

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265678	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/10/2024
NAME OF PROVIDER OR SUPPLIER Bertrand Nursing and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 603 Highway 62 West Bertrand, MO 63823	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45872</p> <p>Based on observation, interview, and record review, the facility failed to provide a safe, clean and comfortable homelike environment. This deficient practice had the potential to affect all residents in the facility. The facility census was 51.</p> <p>Review of the facility's policy titled, Homelike Environment, revised February 2021, showed:</p> <ul style="list-style-type: none"> - Residents are provided with a safe, clean, comfortable and homelike environment and encouraged to use personal belongings to the extent possible; - The facility staff and management maximizes, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting; - These characteristics include a clean, sanitary and orderly environment; - Staff provide person-centered care that emphasizes the resident's comfort, independence and personal needs and preferences. <p>Observations made on 07/07/24 at 8:40 A.M. , 07/08/24 at 9:44 A.M. and 07/09/24 at 8:22 A.M., showed:</p> <ul style="list-style-type: none"> - Several areas of peeled paint on the walls behind the recliner near the window in room [ROOM NUMBER]; - A cable plate cover hanging out of the wall and not secured on the left side of the dresser with television in room [ROOM NUMBER]; - Several areas of exposed sheetrock and peeled paint on the right side of the headboard of bed 1 in room [ROOM NUMBER]; - Two nails sticking out of the wall with four feet (ft.) of missing trim by bed 1 near the door in room [ROOM NUMBER]; - Exposed sheetrock and peeled paint on the wall near the call-light plate and recliner in room [ROOM NUMBER]. <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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the repair sheet log dated 05/23/24 to 07/04/24 showed no documentation of area of concerns addressed.</p> <p>During an interview on 07/09/24 at 8:40 A.M., Housekeeper A said any environmental concerns are brought to the attention of maintenance supervisor or the administrator. There is also a repair log at the nurse's station that staff can write any needed repairs needed on. He/She has seen environmental concerns and has told maintenance.</p> <p>During an interview on 07/09/24 at 8:47 A.M., Housekeeper B said he/she verbally tells maintenance or the administrator if there is an environmental concern. There is also a repair log at the nurse's station that staff can write down things that need to be fixed. He/She has not seen any environmental concerns that needed to be addressed.</p> <p>During an interview on 07/10/24 at 8:20 A.M., Maintenance Supervisor said there is a repair log at the nurse's station for staff to write down any environmental concerns. Staff does verbally inform him/her of repairs needed, but staff also need to write down those concerns on the repair log so he/she doesn't forget when told in passing.</p> <p>During an interview 07/10/24 at 10:56 A.M., the Administrator said staff should write down any environmental concern on the repair log located at the nurse's station to be addressed in a timely manner. He said even if staff verbally tells someone about an area of concern, it should be written down for documentation purposes.</p> <p>2. Observations made on 07/07/24 showed:</p> <ul style="list-style-type: none"> - At 1:30 P.M., rooms 217-228 located in the newer added wing with self-closing devices on the resident room doors; - At 3:13 P.M., three out of five sampled doors between rooms 217-228 closed quickly, making it difficult to get through the door without it closing. <p>Observations made on 07/08/24 showed:</p> <ul style="list-style-type: none"> - At 10:08 A.M., resident in room [ROOM NUMBER], leaving his/her room with walker, and door closing onto resident's backside as he/she exited the room; - At 10:10 A.M., of room [ROOM NUMBER], a trashcan placed between door and doorframe, keeping it open. <p>Observation made on 07/09/24 at 8:50 A.M., of room [ROOM NUMBER], showed:</p> <ul style="list-style-type: none"> - Resident asked for help opening his/her door from the inside; - Resident attempted to open door approximately five times; - Resident door opened and shut quickly; - Resident continued to ask for help opening his/her door; <p>(continued on next page)</p>

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Resident wheelchair bound and unable to move through the door quick enough to exit the room.</p> <p>During an interview on 07/08/24 at 2:41 P.M., the resident in room [ROOM NUMBER] said he/she does not understand why his/her door has to stay shut, and the other rooms on the hall can leave their doors open.</p> <p>During an interview on 07/08/24 at 2:48 P.M., the Resident in room [ROOM NUMBER] said he/she has complained multiple times that the doors are heavy and difficult to open in the resident's room.</p> <p>During an interview on 07/09/24 at 11: 01 A.M., the resident in room [ROOM NUMBER] said he/she has a trash can propping the door open so the resident doesn't miss lunch. The resident said he/she is unable to open the door independently due to being in a wheelchair.</p> <p>During an interview on 07/10/24 at 9:58 A.M., the Director of Nursing (DON) said facility staff is aware the doors on the newest wing are more difficult to open than the rest of the building because they are equipped with automatic self-closing devices. Before a resident is placed in the newer room, staff does a review of therapy notes, case management and hospital notes to decide if residents are appropriate to be in the rooms with the self-closing devices on the doors. The DON said he/she would expect residents to be capable of going in and out of their room as they please, if they were physically able to do so.</p> <p>During an interview on 07/10/24 at 11:03 A.M., the Administrator said the doors in the newest addition are equipped with automatic self-closing devices that he was under the impression were required by the Life Safety Code. The Administrator said he would not expect every resident to be able to go in and out of their rooms as they wished, it would depend on the resident and the scenario. The Administrator said they were aware the doors to the newer rooms could not stay open and would close quicker than the others, so they made an effort to ensure only alert, oriented and capable residents were put back there.</p> <p>50260</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26904</p> <p>Based on interview and record review, the facility failed to implement a care plan with specific interventions to meet individual needs for one resident (Resident #21) out of 13 sampled residents. The facility census was 51.</p> <p>Review of the facility's policy titled, Care Plans, Comprehensive Person-Centered, dated December 2016, showed:</p> <ul style="list-style-type: none"> - A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident; - The Interdisciplinary Team (IDT), in conjunction with the resident and his/her family or legal representative, develops and implements a comprehensive, person-centered care plan for each resident; - The care planning process will include an assessment of the resident's strengths and needs; - The comprehensive, person-centered care plan will describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being. <p>1. Review of Resident #21's medical record showed:</p> <ul style="list-style-type: none"> - An admitted [DATE]; - A diagnosis of dementia (a group of thinking and social symptoms that interferes with daily functioning). <p>Review of the resident's care plan, dated 06/26/24, showed the care plan did not address specific interventions related to dementia.</p> <p>During an interview on 07/10/24 at 11:25 A.M., the Minimum Data Set (MDS) Coordinator said he/she completes the care plans and would expect dementia to be on the resident's care plan.</p> <p>During an interview on 07/10/24 at 11:28 A.M., the Director of Nursing (DON) said the dementia diagnosis is not new for this resident and she would expect it to be on the resident's care plan.</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48532</p> <p>Based on observation, interview and record review the facility failed to obtain orders to change the indwelling catheter (a tube inserted into the urinary bladder to drain urine) every 30 days and failed to ensure documentation of the catheter changes were maintained for one resident (Resident #31) and failed to obtain a physicians order for catheter care to be performed every shift for two residents (Residents #31 and #40) out of two sampled residents. The facility census was 51.</p> <p>Review of the facility's policy, titled, Catheter Care, Urinary, revised September 2014, showed:</p> <ul style="list-style-type: none"> - Policy did not address frequency catheter care should be completed; - Policy did not address frequency catheter should be changed. <p>1. Review of Resident #31's medical record showed:</p> <ul style="list-style-type: none"> - admitted [DATE]; - Diagnoses of intervertebral disc degeneration, thoracolumbar region (discs between vertebrae with loss of cushioning), Incontinence without sensory awareness (inability to control the flow of urine from the bladder), Acute Respiratory Failure (when the body is unable to exchange oxygen and carbon dioxide), Chronic obstructive pulmonary disease (COPD) (lung disease that makes it difficult to breathe), retention of urine (difficulty emptying the bladder of urine); <p>Review of the resident's Physician's Order Sheet (POS), dated 06/06/24, showed:</p> <ul style="list-style-type: none"> - A telephone order to place foley catheter related to urinary retention; <p>Review of the POS dated June 2024 and July 2024, showed:</p> <ul style="list-style-type: none"> - No orders for catheter care every shift, catheter change frequency and catheter size; <p>Review of Treatment Administration Record (TAR), dated June 2024 and July 2024, showed:</p> <ul style="list-style-type: none"> - No catheter care documented; <p>2. Review of Resident #40's medical record showed:</p> <ul style="list-style-type: none"> - An admitted [DATE]; - Diagnoses of COPD, chronic respiratory failure, retention of urine, and chronic kidney disease, stage 3 (kidneys have mild to moderate damage and are less effective at filtering waste and extra fluid from the body); <p>Review of the resident POS, dated July 2024, showed:</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- No orders for catheter care;</p> <p>Review of residents' TAR dated May 2024 showed blank space on date catheter ordered to be changed;</p> <p>Review of Medication Administration Record (MAR) dated June 2024, showed:</p> <ul style="list-style-type: none"> - An order for a Urinalysis with culture and sensitivity collected on 06/04/24; - An order for Macrobid (antibiotic) 100mg by mouth two times daily for Urinary tract infection (UTI) for 10 days, dated 06/06/24 <p>During an interview on 07/09/24 at 03:08 P.M. the Assistant Director of Nursing (ADON), said typically when a resident has a urinary catheter, orders are entered into the Electronic Medical Record (EMR) for frequency of change, size and catheter care.</p> <p>During an interview on 07/10/24 at 08:53 A.M., the Director of Nursing (DON), said if on the Treatment Administration Record (TAR) is blank, that means it wasn't charted, so it can be assumed it wasn't done.</p> <p>During an interview on 07/10/24 at 11:30 A.M., the DON said if a resident has a catheter, he/she would expect orders for changing the catheter every 30 days, catheter care every shift and as needed (PRN) and strict output every eight hours. Catheter care should be completed by the Certified Nurses' Aide (CNA).</p>

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>50260</p> <p>Based on interview and record review the facility failed to ensure an appropriate diagnosis for the use of an anti-psychotic medication for one resident (Resident #32) out of five sampled residents. The facility census was 51.</p> <p>Review of the facility's policy titled, Medication Regimen Review, revised April 2007, showed:</p> <ul style="list-style-type: none"> - The pharmacist will perform Medication Management Review (MMR) for every resident in the facility on a monthly basis; - The pharmacist will evaluate for appropriate dosage, interactions, and adverse consequences; - Findings and recommendations are reported to the Director of Nursing (DON) and the medical director. <p>1. Review of Resident #32's Physician Order Sheet (POS), dated February 2024 through July 2024 showed:</p> <ul style="list-style-type: none"> - Diagnoses included dementia (a condition characterized by progressive loss of memory and thinking, sometimes resulting in personality change, resulting from disease of the brain), anxiety disorder (a mental health disorder characterized by feelings of worry, or fear that can be strong enough to interfere with daily activities, and altered mental status (a change in mental function)); - An order for olanzapine (an anti-psychotic medication) 2.5 milligram (mg) one tablet daily at bedtime; - No documentation of a diagnosis or indication for use. <p>Review of the resident's medical chart showed:</p> <ul style="list-style-type: none"> - Start date for olanzapine 10/10/22; - Gradual dose reduction (GDR) attempted 04/12/24; - GDR request denied on 04/15/24 due to potential for mood destabilization; - Psychiatric referral made on 04/18/24; - No documentation of a diagnosis or indication for use. <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 7/10/24 at 9:58 A.M., the Director of Nursing (DON) said the diagnosis for olanzapine 2.5 mg was dementia. The DON said the resident has behaviors, like asking for money, asking to drive, and seeing things that are not there. The DON said these are not normal behaviors for dementia. The DON said she would not expect another diagnosis for the resident to be on an anti-psychotic. The DON said she just goes off of what the psychiatric physician and the medical directors document.</p>