STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265665	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hill Crest Manor	801 South Colby Hamilton, MO 64644

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement policies and procedures to prevent abuse, neglect, and theft. Based on record review and interview, the facility staff 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), failed to check the Family Care Safety Registry (FCSR) to ensure that persons caring for children, seniors, or physically or mentally disabled individuals can be screened for employment purposes. The law requires that every child care and elder care worker hired on or after January 1, 2001, and every personal care worker hired on or after January 1, 2002. This affected five of 10 sampled staff. The facility census was 56.Review of the facility policy titled, New Hire Checklist Policy, dated February 2022 showed all newly hired staff will have a criminal background check, employee disqualification list check, certified nursing registry federal indicator check, and family care registry indicator check prior to employment start date.1. Employee A- New hire record review showed:Hired on 10/05/25- No FCSR, or CNA registry was checked.2. Employee B-New hire record review showed:Hired on 02/13/26-No criminal background check, or NA registry was checked.3. Employee C -New hire record review showed:Hired on 02/06/25- No criminal background check, no employee disqualification check, or NA registry was checked.4. Employee D- New hire record review showed:Hired on 08/11/25- No NA registry was checked.5. Employee E-New hire record review showed:Hired on 12/13/25- No NA registry was checked. No employee disqualification check, and no family care registry was checked.During an interview on 05/06/26 at 12:20 P.M. the Director of Nursing said there had been some checks not completed and was not sure why. She said that all staff should be checked through all the Federal Indicators prior to start of employment.During an interview on 05/06/26 at 2:22 P.M., the Administrator said all new employees should have a background check completed and documented prior to start of employment.

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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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on observation, interview, and record review the facility failed to develop and implement a comprehensive person-centered care plan for each resident that included measurable objectives and timeframes to meet a resident's medical needs and the services that were to be furnished to attain or maintain the resident's highest practicable wellbeing when the facility failed to include how to care for a catheter as well as supplemental oxygen for Resident #10. This affected one of 14 sampled residents. The facility census was 56.Review of the facility policy titled, Care Plans, Comprehensive Person-Centered, dated March 2022, showed:-The comprehensive person-centered care plan described the services that were to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being;-Assessment of resident's were ongoing and care plans were revised as information about the resident's and the resident's conditions changed. 1.Review of Resident #10's Comprehensive Minimum Data Set (MDS, a federally mandated assessment completed by the facility staff) dated 03/27/26, showed:-The resident was cognitively intact;-The resident was receiving hospice (end of life care for individuals with terminal illness) care;-The resident requiring supplemental oxygen was not addressed;-The resident had diagnoses of dysphagia (difficulty swallowing often causing coughing, choking, or pain), generalized edema (sever widespread excess fluid buildup throughout the body's tissues), and hypertension (high blood pressure). Review of the resident's care plan, dated 03/25/26, showed: The resident requiring supplemental oxygen was not addressed. Review of the resident's physician's order sheet, dated 05/06/26, showed:-The resident had an order for urinary catheter care each shift beginning on 04/01/26;-The resident's physician's order sheet did not show an order for supplemental oxygen. Observation on 05/05/2026 at 11:08 A.M. showed:-The resident had an indwelling urinary catheter (a flexible tube inserted into the bladder to drain urine). Observation on 05/05/2026 11:17 at A.M. showed: -The resident had a nasal cannula (a thin plastic tube with two small prongs that rest just inside the nostrils to deliver supplemental oxygen) on that was connected to an oxygen concentrator in the resident's room; -The supplemental oxygen was being administered at three liters per minute;-The nasal cannula was not labeled with a date indicating the day the nasal cannula tubing was changed. During an Interview on 05/07/2026 at 8:34 A.M. Licensed Practical Nurse (LPN) A said: -A resident requiring oxygen should be addressed in the care plan;-A resident requiring an indwelling urinary catheter should be addressed in the care plan;-The MDS Coordinator updates the care plans; During an Interview on 05/07/2026 at 8:52 A.M. the MDS Coordinator said:-A resident requiring an indwelling urinary catheter should be addressed in the care plan;-A resident requiring supplemental oxygen should be addressed in the care plan;-If a resident required a new treatment plan or medical equipment the nurse could leave her a note for he to update the care plan or the nurse could update it themselves. During an Interview on 05/07/2026 at 10:15 A.M. Certified Nursing Assistant (CNA) A said:-He/she looked at resident's care plans to determine what type of care the resident would need;-If a resident had a catheter or needed oxygen it would be addressed in the resident's care plan. During an Interview on 05/07/2026 at 10:21 A.M. Nursing Assistant (NA) A said:-He/she looked at the resident's care plan to determine what type of care the resident would need;-If a resident had a catheter or needed oxygen it would be addressed in the resident's care plan. During an Interview on 05/07/2026 at 11:52 A.M. the Director of Nursing (DON) said:-The need for supplemental oxygen should be addressed in the resident's care plan;-The need for an indwelling urinary catheter should be addressed in the resident's care plan.

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record review, the facility failed to follow standards of practice when they failed to ensure one of the 14 sampled residents, (Resident #28) had a physician's order to have medication at bedside and failed to have a physician's order to self - administer medications. The facility census was 56.Review of the facility policy titled, Self-Administering Medications, dated February 2021 showed the resident was supposed to administer their own medications when the resident's physician and the Interdisciplinary Team (IDT) determined it was safe for the resident. 1. Review of Resident #28's self - administration of medication assessment dated [DATE] showed the resident was capable of self-administering medication. Review of the resident's Quarterly MDS, dated [DATE] showed:- Cognitive skills intact.- Required supervision/touch assistance with eating.- Required set up/clean up with oral care and personal hygiene.- Diagnoses included anxiety, depression, high blood pressure, atrial fibrillation (A-fib, an irregular and often fast heartbeat caused by chaotic electrical signals in the heart's upper chambers), and Chronic Obstructive Pulmonary Disease (COPD, obstruction of air flow that interferes with normal breathing). Observation and interview on [DATE] at 8:26 A.M., showed:- The resident sat in his/her chair and had oxygen on at 2 liters per nasal cannula (2L/NC).- The resident had an opened and undated bottle of generic eye drops (used for dry eyes), an opened and undated Albuterol inhaler (used for COPD) and an opened and undated bottle of Flonase nasal spray (used for seasonal allergies) which expired 2/26 on the bedside table. - The resident said he/she had trouble breathing and needed the inhaler and used the eye drops and Flonase when needed. Observation on [DATE] at 9:19 A.M., showed the resident still had the bottle of generic eye drops, the Albuterol inhaler, and the expired bottle of Flonase nasal spray plus an unopened bottle of Systane eye drops (used for dry eyes) and opened bottle of vaporizing rub (used for nasal congestion and minor aches and pains). Review of the resident's Physician Order Sheet (POS) dated [DATE], showed:- Start date: [DATE] - Oxygen at 2L/NC for shortness of breath.- Start date: [DATE] - Flonase nasal suspension, one spray each nostril two times daily for allergies. Unsupervised self - administration. May keep at bedside and self-administer. Resident to blow nose prior to administering. - Start date: [DATE] - Pro Air HFA Inhalation Aerosol Solution 108 (90 base) mcg/act, inhale two puffs orally every four hours as needed for shortness of air. Unsupervised self - administration. Rinse mouth after use. - Did not have an order for the generic eye drops, the Systane eye drops or the vaporizing rub. Did not have an order to keep the eye drops or the vaporizing rub at bedside. Review of the resident's Medication Administration Record (MAR) dated, [DATE] showed:- Oxygen at 2L/NC for shortness of breath.- Flonase nasal suspension, one spray each nostril two times daily for allergies. Unsupervised self - administration. May keep at bedside and self-administer. Resident to blow nose prior to administering.- Pro Air HFA Inhalation Aerosol Solution 108 (90 base) mcg/act, inhale two puffs orally every four hours as needed for shortness of air. Unsupervised self - administration. Rinse mouth after use. During an interview on [DATE] at 7:04 A.M., Registered Nurse (RN) A said:- There should be an order to leave medications at bedside.- There should be an order for the resident to self - administer the medication.- Self - administration assessments of medications used to be done by the MDS quarterly, but he/she was not for sure who did them now or how often. During an interview on [DATE] at 9:21 A.M., Certified Medication Technician (CMT) said:- Medications should not be left at bedside. - There should be a physician's order to leave medications at bedside.- He/She was not aware of any residents who had orders to leave medications at bedside.- He/She did not know if a resident was supposed to have an assessment completed to self - administer medications.- He/She would assume if a resident did have medications at bedside, someone would check the medication at bedside to see if they were expired and if the resident had used them, but he/she was not for sure. During an interview on [DATE] at 9:29 A.M., Licensed Practical Nurse (LPN) A said:- The residents should have a physician's order to leave medications at (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	bedside.- He/She was not for sure if any of the residents had an order to leave medications at bedside. - There should be an order for the resident to self - administer the medication.- There should be an assessment completed to see if the resident was able to safely self - administer medications.- The nurse or CMT should check with the resident to see if they have taken the medication and should check to make sure the medications were not expired. During an interview on [DATE] at 11:51 A.M., the Director of Nursing (DON) said:- If a resident had any medication at bedside, there should be an order for it and an order to self-administer the medication.- Staff should check to make sure the medication is not expired and see if the resident has administered the medication.- There should be an order for each medication at bedside.- Assessments for self - administering of medications should be completed quarterly.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure that a resident's who required respiratory care, were provided such care consistent with professional standards of practice when the facility failed to ensure oxygen tubing was changed on a regular basis for four resident's (Resident's #8, #10, #49, and #28) of 14 sampled resident's. And when the facility failed to ensure oxygen concentrator filters were cleaned for two resident's (Residents #8 and #49). The facility census was 56.The facility did not provide a policy for respiratory care. 1. Review of Resident #8's Quarterly Minimum Data Set (MDS) a federally required assessment tool completed by facility staff, dated 03/30/26, showed: -The resident was cognitively intact; -The resident required assistance from staff to carry out activities of daily living; -The resident had diagnoses of shortness of breath, asthma (a chronic respiratory disease that causes the airway to narrow), and obstructive sleep apnea (a disorder where breathing repeatedly stops and starts during sleep). Review of the resident's care plan, dated 05/04/26, showed: -The resident was at risk for shortness of breath and required oxygen use related to asthma; -The resident wore oxygen at three (3) liters continuously per nasal cannula (a thin plastic tube with two small prongs that rest just inside the nostrils to deliver supplemental oxygen). Observation on 05/05/2026 at 10:52 A.M. showed: -The resident had a nasal cannula on that was connected to an oxygen concentrator in the resident's room; -The nasal cannula was not labeled with a date indicating the day the nasal cannula tubing was changed; -The filter (foam on the back on the oxygen concentrator that ensures clean oxygen) on the oxygen concentrator had [NAME] up dust covering the filter. 2.Review of Resident #10's Comprehensive MDS dated [DATE], showed: -The resident was cognitively intact; -The resident received hospice (end of life care for individuals with terminal illness) care; -The resident requiring supplemental oxygen was not addressed; -The resident had diagnoses of dysphagia (difficulty swallowing often causing coughing, choking, or pain), generalized edema (sever widespread excess fluid buildup throughout the body's tissues), and (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	hypertension (high blood pressure). Review of the resident's care plan, dated 03/25/26, showed: The resident requiring supplemental oxygen was not addressed. Observation on 05/05/2026 11:17 at A.M. showed: -The resident had a nasal cannula on that was connected to an oxygen concentrator in the resident's room; -The nasal cannula was not labeled with a date indicating when the nasal cannula tubing was changed. During an Interview on 05/07/2026 at 8:34 A.M. Licensed Practical Nurse (LPN) A said: -Oxygen tubing should be changed every Sunday and a label placed on the tubing indicating when it was changed; -Oxygen concentrator filters should not have dust built up on them. During an Interview on 05/07/2026 at 8:52 A.M. the MDS Coordinator said: -Oxygen tubing was changed every Sunday; -Oxygen tubing should be labeled with the date that it was changed; -Oxygen concentrator filters should not have dust built up on them. During an Interview on 05/07/2026 at 11:52 A.M. the Director of Nursing (DON) said: -Oxygen tubing should be changed weekly and labeled indicating the date it was changed; -Oxygen concentrator filters should be cleaned weekly. 3. Review of Resident #49's care plan, revised 02/16/26 showed: - The resident had shortness of air related to decreased energy and fatigue secondary to dysphasia (difficulty with language or communication). - Elevate the head of the bed due to shortness of air. Encourage sustained deep breathing. Maintain a clear airway. Monitor/document changes in orientation, increased restlessness, anxiety and air hunger. Report breathing abnormalities to the physician. Use pain management as appropriate. - The care plan did not address the use of oxygen or the use of nebulizer treatments. Review of the resident's Quarterly MDS, dated [DATE] showed: - Cognitive skills intact. (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- Upper and lower extremities impaired on one side. - Dependent on the assistance of staff for transfers. - Diagnoses included high blood pressure, diabetes mellitus, depression, hemiplegia (paralysis affecting one side of the body), hemiparesis (muscular weakness on one side of the body). Observation and interview on 05/05/26 at 9:18 A.M., showed: - The resident had an oxygen concentrator in his/her room. The oxygen tubing was not dated. The filter on the oxygen concentrator was covered in gray lint. The humidified water bottle was dated 04/05/26. - The nebulizer tubing was dated 04/26 and was placed inside a plastic bag dated 05/03. - The resident said he/she used the nebulizer and oxygen when he/she was short of air. Review of the resident's POS, dated May 2026 showed: - Start date: 01/30/26 - Ipratropium-albuterol solution 0.5-2.5 (3) mg/ml. Inhale every four hours as needed for shortness of air or wheezing. - Did not have an order to specify how often to change the nebulizer tubing. - The resident did not have an order for oxygen use. Review of the resident's MAR dated May 2026 showed: - Ipratropium-albuterol solution 0.5-2.5 (3) mg/ml. Inhale every four hours as needed for shortness of air or wheezing. - Staff documented it was administered on 05/05/26. - Did not have any documentation to indicate when the tubing should be changed or when it was changed. 4. Review of Resident #28's Quarterly MDS, dated [DATE] showed:- Cognitive skills intact.- Required set up/clean up with personal hygiene.- Diagnoses included anxiety, depression, high blood pressure, atrial fibrillation (A-fib, an irregular and often fast heartbeat caused by chaotic electrical signals in the heart's upper chambers), and Chronic Obstructive Pulmonary Disease (COPD, obstruction of air flow that interferes with normal breathing). Observation on 05/04/26 at 8:26 A.M., showed:- The resident sat in his/her chair and had oxygen on at 3.5 liters per nasal cannula (3.5L/NC).- The oxygen tubing was dated 04/19/26. The humidified water bottle was dated 04/05/26. -The portable oxygen tubing was dated 04/26. Review of the resident's Physician Order Sheet (POS) dated May 2026, showed, Start date: 01/14/25 - Oxygen at 2L/NC for shortness of breath. (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the resident's Medication Administration Record (MAR) dated, May 2026 showed, Oxygen at 2L/NC for shortness of breath. During an interview on 05/07/26 at 7:04 A.M., RN A said:-The oxygen tubing should be changed weekly and dated. -The filters should be cleaned weekly. -The humidified water bottle should be changed and dated monthly. -The nebulizer tubing should be changed weekly and dated. During an interview on 05/07/26 at 9:21 A.M., CMT A said:-The oxygen tubing should be changed out weekly and dated on the night shift. -The nebulizer tubing should also be changed out weekly and dated. -He/She was not for sure how often the filters should be cleaned on the oxygen concentrators. -The residents should have an order for oxygen and how often to change the oxygen and nebulizer tubing. 5. During an interview on 05/07/26 at 9:29 A.M., LPN A said:-The residents should have an order for oxygen. -The oxygen tubing should be changed weekly on Sunday night by the night shift, and it should be dated when changed. -He/She thought the oxygen filters should be cleaned twice monthly. -The humidified water bottle should be changed twice monthly. -The nebulizer tubing should be changed every Sunday by the night shift and dated. 6. During an interview on 5/7/26 at 11:51 A.M., the Director of Nursing (DON) said:-There should be an order for oxygen. -The oxygen and nebulizer tubing should be changed and dated weekly. -The oxygen filters should be cleaned weekly.

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F 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Post nurse staffing information every day. Based on observations, interviews and record review, the facility failed to post the daily staffing sheets to include the amount of hours scheduled to work for both licensed and non-licensed nursing staff and failed to have it in an area unobstructed from the public view. The facility census was 56.The facility did not have a policy regarding the position of daily census and staffing sheets. 1. Observation and interview on 05/05/26 at 11:22 A.M., showed:- Staffing sheets were only available from 04/28/26 to 05/04/26, - The Regional Nurse Consultant (RNC) said he/she discovered on 04/28/26 the staff had not been filling out the daily staffing sheets. He/She had been unable to locate any staffing sheets for the last year. The Director of Nursing (DON) and the Assistant Director of Nursing (ADON) planned to in-service the night shift charge nurses, then the charge nurses would be responsible to fill them out. Currently, the DON and ADON were filling out the daily staffing sheets. During an interview on 05/07/26 at 7:04 A.M., Registered Nurse (RN) A said the daily staffing sheets should be filled out daily and posted in plain view of staff, residents and visitors. During an interview on 05/07/26 at 11:51 A.M., the DON said the daily staffing sheet should be filled out on each shift and posted in plain view daily. The night shift charge nurse would make any changes if there were call ins.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation and interview, the facility failed to prepare and serve food in accordance with professional standards for food service safety when facility staff failed to properly store, label and monitor food items for expiration dates, failed to properly temperature check cooked food items, failed to use gloves while handling ready-to-eat food items, and failed to properly sanitize between kitchen tasks. This affected all residents in the facility. The facility census was 56. Review of facility policy titled, Food Preparation and Service, dated November 2022, showed:- Cross-contamination can occur when harmful substances, chemical or disease-causing microorganisms are transferred to food by hands (including gloved hands), food contact surfaces, or utensils that are not adequately cleaned.- Food preparation staff will adhere to proper hygiene and sanitary practices to prevent the spread of foodborne illness.- Potentially hazardous foods include meats, poultry, seafood, cut melon, eggs, milk, yogurt and cottage cheese.- Bare hand contact with food is prohibited. Gloves are worn when handling food directly and changed between tasks. Disposable gloves are single use items and are discarded after each use. Review of facility policy titled, Food Receiving and Storage, dated November 2022, showed:- Food shall be received and stored in a manner that complies with safe food handling practices;- Food in designated dry storage areas are kept at least six inches off the floor;- All foods stored in the refrigerator or freezer are covered, labeled and dated (use by date).- Refrigerated foods are labeled, dated and monitored so they are used by their use-by date, frozen, or discarded;Review of facility policy titled, Preventing Foodborne Illness - Employee Hygiene and Sanitary Practices, dated November 2022, showed:- Employees must wash their hands after handling raw meat, poultry or fish and when switching between working with raw food and working with ready-to-eat food;- Contact between food and bare (ungloved) hands is prohibited;Observation of the kitchen on 05/04/26 at 7:52 A.M. showed:Stand-up Refrigerator:- Lettuce had rotten leaves on the outside of four heads of lettuce;- Lemonade in a one-gallon plastic pitcher dated 04/27, use by 04/30 (expired);- Fruit punch in a one-gallon plastic pitcher dated 04/27, use by 04/30 (expired);- 9 unlabeled individual sized portions of unknown food in plastic serving cups with no dates;- Tomatoes, fresh, in container with no dates;- Cottage Cheese, 5-pound container, opened 05/03/26, expired 05/03/26;- Leftover pickles stored in a plastic container dated 04/22 (expired);- Plastic container of two pounds of leftover bologna opened 04/27 with use by date of 04/30 (expired);- Six pounds of country sausage with no dates in resealed package;- Gravy stored on 04/28 (expired);Dry Storeroom:- Two personal bags stored on top of raw onions in an open box;- Empty plastic container stored on top of raw potatoes in an open box;- Bag of granulated sugar, 50 pounds, stored on the floor;- Two #10 cans of baked beans stored on the floor propping the storeroom door open;- Five pounds of graham cracker crumbs, resealed in bag with no dates;Review of Food Temperature Log for recording final cooking temperatures, dated May 2026, showed:- No entries for lunch and dinner on 05/02/26;- No entries for breakfast, lunch, and dinner on 05/03/26;During an interview on 05/05/26 at 9:25 A.M., the Dietary Manager (DM) said that the temperature log should have been filled out but her staff did not do it due to training shortfalls with their performance.Observation of the kitchen on 05/05/26 at 9:30 A.M., showed:Walk-In Refrigerator:- 18 plastic containers of an unknown food labeled incorrectly with the date of 05/06/26;- Plastic container of expired bologna from 04/30 now has one-quarter of a pound of meat in the container;- Four uncovered drinks in plastic cups with no labels or dates;Kitchen Area:- 7 individual packages of Peanut Butter and Jelly sandwiches dated 05/06 in error with a use by date of 05/09;During an interview on 05/05/26 at 9:40 A.M., the DM said:- She got her dates mixed up and was writing 05/06 on containers instead of the correct date of today which is 05/05.- She is not positive on the leftover timeframe for meats such as bologna but the standard is three days.Observation in the kitchen on 05/05/26 at 9:42 A.M., showed:- The DM opening the container of bologna, smelling it and then determining it was not suitable for residents and discarded the remainder of the meat;- 10:50 A.M. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265665	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hill Crest Manor	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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Dietary Aide (A) was removing brownies from the cooking tray and placing them into serving dishes with his/her bare hands;- 10:54 A.M. Dietary [NAME] (A) wearing gloves finished working with sliced ham, disposed of gloves, and then started packaging food items in bags without washing hands;During an interview on 05/05/26 at 2:45 P.M., the Administrator said:- When working with ready to eat food items staff should use gloves and not touch food with their bare hands;- Leftovers should have a label that identifies the food item with open date and use by date;- Food items should not be stored on the floor, they should be six inches off the ground;- Expired items should be disposed of immediately;- Leftovers should be discarded per facility policy and within state and federal regulations;

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician. Based on interviews and facility job description review, the facility failed to employ either a full time Registered Dietitian (RD) or a qualified Dietary Manager (DM) to carry out the functions of the food and nutrition services. This failure had the potential to affect all residents who received food from the kitchen. The facility census was 56.Review of the facility job description, Director of Food Services, undated, showed:- The primary purpose of the job position is to assist the Dietitian in planning, organizing, developing and directing the overall operation of the Food Services Department in accordance with current federal and state regulations. - Assist in planning, developing, organizing, implementing, evaluating, and directing the Food Services Department, programs and activities.- Involve the resident/family in planning objectives and goals for the resident.- Review and check competence of food services personnel and make necessary adjustments/corrections as required or that may become necessary.- Monitor food services service personnel to assure that they are following established safety regulations in the use of equipment supplies.- Education requirements: Must possess at minimum a high school diploma and be a graduate of an accredited course in dietetic training approved by the American Dietetic Association.- Experience: Must have as a minimum five years experience in a supervisory capacity in a hospital, nursing care facility, or other related medical facility. - Must have training in cost control, food management, and diet therapy.- Must be registered as a Food Service Director in this state.Request for Human Resources hiring documentation for the DM was not provided. During an interview on 05/05/26 at 9:30 A.M., the DM said:- She had prior experience as a Dietary Aide and then moved up to the cook position for three to four years. She has been the DM for the last three years. She is not certified as a Dietary Manager and is not enrolled in any programs to obtain that certification. - The RD comes to the facility monthly and as needed will do some on hands training with her on various subject areas. - Was not positive about the leftover policy and how it applied to all of the various foods she works with. Her standard is three days but she doesn't have the actual policy that covers leftovers. During an interview on 05/05/26 at 2:15 P.M., the Administrator said:- The DM was fully qualified as a Certified Dietary Manager and he would provide the documentation.