

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265681	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/11/2024
NAME OF PROVIDER OR SUPPLIER Potosi Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 307 South Highway 21 Potosi, MO 63664	

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 0728</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that nurse aides who have worked more than 4 months, are trained and competent; and nurse aides who have worked less than 4 months are enrolled in appropriate training.</p> <p>49754</p> <p>Based on observation, interview and record review, the facility failed to ensure two nurse aides (NAs) completed a nurse aide training program within four months of his/her employment at the facility. The facility's census was 62.</p> <p>The facility did not provide a policy related to the NA training program.</p> <p>1. Review of NA A's personnel file showed:</p> <ul style="list-style-type: none"> - A hire date of 02/02/24; - NA A currently enrolled in class; - The facility failed to ensure the completion of the program within four months of NA A's hire date. <p>2. Review of NA E's personnel file showed:</p> <ul style="list-style-type: none"> - A hire date of 08/15/23; - NA E currently enrolled in class; - The facility failed to ensure the completion of the program within four months of NA E's hire date. <p>Observation on 10/11/24 at 2:15 P.M. showed NA A provided incontinent care for Resident #36.</p> <p>During an interview on 10/11/24 at 11:00 A.M., the Administrator said that two NAs were still working the floor as NAs, and she knew that it would be an issue.</p> <p>During an interview on 10/11/24 at 3:42 P.M., the Administrator said that she would expect NAs to be certified within four months of hire and that there is a plan in place for the two NAs to get certified.</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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>39360</p> <p>Based on observation, interview, and record review, the facility failed to store food under sanitary conditions, increasing the risk of food-borne illness. This deficient practice had the potential to affect all residents. The facility census was 62.</p> <p>Review of the facility's policy titled, Receiving and Storage of Food, dated May 2015, showed:</p> <ul style="list-style-type: none"> - The Dining Service Manager (DSM) is responsible for receiving and storing food and non-food items; - Follow the rule of First In, First Out; - Food is stored in designated areas; - Keep all foods in clean, undamaged wrappers or packages; - Reseal open boxes effectively; - Keep storage areas clean and dry. <p>Observation on 10/08/24 at 11:35 A.M. showed:</p> <ul style="list-style-type: none"> - Four unopened wrinkled boxes of salt that had become solid with a grainy substance on the outside of the boxes; - A potato chip laying on the shelf next to the salt boxes; - A package of opened marshmallows, exposed to air; - One opened gallon of pancake syrup, undated, with about one inch of syrup remaining in the bottom of the container; - One unopened gallon jug of vinegar, with black debris all over the jug; - Two unopened and undated containers of scalloped potatoes; - One unopened and undated gallon jug of lemon juice; - One opened, undated five pound container of peanut butter, with peanut butter on the edge of the lid; - Two unlabeled and undated 35 quart containers of dry cereal; - One 35-quart container, labeled crisp rice cereal, almost empty and dated 7/4; <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 - Few</p>	<ul style="list-style-type: none"> - One 35-quart container, labeled toasted oat cereal, almost full and dated 7/25; - One unopened and undated eight pound container of salsa; - One undated 35-quart tote/container of powdered milk with a golf ball sized amount of water, debris and a black, mold-like substance on the top of the lid. <p>Observation on 10/10/24 at 10:15 A.M. showed:</p> <ul style="list-style-type: none"> - Four unopened wrinkled boxes of salt that had become solid with a grainy substance on the outside of the boxes; - One opened gallon of pancake syrup, undated, with about one inch of syrup remaining in the bottom of the container; - Two unlabeled and undated 35-quart containers of dry cereal; - One 35-quart container, labeled crisp rice cereal, almost empty and dated 7/4; - One 35-quart container, labeled toasted oat cereal, almost full and dated 7/25; - One undated 35-quart tote/container of powdered milk. <p>During an interview on 10/10/24 at 12:00 P.M., the Dietary Manager said when a shipment is received, it is labeled with the date. If it is something that needs placed in a different container, it is labeled and dated. Refrigerated items are labeled, dated and used within three days. Totes and containers containing food should also be labeled and dated.</p> <p>During an interview on 10/11/24 at 3:43 P.M., the Administrator said she would expect food items to be labeled, dated, and free from debris.</p>

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<p>F 0814</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Dispose of garbage and refuse properly.</p> <p>39360</p> <p>Based on observation and interview, the facility failed to ensure the dumpsters were closed at all times and maintained to keep pests out and/or keep garbage contained in the dumpster. The facility's census was 62.</p> <p>Review of the facility's policy titled, Waste Disposal, dated May 2015, showed:</p> <ul style="list-style-type: none"> - Dumpster lids are to be closed at all times; - Dumpster and dumpster area are to be kept clean and free of debris. <p>Observations of the dumpster showed:</p> <ul style="list-style-type: none"> - On 10/09/24 at 2:41 P.M., the back right lid was concaved/bent, not covering the dumpster and the front left lid not closed; - On 10/10/24 at 8:17 A.M., lids on both left and right front of the dumpster not closed and trash bags overflowing; - On 10/10/24 at 1:19 P.M., lids on both left and right front of the dumpster not closed and trash bags overflowing; - On 10/11/24 at 08:37 A.M., the left front lid not closed with a trash bag resting on top of the closed right lid. <p>During an interview on 10/11/24 at 3:43 P.M., the Administrator said she would expect dumpster lids to be closed and trash to be inside of the dumpster, and not on top.</p>		

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<p>F 0865</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a plan that describes the process for conducting QAPI and QAA activities.</p> <p>46460</p> <p>Based on interview and record review, the facility failed to have a Quality Assurance and Performance Improvement (QAPI, a program to improve the processes for the delivery of health care and quality of life for the residents) program in place with policies and protocols describing how the facility will identify and correct its own quality deficiencies. This deficient practice had the potential to affect all residents in the facility. The facility's census was 62.</p> <p>The facility did not provide a policy related to the QAPI program.</p> <p>Review of the facility's QAPI binder showed:</p> <ul style="list-style-type: none"> - The most recent QAPI Plan dated 2019; - A template showing how to create a QAPI plan; - No current QAPI plan that contained the necessary policies and protocols describing how they would identify and correct their quality deficiencies, track and measure performance, and establish goals and thresholds for performance measurement. <p>During an interview on 10/11/24 at 10:41 A.M., the Administrator said she had no QAPI agendas for any meetings. She would expect to have an agenda for each meeting, showing what was discussed and how it's going to be addressed and monitored. She had nothing showing monitoring of any issues and no Performance Improvement Plans (PIPs) in place. She tried to deal with issues that came up in morning meetings. She spoke with another administrator in the company who said they don't have a QAPI policy and that they would just go by the regulations. She would expect the facility to have a QAPI program in place.</p>

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<p>F 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.</p> <p>46460</p> <p>Based on interview and record review, the facility failed to ensure the Quality Assessment and Assurance/Quality Assurance Performance Improvement (QAA/QAPI) committee developed and implemented an appropriate plan of action to correct identified quality deficiencies. This had the potential to affect all residents in the facility. The facility census was 62.</p> <p>The facility did not provide a QAPI plan or policy.</p> <p>Review of documentation provided by the Administrator showed:</p> <ul style="list-style-type: none"> - A template to create a QAPI plan, but no current QAPI plan; - The most current QAPI plan dated 2019. <p>During an interview on 10/10/24 at 3:51 P.M., the Administrator said she does not have any Performance Improvement Projects (PIPs) in place. They do have a morning stand up meeting and try to look into things that come up in those meetings.</p> <p>During an interview on 10/11/24 at 10:41 A.M., the Administrator said she has no QAPI agendas for any meetings, only sign in sheets. She said she should have an agenda for each meeting that has been held, showing what they have discussed and how any issues are addressed and monitored, but she currently has nothing like that in place. She would expect the facility to have a QAPI program in place.</p>

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<p>F 0868</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>46460</p> <p>Have the Quality Assessment and Assurance group have the required members and meet at least quarterly</p> <p>Based on interview and record review, the facility failed to maintain quarterly Quality Assessment and Assurance/Quality Assurance Performance Improvement (QAA/QAPI) committee meetings with the required members. The facility's census was 62.</p> <p>The facility did not provide a QAPI policy.</p> <p>Review of the QAPI meeting sign in sheets, provided by the Administrator, showed:</p> <ul style="list-style-type: none"> - Meetings were held in November 2023, January 2024, and July 2024; - The medical director did not attend any of the meetings. <p>During an interview on 10/10/24 at 3:51 P.M., the Administrator said the medical director is hard to catch when he is in the building. He is so busy that it's difficult for him to come to a 30 minute meeting. She will try to go over things with him, but he doesn't come to quarterly meetings. She would expect meetings to be held quarterly and for the medical director to come to QAPI meetings.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39360</p> <p>Based on observation, interview, and record review, the facility failed to maintain proper infection control practices during incontinent care for two residents (Resident #8 and #36) outside of the 16 sampled residents. The facility failed to ensure proper Tuberculosis (TB-a communicable disease that affects the lungs, characterized by fever, cough and difficulty breathing) screening of three residents (Resident #19, #38 and #45) out of five sampled residents. The facility's census was 62.</p> <p>Review of the facility's policy titled, Handwashing, undated, showed:</p> <ul style="list-style-type: none"> - Purpose to reduce transmission of organisms from resident to resident, staff to resident, and resident to staff; - Use of soap, comfortably hot water, and disposable towel; - Soap hands well and briskly rub together, paying attention to areas between fingers; - Rinse hands lowered to allow soiled water to drain into sink; - Do not splash water on clothing and do not touch sink; - Use disposable towel to turn faucet off and dry hands. <p>1. Observation on 10/11/24 at 1:15 P.M. of incontinent care for Resident #8 showed:</p> <ul style="list-style-type: none"> - Certified Nurse Assistant (CNA) C and (CNA) D did not wash or sanitize hands prior to beginning care; - CNA C and CNA D donned gloves and assisted the resident out of the wheelchair and into bed; - CNA D obtained peri-wipes from the resident's bedside drawer; - CNA C removed the resident's pants and soiled brief; - CNA C cleaned the resident with a peri-wipe front to back three times, placed soiled wipes in a trash bag, closed the wipe container, then disposed of gloves; - CNA C and CNA D repositioned the resident and covered him/her back up; - CNA C took the trash out of the room and down the hall to the soiled hold room to dispose of before sanitizing hands. <p>During an interview on 10/11/24 at 1:30 P.M., CNA C said he/she would normally wash and or sanitize hands before and after providing peri-care on a resident.</p> <p>2. Observation on 10/11/24 at 2:15 P.M. of incontinent care for Resident #36 showed:</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - CNA B and Nursing Assistant (NA) A donned gowns, gloves, and masks upon entry into the room; - CNA B cleaned the resident and the resident's catheter with wipes; - With the same soiled gloves, CNA B and NA A assisted the resident in rolling onto his/her right side; - With the same soiled gloves, CNA B wiped stool from the resident's buttocks and rolled the soiled bed pad underneath the resident; - With the same soiled gloves, CNA B and NA A rolled the resident onto his/her back and removed the soiled bed pad; - With the same soiled gloves, CNA B and NA A repositioned the resident and covered him/her up; - With the same soiled gloves, CNA B and NA A bagged up the trash and soiled linens, removed gowns, gloves, and masks and washed hands before leaving the room. <p>During an interview on 10/11/24 at 2:30 P.M., CNA B said he/she should have changed gloves when he/she changed sides and after cleaning from front to back.</p> <p>Review of the facility's policy titled, Tuberculosis Control, undated, showed:</p> <ul style="list-style-type: none"> - All residents new to long term care, who do not have documentation of a previous skin test reaction, or a history of adequate treatment of tuberculosis disease, shall have the initial test of Mantoux Purified Protein Derivative (PPD-a diagnostic test used to screen and diagnose TB) two step skin test to rule out tuberculosis within one month prior to or one week after admission; - If initial test result (measured by observing site of test for raised formation) is 0-9 millimeters (mm), the second test, which can be given after admission, should be given at least one week and no more than three weeks after the first test; - Documentation of a chest X-ray, ruling out tuberculosis within one month prior to admission, along with an evaluation to rule out signs and symptoms, may be acceptable on an interim basis until the Mantoux PPD two-step test is completed; - Residents are to be evaluated, at least annually, to assure absence of signs and symptoms for TB. <p>3. Review of Resident #19's medical record showed:</p> <ul style="list-style-type: none"> - admitted [DATE]; - Screening assessment completed on 10/01/24; - First step TB test not given until 10/04/24 with no read date; - Documented refusal for second step. <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>4. Review of Resident #38's medical record showed:</p> <ul style="list-style-type: none"> - admitted [DATE]; - First step given on 07/31/24, read on 08/03/24, results of 0 mm; - Second step not completed within recommended time frame; - First step repeated on 10/03/24, read on 10/05, results of 0 mm; - Second step repeated on 10/10/24. <p>5. Review of Resident 45's medical record showed:</p> <ul style="list-style-type: none"> - admitted [DATE]; - Screening assessment done on 10/01/24; - No documentation of the two step testing. <p>During an interview on 10/11/24 at 1:00 P.M., the Administrator said they waited too long to do the second step for Resident #38 and had to restart the test.</p> <p>During an interview on 10/11/24 at 1:10 P.M., the Quality Assurance (QA) Nurse said they would have to restart the two step for Resident #45, as it had been missed. It may have been initiated, but not completed. A screening was completed for Resident #19 on 10/01/24, due to refusal of the TB test. An audit was done and everyone in the building was screened and the tests were restarted for those that had been missed. Some did not have the proper documentation.</p> <p>During an interview on 10/11/24 at 3:43 P.M., the Administrator said she would expect residents' TB tests to be given and read in the recommended time frame.</p>