

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265665	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/29/2024
NAME OF PROVIDER OR SUPPLIER Hill Crest Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 801 South Colby Hamilton, MO 64644	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47195</p> <p>Based on observation, interview, and record review, the facility failed to ensure dependent residents who were unable to carry out activities of daily living (ADL's) received the necessary services to maintain good personal hygiene when staff did not provide shaving to care to one of three sampled resident (Resident # 1), failed to ensure showers were completed for two of three sampled residents (Resident #1 and Resident #3) and failed to ensure nail care was completed for one resident (Resident #2). Facility census was 56.</p> <p>Review of facility policy, care of fingernails/toenails, revised February 2018, showed:</p> <ul style="list-style-type: none"> -Purpose of procedure are to clean nail bed, keep nails trimmed, and prevent infections; -Review resident care plans to assess for any special needs of resident; -Nail care included daily cleaning and regular trimming; -Proper nail care can aide in prevention of skin problems around the nail bed; -The following information should be recorded in the resident's medical record: <ul style="list-style-type: none"> -Date and time that nail care was given; -Name and title of the individual who administered the nail care <p>Review of facility policy, supporting ADL's, revised March 2018, showed:</p> <ul style="list-style-type: none"> -Residents will be provided with care, treatment, and services as appropriately to maintain or improve their ability to carry out activities of daily living. -Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming, and personal and oral hygiene. <p>Review of facility policy, bath, shower/tub, revised February 2018, showed:</p> <ul style="list-style-type: none"> -Documentation: The date and time shower/tub bath was performed; <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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-The name and title of individuals who assisted resident with shower/tub bath;</p> <p>-All assessment data (any reddened areas, sores, and areas on resident's skin) obtained during the shower/tub bath;</p> <p>-If resident refused the shower/tub bath, the reasons.</p> <p>Facility did not provide a policy on shaving.</p> <p>1. Review of Resident #1's quarterly minimum data set (MDS), a federally mandated assessment tool completed by facility staff, dated 10/7/24, showed:</p> <p>-He/She had moderate cognitive impairment;</p> <p>-He/She had clear speech and was able to make self understood and usually understood others;</p> <p>-He/She had severely impaired vision;</p> <p>-He/She was dependent for showers and bathing;</p> <p>-He/She required supervision or touching assistance for personal hygiene;</p> <p>-Diagnoses included glaucoma (eye disease that can cause vision loss and blindness), dementia (decline in mental abilities that affects a person's ability to think, remember, and reason) and depression (a common mental health condition that involves a persistent low mood or loss of interest in activities).</p> <p>Review of care plan, undated, showed:</p> <p>-No care plan for activities of daily living;</p> <p>-No care plan for bathing preferences;</p> <p>-No care plan for shaving preferences.</p> <p>During an interview on 10/29/24 at 8:46 A.M., Resident said:</p> <p>-He/She needed his/her chin shaved;</p> <p>-He/She received shower one time a week;</p> <p>-He/She would like a shower twice a week;</p> <p>-He/She felt like a man with his/her chin hairs;</p> <p>-Having chin hairs bothered him/her;</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 - Some</p>	<p>-He/She kept asking staff to shave him/her and they would tell him/her that it would be done sometime later;</p> <p>-He/She did not have set shower schedule.</p> <p>Observation on 10/29/24 at 8:46 A.M., showed resident had white 1/2 centimeter (cm) chin hair protruding from his/her chin.</p> <p>Review of shower schedule posted in the shower room showed:</p> <p>-He/She was scheduled to receive shower on Tuesday and Saturday evenings.</p> <p>Review of electronic medical record, dated 9/30/24 to 10/29/24, showed:</p> <p>-He/She received two showers on 10/2/24 and 10/22/24.</p> <p>Review of skin monitoring shower review sheet showed:</p> <p>-He/She received four of 11 scheduled showers in last 30 days on 10/2, 10/14, 10/22, and 10/24;</p> <p>-No shaving was documented on shower sheets.</p> <p>During an interview on 10/29/24 at 10:30 A.M., Nurse Aide (NA) A said:</p> <p>-Resident #1 was scheduled in evenings to receive his/her showers.</p> <p>During an interview on 10/29/24 at 10:40 A.M., Certified Nurse Aide (CNA) A said:</p> <p>-Resident #1 was scheduled for Tuesday and Saturday evening showers.</p> <p>2. Review of Resident #2's, quarterly MDS, dated [DATE], showed:</p> <p>-He/She was cognitively intact;</p> <p>-He/She had clear speech and usually understood others and made self-understood;</p> <p>-He/She required supervision/touching assistance with personal hygiene;</p> <p>-Diagnoses included unsteadiness on feet, weakness, glaucoma, and spinal stenosis (a condition in which narrowing of the spinal canal compresses the spinal cord, nerve roots, and cerebrospinal fluid).</p> <p>Review of care plan, undated, showed:</p> <p>-No care plan for activities of daily living;</p> <p>-No care plan for nail care.</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 - Some</p>	<p>Observation on 10/29/24 at 8:55 A.M., showed nails were overgrown with a brown/black substance under the nail.</p> <p>During an interview on 10/29/24 at 8:55 A.M. resident said:</p> <ul style="list-style-type: none"> -His/Her nails were getting long; -He/She preferred to have his/her nails cut; -Facility was responsible for cutting his/her nails. <p>Review of electronic medical record, dated 9/30/24 to 10/29/24, showed:</p> <ul style="list-style-type: none"> -He/She received shower on 10/24/24. <p>Review of shower scheduled showed he/she was scheduled to receive showers on Sunday and Thursday evenings;</p> <p>Review of skin monitoring shower review sheet showed:</p> <ul style="list-style-type: none"> -He/She received only four of nine scheduled showers on 10/6, 10/16, 10/20, and 10/24; -Nail care was not documented on any of shower sheets on 10/6, 10/16, 10/20, and 10/24. <p>During an interview on 10/29/24 at 10:40 A.M., CNA A said:</p> <ul style="list-style-type: none"> -Resident #2 had loose bowel movements and he/she dug and collect bowel movement under his/her nails. <p>During an interview on 10/29/24 at 12:09 P.M., Director of Nursing said:</p> <ul style="list-style-type: none"> -He/She knew Resident #2 needed his/her nails cleaned and cut and had instructed staff to provide nail care on 10/28/24. <p>3. Review of Resident #3's quarterly MDS, dated [DATE], showed:</p> <ul style="list-style-type: none"> -He/She was cognitively intact; -He/She had clear speech, was able to make self-understood and understand others; -He/She required substantial/maximal assistance with bathing; <p>-Diagnoses included arthritis (a disease that causes joint inflammation, pain, stiffness, swelling, and limited movement), diabetes (a condition resulting from too much sugar in the blood), dysuria (painful or difficult urination), anxiety (a feeling of fear, dread or uneasiness), and depression.</p> <p>Review of care plan, undated, showed:</p> <p>(continued on next page)</p>		

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