

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 01/29/2025
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46987</p> <p>Based on observation, interview, and record review the facility failed to honor the resident's right to a dignified existence (Resident #11), and additionally when staff failed to assure residents rights to privacy was maintained for five (Resident # 8, #11, #12, #19, #21) of the 15 sampled residents. The facility census was 58.</p> <p>Review of the facility's policy titled, Resident Rights, revised February, showed:</p> <ul style="list-style-type: none"> - Employees shall treat all residents with kindness, respect, and dignity; -Staff will maintain a residents right to privacy; -Federal and state laws guarantee certain basic rights to all residents of this facility. <p>1. Review of the Resident #12's Face Sheet., showed:</p> <ul style="list-style-type: none"> - Diagnoses included: Stroke and muscle weakness; - Do not resuscitate (No chest compressions for life saving). <p>Review of Resident #12's, undated care plan., showed;</p> <ul style="list-style-type: none"> - Resident was alert and oriented; - Required assistance of 1 person for showers and transfers; - Independent with mobility while in wheelchair; - The care plan did not address how many showers a week the resident prefers; - Resident requires 1 person assist for personal hygiene and grooming; - Staff are to anticipate and meet the needs of the residents; - The right to privacy and knocking prior to entry of room was not care planned. <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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation of CNA A on 1/26/25 at 10:05 A.M., entered the residents room without knocking or announcing self.</p> <p>Observation of CNA D on 1/27/25 at 2:15 P.M.,entered the resident's room without knocking or announcing self.</p> <p>During at interview on 1/28/25 at 1:01 P.M., the resident said, staff never knock, they just walk in like the own the place.</p> <p>2. Review of Resident #19's Face Sheet showed:</p> <ul style="list-style-type: none"> - Responsible for self; -Diagnoses: Pneumonia (infection of the lungs that impacts breathing), Diabetes, (a condition in which the body does not process blood sugar properly, depression, and restless leg syndrome (twitching of the legs). <p>During an Interview on 1/26/25 at 1:32 P.M. the resident said nursing staff did not knock on his/her door before entering his/her room and staff talk about him/her in the hall way.</p> <p>Observation 01/27/25 at 08:38 A.M. showed: Nursing staff came out of the resident's room in the hallway and yelled out to the DON (Director of Nursing) that Resident #19 was getting sick, and throwing up, then the DON yelled to to then Nurse, the resident was getting sick. All in view of other staff and residents in the hallway.</p> <p>Observation on 01/28/25 at 07:08 A.M. showed: CNA's walking out of Resident #19's room discussing the current condition of the resident to other staff in front of other resident's.</p> <p>47195</p> <p>Review of facility policy titled, Dignity, revised February 2021, showed:</p> <ul style="list-style-type: none"> -Residents are treated with dignity and respect at all times; -Individuals needs and preferences of the resident are identified through the assessment process; -Staff are expected to knock and request permission before entering residents' rooms; -Staff inform and orient residents to their environment; -Staff promote, maintain and protect resident privacy, including bodily privacy during assistance with personal care and during treatment procedures. <p>Review of the facility policy titled, Personal Conduct, undated, showed employees are expected to be courteous and to treat everyone with dignity and respect.</p> <p>3. Review of Resident #8's quarterly MDS (Minimum Data Set), a federally mandated assessment tool completed by facility staff, dated 11/15/24, showed:</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-They had moderate impaired cognition;</p> <p>-They had impairment to one side of upper and lower extremity;</p> <p>-They were dependent on a wheelchair;</p> <p>-They were dependent for transfers from sitting to lying, lying to sitting on side of bed, chair to bed transfers, and shower transfers;</p> <p>-He/She required substantial/maximal assistance rolling left and right;</p> <p>-Diagnoses included stroke (condition that occurred when blood flow to part of the brain was disrupted causing damage to brain tissue due to blocked blood vessel), hip fracture, anxiety, depression (persistent feelings of sadness, hopelessness, and loss of interest or pleasure in activities that previously enjoyed), schizophrenia (a mental health condition that affects a persons thoughts, perceptions, and behaviors), acute pain (a sudden pain that is short-lived and caused by an injury, illness, or medical procedure), restless leg syndrome, and generalized weakness (decreased muscle strength or lack of physical energy in most parts of the body).</p> <p>Review of care plan, revised 12/19/24, showed:</p> <p>-They will be treated with dignity and respect;</p> <p>-Communication: Use my preferred name. Identify yourself at each interaction. Face them when speaking and make eye contact. Reduce any distractions by turning off television, radio, close door, etc. They understood consistent, simple, directive sentences. Provide them with necessary cues and stop and return if agitated.</p> <p>Review of physicians orders, dated 1/27/25, showed an order dated 1/1/25 to readmit to hospice.</p> <p>Observation on 1/26/25 9:36 A.M., showed CMT A and CNA B burst into resident's room and did not knock or announce self prior to entering resident's room.</p> <p>Observation on 1/27/25 at 7:49 A.M. showed resident was laying in their bed with a gown half on and their chest exposed. Resident's room door was open and resident was visible from the hallway.</p> <p>During an interview on 1/29/24 at 2:04 P.M., CNA C said staff should knock and announce themselves prior to entering a resident room.</p> <p>During an interview on 1/29/24 at 2:22 P.M., CNA D said staff should always knock and announce themselves when entering a residents room.</p> <p>During an interview on 1/29/25 at 2:34 P.M., CMT A said staff should knock prior to entering resident room and announce themselves.</p> <p>During an interview on 1/29/24 at 4:16 P.M., Director of Nursing said she expected staff to knock and announce themselves prior to entering a resident room.</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- He/She had reported staff being rough with him/her. He/She had reported it to the previous Administrator and the previous DON but they did not do anything about it;</p> <p>- CNA A has yelled at him/her before during one of his/her spells. He/She reported it to the previous Administrator and the previous DON and they said it was natural and not to worry about it and they did not do anything about it.</p> <p>6. Review of Resident #11's quarterly MDS, dated [DATE], showed:</p> <p>-They were moderately cognitively impaired;</p> <p>-He/She had clear speech;</p> <p>-He/She was able to make self-understood and usually understood -missing some or part/intent of message but comprehends most of conversation;</p> <p>-They had severely impaired vision;</p> <p>-They were dependent on a wheelchair;</p> <p>-They had no impairment to upper or lower extremities;</p> <p>-They were independent with mobility-rolling left and right, sit to lying, lying to sitting;</p> <p>-They required supervision or touching assistance with chair to bed transfers, toilet transfers, tub/shower transfers;</p> <p>-Diagnoses included: glaucoma (condition affecting the eye that can lead to vision loss if left untreated), high blood pressure, dementia (group of brain disorders that cause a decline in cognitive abilities, such as memory, thinking, reasoning, and judgement), anxiety, depression, psychotic disorder (a disconnection from reality), polyarthritis (condition affecting multiple joints without specifying location of inflammation), idiopathic neuropathies (nerve damage that can cause pain, numbness, tingling, or weakness in the body), and muscle spasms.</p> <p>Review of care plan, revised 11/21/24, showed:</p> <p>-They will be treated with dignity and respect;</p> <p>-They can verbally express their wants and needs. Educate staff to provide resident with opportunities to do so;</p> <p>-They required assistance with activities and meals related to decreased visual function secondary to diagnosis of glaucoma;</p> <p>-They had visual impairment, place their meal plate in reach and letting her know what is on plate.</p> <p>-Approach them from the front speak before touching or providing care etc for resident;</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Tell them where you are placing items, be consistent;</p> <p>-They liked to call for help on a regular basis. Assist them with their needs and reassure them.</p> <p>Review of physician's orders, dated 1/27/25, showed an order dated 1/17/25 for occupational therapy to evaluate for activities of daily living, cognitive skills, functional mobility and safety awareness, low vision, and compensatory techniques.</p> <p>Observation on 1/26/24 at 12:50 P.M. showed resident was at lunch sitting with two aids and had received no assistance from CNA A who was sitting beside resident. Resident had food all over their left hand. CNA A did not provide verbal prompts or cues to resident.</p> <p>Observation on 1/27/25 at 10:08 A.M., showed CNA A entered resident's room without knocking on door. CNA A did not introduce self to resident and did not say anything to resident. CNA A did not tell resident what they were doing with resident prior to moving resident out of their room at 10:11 A.M. in their wheelchair.</p> <p>During an interview on 1/29/24 at 2:04 P.M., CNA C said:</p> <p>-Resident #11 was independent with meals but required verbal cues;</p> <p>-Staff provided resident with verbal cues by telling resident where their food was located by using the orientation of the clock method;</p> <p>-Resident #11 got scared a lot so staff have to provide a lot of verbal reassurances.</p> <p>During an interview on 1/29/24 at 2:22 P.M., CNA D said:</p> <p>-Resident #11 staff tell residents what food was in front of them and take their hand to guide them and showing them where there meat is, vegetable, dessert, and so on;</p> <p>-For resident #11, you have to verbally talk through everything with them due to their visual impairments.</p> <p>During an interview on 1/29/25 at 2:34 P.M., CMT A said:</p> <p>-Resident #11 required explanation of every step due to their visual impairments;</p> <p>-Staff should explain location of Resident #11's wheelchair prior to assisting in a transfer and orient to items around room such as when assisting in bathroom describing location of grab bar, or call light, or bedside table;</p> <p>-Staff would explain meals to resident #11 by describing where food is located in front of them on their plate and the location of their drink cup items;</p> <p>During an interview on 1/29/24 at 4:16 P.M., Director of Nursing said she expected staff to explain what they were doing with visually impaired residents prior to providing cares and assisting with meals.</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 1/29/24 at 4:16 P.M., Administrator said she expected staff to announce themselves to visually impaired residents, and provide activity of daily living cares and meal service according to their care plan.</p> <p>51166</p> <p>7. Review of Resident #32's significant change MDS, dated [DATE], showed:</p> <ul style="list-style-type: none"> -Severe cognitive impairment; -They had no impairment in upper or lower extremities; -Diagnoses included: heart disease, Alzheimer's Disease (progressive neurodegenerative disorder that primarily affects memory, thinking, and behavior), and depression (mood disorder that causes a persistent feeling of sadness and loss of interest). <p>Review of care plan, dated 12/19/24, showed the resident requires staff assistance with ADL's (activities of daily living).</p> <p>Observation on 1/27/25 at 4:39 P.M. showed the resident's hair was frizzy, uncombed and was longer than resident traditionally wears their hair. Their hair was standing straight out and unmanaged.</p> <p>During an interview on 1/27/25 at 12:41 P.M., Resident's Responsible Party said the staff had not brushed the resident's hair on 1/10/25 and it looked like the resident stuck their finger in a light socket.</p> <p>During an interview on 1/28/25 at 3:26 P.M., Resident #32's family member said:</p> <ul style="list-style-type: none"> -The resident had not had a hair cut or perm in months; -The resident was to have a haircut on 1/24/25 but did not receive a haircut. <p>During an interview on 1/29/25 at 11:48 A.M., Activities Director said:</p> <ul style="list-style-type: none"> -The facility had been without a beautician for a couple of months; -The resident had hair set by the beautician on 1/24/25, but did not receive a haircut or perm; -There were no set timelines for when residents haircuts were scheduled; -The staff would set up a haircut appointment for residents when they requested a cut or when residents hair looked shaggy. <p>During an interview on 1/29/25 at 4:16 P.M., Administrator said:</p> <ul style="list-style-type: none"> -Residents should receive haircuts regularly; -Residents hair should be clean and combed. <p>(continued on next page)</p>

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<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>46987</p> <p>Based on interview and record review the facility failed to assure that three residents (Resident #12, #25, and #42) had the right to self-determination through support of resident choice, when staff did not honor one resident's request for specific menu food items that had been encouraged by the facility's dietician (Resident # 42) but not provided to the resident, and additionally failed to honor resident choice for showers for two residents (Resident #12, #25) out of the sampled 15 residents. The facility census was 58.</p> <p>Review of the facility's policy titled, Resident Rights, revised February, showed:</p> <ul style="list-style-type: none"> - All residents have the right to choice, and self determination, respect, and dignity; - Federal and state laws guarantee certain basic rights to all residents of this facility. <p>1. Review of the Resident #12's Face Sheet., showed diagnoses included a stroke and muscle weakness.</p> <p>Review of Resident #12's, undated care plan., showed;</p> <ul style="list-style-type: none"> - Resident was alert and oriented; - Required assistance of 1 person for showers and transfers; - Independent with mobility while in wheelchair; - The care plan does not address how many showers a week the resident prefers. <p>Review of the Resident's shower sheets provided, showed:</p> <ul style="list-style-type: none"> - The week of 11/4/24, the resident received only 1 shower; - The week of 11/24/24, the resident received only 1 shower; - The week of 1/3/25, the resident received only 1 shower. <p>During an interview at 12:46 P.M. on 01/28/25 the resident said he/she doesn't feel that he/she has a say about when he/she receives a shower and would like a shower at least twice a week. He/She does not feel clean, and it upsets him/her.</p> <p>2. Review of Resident #25's face sheet., showed diagnoses included Diabetes (a condition in which the body does not process blood sugar properly), obesity, depression, swelling in the legs and feet.</p> <p>Review of Care Plan, dated 11/19/24., showed:</p> <p>(continued on next page)</p>		

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<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Resident prefers showers in the day time;</p> <p>-The care plan does not address how many showers a week the resident prefers;</p> <p>-Resident has depression and staff should encourage resident to maintain independence.</p> <p>Review of the Residents Shower Sheets., showed;</p> <p>- Week of 12/20/24- One shower was documented;</p> <p>- Week of 12/26/24-One shower was documented;</p> <p>- Week of 1/11/25- One shower was documented.</p> <p>During an interview on 01/26/25 10:39 AM., the resident said he/she did not get a shower this week, or last week. He/she would like a shower twice a week. I feel dirty when I don't get a shower.</p> <p>During an interview on 1/26/25 at 2:15 P.M., Certified Nurses Aide (CNA) A said staff complete the showers when we can. Resident's should have a shower at least twice a week.</p> <p>During an interview with the Administrator and Director of Nursing (DON) on 1/25/25 at 4:05 P.M., stated:</p> <p>-Resident's who wish to have a shower twice a week, should be able to;</p> <p>-Resident's are allowed choice in their daily care;</p> <p>-Showers are to be documented on the shower sheets and signed by the nurse they are completed when the CNA/Bath CNA completes them.</p> <p>51166</p> <p>3. Review of Resident #42's Annual MDS assessment, (A mandatory assessment completed by facility staff), dated 12/21/24 showed:</p> <p>-Cognitive skills were intact;</p> <p>-Diagnoses included: Heart disease, pneumonia (infection of the lungs), diabetes, thyroid disorder, arthritis, anxiety, depression, and asthma (chronic lung disease).</p> <p>Review of physician's orders showed on 7/30/24 orders were entered for regular diet, texture and consistency.</p> <p>Review of care plan, dated 10/14/24, showed:</p> <p>-Resident had a potential for weight loss;</p> <p>-If resident consumed less than 50% of their meal, an alternative should have been offered;</p> <p>(continued on next page)</p>

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<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Snacks or supplements should have been offered when resident asked for or needed them.</p> <p>During an interview on 1/27/25 at 9:59 A.M., Resident #42 said:</p> <p>-They did not get enough fresh fruit;</p> <p>-Meals were repetitive (always the same foods);</p> <p>-When they were admitted to the facility, they told the dietician about their food preferences such as yogurt, fresh fruit, or cheese but they have not been offered these items.</p> <p>During an interview on 1/29/25 at 8:58 A.M., Resident #42 said:</p> <p>-They felt defeated because there were no healthy food options;</p> <p>-They did not like that they had to ask their family for fresh fruit and other preferred food items;</p> <p>-They had given up on getting to eat the food they enjoyed.</p> <p>During an interview on 2/4/24 at 4:33 P.M., the Dietician said:</p> <p>-They entered resident food preferences in their system and Dietary Manager should have followed up on resident preferences;</p> <p>-Residents could have obtained their desired food items if the facility had the budget to provide those foods.</p> <p>During an interview on 2/5/25 at 8:34 A.M., Dietary Manager said residents needed to ask kitchen staff for specific foods so they could put in an order.</p> <p>During an interview on 2/5/25 at 10:56 A.M., Administrator said:</p> <p>-Residents should have been able to get their preferred food within reason;</p> <p>-Facility should have had fruit, yogurt and cheese on hand;</p> <p>-They have not always had fresh fruit available.</p>		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to organize and participate in resident/family groups in the facility.</p> <p>31102</p> <p>Based on interview and record review, the facility failed to act promptly and resolve resident grievances voiced during the resident council meetings concerning issues of resident care and life in the facility and failed to communicate how the issues were resolved. The facility census was 58.</p> <p>Review of the facility's policy titled, Grievances/Complaints, Recording and Investigating, revised April 2017, showed:</p> <ul style="list-style-type: none"> - All grievances and complaints filed with the facility will be investigated and corrective action will be taken to resolve the grievances; - The Administrator has assigned the responsibility of investigating grievances and complaints to the grievance officer; - Upon receiving a grievance and complaint report, the grievance officer will begin an investigation into the allegations; - The investigation and report will include, as applicable: the date and time of the alleged incident; the circumstances surrounding the alleged incident; the location of the alleged incident; the names of any witnesses and their accounts of the alleged incident; the resident's account of the alleged incident; accounts of any other individuals involved and recommendations for corrective action; - The grievance officer will record and maintain all grievances and complaints on the Resident Grievance Complaint Log. The following information will be recorded and maintained in the log: the date the grievance /complaint was received; the name and room number of the resident filing the grievance/complaint (if available); the name and relationship of the person filing the grievance/complaint on behalf of the resident (if available); the date the alleged incident took place; the name of name of the person investigation the incident; the date the resident or interested party, was informed of the findings and the disposition of the grievance; - Copies of all reports must be signed and will be made available to the resident or person acting on behalf of the resident. <p>1. Review of the resident council minutes, dated 11/16/24 showed:</p> <ul style="list-style-type: none"> - New Business: Issues: Dietary - could residents be offered seconds on both sides? Nursing- staff is rude to residents that can't feed themselves; aides are loud at night; not answering call lights very promptly; beds not made. Laundry - missing blankets and clothes. The area for action taken and who the person responsible was left blank. <p>2. Review of the resident council minutes, dated 1/18/25 showed:</p> <p>New Business: Issues: Can residents get Internet in their rooms? Need more sheets, bigger bed; Laundry - missing clothes. Housekeeping - not always cleaning rooms. The area for action taken and who the person responsible was left blank.</p> <p>(continued on next page)</p>		

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<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. During a group meeting with the residents on 1/27/25 at 1:07 P.M., the residents said:</p> <ul style="list-style-type: none"> - When concerns are brought up at their resident council meetings, the staff do not tell them what has been done to correct the issues brought up from the previous meeting. - During the resident council meeting on 1/27/25 at 1:07 P.M., nine out of the 11 residents at the meeting said CNA A is rude, and rough with them. They have reported it to the previous Administrator and DON and nothing was ever done. <p>During an interview on 1/27/25 at 4:37 P.M., the Activity Director said:</p> <ul style="list-style-type: none"> - When a resident brings up a concern at the resident council meeting, he/she made copies and passed them out to all the department heads and also gave one to he previous Administrator and Director of Nursing (DON); - He/she is unable to discuss the results with the residents because he/she did not get any feedback from the department heads to know how the issues were handled. <p>During an interview on 1/29/25 at 8:56 A.M., the Administrator and the DON said she was not aware of any issues being reported by the resident council about a specific aide.</p> <p>During an interview on 1/29/25 at 4:16 P.M., the Administrator said:</p> <ul style="list-style-type: none"> - Staff yelling at residents, residents being rough with cares or cursing should be reported to administration for action. - She would expect the manager to work the process, then discuss it with administration. - The manager should go back to the resident council and notify the residents how issues were to be resolved. 		

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<p>F 0570</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Assure the security of all personal funds of residents deposited with the facility.</p> <p>47195</p> <p>Based on record review and interviews, the facility failed to maintain a surety bond that was equal or greater than one and one-half times the average monthly balance for the residents trust fund (RTF) account for the last 12 consecutive months from January 2024-December 2024. This had the potential to affect all residents who had funds held in the RTF account. The facility census was 58.</p> <p>Review of facility policy, resident trust fund management, revised June 2022, showed:</p> <ul style="list-style-type: none"> -Transactions are to be handled and records are to be kept in accordance with established directives and in conformance with state and federal requirements. -Facility will have a bond that equals at least one and one-half times the annual average of the fund account. This bond amount must also cover any credit balances on the facility accounts receivable (credit balances in PVT, PVA, and PVB accounts should be transferred to the RTF promptly). -The bookkeeper will keep a copy of the bond with the resident trust fund records. The bookkeeper will perform quarterly reviews and increase or decrease the bond as necessary. <p>Record review on 1/27/25 of the RTF account for the last 12 consecutive months from January 2024 to December 2024 showed:</p> <ul style="list-style-type: none"> -The facility's current approved bond amount equaled \$58,000; -The average monthly balance for the RTF account equaled \$39,259.28 (which was determined using the total of each ending balance for the last 12 months bank statements plus the petty cash ending balances and divided by 12 months); -An average monthly balance of \$39,000 required a bond of at least \$58,500; -Surety Bond #LSF032677 dated December 15, 2009 bond amount was changed from \$65,000 to \$58,000 on 12/15/2024; -Department of Health & Senior Services approved the surety bond adjustment #LSF032677 to \$58,000 on December 17, 2024. <p>During an interview on 1/27/25 at 3:57 P.M., Business Office Manager said:</p> <ul style="list-style-type: none"> -Surety bond should be sufficient to cover 1.5x the average amount held in accounts; -Facility had a larger surety bond but had decreased the bond amount in December from \$65,000 to \$58,000. <p>During an interview on 1/29/25 at 4:16 P.M., Administrator said:</p> <p>(continued on next page)</p>		

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<p>F 0570</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-He/She expected the surety bond held by the facility to be sufficient by equaling 1.5x times the average monthly account total held in the resident trust accounts.</p>

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<p>F 0572</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Give residents a notice of rights, rules, services and charges.</p> <p>31102</p> <p>Based on interviews and record review, the facility failed to annually inform the resident's of their rights. This affected 11 of the 11 residents in the group interview. The facility census was 58.</p> <p>Review of the facility's policy titled, Resident Rights, revised February, showed:</p> <ul style="list-style-type: none"> - Employees shall treat all residents with kindness, respect, and dignity; - Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to: be informed about his/her rights and responsibilities. <ol style="list-style-type: none"> 1. Review of the resident council minutes, dated 11/16/24 showed the section for resident rights reviewed was left blank. 2. Review of the resident council minutes, dated 12/4/24 showed the section for resident rights reviewed was left blank. 3. Review of the resident council minutes, dated 1/8/25 showed the section for resident rights reviewed was left blank. 4. During a group meeting on 1/27/25 at 1:07 P.M., 11 of the 11 residents who attended the meeting said they did not discuss their rights during their monthly resident council meeting. <p>During an interview on 1/27/25 at 4:37 P.M., the Activity Director said:</p> <ul style="list-style-type: none"> - He/she helped the residents set up for their meetings; - He/she was not aware how often the facility must provide a notice of rights and services to the resident. <p>During an interview on 1/29/25 at 4:16 P.M., the Administrator said the resident's rights should be discussed at their resident council meetings.</p>

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<p>F 0574</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The resident has the right to receive notices in a format and a language he or she understands.</p> <p>31102</p> <p>Based on interview and record review, the facility failed to provide accessible information on the location of the State Long-Term Care Ombudsman program that was readily available and could be read by all residents in the facility without assistance. The census was 58.</p> <p>Review of the facility's policy titled, Resident Rights, revised February 2024, showed:</p> <ul style="list-style-type: none"> - Employees shall treat all residents with kindness, respect, and dignity; - Federal and state laws guarantee certain basic rights to all residents of the facility. These rights include the resident's right to communicate with outside agencies regarding any matter. <p>1. During a resident group meeting on 1/27/25 at 1:07 P.M., 11 of the 11 residents who attended the meeting did not know what the Ombudsman was, what they did or where to find information about the Ombudsman program in the facility.</p> <p>Observation on 1/27/25 at 4:50 P.M., showed the Ombudsman information was located in the hall by living room area.</p> <p>During an interview on 1/27/25 at 4:37 P.M., the Activity Director said:</p> <ul style="list-style-type: none"> - He/she helps the residents set up their resident council meetings; - He/she has gone over the Ombudsman information in the past, but has not recently discussed the information with the residents or the Ombudsman's contact information. <p>During an interview on 1/29/25 at 4:16 P.M., the Administrator said staff should inform residents of who the Ombudsman is, what the role of the Ombudsman is and contact information.</p>

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<p>F 0576</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure residents have reasonable access to and privacy in their use of communication methods.</p> <p>31102</p> <p>Based on interviews, the facility failed to deliver Saturday mail to facility residents. The facility census was 58.</p> <p>Review of the facility's policy titled, Resident Rights, revised February 2024, showed:</p> <ul style="list-style-type: none"> - Employees shall treat all residents with kindness, respect, and dignity; - Federal and state laws guarantee certain basic rights to all residents of the facility. These rights include the resident's right to access to a telephone, mail and electronic mail (e-mail). <p>1. During the resident group meeting on 1/27/25 at 1:07 P.M., 11 of the 11 residents who attended the meeting said the mail is not passed out to the residents on Saturdays.</p> <p>During an interview on 1/27/25 at 4:37 P.M., the Activity Director said:- In the past, a resident used to go out and get the mail out of the mailbox and put it in the office but that has stopped;</p> <ul style="list-style-type: none"> - The mail is delivered to the facility on Saturdays, but it does not get passed out to the residents until on Mondays. <p>During an interview on 1/29/25 at 4:16 P.M., the Administrator said the on call managers should pass the mail out to the residents on Saturdays.</p>		

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>31102</p> <p>Based on interviews and record review, the facility failed to ensure 11 of 11 residents who participated in a group meeting, knew how to file a grievance in writing, file anonymously, and obtain a written decision regarding a grievance. The facility census was 58.</p> <p>Review of the facility's policy titled, Grievances/Complaints, Recording and Investigating, revised April 2017, showed:</p> <ul style="list-style-type: none"> - All grievances and complaints filed with the facility will be investigated and corrective action will be taken to resolve the grievances; - The Administrator has assigned the responsibility of investigating grievances and complaints to the grievance officer; - Upon receiving a grievance and complaint report, the grievance officer will begin an investigation into the allegations; - The investigation and report will include, as applicable: the date and time of the alleged incident; the circumstances surrounding the alleged incident; the location of the alleged incident; the names of any witnesses and their accounts of the alleged incident; the resident's account of the alleged incident; accounts of any other individuals involved and recommendations for corrective action; - The grievance officer will record and maintain all grievances and complaints on the Resident Grievance Complaint Log. The following information will be recorded and maintained in the log: the date the grievance /complaint was received; the name and room number of the resident filing the grievance/complaint (if available); the name and relationship of the person filing the grievance/complaint on behalf of the resident (if available); the date the alleged incident took place; the name of name of the person investigation the incident; the date the resident or interested party, was informed of the findings and the disposition of the grievance; - Copies of all reports must be signed and will be made available to the resident or person acting on behalf of the resident. <ol style="list-style-type: none"> 1. Review of the resident's council meeting minutes, dated 11/16/24 showed the minutes did not indicate if the residents knew how to file a grievance. 2. Review of the resident's resident council minutes, dated 12/14/24 showed the minutes did not indicate if the residents knew how to file a grievance. 3. Review of the resident's resident council minutes, dated 1/18/25 showed the minutes did not indicate if the residents knew how to file a grievance. 4. During an group meeting on 1/27/25 at 1:07 P.M., 11 of the 11 residents said they were not for sure how to file a grievance. <p>(continued on next page)</p>		

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 1/27/25 at 4:37 P.M., the Activity Director said he/she had not gone over how to file a grievance, where the paperwork is located or who the residents should talk to.</p> <p>During an interview on 1/19/25 at 4:16 P.M., the Administrator said the grievance would go to the interdisciplinary team (IDT) and they would work on it and let the residents know how it was resolved.</p>		

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47195</p> <p>Based on record review and interview, the facility failed to implement their own Abuse and Neglect policy, when they did not verify through the employee disqualification list (EDL) verification checks prior to the hire dates of five out of eight employees (Dietary Aide A, Nurse Aide (NA) A, NA B, [NAME] A, Maintenance Director) and additionally failed to check the Certified Nurses' Assistant (CNA) Registry for all staff to ensure they did not have a Federal Indicator (a marker given by the Federal government to individuals who have committed abuse/neglect) for one of the eight sampled staff (Registered Nurse (RN) A). The facility census was 58.</p> <p>Review of facility policy, Employee Disqualification List (EDL), revised 2/2022, showed:</p> <p>-The employee designated by the administrator to complete the EDL background check will access the EDL website and complete the access to automatic system.</p> <p>-At the time of consideration of employment, the designated employee shall access the EDL website indicated and check EDL. Any candidate for employment whose name is on the list is not eligible for hire;</p> <p>-Print off the notice returned by email to indicate that the EDL had been checked. Make sure it included the date and the initial of the person making the request.</p> <p>Review of facility policy, Abuse Prevention Program, Revised [DATE], showed:</p> <p>Background checks will be done at the time of hire in accordance with the facility background check policy. staff will not be hired who have been found guilty, or plead no contendere, of abuse, neglect, mistreatment of resident or misappropriation of resident property by a court of law.</p> <p>-The nurse aide registry will be checked prior to employment for each state where a nurse aide has shown to have worked, or has listed certification. Nurse aides will not be hired who name is on any state abuse registry.</p> <p>-Verification of background checks, nurse aide registry checks and reference checks will be maintained in the personnel file of each employee. A notation by facility staff member of telephone contacts for registry check and previous employer checks would constitute verification.</p> <p>Review of the six sampled employee files showed:</p> <ol style="list-style-type: none"> 1. Dietary Aide A, Date of Hire (DOH) 8/1/24, had no EDL check; 2. Nurse Aide (NA), DOH 6/25/24, had no EDL check; 3. NA B, DOH 9/30/24, had no EDL check; 4. [NAME] A, DOH 12/16/23, had an EDL check completed on 1/29/25 (1 year, 1 month, and 13 days from their initial DOH); <p>(continued on next page)</p>		

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>5. Maintenance Director, DOH 1/16/25, had an EDL check completed 1/29/25 (13 days after their DOH).</p> <p>6. Registered Nurse A, DOH 12/6/23, had no nurse aide registry check.</p> <p>During an interview on 1/29/25 at 1:25 P.M., Business Office Manager said:</p> <ul style="list-style-type: none"> -They just checked EDL for employees upon hire and not on a routine basis; -They were to check nurse aide registry for all employees; -Dietary Aide A's first day of work was 8/4/24; -They did not locate an EDL on [NAME] A so they completed a new one on 1/29/25; -Maintenance Director was just hired 1/16/25, so they just completed an EDL check on 1/29/25. <p>During an interview on 1/29/25, the Regional Accounting person said EDL checks were to be completed quarterly on all employees.</p> <p>During an interview on 1/29/25 at 4:16 P.M., the Administrator said she expected EDL and CNA registry checks to be completed per facility policy and upon hire.</p>

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<p>F 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p>31102</p> <p>Based on interviews and record review, the facility failed to ensure they transmitted all Minimum Data Set (MDS, a federally mandate resident assessment tool) assessments within the federally mandated timeframe for one of the 15 sampled residents, (Resident #49). The facility census was 58.</p> <p>The facility did not provide a policy regarding MDS assessment transmittals.</p> <p>1. Review of Resident #49's medical record showed:</p> <ul style="list-style-type: none"> - admitted : 7/27/24; - Discharge assessment completed on 8/15/24; - No transmission accepted date listed for the assessment. <p>During an interview on 1/28/25 at 3:16 P.M., the MDS/Care Plan Coordinator said:</p> <ul style="list-style-type: none"> - He/she had been in the current position for two years but worked on the floor a lot during the first year; - The resident was discharged to home on 8/15/24; - He/she did not know why the MDS said, export ready unless it had to do with insurance' - He/she was not able to print a transmission report. <p>During an interview on 1/29/25 at 4:16 P.M., the Administrator said MDS should be submitted timely and a Registered Nurse (RN) would have to review it.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51166</p> <p>Based on interviews, and record review, the facility failed to hold care plan meetings on a quarterly basis or when a resident's significant change in condition occurred. The facility additionally failed to involve residents and/or their representatives in the care planning process for five residents (#24, #32, #42, #16, #21) of the 15 residents sampled. The facility census was 58.</p> <p>Review of the facility's Care Planning Policy, dated 3/2022, showed:</p> <ul style="list-style-type: none"> -The interdisciplinary team (IDT), in conjunction with the resident and their family or legal representative, developed and implemented a comprehensive, person-centered care plan for each resident; -Each resident's comprehensive person-centered care plan was consistent with the resident's rights to participate in the development and implementation of their plan of care, including the right to: <ul style="list-style-type: none"> - Participate in the planning process; -Identify individuals or roles to be included; -Request meetings; -Request revisions to the plan of care; -See the care plan and sign it after significant changes were made. <p>Review of facility's Resident Rights policy, undated showed the Resident had the right to be informed of and participate in their care plan and treatment.</p> <p>1. Review of Resident #24's Significant Change MDS (Minimum Data Set), a federally mandated assessment tool completed by the facility staff for care planning), dated 10/18/24, showed:</p> <ul style="list-style-type: none"> -Cognitive skills were intact; -Diagnoses included: kidney disease, diabetes (a condition resulting in too much sugar in the blood), arthritis (joint pain and swelling), depression, anxiety (feeling of dread and fear), fractures, and thyroid disorder (condition that effects the thyroid gland). <p>During an interview on 1/28/25 at 3:15 P.M., Resident #24 said he/she was upset he/she was not involved in their own care planning because they did not know what was going on or what they needed to do in regards to their care.</p> <p>2. Review of Resident #32's Significant Change MDS, dated [DATE], showed:</p> <ul style="list-style-type: none"> -Severe cognitive impairment; <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Hill Crest Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 801 South Colby Hamilton, MO 64644	
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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-They had no impairment in upper or lower extremities;</p> <p>-Diagnoses included: heart disease, Alzheimer's disease (progressive neurodegenerative disorder that primarily affects memory, thinking, and behavior), and depression (mood disorder that causes a persistent feeling of sadness and loss of interest).</p> <p>During an interview on 1/28/25 at 3:33 P.M., Resident #32's DPOA (durable power of attorney) said that the facility staff told them the resident can no longer use a walker, because staff was afraid the resident would fall, however there was no care plan meeting held to address the change in the resident's mobility.</p> <p>During an interview on 1/29/25 at 8:40 A.M., Certified Medication Technician (CMT) A said:</p> <p>-Resident #32 was ambulatory but was not feeling well a few weeks ago;</p> <p>-Resident #32 became weaker after being sick so the resident was transitioned to a wheelchair.</p> <p>During an interview on 1/29/25 at 9:30 A.M., Physical Therapy Assistant (PTA) A said:</p> <p>-Resident #32 had been in therapy three times a week since 1/9/25;</p> <p>-At the end of December, 2024, nursing staff asked PTA A if Resident #32 could switch from using a walker to a wheelchair because the resident was now unsafe when they used a walker;</p> <p>- PTA A told staff to transition Resident #32 to a wheelchair;</p> <p>-MDS Coordinator was responsible for updating the care plan.</p> <p>3. Review of Resident #42's Annual MDS assessment, dated 12/21/24., showed:</p> <p>-Cognitive skills were intact;</p> <p>-Diagnoses included: heart disease, pneumonia (infection of the lungs), diabetes, thyroid disorder, arthritis, anxiety, depression, and asthma (chronic lung disease).</p> <p>During an interview on 1/27/25 at 9:49 A.M., Resident #42 said they were frustrated that they have only been invited to one care plan meeting and had not been kept up-to-date with changes in their plan of care.</p> <p>Review of Resident #42's face sheet and record review showed admitted [DATE]. No documentation regarding scheduling or having care plan meetings since admission to the current date.</p> <p>During an interview on 1/29/25 at 10:16 A.M., Registered Nurse (RN) A said:</p> <p>-Care plan meetings should be conducted every 90 days and when there was a significant change in a resident's condition;</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Resident #32's care plan should have been updated when their status changed from ambulating with a walker to only using a wheelchair.</p> <p>31102</p> <p>4. Review of Resident #16's face sheet showed:</p> <ul style="list-style-type: none"> - admitted - 3/20/24; - The resident was his/her own responsible party. <p>Review of the resident's Quarterly MDS, dated [DATE] showed:</p> <ul style="list-style-type: none"> - Cognitive skills intact; - Diagnoses included stroke, anxiety, high blood pressure and depression. <p>Review of the resident's care plan, revised 12/26/24 showed it did not address if the resident was invited or attended his/her care plan meeting.</p> <p>During an interview on 1/26/25 at 12:15 P.M., the resident said he/she has not been invited to his/her care plan meeting and has not attended a care plan meeting and would like to.</p> <p>5. Review of Resident #21's face sheet showed:</p> <ul style="list-style-type: none"> - admitted - 1/20/20; - The resident was his/her own responsible party. <p>Review of the resident's Annual MDS, dated [DATE] showed:</p> <ul style="list-style-type: none"> - Cognitive skills moderately impaired; - Diagnoses included diabetes mellitus, anxiety, depression, high blood pressure, schizophrenia (a mental disorder characterized by disruptions in thought processes, perceptions, emotional responsiveness, and social interactions). <p>Review of the resident's care plan, revised 12/27/24 showed it did not address if the resident was invited or attended his/her care plan meeting.</p> <p>During an interview on 1/26/25 at 2:41 P.M., the resident said he/she has not been invited to his/her care plan meeting and has not attended a care plan meeting.</p> <p>During an interview on 1/29/25 at 1:37 P.M., the MDS Coordinator said:</p> <ul style="list-style-type: none"> -Care plan meetings were held at a minimum on a quarterly basis; <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Socials Services Director made appointments for care plan meetings with the residents and the family;</p> <p>-Social services, MDS Coordinator, DON, charge nurse, CNA, activities, dietary, family, or resident were invited to care plan meetings;</p> <p>-MDS Coordinator, Social Services Director, DON (director of nursing), and the Administrator had the ability to update care plans;</p> <p>-Care plan updates were triggered when a resident had significant changes, hospitalization s, an update from CNA's or nurses, or quarterly due dates or annual assessment occurred;</p> <p>-Social Services Director was responsible for keeping records of the invitees and attendees of care plan meetings.</p> <p>During an interview on 1/29/25 at 3:05 P.M., the Social Services Director said:</p> <p>-They were responsible for coordinating care plan meetings;</p> <p>-They talked to residents to notify them of their care plan meetings;</p> <p>-Care plan meetings were expected to be held quarterly or if there was a significant change;</p> <p>-They did not have any record of care plan meeting invitations or attendance.</p> <p>During an interview on 1/29/25 at 4:16 P.M., the Administrator said:</p> <p>-Care plans should be completed upon admission, updated quarterly, and when a resident had a significant change;</p> <p>-A significant change would be when a resident transitioned from a walker to a wheelchair and should have been care planned.</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>31102</p> <p>Based on interview and record review, the facility failed to ensure staff obtained routine orders for prothrombin time (PT, a blood test to measure how long it takes blood to clot) and international normalized ratio (INR, a standardized measure of the clotting ability of blood, used to monitor the risk of bleeding when taking anticoagulation medication). Staff continued to administer the the anticoagulant medication in the absence of orders to monitor the effect of the medication. This affected one of the 15 sampled residents, (Resident #16). The facility census was 58.</p> <p>Review of the facility's undated policy titled, Coumadin Use, showed:</p> <ul style="list-style-type: none"> - A Coumadin (Warfarin) policy for long-term care facility would typically outline guidelines and procedures to ensure the safe and effective use of this anticoagulant medication for residents; - It would address issues such as monitoring, dosing, administration, and communication among healthcare teams; - Indications for Coumadin use: criteria for prescribing Coumadin, such as atrial fibrillation (A-fib, an irregular, often rapid heart rate that commonly causes poor blood flow), pulmonary embolism (PE, a blood clot that develops in a blood vessel in the body and then travels to a ling artery where it suddenly blocks blood flow) and stroke prevention; - Monitoring and dosing: regular INR testing to monitor the effectiveness of the anticoagulant therapy, ensuring the INR stays within a therapeutic range (usually 2.0 - 3.0 for most indications). Frequency of INR checks are completed per the direction of the primary physician direction. Primary physician will be adjusting the dose based on INR results and clinical condition. Primary physician will monitor thresholds for modifying the dose or holding the medication in response to INR results; - Medication administration: guidelines for accurate administration of Coumadin, including ensuring proper timing and consistency with ordered laboratory tests. Special consideration for dosing in elderly residents, those with liver or kidney disease, or those on interacting medications; - Communication and documentation: clear documentation of INR results, dose adjustments, and changes in treatment plans. Communication between healthcare providers, including physicians, pharmacists, and nursing staff, about dosage adjustments and potential drug interactions. In cases of emergency or unexpected bleeding, protocols for notifying the healthcare team and managing the situation; - Dietary considerations: educating staff and residents about the importance of consistent Vitamin K intake, as it can affect Coumadin levels. Noting any significant dietary changes or the introduction of foods rich in Vitamin K that may require dose adjustments; - Bleeding and adverse event management: Notification of primary care physician (PCP) when recognizing and managing bleeding complications, including internal bleeding, excessive bruising or blood in the urine/stool. Emergency procedures for cases of major bleeding, such as administering Vitamin K, stopping the medication, or utilizing blood products. Educating staff and residents about the sings and symptoms of bleeding or clotting complications; <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>- Resident education and consent: providing residents and/or their families with information on Coumadin therapy, including risks, benefits, and the importance of adherence;</p> <p>- Quality assurance and auditing: tracking any adverse events or near-miss incidents related to Coumadin therapy for continuous improvement. Tracking dose and INR results as laboratory results received.</p> <p>1. Review of Resident #16's PT/INR Coumadin (Warfarin) Flow sheet, showed:</p> <p>- Date: 10/1/24 - PT results - 24.2; INR results - 2.4; Current dose: 3 milligrams (mg.) on Monday, Tuesday, Wednesday, Thursday, Friday and Saturday, 4 mg. on Sunday; physician notified - yes; dose change: no change; date next PT/INR scheduled: left blank; family/representative notified of change: resident;</p> <p>- Date: 10/16/24; PT results - 21.7; INR results - 2.1; Current dose: 3 milligrams (mg.) on Monday, Tuesday, Wednesday, Thursday, Friday and Saturday, 4 mg. on Sunday; physician notified - yes; dose change: no change; date next PT/INR scheduled: left blank; family/representative notified of change: resident;</p> <p>- Date: 10/31/24; PT results - 27.6; INR results - 2.4; Current dose: 3 milligrams (mg.) on Monday, Tuesday, Wednesday, Thursday, Friday and Saturday, 4 mg. on Sunday; physician notified - yes; dose change: no change; date next PT/INR scheduled: left blank; family/representative notified of change: resident.</p> <p>Review of the PT/INR lab results, 10/31/24 showed:</p> <p>- PT - 27.8; INR - 2.46. Staff wrote 10/17/24 - PT - 21.7; INR - 2.1. Currently taking Coumadin 3 mg. daily except Sundays, takes 4 mg. No change, recheck in two weeks.</p> <p>Review of the PT/INR lab results, 11/14/24 showed:</p> <p>- PT - 34.1; INR - 3.03. Staff wrote 10/31/24 - PT - 27.6; INR - 2.46. Currently taking Coumadin 3 mg. daily except Sundays, takes 4 mg.</p> <p>Review of the fax form, dated 11/15/24 showed:</p> <p>- INR - 3.03. Per the physician, hold Coumadin for one day then resume current order for Coumadin 3 mg. every day except Sundays, 4 mg. Recheck in two weeks.</p> <p>- No further PT/INR results noted.</p> <p>Review of the resident's Quarterly Minimum Data Set (MDS), a federally mandated assessment completed by facility staff, dated 12/14/24 showed:</p> <p>- Cognitive skills intact;</p> <p>- Required substantial to maximum assistance with toilet use, showers, personal hygiene and transfers;</p> <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>- Always incontinent of bowel and bladder;</p> <p>- Diagnoses included high blood pressure, stroke, anxiety, depression, and atrial fibrillation (A-fib, an irregular, often rapid heart rate that commonly causes poor blood flow).</p> <p>Review of the resident's care plan, revised 1/15/25, showed:</p> <p>- The resident is at risk for bleeding related to anticoagulant therapy of Coumadin related to A-fib. Administer anticoagulant medications as ordered by the physician. Monitor for side effects and effectiveness. Labs including PT/INR as ordered. Report abnormal lab results to the physician. Educate the resident to report any incidents or falls promptly to staff.</p> <p>During an interview on 1/26/25 at 12:24 P.M., the resident said he/she was on Coumadin and has not had a PT/INR drawn in forever.</p> <p>Review of the Physician's Order Sheet (POS), dated January, 2025, showed:</p> <p>- Start date: 8/14/24. Warfarin tablet 3 mg. one tablet daily every Monday, Tuesday, Wednesday, Thursday, Friday and Saturday for A-fib;</p> <p>- Start date: 8/14/24. Warfarin tablet 4 mg. every Sunday for A-fib;</p> <p>- Did not have a standing order for a PT/INR lab draw.</p> <p>Review of the Medication Administration Record (MAR), dated January, 2025 showed:</p> <p>- Warfarin tablet 3 mg. daily on every Monday, Tuesday, Wednesday, Thursday, Friday and Saturday for A-fib. Staff documented it was administered as ordered 1/1/25 through 1/24/25.</p> <p>- Warfarin tablet 4 mg. every Sunday for A-fib. Staff documented it was administered as ordered from 1/1/25 through 1/24/25.</p> <p>During an interview on 1/26/25 at 3:08 P.M., the resident said he/she refused the Coumadin because the staff have not checked his/her PT/INR recently.</p> <p>During an interview on 1/27/25 at 7:46 A.M., the Director of Nursing (DON) said the resident has been scheduled to have a PT/INR drawn.</p> <p>During an interview on 1/29/25 at 4:16 P.M., the DON said:</p> <p>- If a resident was on Coumadin, there should be a physician's order for labs to check the PT/INR;</p> <p>- If there was an order to recheck the PT/INR in two weeks, then it should have been completed.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51166</p> <p>Based on observation, interview, and record review, the facility failed to provide quality of care by assisting one resident (Resident #32) out of the 15 sampled residents when the facility failed to replace their prescription eyeglasses that had been reported missing for several weeks by the family representative. The facility census was 58.</p> <p>Review of facility undated Resident Rights policy showed residents have the right to services and/or items included in plan of care.</p> <p>1. Review of Resident #32's Significant Change MDS, dated [DATE], showed:</p> <ul style="list-style-type: none"> -Severe cognitive impairment; -They had no impairment in upper or lower extremities; -Impaired vision; -Required corrective lenses; <p>-Diagnoses included: Heart disease, Alzheimer's disease (progressive neurodegenerative disorder that primarily affects memory, thinking, and behavior), and depression (mood disorder that causes a persistent feeling of sadness and loss of interest).</p> <p>Review of Resident's electronic medical record did not show any documentation of communication to the resident's representative regarding the appointment for the replacement of the missing eyeglasses.</p> <p>Review of Resident's revised care plan, dated 1/15/25, showed:</p> <ul style="list-style-type: none"> -Resident wears glasses and forgets where they were placed; -When needed, assist Resident with finding eyeglasses. <p>Observation on 1/27/25 at 4:38 P.M. showed the resident was not wearing eyeglasses.</p> <p>During an interview on 1/27/25 at 11:45 A.M., resident's representative said:</p> <ul style="list-style-type: none"> -The resident's glasses were lost a few weeks ago; -The Social Services Director informed him/her that the resident's eyeglasses were found; -The glasses that were found were reading glasses and not the resident's prescription eyeglasses; -He/she notified the Social Services Director on 1/20/25 that the eyeglasses on the resident did not belong to the resident. <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>During an interview on 1/28/25 at 3:20 P.M., the Resident's Representative said the Social Services Director told him/her on 1/25/25 that she would ask the Transportation Aid to make an appointment for residents eyeglasses replacement.</p> <p>During an interview on 1/29/25 at 8:36 A.M., CMT A said the resident sometimes wore eyeglasses.</p> <p>During an interview on 1/29/25 at 9:07 A.M., CNA B said if a resident was missing eyeglasses, they would notify the Social Services Director.</p> <p>During an interview on 1/29/25 at 2:26 P.M., the Social Services Director said:</p> <ul style="list-style-type: none"> -The resident wore eyeglasses; -The resident's eyeglasses were lost; -Staff found reading glasses on 1/20/25 and resident said the reading eyeglasses were theirs; -She gave a communication form to the Transportation Aid on 1/20/25 for an appointment to be scheduled for replacement of the residents eyeglasses; -She was not sure who was responsible to provide communication to the resident representative about the appointment. <p>During an interview on 1/29/25 at 2:48 P.M., the Transportation Aid said:</p> <ul style="list-style-type: none"> -He/she would expect Social Services Director to create a communication form for Transportation Aid if a resident needed an appointment for eyeglasses; -He/she would then make the appointment; -He/she would expect the Social Services Director to notify the resident representative. <p>During an interview on 1/29/25 at 4:16 P.M., Administrator said:</p> <ul style="list-style-type: none"> -The Social Services Director should notify resident representative of missing eyeglasses; -The Social Services Director should make an appointment to replace resident's missing eyeglasses; -The Social Services Director should notify the resident's representative appointments; -The Social Services Director should document the notification to the resident representative. 		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47195</p> <p>Based on observation, interview, and record review, the facility staff failed to ensure residents remained free from accident hazards when staff did not follow the manufacturer's guidelines when transferring one (Resident # 8) in a mechanical lift and while pushing residents in their wheelchairs without foot pedals for two (Resident #11 and #30) residents. This affected three (Resident #8, #11, and #30) of the fifteen sampled residents. The facility census was 58.</p> <p>Review of facility policy, Resident Rights, undated, showed:</p> <ul style="list-style-type: none"> -Safe Environment: Resident have the right to a safe, clean, comfortable, and homelike environment, including while receiving treatment and supports for daily services. <p>Review of facility policy, Resident Handling Policy, Revised in 2000, showed:</p> <ul style="list-style-type: none"> -Resident handling policy exists to ensure a safe working environment for resident handlers; -Resident transfer status will be reviewed via care-plan time frame and on an as needed basis; -Resident transfer status will be documented in the resident's chart and care plan. <p>Review of facility policy, wheelchair policy, undated, showed:</p> <ul style="list-style-type: none"> -Facility allows the resident the use of wheelchairs for mobility under their own propulsion or with assistance of staff. Residents may utilize wheelchairs without leg rests under their choice to allow for greater independence; -Movement within the chair may be under the residents' own means or with staff assistance at the resident's decision; -Residents may choose not to utilize leg rests on wheelchairs to improve their freedom to peddle chairs to and from, rest feet on the floor, increase ability to get closer to items such as meals, or other deemed appropriate reasons; -Wheelchair use and resident choices will be care planned as needed. <p>Review of manufacturer guidelines for use dated 2018, showed:</p> <ul style="list-style-type: none"> -When transferring a resident/lifting the patient: -Warning: The legs of the patient lift must be in the maximum open position for optimum stability and safety. <p>1. Review of Resident #8's Quarterly MDS (Minimum Data Set), A federally mandated assessment tool completed by facility staff, dated 11/15/24, showed:</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-They had moderate impaired cognition;</p> <p>-They had impairment to one side of upper and lower extremity;</p> <p>-They were dependent on a wheelchair;</p> <p>-He/She was dependent for transfers from sitting to lying, lying to sitting on side of bed, chair to bed transfers, and shower transfers;</p> <p>-He/She required substantial/maximal assistance rolling left and right;</p> <p>-Diagnoses included: Stroke (condition that occurred when blood flow to part of the brain was disrupted causing damage to brain tissue due to blocked blood vessel), hip fracture, anxiety, depression (persistent feelings of sadness, hopelessness, and loss of interest or pleasure in activities that previously enjoyed), schizophrenia (a mental health condition that affects a persons thoughts, perceptions, and behaviors), acute pain (a sudden pain that is short-lived and caused by an injury, illness, or medical procedure), restless leg syndrome, and generalized weakness (decreased muscle strength or lack of physical energy in most parts of the body).</p> <p>Review of care plan, revised 11/13/24 showed the resident required assist of two staff for transfers with a mechanical lift.</p> <p>Review of physician's orders, dated 1/28/24, showed and order revised 1/26/24 may use mechanical lift for transfers.</p> <p>During an observation on 1/27/25 at 10:26 A.M. resident was transferred from their chair to their bed in resident room by Certified Nurse Aide (CNA) A and CNA B . Observation showed CNA B raised Resident #8 from their chair and CNA B assisted from behind chair stabilizing the patient. As Resident #8 was being transferred from the chair to the bed the mechanical lift legs remained closed and were not spread as CNA B mobilized resident in the lift from their chair to their bed.</p> <p>During an interview on 1/29/25 at 2:04 P.M., CNA C said when using a mechanical lift the legs should be spread while transferring a resident.</p> <p>During an interview on 1/29/25 at 2:22 P.M., CNA D said when transferring a resident they should move residents with the mechanical lift legs closed.</p> <p>During an interview on 1/29/25 at 2:34 P.M., CMT A said:</p> <p>-While transferring a resident with the mechanical lift the legs should be open;</p> <p>-The legs of the mechanical lift should never be closed when somebody is in the lift because the lift could topple over.</p> <p>During an interview on 1/29/25 at 4:16 P.M., Director of Nursing said she expected the mechanical lift to be used according to manufacturers guidelines.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 1/29/25 at 4:16 P.M., Administrator said she expected the mechanical lift to be used according to manufacturers guidelines.</p> <p>2. Review of Resident #11's Quarterly MDS, dated [DATE], showed:</p> <ul style="list-style-type: none"> -They were moderately cognitively impaired; -They had severely impaired vision; -They were dependent on a wheelchair; -They had no impairment to upper or lower extremities; -They were independent with mobility-rolling left and right, sit to lying, lying to sitting, ; -They required supervision or touching assistance with chair to bed transfers, toilet transfers, tub/shower transfers; <p>-Diagnoses included: Glaucoma (condition affecting the eye that can lead to vision loss if left untreated), high blood pressure, dementia (group of brain disorders that cause a decline in cognitive abilities, such as memory, thinking, reasoning, and judgement), anxiety, depression, psychotic disorder (a disconnection from reality), polyarthritis (condition affecting multiple joints without specifying location of inflammation), idiopathic neuropathies (nerve damage that can cause pain, numbness, tingling, or weakness in the body), and muscle spasms.</p> <p>Review of care plan, revised 11/21/24, showed the resident used a wheelchair for mobility and could propel self and may need assistance with the task at time due to visual impairments.</p> <p>Review of physician's orders, dated 1/27/25, showed:</p> <ul style="list-style-type: none"> -Start 1/17/25, occupational therapy to evaluate for activities of daily living, cognitive skills, functional mobility and safety awareness, low vision, and compensatory techniques <p>Observation on 1/26/25 at 10:11 A.M. showed CNA A wheeled resident out of his/her room without any foot pedals on resident's chair. CNA A was stopped by DON at common area of 300 halls. CNA A then applied a blanket to resident's legs and wheeled resident down to administrative office by front entry of building where CNA A was observed applying foot pedals to resident's wheelchair.</p> <p>Observation on 1/27/25 at 10:32 A.M. showed Resident had a wheelchair foot pedal sitting on floor at foot of their bed in their room.</p> <p>3. Review of Resident #30's Quarterly MDS, dated [DATE], showed:</p> <ul style="list-style-type: none"> -They were cognitively intact; -They had impairment on one side of upper and lower extremities; -They were dependent on a wheelchair; <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-They were independent with wheeling self 50-150 feet in a manual wheelchair;</p> <p>-Diagnoses included: aftercare following joint replacement surgery, muscle weakness, muscle spasms, hemiplegia and hemiparesis following stroke affecting left non-dominant sides (condition that causes weakness or paralysis on one side of the body), cognitive communication deficit (condition affecting a person's ability to speak, listen, read, write, and interact socially).</p> <p>Review of care plan revised 1/27/25, showed:</p> <p>-They used wheelchair for mobility and could propel self short distances. They relied on staff and family to propel them at times. They would propel themselves backwards in their wheelchair, ensure theirs and other residents safety is monitored.</p> <p>Observation on 1/28/25 at 9:59 A.M. showed CNA D pushed resident #30 with no right side foot pedal on his/her wheelchair when pushing out of bathroom back to their room. Resident had a foot pedal on left side foot rest of wheelchair with foot on pedal but right foot was observed on the floor on right side of chair.</p> <p>4. During an interview on 1/29/25 at 2:04 P.M., CNA C said he/she was not allowed to push residents in wheelchairs without foot pedals because it could result in injury.</p> <p>During an interview on 1/29/25 at 2:22 P.M., CNA D said residents should not be pushed without foot pedals on their wheelchairs.</p> <p>During an interview on 1/29/25 at 2:34 P.M., CMT A said residents being pushed in wheelchairs should have foot pedals on their wheelchairs.</p> <p>During an interview on 1/29/25 at 2:44 P.M., Social Service Designee said:</p> <p>-Residents in wheelchairs could not be pushed without foot pedals;</p> <p>-It would be residents preference if they were able to hold their feet up during a transfer it would be okay to push them without pedals;</p> <p>-Therapy had been working on adjust foot pedals for wheelchairs.</p> <p>During an interview on 1/29/25 at 4:16 P.M., Director of Nursing said she expected dependent residents who were pushed through the facility to have foot pedals on their wheelchairs.</p> <p>During an interview on 1/29/25 at 4:16 P.M., Administrator said she expected dependent residents pushed through the facility to have foot pedals on their wheelchairs.</p>		

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<p>F 0728</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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>31102</p> <p>Based on interview and record review, the facility failed to ensure nurse aides (NA's) met the minimum qualifications which included satisfactory participation in a State-approved nurse aide training and competency evaluation program within four months of hire. The facility census was 58.</p> <p>The facility did not provide a policy regarding hiring and training nurse aides.</p> <p>1. Review of the facility employee list showed:</p> <ul style="list-style-type: none"> - NA A was hired on 6/5/24; - NA D was hired on 12/19/22; - NA E was hired on 5/19/23. <p>Record review of personnel files showed no documentation that NA A, NA D and NA E had been certified.</p> <p>During an interview on 1/29/24 at 4:16 P.M., the Administrator said they are no longer hiring NA's, but NAs should have their certification within four months of their hire date.</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>31102</p> <p>Based on observations, interviews and record review, the facility failed to discard expired medications and biological's stored within the medication cart and medication room, failed to date an opened vial of tuberculin (TB) purified protein derivative (PPD, skin test used to help diagnosed tuberculosis infection), failed to ensure to insulin pens had a pharmacy label to indicate who they belonged to, failed to ensure there were no loose pills in the medication carts and failed to ensure staff did not leave medications at bedside for Resident #26. The facility census was 58.</p> <p>Review of the facility's undated policy titled, Medication Storage in the Facility, showed:</p> <ul style="list-style-type: none"> - Medications and biological's are stored safely, securely and properly following manufacturer's recommendations or those of the supplier; - Outdated, contaminated, or deteriorated medications and those in containers that are cracked, soiled , or without secure closures are immediately removed form stock, disposed of according to the procedures for medication destruction, and reordered from the pharmacy, if a current order exists. <p>1. Observation and interview on 1/26/25 at 9:51 A.M., showed:</p> <ul style="list-style-type: none"> - The resident was in his/her room in a rocking chair; - There were two clear medication cups on the resident's beside table; - Staff had written the resident's first name and last initial on each clear medication cup; - One medication cup had one pill in it; - The second medication cup had one big round white pill, one small white pill, one white oblong pill, one dark colored pill, and one red and white capsule; - The resident said the staff usually bring one pill in at 4:30 A.M., and just leave the other pills for him/her to take later. <p>During an interview on 1/27/25 at 11:46 A.M., Certified Medication Technician (CMT) A said:</p> <ul style="list-style-type: none"> - Staff should not leave medications at bedside; - Staff should watch to make sure the residents take their pills. <p>During an interview on 1/29/25 at 4:16 P.M., the Director of Nursing (DON) said staff should not leave pills at bedside.</p> <p>2. Observation and interview on 1/27/25 at 10:05 A.M., of the medication room showed:</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> - An opened vial of TB did not have a date when it was opened; - Two Tresebia (fast acting insulin) flex touch pens did not have a pharmacy label to indicate who they belonged to; - An opened bottle of Tussin cough suppressant, expired 4/24; - Two bottles of liquid iron supplements, expired 9/24; - Salonpas pain relieving patch, expired 5/23; - The Regional Nurse Consultant said the insulin pens should have a pharmacy label to indicate who they belonged to. The vial of TB should have a date when it was opened. The previous DON should have been checking the medication room for expired medications. Staff should not use the expired medications and they should have been thrown away. <p>3. Observation and interview on 1/27/25 at 11:46 A.M., of the South medication cart showed;</p> <ul style="list-style-type: none"> - There was one white pill, three oblong white pills, one round pink pill, one oblong light pink pill, one small round white pill, two oblong light yellow pills and 1/2 of an oblong white pill loose in the drawer of the medication cart; - CMT A said there should not be any loose pills in the medication cart. The loose pills should have been thrown away. <p>4. Observation and interview on 1/27/25 at 12:06 P.M., of the North CMT medication cart showed:</p> <ul style="list-style-type: none"> - One small round white pill loose in the locked narcotic box; - There was two small round white pills, and two oblong white pills loose in the drawer of the medication cart; - One opened bottle of melatonin (used for sleep aid), expired 4/24; - One opened bottle of Thiamin Vitamin B1 (supplement), expired 7/24; - There should not be any loose pills in the medication cart; - The CMT's try to check the medication carts weekly for expired medications. <p>During an interview on 1/29/25 at 4:16 P.M., the DON said:</p> <ul style="list-style-type: none"> - Pharmacy comes in once monthly to check the medication room and the medication carts for expired medications; - The CMT's should check the medication room and the medication carts for loose pills and expired medications. 		

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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>51166</p> <p>Based on observations, interviews, and record review, the facility failed to prepare and serve food in accordance with professional standards for food service safety when staff failed to label and date all foods, seal all foods after opening, use proper hand washing, record refrigerator temperatures, properly store food storage containers and dishes, and failed to temperature check foods before serving food from steam table. The facility census was 58.</p> <p>1. Facility's policy titled, Handling Leftover Food, dated 10/23 showed:</p> <ul style="list-style-type: none"> -Leftover foods stored in the refrigerator should be wrapped and labeled with a use by date no later than 72 hours from the time of first use; -Leftover foods stored in the freezer should be dated and labeled. <p>A policy regarding safe food handling was requested but not provided.</p> <p>Continuous observation of the kitchen on 1/26/25 at 9:15 A.M.- 9:52 A.M., showed:</p> <ul style="list-style-type: none"> -Two packages of unlabeled, undated smoked sausage in the freezer. -Undated sausage; - 24-ounce white bread was undated and unsealed; -Undated sandwich bread; -Measuring cup stored upright on oven shelf; -Uncovered butter bowl on oven shelf; -Unlabeled and undated large pan of gravy in large refrigerator; -Unbranded ranch dressing container dated 1/20 in the large refrigerator had no lid. <p>During an interview on 2/5/25 at 8:34 A.M., the Dietary Manager said he/she expected opened food items to be sealed and dated.</p> <p>During an interview on 2/4/25 at 4:33 P.M., the Dietician said he/she expected food items to be sealed and dated after opening.</p> <p>During an interview on 2/5/25 at 10:56 A.M., the Administrator said food items should be sealed and dated after opening.</p> <p>2. Facility did not provide a policy for proper storage of dishes and containers.</p> <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>Continuous observation on 1/28/25 at 8:47 A.M. - 12:45 P.M. showed:</p> <ul style="list-style-type: none"> -Four plastic cups stored upright on shelf above coffee maker; -Plastic cover on plate cart pulled back, exposed bowls and plates stored upright; -Dinner plates, desert bowls, and salad plates were stored face up on uncovered plate rack; -Two large storage containers on metal table outside of pantry were stored upright; -Metal pans on top shelf of metal rack next to the small refrigerator were stored upright; -Dinner plates, desert bowls, and salad plates were stored face up on uncovered plate rack; -Dinner plates, desert bowls, and salad plates were stored face up on uncovered plate rack; -Metal pans on top shelf of metal rack next to the small refrigerator were stored upright. <p>During an interview on 1/28/25 at 9:28 A.M., Dietary Aid B said plates, bowls, pots, storage containers and cups should be stored upside down.</p> <p>During an interview on 2/5/25 at 8:34 A.M., the Dietary Manager said:</p> <ul style="list-style-type: none"> -He/She expected oil cup on oven shelf to be stored inverted when not in use and butter container should be covered when not in use; -He/She expected bowls, plates, and storage containers should be upside down or covered when not in use. <p>During an interview on 2/4/25 at 4:33 P.M., Dietician said he/she expected the butter bowl and oil cup stored on oven shelf be covered when they are not in use.</p> <p>During an interview on 2/5/25 at 10:56 A.M., Administrator said:</p> <ul style="list-style-type: none"> -She did not know how food storage containers and dishes should be stored. -The butter bowl should be covered when not in use and the oil cup should be inverted or covered when not in use. <p>Observation on 1/26/25 at 12:46 P.M. showed Certified Medication Technician (CMT) A cut up food for a resident, then touched another resident's wheelchair and did not wash hands or sanitize before continuing to cut up the resident's food.</p> <p>Observation on 1/28/25 at 12:27 P.M. showed [NAME] A leaned over steam table while serving food onto plates and their clothing touched the food on a plate that was served to a resident.</p> <p>Continuous observation on 1/28/25 from 11:38 A.M. to 11:53 A.M. showed:</p> <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>-Dietary Aid C did not wash hands when they came back into kitchen to add drinks to tray;</p> <p>-Dietary Aid C did not wash hands upon when they entered the kitchen and started another pot of coffee and poured a glass of milk;</p> <p>-Dietary Aid C did not wash hands when they entered the kitchen, poured a cup of coffee and took to dining room;</p> <p>-Dietary Aid C did not was hands upon entering the kitchen, poured a glass of milk and took to dining room.</p> <p>During an interview on 1/29/25 at 8:37 A.M., CMT A said when cutting up food for one resident, that task should have been finished before moving on to another task or hands should have been sanitized before going back to cutting up the food.</p> <p>During an interview on 01/29/25 at 9:03 A.M., Dietary Aid A said staff should wash hands anytime they walk into the kitchen, even if was just to grab a cup of coffee.</p> <p>During an interview on 1/29/25 4:16 P.M., the Administrator said:</p> <ul style="list-style-type: none"> - She expected dietary staff to have washed hands upon entering kitchen; - She expected staff, when dietary assistance was provided to wash hands or sanitize in between tasks. -She expected staff's clothing not to touch the food on plates that were served to residents. <p>During an interview on 2/4/25 at 4:33 P.M., the Dietician said:</p> <ul style="list-style-type: none"> -He/She expected staff to wash their hands when they entered the kitchen; -He/She expected staff to sanitize their hands if they are cutting up residents' food, then touch another residents wheel chair, before going back to cutting up food; -He/She expected staff's clothing not to touch food on plates on steam table prior to serving to residents. <p>During an interview on 2/5/25 at 8:34 A.M., the Dietary Manager said:</p> <ul style="list-style-type: none"> - He/She expected staff's clothing to not touch food on plates on steam table prior to serving to residents; -Staff should wash their hands when they enter the kitchen. <p>3. Facility did not provide a policy on proper food temperatures.</p> <p>Observation on 1/28/25 at 12:02 P.M. showed [NAME] C did not take food temperature of food items on steam table before serving.</p> <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>During an interview on 1/29/25 at 2:52 P.M., the Dietary Manager said he/she expected staff to check the holding temperature of the food before it was served.</p> <p>During an interview on 2/4/25 at 4:33 P.M., the Dietician said:</p> <p>-They expect staff to check food temperatures when they take the food out of the oven and on the steam table before serving.</p> <p>During an interview on 2/5/25 at 10:56 A.M., the Administrator said temperatures of food on the steam table should be taken before food was served.</p> <p>4. Facility did not provide a policy on refrigerator temperature logs.</p> <p>Observation on 1/26/25 at 9:15 A.M. showed:</p> <p>-Large refrigerator temperature logs missed entries for 1/22-1/26.</p> <p>During an interview on 2/5/25 at 8:34 A.M., Dietary Manager said he/she expected refrigerator temperatures to have been logged daily.</p> <p>During an interview on 2/4/25 at 4:33 P.M., Dietician said he/she expect refrigerator temperatures to be recorded daily.</p> <p>During an interview on 2/5/25 at 10:56 A.M., Administrator said refrigerator temperatures should be logged daily.</p>		

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Keep all essential equipment working safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47195</p> <p>Based on observation and interview, the facility failed to maintain resident wheelchairs in safe operating condition when resident wheelchairs had ripped and peeling arm rests. This affected three of fifteen sampled residents (Resident #11, #57, and #60). The facility census was 58.</p> <p>Review of facility policy, wheelchair policy, undated, showed the facility may provide residents with wheelchairs for mobility when such need is established either by evaluation or request of the resident.</p> <p>Review of facility policy, Resident Rights, undated, showed:</p> <ul style="list-style-type: none"> -Safe Environment: Resident has right to a safe, clean, comfortable, and homelike environment, including to receiving treatment and supports for daily services; -Facility shall exercise reasonable care for protection of resident's property from loss or theft; -Maintenance services to maintain a sanitary, orderly, and comfortable interior. <p>Review of facility policy, maintenance service, revised December 2009, showed the maintenance department was responsible for maintaining equipment in safe and operable manner at all times.</p> <p>1. Review of Resident #11's quarterly MDS (Minimum Data Set), a federally mandated assessment tool completed by facility staff, dated 1/13/25, showed:</p> <ul style="list-style-type: none"> -They were moderately cognitively impaired; -They had severely impaired vision; -They were dependent on a wheelchair; -They had no impairment to upper or lower extremities; -They were independent with mobility-rolling left and right, sit to lying, lying to sitting; -They required supervision or touching assistance with chair to bed transfers, toilet transfers, tub/shower transfers; <p>-Diagnoses included: glaucoma (condition affecting the eye that can lead to vision loss if left untreated), high blood pressure, dementia (group of brain disorders that cause a decline in cognitive abilities, such as memory, thinking, reasoning, and judgement), anxiety, depression, psychotic disorder (a disconnection from reality), polyarthritis (condition affecting multiple joints without specifying location of inflammation), idiopathic neuropathies (nerve damage that can cause pain, numbness, tingling, or weakness in the body), and muscle spasms.</p> <p>(continued on next page)</p>		

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 01/29/2025
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 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the residents care plan, revised 11/21/24, showed they used a wheelchair for mobility and could propel self and may need assistance with the task at time due to visual impairments.</p> <p>Review of physician's orders, dated 1/27/25, showed 1/17/25, occupational therapy to evaluate for activities of daily living, cognitive skills, functional mobility and safety awareness, low vision, and compensatory techniques.</p> <p>Observation on 1/26/25 at 9:52 A.M. showed the resident's wheelchair arm was taped with tape on the left side of the arm rest pad.</p> <p>2. Review of Resident #57's admission MDS, dated [DATE], showed:</p> <ul style="list-style-type: none"> -They were cognitively intact; -They were dependent on a walker and wheelchair for mobility; -They required supervision or touching assistance for mobility of rolling left and right, sitting to lying transfers, and lying to sitting on side of bed transfers; -They required partial to moderate assistance when transferring from a sitting to stand, chair to bed, toilet transfers, and walking up to 10 feet; -Diagnoses included cellulitis of the left and right lower limbs (painful swelling of the skin), high blood pressure, anxiety. <p>Review of care plan, revised 1/17/25, showed the resident utilized a wheelchair for mobility outside of their room but will use a walker at times, assist them with these tasks as needed.</p> <p>Observation on 1/29/25 at 11:09 A.M. showed resident's wheelchair arm rests were taped with white tape.</p> <p>3. Review of Resident #60's admission MDS, dated [DATE], showed:</p> <ul style="list-style-type: none"> -They were cognitively intact; -They had impairment on one side of lower extremity; -They were dependent on a wheelchair for mobility; -They had a fracture related to a fall in past 6 months prior to admission; -They had a orthopedic surgery repair for a bone; -Diagnoses included fracture of the left talus sequela (healed fracture of the left ankle bone with lasting complications or effects from a previous injury), anxiety , manic depression (a mental illnesses causing extreme mood swings). <p>(continued on next page)</p>		

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of care plan, revised 1/16/25, showed the resident used a wheelchair for mobility, can propel themselves and directed staff to assist the resident with this task as needed.</p> <p>Review of physician's orders, dated 1/29/25, showed started 12/26/24, non weight bearing to lower left extremity.</p> <p>Observation on 1/29/25 at 11:21 A.M., showed the resident's left wheelchair arm rest was wrapped in white tape.</p> <p>During an interview on 1/29/24 at 4:16 P.M., Maintenance said he/she was aware of several wheelchairs that needed repairs and it was on his/her list to complete these items.</p> <p>During an interview on 1/29/24 at 4:16 P.M., Director of Nursing said they expected residents wheelchairs to be in good repair and free of torn arm rests.</p> <p>During an interview on 1/29/24 at 4:16 P.M., Administrator said he/she expected residents wheelchairs to be in good repair and free of torn arm rests.</p>		