

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265694	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/08/2025
NAME OF PROVIDER OR SUPPLIER Salt River Community Care		STREET ADDRESS, CITY, STATE, ZIP CODE 142 Shelby Plaza Road Shelbina, MO 63468	
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure staff responded to call lights timely for five residents (Residents #1, #2, #3, #4 and #6), in a review of six sampled residents. Staff failed to accommodate the residents' needs for assistance, including assistance with toileting, which resulted in episodes of incontinence. The facility census was 59.</p> <p>Review of the facility policy titled, Nurse Call System, revised 11/15/2023, showed the following:</p> <p>Call escalation:</p> <ul style="list-style-type: none"> -Call made, activates Certified Nurse Aide (CNA) pagers; -Repeat call goes out to CNA, at seven minutes; -Call escalates to Restorative Nurse and Certified Medication Technician (CMT) if call is not responded to within 14 minutes; -Call escalates to charge nurse at the 21 minute mark; -Director of Nursing (DON) cell phone activated at the 28 minute mark. <p>1. Review of Resident #3's care plan, revised 12/31/24, showed the following:</p> <ul style="list-style-type: none"> -The resident was continent of bowel and bladder; -The resident needed assistance to complete the majority of his/her activities of daily living (ADLs); -The resident needed staff assistance with toileting and transfers; -Please check on him/her at least every two hours and ensure he/she was dry and clean; <p>Review of the resident's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 02/17/25 showed the following:</p> <ul style="list-style-type: none"> -Cognitively intact; <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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> -Understands others; -Makes self understood; -Required substantial/maximal assistance for toileting hygiene and toilet transfers; -Required partial/moderate assistance for sit to stand; -Required supervision or touching assistance for walking 10 feet; -Used a wheelchair; -Occasionally incontinent of bladder; -Continent of bowel; -Diagnoses of heart failure and diabetes; -Takes a diuretic. <p>During an interview on 04/03/25 at 7:24 A.M., Resident #3 said the following:</p> <ul style="list-style-type: none"> -He/She required staff assistance of one for ambulation and use of his/her walker; -He/She used his/her call light for staff assistance to toilet; -He/She took a fluid pill, needed to urinate a lot and when he/she needs to go, he/she needed to go; -He/She had been incontinent several times when waiting for staff assistance for toileting; -He/She felt bad when he/she was incontinent and staff had to clean up after him/her. <p>2. Review of Resident #1's quarterly MDS dated [DATE] showed the following:</p> <ul style="list-style-type: none"> -Cognitively intact; -Makes self understood; -Required substantial/maximal assistance for toileting hygiene, sitting to standing, toilet transfers and for walking 10 feet; -Uses a wheelchair; -Occasionally incontinent of bladder; -Always continent of bowel; <p>(continued on next page)</p>

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 04/03/25 at 8:25 A.M., the resident's family member said the following:</p> <ul style="list-style-type: none"> -He/She visited the resident daily; -The resident needed staff assistance for toileting and personal care; -The resident has had to wait 30 minutes to an hour for his/her call light to be answered by staff. <p>3. Review of Resident #4's care plan, revised 12/31/24, showed the following:</p> <ul style="list-style-type: none"> -The resident was alert and able to make his/her needs known to staff; -The resident has left sided weakness; -The resident needs assist of one staff member with transfers using a gait belt; -Remind the resident frequently to ask for assistance for his/her safety; -The resident was continent of bowel and bladder; -The resident required substantial assistance with toileting hygiene. <p>Review of the resident's call light logs, dated 03/10/25 to 03/20/25, showed the following:</p> <ul style="list-style-type: none"> -On 03/10/25 the call light was activated at 5:35 P.M. and remained on for 38 minutes before being deactivated; -On 03/14/25 the call light was activated at 8:52 P.M. and remained on for 29 minutes before being deactivated; -On 03/15/25 the call light was activated at 10:33 A.M. and remained on for 24 minutes before being deactivated; -On 03/15/25 the call light was activated at 6:29 P.M. and remained on for 40 minutes before being deactivated; -On 03/17/25 the call light was activated at 5:39 P.M. and remained on for 41 minutes before being deactivated; -On 03/17/25 the call light was activated at 5:53 P.M. and remained on for 27 minutes before being deactivated; -On 03/19/25 the call light was activated at 8:14 A.M. and remained on for 24 minutes before being deactivated; -On 03/19/25 the call light was activated at 10:29 A.M. and remained on for 24 minutes before being deactivated; <p>(continued on next page)</p>		

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-The resident takes a fluid pill daily that can increase his/her risk of dehydration;</p> <p>-The resident was frequently incontinent of bowel and bladder;</p> <p>-The resident needed total assistance with using a bedpan;</p> <p>-The resident used a urinal and at times needed assistance using it;</p> <p>-The resident will use his/her call light for staff to assist him/her with toileting;</p> <p>-The resident had both lower limbs amputated due to diabetes;</p> <p>-The resident requires extensive assistance with using a mechanical lift.</p> <p>Review of the resident's call light logs, dated 03/10/25 to 03/28/25, showed the following:</p> <p>-On 03/11/25 the call light was activated at 7:01 A.M. and remained on for 25 minutes before being deactivated;</p> <p>-On 03/13/25 the call light was activated at 7:01 A.M. and remained on for 33 minutes before being deactivated;</p> <p>-On 03/13/25 the call light was activated at 1:52 P.M. and remained on for 26 minutes before being deactivated;</p> <p>-On 03/13/25 the call light was activated at 9:22 P.M. and remained on for 58 minutes before being deactivated;</p> <p>-On 03/14/25 the call light was activated at 4:00 P.M. and remained on for 22 minutes before being deactivated;</p> <p>-On 03/14/25 the call light was activated at 5:16 P.M. and remained on for 21 minutes before being deactivated;</p> <p>-On 03/14/25 the call light was activated at 6:00 P.M. and remained on for 21 minutes before being deactivated;</p> <p>-On 03/17/25 the call light was activated at 3:12 P.M. and remained on for 31 minutes before being deactivated;</p> <p>-On 03/17/25 the call light was activated at 4:01 P.M. and remained on for 29 minutes before being deactivated;</p> <p>-On 03/18/25 the call light was activated at 1:42 P.M. and remained on for 24 minutes before being deactivated.</p> <p>Review of the resident's quarterly MDS dated [DATE] showed the following:</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>Based on observation, interview, and record review, the facility failed to obtain an order for port-a-catheter (device connected to a vein in the chest or neck by a small, thin tube/catheter with an injectable disc that can be accessed for administration of IV (intravenous) medications or fluid) care for one resident (Resident #1), in a review of one resident with a port-a-catheter, per the discharge instructions after the placement of the device. The census was 58.</p> <p>Review of the facility policy, IV Therapy: Central Line Management Protocol, effective 03/11/21, showed the following:</p> <ul style="list-style-type: none"> -Purpose: To outline the nursing management of residents who have a central line catheter and to specify nursing responsibilities in obtaining samples; -Interdependent (requires physician order to implement); -Flushes: Flush all unused or intermittently used IV ports with ten milliliters (ml's) of normal saline as follows: <ul style="list-style-type: none"> -Every 12 hours; -After the infusion of any medications; -Flush used port with five ml Heparin (blood thinner) after each infusion; -Flush other unused ports with five milliliters of heparin daily (10 units/ml). <p>Review of Resident #1's physician order sheet, dated June 2024, showed an order for the following:</p> <p>Port: left chest, access port and flush with ten milliliters (mls) normal saline and five mls Heparin (blood thinner) monthly (once a day on the 13th of the month) 6:00 A.M. - 2:00 P.M. Deaccess once complete.</p> <p>Review of the resident's hospital discharge instructions, Implanted Port Insertion (procedure to put in a port and catheter), dated 06/14/24, obtained from the resident's facility medical record, showed the following:</p> <ul style="list-style-type: none"> -Hand written note on front of sheet: Left side port removed and new port placed on the right side; -The implanted port is used as a long term intravenous (IV) access; -The port will need to be flushed and checked as told by your health care provider, usually every few weeks; -No documentation staff acknowledged reviewing these instructions. <p>(continued on next page)</p>

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NAME OF PROVIDER OR SUPPLIER Salt River Community Care		STREET ADDRESS, CITY, STATE, ZIP CODE 142 Shelby Plaza Road Shelbina, MO 63468	
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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's progress notes showed there was no documentation staff communicated with any physician regarding the care of the resident's right sided chest port-a-cath as the hospital discharge instructions of 06/14/24 instructed.</p> <p>Review of the resident's physician order sheets (POS), Medication Administration Record (MAR), Treatment Administration Record (TAR) and Injectable Administration History, dated June 2024, showed no orders for the care of a right sided chest port-a-cath.</p> <p>Review of the resident's POS, MAR, TAR and Injectable Administration History, dated July 2024, showed no orders for the care of a right sided chest port-a-cath.</p> <p>Review of the resident's POS, MAR, TAR and Injectable Administration History, dated August 2024 through October 2024, showed no orders for the care of a right sided chest port-a-cath.</p> <p>Review of the resident's POS, dated 10/17/24 to 10/31/24, showed the following:</p> <ul style="list-style-type: none"> -An order dated 10/18/24, procedure to verify patency (unobstructed) of subclavian (large vein in the upper chest) port; no specific location documented; -An order dated 10/22/24, portogram procedure (diagnostic imaging used to assess the function of a port) to verify patency of port; no specific location documented. Physician requesting dye test to ensure patency of port; no specific location documented. <p>Review of the resident's portogram result from the hospital, dated 10/28/24, showed the impression read: Contrast readily flows through the tip of the port device (no specific location of port indicated) with no reflux along the margins of the distal catheter that would suggest presence of a fibrous plug. The port freely draws blood as was demonstrated clinically prior to injecting the contrast. No evidence of thrombosis (blood clot) or fibrosis (formation of fibrous tissue) (define). There was no suggested follow up care or orders for the port listed.</p> <p>Review of the resident's POS, MAR, TAR, Injectable Administration History and progress notes, dated November 2024, showed no orders for the care of a right sided chest port-a-cath or communication to the physician related to the resident's right sided chest port.</p> <p>Review of the resident's POS, MAR, TAR and Injectable Administration History, dated December 2024 thru January 2025, showed no orders for the care of a right sided chest port-a-cath.</p> <p>Review of the resident's POS, MAR, TAR and Injectable Administration History, dated February 2025 thru April 2025, showed no orders for the care of a right sided chest port-a-cath.</p> <p>Review of the resident's POS, MAR, TAR and Injectable Administration History, dated May 2025, showed no orders for the care of a right sided chest port-a-cath.</p> <p>Observation on 05/16/25 at 1:00 P.M., showed the resident sat in his/her wheelchair at the nursing desk. He/She had a small nodule located on the right upper chest area with an approximate four-centimeter incision line directly above it. The resident acknowledged the area was his/her port-a-cath.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During interviews on 05/15/25 at 2:02 P.M. and 05/16/25 at 1:09 P.M., Licensed Practical Nurse (LPN) C said the following:</p> <ul style="list-style-type: none"> -He/She believed there was only one resident (not Resident #1) who had a port-a-cath; -He/She believed Resident #1's port-a-cath had been discontinued; -He/She would know if a resident had a port-a-cath if there was an order to do something with it as it would show up on the POS and MAR. It would be specific to a Registered Nurse (RN), who would be qualified to ensure the order was completed; -Staff should be aware if a resident has a port-a-cath present; -The MAR/TAR would list the correct location of the port. <p>During an interview on 05/16/25 at 2:07 P.M., RN B said the following:</p> <ul style="list-style-type: none"> -He/She was aware the resident had had a port-a-cath a few weeks ago, but had assumed it had been discontinued as there were no orders to flush it; -Normally, a port was flushed monthly despite usage; -Flushing the port kept it open in case it would need to be used in the future; -The physician should know if a port was not being used; -He/She would have expected the resident to have orders for flushing the port after the patency was checked at the hospital. <p>During an interview on 05/23/25 at 2:39 P.M., RN D said the following:</p> <ul style="list-style-type: none"> -He/She was aware the resident had a port-a-cath (was not specific to location) and had flushed it in the past; -At one time they were flushing the port-a-cath monthly and at some point he/she thought the flush had been missed; He/She phoned Physician I's office and was told by the Physician Assistant not to do anything with the port as the office would be handling the care of the port (flushes, blood draws). <p>During an interview on at 05/23/25 at 3:07 P.M. and 05/30/25 at 2:04 P.M., RN E said the following:</p> <ul style="list-style-type: none"> -Port-a-caths are usually flushed monthly, but they would follow the physician's orders; -Physician orders should be followed; -He/She recalled receiving an order to discontinue the flushes for the resident's port-a-cath and he/she discontinued it from the electronic record; <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-He/She could not recall why he/she had received that order;</p> <p>-He/She could not recall which side the resident's port was located.</p> <p>During an interview on 05/16/25 at 2:15 P.M , the Director of Nursing (DON) said the following:</p> <p>-Staff should be aware of the presence of a resident's port-a-cath;</p> <p>-The presence of the device (implanted device) should be in the medical record;</p> <p>-She would expect there to be documentation in the medical record to show the care of a port or at least the presence of it;</p> <p>-Ports should be flushed timely and as ordered;</p> <p>-Her experience with ports was that they should be flushed every four to six weeks if maintaining patency;</p> <p>-She expected nursing to document any conversation they had with the physician who said there was no longer a need to flush the port so there would not be a situation like this;</p> <p>-Staff call the physician and go over orders upon a resident's return from the hospital, but the nurse who received the resident back may not have known why the resident was sent out due to staffing being moved around in the building;</p> <p>-If hospital discharge instructions noted the port would need to be flushed and checked as told by the health care provider, usually every few weeks, she would have expected staff to call the provider at that time to obtain an order. She thought they had, but there was no documentation of that;</p> <p>-She was aware the resident had a right sided chest port;</p> <p>-When staff are are a resident has an implanted port-a-cath, they should ensure facility policy is followed and orders obtained for care of the port-a cath; again, she thought that had been addressed with the resident's physician and no orders for care had been given;</p> <p>-She was not aware of any staff being responsible for reviewing physician orders to ensure proper care was provided.</p> <p>During an interview on 05/16/25 at 2:31 P.M., the Administrator said the following:</p> <p>-She would expect staff to be aware of the presence of the resident's port-a-cath;</p> <p>-She would expect any conversations with the physician regarding the care of the port to be documented in the progress notes.</p> <p>During an interview on 05/16/25 at 11:11 A.M., Physician G said the following:</p> <p>-He would expect a port-a-cath to be flushed monthly to keep it patent;</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Missed flushes could cause the catheter to clot off making it un-useable;</p> <p>-He would recommend for staff to follow the recommendation of the facility/physician which placed the catheter.</p> <p>During an interview on 05/22/25 at 9:32 A.M., the resident's current primary physician, Physician H, also the facility medical director, said the following:</p> <p>-Port-a-caths were normally flushed every 30 days with heparin to keep the port patent;</p> <p>-If a port-a-cath was left in place and not flushed, it would clog from non-use;</p> <p>-If a resident returned from the hospital with an incision/port-a-cath, he would expect staff to inquire about care of the port if no orders were were received.</p> <p>MO253801</p>		