the hospice provider after each visit.</p> <p>-He/She did not get written communication from the hospice provider.</p> <p>-He/She did not know about the written instructions in the hospice binder instructing staff how to access the reports to verify or confirm visits and/or changes in orders.</p> <p>-If he/she had any questions regarding the resident's hospice orders, he/she would call the hospice provider to speak to the hospice staff working that day.</p> <p>-He/She had never accessed the hospice provider electronic records as instructed in the hospice book.</p> <p>During an interview on 3/24/25 at 9:39 A.M., the Administrator said:</p> <p>-Staff got verbal reports from the hospice provider.</p> <p>-Staff should document in the resident's progress notes or on the Physician's Order Sheet any changes in orders.</p> <p>-Staff were able to access the hospice provider's electronic portal to obtain the hospice providers documentation.</p> <p>-Staff should know the hospice provider's electronic portal information was in the hospice binder and should know that was how the facility was able to access the resident's hospice communication to ensure coordination of care.</p>

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<p>F 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assist a resident in gaining access to vision and hearing services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42955</p> <p>Based on interview and record review, the facility failed to maintain audiological (science and medicine concerned with the sense of hearing) health by not following up with the audiologist recommendations for one sampled resident (Resident #28) out of 20 sampled residents. The facility census was 99 residents.</p> <p>1. Review of Resident #28's quarterly Minimum Data Set (MDS- a federally mandated assessment instrument completed by facility staff for care planning), dated 8/24/24, showed:</p> <ul style="list-style-type: none"> <li>-The resident was cognitively intact.</li> <li>-The resident's hearing was adequate.</li> </ul> <p>Review of the resident's audiology report, dated 9/20/24, showed:</p> <ul style="list-style-type: none"> <li>-Ear exam results were abnormal in the resident's right ear.</li> <li>-The resident had impacted cerumen (ear wax) in both ears.</li> <li>-Removal of ear wax was attempted via suction.</li> <li>-Due to depth of the cerumen, it was not completely removed.</li> <li>-Refer for Debrox drops (a medicine for ear wax removal) and to follow facility protocol for cerumen management.</li> </ul> <p>Review of the resident's Physician Order Summary (POS) dated September 2024 showed no order for Debrox drops.</p> <p>Review of the residents Medication Administration Record (MAR)/Treatment Administration Record (TAR) dated September 2024 showed no treatment of cerumen or administration of Debrox drops.</p> <p>Review of the resident's POS October 2024 showed no order for Debrox drops.</p> <p>Review of the residents MAR/TAR dated October 2024 showed no treatment of cerumen or administration of Debrox drops.</p> <p>Review of the residents quarterly MDS, dated [DATE], showed the resident's hearing was adequate.</p> <p>Review of the resident's care plan dated 2/22/25, showed no information regarding hearing issues was noted.</p> <p>Review of the residents quarterly MDS, dated [DATE], showed the resident's hearing was adequate.</p> <p>During an interview on 3/17/25 at 1:33 P.M. the resident said:</p> <p>(continued on next page)</p>		

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<p>F 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-He/She would like to be able hear better.</p> <p>-He/She would like to go back to the audiologist.</p> <p>During an interview on 3/19/25 at 8:49 A.M., Certified Nursing Assistant (CNA) C said:</p> <p>-The resident was hard of hearing.</p> <p>-He/She was unaware if the resident had seen the audiologist.</p> <p>During an interview on 3/19/25 at 9:26 A.M., CNA D said:</p> <p>-The resident was a little hard of hearing.</p> <p>-He/She was unaware if the resident needed hearing aids.</p> <p>-The resident had not asked him/her to see the audiologist.</p> <p>During an interview on 3/19/25 at 9:57 A.M., Certified Medication Technician (CMT) A said:</p> <p>-He/She had not noticed the resident being hard of hearing.</p> <p>-He/She had not given the resident ear drops, there was no order them.</p> <p>During an interview on 3/19/25 at 10:30 A.M. the resident said he/she had not received any ear drops.</p> <p>During an interview on 3/20/25 at 9:24 A.M., Licensed Practical Nurse (LPN) B said:</p> <p>-He/She was unaware if the resident required ear drops.</p> <p>-The resident had some hearing issues.</p> <p>During an interview on 3/20/25 at 9:59 A.M., the Social Services Designee (SSD) said:</p> <p>-He/She received a list of residents from the audiologist of which residents needed to be seen.</p> <p>-When he/she got the list he/she put a copy at all nurse stations and the nurses added any additional residents who requested to be seen.</p> <p>-The resident had to tell the nurse to be put on the list.</p> <p>-After the appointment the nurses received a report from the audiologist and updated any orders given by the audiologist.</p> <p>During an interview on 3/21/25 at 2:28 P.M., the Director of Nursing (DON) said:</p> <p>-He/She was unaware the resident had follow-up instructions from the audiologist.</p> <p>(continued on next page)</p>

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<p>F 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-He/She looked up the report from 9/10/24 and saw the audiologist recommended ear wax removal drops.</p> <p>-It was not on the physicians order sheet.</p> <p>-The ear drops should have been added to the physician order sheet, MAR/TAR and given.</p> <p>-He/She expected the nurses to follow up with the physician to add the orders to the order summary.</p>

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<p>F 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate foot care.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22727</b></p> <p>Based on observation, interview, and record review, the facility failed to provide necessary treatment and foot care for one sampled resident (Resident #25) out of 20 sampled residents. The facility census was 99 residents.</p> <p>Review of the facility's policy titled Grooming Care of the fingernails and toenails dated as revised 10/24/22 showed:</p> <ul style="list-style-type: none"> <li>-Toenails were to be trimmed by Certified Nursing Assistants (CNA)s except for residents with the following conditions: <ul style="list-style-type: none"> <li>--Diabetes or circulatory impairment.</li> <li>--Ingrown, infected, or painful nails.</li> <li>--Nails that are too hard, thick, or difficult to cut easily.</li> </ul> </li> <li>-High risk residents and residents with hypertrophic (thickened and deformed nails that can be caused by fungal infections, older age, psoriasis (a skin disease that causes red, itchy scaly patches), and other factors), mycotic (a fungal infection causes the nail to separate from the nail bed, making it thick and fragile) and keratotic (characterized by thickened, rough, and often chalky-white or yellow-brown patches that can be caused by various factors, including dehydration, fungal infections, psoriasis, or other underlying conditions) toenails would be referred to the podiatrist.</li> <li>-Any changes in the color of the skin around the nail or nail bed were to be reported to the attending physician.</li> </ul> <p>1. Review of Resident #25's profile and census tabs in the electronic health record (EHR) showed the resident admitted to the facility on [DATE], the resident was his/her own responsible party and the resident was receiving Medicaid funding (program that helps with medical costs for some people with limited income and resources) since 8/25/23.</p> <p>Review of the resident's EHR showed no documents regarding podiatry under the documents tab.</p> <p>Review of the resident's weekly skin observations dated 2/6/25 to 3/20/25 at 10:42 A.M. showed no documentation regarding the resident's toes or toenails.</p> <p>Review of the resident's shower sheet dated 2/6/25 showed:</p> <ul style="list-style-type: none"> <li>-The resident's feet were swollen and dry.</li> <li>-The resident had a scab/cut on his/her right great-toe.</li> <li>-The form was signed by a CNA and a nurse.</li> </ul> <p>(continued on next page)</p>

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<p>F 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's nurse's note dated 2/6/25 showed:</p> <ul style="list-style-type: none"> <li>-The resident was in the shower and had dried blood on his/her big toe of his/her left foot.</li> <li>-The resident's toe was assessed after his/her shower.</li> <li>-The resident's toe was swollen and dark in color, with a small open area next to the cuticle.</li> <li>-The Nurse Practitioner (NP) assessed the resident's toe and ordered Doxycycline (an antibiotic) 100 milligrams (mg) twice daily for seven days for an infected toe.</li> </ul> <p>Review of the resident's NP note dated 2/6/25 showed:</p> <ul style="list-style-type: none"> <li>-The resident was seen for his/her left great toe infection.</li> <li>-Nursing staff reported the resident had an infected toe.</li> <li>-On assessment, the resident's left great toe was noted to be red, inflamed, and swollen.</li> <li>-The resident said it hurt and was irritating.</li> <li>-Doxycycline 100 mg twice daily for seven days was ordered for a left great toe infection.</li> </ul> <p>Review of the resident's nurse's note dated 2/8/25 showed:</p> <ul style="list-style-type: none"> <li>-The resident received antibiotics for a sore big toe.</li> <li>-No signs or symptoms of infection were observed.</li> <li>-The resident's toenail was noted to be loose.</li> </ul> <p>Review of the resident's physician's progress note dated 2/18/25 showed the resident recently received oral antibiotics for a toe infection and it improved.</p> <p>Review of the resident's quarterly Minimum Data Set (MDS-a federally mandated assessment tool completed by facility staff for care planning) dated 2/12/25 showed the following staff assessment of the resident:</p> <ul style="list-style-type: none"> <li>-Cognitively intact.</li> <li>-Was usually understood by others.</li> <li>-Always understood others.</li> <li>-Required substantial/maximum assistance with lower body dressing and putting on and taking off footwear.</li> <li>-Did not walk.</li> </ul> <p>(continued on next page)</p>

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<p>F 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-One of his/her diagnoses included peripheral vascular disease (PVD-the build-up of fatty material inside the blood vessels reducing blood flow).</p> <p>Review of the resident's shower sheet dated 2/20/25 showed:</p> <p>-The resident's feet were dry, cracked, and swollen.</p> <p>-The form was signed by a CNA and a nurse.</p> <p>Review of the resident's Physician's Order Sheet (POS) dated March 2025 showed no orders for the resident's feet, toes, or toenails.</p> <p>Review of the resident's shower sheet dated 3/4/25 showed:</p> <p>-The resident's feet were dry, his/her toenails were overgrown and both of his/her lower legs were swollen.</p> <p>-The form was signed by a CNA.</p> <p>-A nurse had not signed the form.</p> <p>Review of the resident's care plan dated 3/7/25 showed it did not include anything about his/her feet, toes or toenails other than to tell the podiatrist the resident was receiving aspirin.</p> <p>Review of the resident's consent for podiatry was obtained on 3/10/25.</p> <p>Review of the resident's shower sheet dated 3/12/25 showed:</p> <p>-The resident's feet were dry and he/she had over-grown toenails.</p> <p>-The form was signed by a CNA and a nurse.</p> <p>Observation on 3/17/25 at 10:44 A.M. showed:</p> <p>-The resident was in bed, had compression socks on that were open at the foot-end so the resident's toes could be seen.</p> <p>-The resident's toenails were severely thickened, yellowed, and overgrown.</p> <p>-The skin on the resident's foot and toes was scaly and flaking all over.</p> <p>-The lower-left edge of the resident's left great toe cuticle had either dried up blood or a black substance.</p> <p>During an interview on 3/17/25 at 10:44 A.M. the resident said:</p> <p>-One of his/her toenails was sore.</p> <p>(continued on next page)</p>

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<p>F 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-He/She didn't think he/she had ever seen the podiatrist at the facility.</p> <p>During an interview on 3/20/25 at 9:36 A.M. the Social Services Designee (SSD) said:</p> <p>-He/She was responsible for scheduling podiatry appointments.</p> <p>-He/She thought the resident's Medicaid was pending and they had to wait for it to go through.</p> <p>-He/She sent his/her consent for podiatry on 3/10/25.</p> <p>-The resident had not been seen by the podiatrist yet.</p> <p>-The resident's sibling was his/her contact.</p> <p>Observation on 3/20/25 at 1:58 P.M. showed:</p> <p>-The resident was in bed and had compression socks on that were open at the foot-end so the resident's toes could be seen.</p> <p>-The resident's toenails were severely thickened, yellowed, and overgrown.</p> <p>-The skin on the resident's foot and toes was scaly and flaking all over.</p> <p>-The lower-left edge of the resident's left great-toe was either dried up blood or a black substance.</p> <p>During an interview on 3/20/25 at 1:58 P.M. the resident said:</p> <p>-He/She did not know anything about his/her Medicaid being pending.</p> <p>-The facility staff said when he/she first moved in that he/she was on the list for the podiatrist.</p> <p>-His/her toes and toenails were not this bad when he/she came to the facility in August 2023.</p> <p>During an interview on 3/24/25 at 8:37 A.M., Licensed Practical Nurse (LPN) C said:</p> <p>-The bath aide should put lotion on the resident's feet after showers.</p> <p>-The resident did not have an order for Eucerin (a moisturizer to treat or prevent dry, rough, scaly, itchy skin and minor skin irritations) but he/she could call and get an order for it.</p> <p>-He/She thought the SSD tried to get the resident to get into the podiatrist.</p> <p>During an interview on 3/24/25 at 8:59 A.M., CNA F said:</p> <p>-He/She put lotion on the resident's dry feet when he/she was working but he/she only worked as needed.</p> <p>(continued on next page)</p>

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<p>F 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-They had tried to do something for his/her toenails in the shower but were not able to do anything.</p> <p>-The resident's toenails were thick.</p> <p>Review of the SSD's email dated 3/24/25 at 10:42 A.M. showed the podiatry provider received the resident's paperwork and the next time they would be in the facility would be 4/24/25.</p> <p>During an interview on 3/24/25 at 1:24 P.M.,</p> <p>-Registered Nurse (RN) Consultant A said:</p> <p>--CNAs should report toe and toenail conditions to the nurse.</p> <p>--The nurses were supposed to report any conditions that required the podiatrist to the SSD.</p> <p>-RN Consultant B said they should get some lotion for the resident's feet.</p>

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<p>F 0728</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that nurse aides who have worked more than 4 months, are trained and competent; and nurse aides who have worked less than 4 months are enrolled in appropriate training.</p> <p>51303</p> <p>Based on interview and record review, the facility failed to ensure two sampled Nurse Assistants (NAs) (NA A and NA B) completed the Certified Nurse Assistant (CNA) training program within four months of his/her employment in the facility. The facility census was 99 residents.</p> <p>A policy was requested and was not received by the exit date.</p> <p>1. Review of the facility spreadsheet for NA training on 3/19/24 showed:</p> <p>-NA A's date of hire was 7/28/24 with a completion deadline of the CNA training by 11/25/24.</p> <p>-He/She had worked on the following days:</p> <p>--3/3/25 on the day shift.</p> <p>--3/4/25 on the day shift.</p> <p>--3/10/25 on the day shift.</p> <p>--3/11/25 on the day shift.</p> <p>--3/12/25 on the day shift.</p> <p>--3/17/25 on the day shift.</p> <p>--3/18/25 on the day shift.</p> <p>-NA B's date of hire was 9/9/24 with a completion deadline of the CNA training by 1/7/25.</p> <p>-He/She had worked on the following days:</p> <p>--3/3/25 on the day shift.</p> <p>--3/4/25 on the day shift.</p> <p>--3/10/25 on the day shift.</p> <p>--3/11/25 on the day shift.</p> <p>--3/17/25 on the day shift.</p> <p>--3/18/25 on the day shift.</p> <p>During an interview on 3/19/25 at 1:44 P.M. NA A said:</p> <p>(continued on next page)</p>

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<p>F 0728</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-He/She started direct hands on care in September 2024.</p> <p>-He/She worked direct hands on care until 3/18/25.</p> <p>-He/She was aware of the need to be completed with the CNA training within four months.</p> <p>-He/She had not completed the CNA training program and was not certified.</p> <p>During an interview on 3/20/25 at 12:05 P.M. NA B said:</p> <p>-He/She started direct hands on care around August 2024.</p> <p>-He/She was still working direct hands on care.</p> <p>-He/She was aware of the need to be completed with the CNA training within four months.</p> <p>-He/She had not completed the CNA training program and was not certified.</p> <p>During an interview on 3/21/25 at 9:44 A.M. the Director of Nursing (DON) said:</p> <p>-He/She expected NAs to complete the CNA training program and be certified within four months.</p> <p>-Payroll/Human Resource was responsible to audit the hire dates and training.</p> <p>-Payroll/Human Resource was responsible to ensure NAs were certified within the four months.</p> <p>During an interview on 3/21/25 at 10:36 A.M. the Payroll/Human Resources said:</p> <p>-He/She was responsible for monitoring the CNA training program.</p> <p>-He/She was responsible to ensure NAs were certified within four months.</p> <p>-NA A had not completed the CNA training program and was not certified within four months.</p> <p>-NA B had not completed the CNA training program and was not certified within four months.</p>

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<p>F 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>51303</p> <p>Based on interview and record review, the facility failed to complete annual evaluations for two sampled Certified Nursing Assistants (CNA),(CNA N and CNA P); and failed to provide the annual twelve hours of annual education to nursing assistants, based on their performance review for four sampled CNAs (CNA L, CNA N, CNA O, CNA P) out of five CNA's reviewed for annual evaluations and training's. The facility census was 99 residents.</p> <p>A policy for CNA Evaluations was requested and not provided by the date of exit.</p> <p>Review of the facility's undated policy titled Regular In-service Education showed:</p> <p>-All certified nursing personnel was required to complete at least 12 hours of in-service education annually from their date of hire.</p> <p>-Certified staff members who do not meet this requirement will be removed from the schedule.</p> <p>1. Review of the education documentation showed:</p> <p>-CNA L had 3 hours of in-service training and lacked 9 hours of training.</p> <p>-CNA N had 3 hours of in-service training and lacked 9 hours of training.</p> <p>-CNA O had 3 hours of in-service training and lacked 9 hours of training.</p> <p>-CNA P had 3 hours of in-service training and lacked 9 hours of training.</p> <p>2. Review of the annual evaluations showed:</p> <p>-CNA N was hired on 8/30/23.</p> <p>--He/She had no annual evaluation dated 2024.</p> <p>-CNA P was hired on 5/16/22.</p> <p>-He/She had no annual evaluation dated 2023 and 2024.</p> <p>3. During an interview on 3/20/25 at 2:50 P.M. the Administrator said:</p> <p>-CNA L, CNA N, CNA O, and CNA P did not have all the required in-services.</p> <p>-CNA N and CNA O did not have an annual evaluation.</p> <p>During an interview on 3/21/25 at 9:44 A.M. the Director of Nursing (DON) said:</p> <p>-He/She expected CNAs to have annual evaluations.</p> <p>(continued on next page)</p>		

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<p>F 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> <li>-He/She expected CNAs to have twelve hours of education annually.</li> <li>-He/She prepared the evaluations.</li> <li>-The evaluation addressed knowledge, reliability, goals, and weaknesses.</li> <li>-He/She did not know who audited to ensure annual evaluations were completed.</li> </ul> <p>During an interview on 3/21/25 at 10:36 A.M. the Payroll/Human Resources said:</p> <ul style="list-style-type: none"> <li>-CNAs would usually ask for the evaluation to be completed.</li> <li>-Annual evaluations were tracked between Payroll/Human Resources and the Administrator.</li> <li>-He/She was expected to audit evaluations were completed.</li> </ul>

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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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>42955</p> <p>Based on observation and interview, the facility failed to ensure residents were provided food that was at a safe and appetizing temperature for three sampled residents (Resident #14, #25, and #34) out of 20 sampled residents. The facility census was 99 residents.</p> <p>Review of the facility policy titled food temperatures dated 10/24/22 showed:</p> <ul style="list-style-type: none"> <li>-Insert the thermometer into the center of the product.</li> <li>-Wait until there is no movement for 15 seconds. Several readings may be needed to determine hot and cold spots.</li> <li>-Take the temperature of each pan of product before serving.</li> <li>-Acceptable serving temperatures were: <ul style="list-style-type: none"> <li>--Hot cereal and gravy should be 135 degrees Fahrenheit (F).</li> <li>--Casseroles, Meat entrees, potatoes, pasta, soup, pureed food, vegetables, coffee, and eggs should be greater than 135 degrees F.</li> <li>--Hazardous salads, desserts, milk, and juice should be less than 41 degrees F.</li> <li>--Pastries, cakes should be less than 60 degrees F.</li> </ul> </li> <li>-If temperatures did not meet the required serving temperatures, reheat the product or chill the product to the proper temperature.</li> <li>-If temperatures were not at acceptable levels and could not be corrected in time for meal service, an appropriate menu substitution should be implemented.</li> </ul> <p>1. Review of the resident council minutes dated 11/26/24 showed:</p> <ul style="list-style-type: none"> <li>-There were 15 residents present.</li> <li>-Old business talked about included complaints of cold food.</li> <li>-New business discussed included complaints of cold food.</li> </ul> <p>Review of the resident council minutes dated 1/28/25 showed:</p> <ul style="list-style-type: none"> <li>-There were 19 residents present.</li> <li>-Old business talked about included cold food.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-New business had dietary issues but cold food was not documented.</p> <p>Review of the resident council minutes dated 2/25/25 showed:</p> <p>-There were 14 residents present.</p> <p>-Old business talked about included dietary issues, cold food was not documented.</p> <p>-New business discussed included cold food.</p> <p>2. Observation on 3/18/25 at 12:20 P.M. of a regular texture test tray showed:</p> <p>-The hot turkey slice was 117.5 degrees F.</p> <p>-The steamed spinach was 128.4 degrees F.</p> <p>-The sweet potato casserole was 131.1 degrees F.</p> <p>-The apple cobbler was 120.7 degrees F.</p> <p>Observation on 3/20/25 at 12:27 P.M. of a pureed test tray showed:</p> <p>-The pureed meat was 118 degrees F.</p> <p>-The pureed potatoes were 125 degrees F.</p> <p>-The pureed green beans were 116 degrees F.</p> <p>-The pureed pineapple upside down cake was 81 degrees F.</p> <p>3. Review of Resident #14's annual Minimum Data Set (MDS a federally mandated assessment tool completed by facility staff for care planning) date 1/1/25 showed the resident:-Was cognitively intact.</p> <p>-Required set up/clean up assistance only.</p> <p>-Was able to feed himself/herself.</p> <p>During an interview on 3/17/25 at 2:26 P.M. the resident said the food was cold when he/she ate in his/her room.</p> <p>During an interview on 3/19/25 at 8:49 A.M. Certified Nursing Assistant (CNA) C said:</p> <p>-The resident had complained of cold food when he/she ate in his/her room.</p> <p>-He/She would heat up the resident's food in the microwave.</p> <p>During an interview on 3/19/25 at 9:57 A.M. Certified Medication Technician (CMT) A said:</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-The resident complained of being served cold food.</p> <p>-He/She would warm up the tray or get the resident a new tray, which ever the resident decided.</p> <p>22727</p> <p>4. During an interview on 3/17/25 at 10:44 A.M., Resident #25 said he/she ate in the Main Dining Room in the assisted section and the food was frequently cold.</p> <p>5. During an interview on 3/17/25 at 9:40 A.M., Resident #34 said he/she ate in his/her room and the food temperatures were luke warm.</p> <p>6. During an interview on 3/18/25 at 2:07 P.M. the Dietary Manager said:</p> <p>-Residents had complained of cold food.</p> <p>-Temperatures were taken while food was in the steam table and recorded on the log.</p> <p>-It took thirty minutes from when the first tray was plated to the last resident being served.</p> <p>-Foods temperatures were not taken again once they were plated.</p> <p>-Residents looked for him/her daily to tell him/her the food was cold.</p> <p>During an interview on 3/19/25 at 9:26 A.M. CNA D said a lot of residents had complained about cold food.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>42955</p> <p>Based on observation and interview, the facility failed to maintain the cleanliness in the kitchen by not removing rust and grime from one shelf in the walk-in cooler; failed to clean and maintain four ceiling vent covers over the hot drink preparation area and the hand washing sink dish washing areas. This practice potentially affected all residents who ate food from the kitchen. The facility census was 99 residents.</p> <p>Review of the facility's Cleaning Schedule policy, dated 10/24/22, showed:</p> <ul style="list-style-type: none"> <li>-The dietary staff maintained a sanitary environment by complying with routine cleaning schedules developed by the Dietary Manager.</li> </ul> <p>1. Observation on 3/18/25 from 9:26 A.M. to 11:14 A.M. of the kitchen showed:</p> <ul style="list-style-type: none"> <li>-Two ceiling vent covers over the hot beverage preparation area were discolored with dark brown or black grime, dust or debris.</li> <li>-Two ceiling vent covers over the handwashing sink and dishwashing areas were discolored with dark brown or black grime, dust or debris.</li> <li>-One shelf inside the reach-in doors of the walk-in cooler was covered in a dark sticky substance and had rusted areas.</li> </ul> <p>During an interview on 3/19/25 at 10:33 A.M., the Dietary Manager said:</p> <ul style="list-style-type: none"> <li>-The kitchen staff were responsible for wiping shelves down.</li> <li>-He/She was unaware of how or who was responsible for removing rust from the shelves.</li> <li>-Maintenance was responsible for cleaning the ceiling vents.</li> </ul> <p>During an interview on 3/19/25 at 10:39 A.M., the Maintenance Director said:</p> <ul style="list-style-type: none"> <li>-The kitchen staff were responsible for cleaning the kitchen shelves.</li> <li>-If shelves were rusted then maintenance made arrangements to take the shelves out back and power wash them then repaint them if necessary.</li> <li>-He/She was not aware of the vent cover condition in the kitchen.</li> <li>-The vent covers were supposed to be cleaned quarterly.</li> <li>-There was a computer system that tracked when work orders were submitted and completed.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-NOTE: He/She was going to provide a printout of the last time the vents were cleaned but did not provide it.</p> <p>During an interview on 3/19/25 at 10:50 A.M. the Regional Dietary Manager said the vent covers were rusted and had previously been painted.</p> <p>During an interview on 3/19/25 at 1:07 P.M., the Administrator said the vents were dirty and needed to cleaned and repainted.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32720</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure accurate and timely tuberculosis (TB - a communicable disease that affects especially the lungs, that is characterized by fever, cough, difficulty in breathing, abnormal lung tissue and function) testing was completed for three sampled residents (Residents #79, #246, and #196) out of five residents sampled for tuberculosis screening/testing; and failed to ensure appropriate hand hygiene and infection control practices during incontinence care for three sampled residents (Resident #73, #246, and #21) out of 20 sampled residents. The facility census was 99 residents.</p> <p>Review of the facility Tuberculosis - Screening policy dated 10/24/22 showed:</p> <ul style="list-style-type: none"> <li>-Residents are to be screened for tuberculosis upon admission, readmission, and as indicated.</li> <li>-Any resident without a documented negative tuberculosis skin test (TST) within the previous 12 months receives a two-step TST upon admission.</li> <li>-When the first TST is negative, a follow-up TST is administered one to three weeks after the first test is read.</li> <li>-The policy did not give direction on when to read to skin test or how to document the findings.</li> </ul> <p>Review of the facility's Personal Protective Equipment-Using Gloves policy dated revised September 2010 showed:</p> <p>-Objectives:</p> <ul style="list-style-type: none"> <li>--To prevent the spread of infection.</li> <li>--To protect wounds from contamination.</li> <li>--To protect hands from potentially infectious material.</li> </ul> <p>-Miscellaneous:</p> <ul style="list-style-type: none"> <li>--Use disposable single-use gloves.</li> <li>--Discard used gloves into the waste receptacle inside the room.</li> <li>--Use non-sterile gloves primarily to prevent contamination when providing treatment or services to the patient.</li> <li>--Wash hands after removing gloves (Note: gloves do not replace handwashing).</li> <li>--Remove gloves before removing the mask and gown and discard them into the designated waste receptacle inside room.</li> </ul> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-When to use gloves:</p> <p>--When touching excretions, secretions, blood, body fluids, mucous membranes or non-intact skin.</p> <p>--When cleaning potentially contaminated items.</p> <p>--When in doubt.</p> <p>1. Review of Resident #79's Face Sheet showed he/she was admitted to the facility on [DATE].</p> <p>Review of the resident's TB skin test records showed:</p> <p>-A TB skin test was administered on 9/4/24 and documented as negative. The results did not include the date the test was read.</p> <p>-A TB skin test was administered on 9/19/24 and documented as negative. The results did not include the date the test was read.</p> <p>2. Review of Resident #246's Face Sheet showed he/she was admitted to the facility on [DATE].</p> <p>Review of the resident's TB skin test records showed:</p> <p>-A TB skin test was administered on 1/18/25 and documented as negative. The results did not include the date the test was read.</p> <p>-A second TB skin test was not administered until 3/19/25.</p> <p>3. Review of Resident #196's Face Sheet showed he/she was admitted to the facility on [DATE].</p> <p>Review of the resident's TB skin test records showed a TB skin test was administered on 3/19/25, five days after the resident was admitted to the facility.</p> <p>4. During an interview on 3/24/25 at 2:00 P.M., the Infection Preventionist said:</p> <p>-He/She administered the first step TB skin test to the resident upon admission to the facility.</p> <p>-If he/she was not there the floor nurse could administer the TB skin test.</p> <p>-He/She documented the results of the skin test in the electronic medical record 48-72 hours after the test was administered.</p> <p>-The electronic medical record did not give a space to document the date the test was read.</p> <p>-A second test was given a couple weeks after the first test was read.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>5. Review of Resident #73's Face Sheet showed he/she was admitted on [DATE] with diagnoses of Alzheimer's disease (a slowly progressive disease of the brain that is characterized by impairment of memory and eventually by disturbances in reasoning, planning, language, and perception) and dementia (a progressive organic mental disorder characterized by chronic personality disintegration, confusion, disorientation, stupor, deterioration of intellectual capacity and function, and impairment of control of memory, judgment, and impulses).</p> <p>Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated assessment instrument completed by facility staff for care planning) dated 1/21/25 showed the resident:</p> <ul style="list-style-type: none"> <li>-Was severely cognitively impaired.</li> <li>-Relied on staff for total toileting cares.</li> <li>-Was always incontinent of bladder.</li> </ul> <p>Observation on 3/19/25 at 9:26 A.M. showed:</p> <ul style="list-style-type: none"> <li>-Certified Nursing Assistant (CNA) E and CNA C were already in the resident's room with gloved hands to transfer the resident from his/her wheelchair to the bed with a mechanical lift.</li> <li>-CNA E and CNA C transferred the resident to his/her bed, and with the same gloved hands, assisted the resident with turning in bed while pulling down his/her pants.</li> <li>-With the same gloved hands, CNA E unfastened the resident's brief, pulled wipes out of the container, and cleansed the resident's front genital area.</li> <li>-Without removing his/her gloves or asking CNA C to assist, CNA E put his/her gloved hands in the wipes container to remove more wipes to clean the resident's front genital area.</li> <li>-With the same gloved hands, CNA E touched the resident's skin to assist him/her turn in the bed, then reached in the wipes container, removed more wipes and cleansed the resident's buttocks, then finished removing the soiled brief from under the resident.</li> <li>-With the same gloved hands, CNA E placed a clean brief under the resident, touched the resident's skin and clothing to assist the resident turn in bed while CNA C finished fastening the clean brief.</li> <li>-With the same gloved hands CNA E and CNA C pulled the resident's pants up, and adjusted his/her shirt.</li> <li>-With the same gloved hands, CNA E touched the mechanical lift sling, then picked up the resident's shoes to place them on his/her feet, then picked up the resident's protective boots and placed them on the resident.</li> <li>-With the same gloved hands CNA E touched the mechanical lift, moved it closer to the bed, attached the sling to the lift while CNA C moved the resident's wheelchair closer to the bed.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-With the same gloved hands CNA E and CNA C transferred the resident to the wheelchair, adjusted the resident in the wheelchair, and removed the sling from the lift.</p> <p>-With the same gloved hands, CNA E adjusted the resident's pillow on his/her bed, placed the package of wipes on the resident's bedside table next to his/her beverage container, and made the resident's bed.</p> <p>-With the same gloved hands, CNA E picked up the resident's beverage container and offered the resident a drink while CNA C wiped off the resident's bedside table with a wipe removed from the same package that was used during incontinence care.</p> <p>-CNA E removed one glove, and with the gloved hand removed the trash liner from the trash can. With his/her ungloved, unwashed/sanitized hand, he/she opened the door to the resident's room.</p> <p>-CNA C removed both gloves and without washing or sanitizing his/her hands, pushed the resident in his/her wheelchair out the door and down the hall.</p> <p>-CNA E exited the resident's room without washing or sanitizing his/her hands, with unsanitized/unwashed hands, he/she opened the soiled utility room door to dispose of the trash, then continued down the hall without washing or sanitizing his/her hands.</p> <p>During an interview on 3/19/25 at 9:38 A.M., CNA E and CNA C said they would not have changed anything that they did during the incontinence care provided to the resident at that time.</p> <p>During an interview on 3/24/25 at 1:33 P.M., Regional Nurse Consultant A and Regional Nurse Consultant B said:</p> <p>-Staff should wash or sanitize their hands prior to entering a room and putting on gloves.</p> <p>-Staff should remove their gloves, wash or sanitize their hands, then put on new gloves after transferring a resident, after removing a dirty brief, after cleaning the resident's genital area or buttocks.</p> <p>-CNA E should have had CNA C remove any additional wipes that were needed. Staff should not reach into the wipes container with contaminated gloves.</p> <p>-Staff should remove their gloves and wash or sanitize their hands after completing incontinence care and should not touch the resident's skin, clothing, bedding, any equipment, or the resident's beverage container with contaminated gloves.</p> <p>-Staff should have removed both gloves, washed or sanitized their hands before leaving the resident's room.</p> <p>37576</p> <p>6. Review of Resident #246's Face Sheet showed he/she was admitted to the facility on [DATE] with a diagnosis of end stage renal disease (ESRD-The kidneys have stopped working well enough to survive without dialysis or a kidney transplant) 1/17/25.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-At the end of the procedure, CNA J and CNA K removed their gloves and washed their hands.</p> <p>8. During an interview on 3/20/25 at 2:58 P.M., CNA K said:</p> <ul style="list-style-type: none"> <li>-Staff were to close the resident's door and curtains before starting cares.</li> <li>-Staff were to get all the supplies ready and place them on a clean area.</li> <li>-Staff were to wash their hands and put gloves on.</li> <li>-Gloves were to be changed when dirty.</li> <li>-Hands were to be washed/sanitized if gloves were dirty.</li> <li>-Staff should change gloves and wash/sanitize their hands if touching other items or objects during cares.</li> <li>-Gloves should be removed, hands should be washed/sanitized, and new gloves put on before putting a clean brief on the resident.</li> </ul> <p>During an interview on 3/24/25 at 10:01 A.M., Licensed Practical Nurse (LPN) D said:</p> <ul style="list-style-type: none"> <li>-Staff should wash/sanitize their hands and put on gloves when doing perineal or catheter cares.</li> <li>-Staff should not be touching other items with gloved hands during cares.</li> <li>-If staff touched other items during cares, staff needed to change gloves and wash/sanitize their hands and re-glove.</li> <li>-Staff should remove gloves and wash/sanitize their hands when finished with cares.</li> </ul> <p>During an interview on 3/24/25 at 11:28 A.M., CNA H said:</p> <ul style="list-style-type: none"> <li>-Get supplies ready and place on a clean area.</li> <li>-Wash hands, gown up, if doing catheter care, and put gloves on.</li> <li>-Don't touch other objects in room during cares.</li> <li>-If other objects were touched, change gloves and wash/sanitize hands, and re-glove.</li> <li>-Remove gloves and wash/sanitize hands when finished with cares.</li> </ul> <p>During an interview on 3/24/25 at 1:22 P.M., the Administrator, Regional Nurse consultants A &amp; B said:</p> <ul style="list-style-type: none"> <li>-Hand hygiene should be performed before, in-between and after resident cares.</li> </ul> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265647	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/24/2025
NAME OF PROVIDER OR SUPPLIER  Crown Rehab and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3001 East Elm Harrisonville, MO 64701	

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> <li>-Staff should wash/sanitize hands and put on gloves when doing any type of resident cares such as perineal, colostomy and indwelling catheter cares.</li> <li>-Staff should set up needed supplies before starting cares.</li> <li>-Staff should not touch other items during care with gloves on.</li> <li>-If staff needed to touch other items during cares they should remove the gloves and wash/sanitize hands and put on clean gloves before returning to the care being done.</li> <li>-The staff should remove the amount of cleaning wipes needed before cares or have a second staff member handing the wipes as needed.</li> <li>-Gloves should be removed and hands washed/sanitized and re-glove when going from a dirty area to clean area during cares and after removing a dirty brief.</li> <li>-Staff should not be carrying items out of a resident's room with dirty gloves on.</li> </ul>