

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265698	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/11/2024
NAME OF PROVIDER OR SUPPLIER Nick's Health Care Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 253 East Highway 116 Plattsburg, MO 64477	

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 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Allow resident to participate in the development and implementation of his or her person-centered plan of care.</p> <p>46659</p> <p>Based on interview, record review, and facility policy review, the facility failed ensure care plan meetings were conducted for 2 (Resident #15 and Resident #56) of 19 sampled residents.</p> <p>Findings included:</p> <p>A facility policy titled, Comprehensive Care Plans, last revised 06/26/2024, revealed 5. The comprehensive care plan will be reviewed and revised by the interdisciplinary team after each comprehensive and quarterly MDS [Minimum Data Set] assessment.</p> <p>1. An Admission Record revealed the facility admitted Resident #15 on 08/13/2018. According to the Admission Record, the resident had a medical history that included diagnoses of spinal stenosis, low back pain, anxiety disorder, somatization disorder, and age-related physical debility.</p> <p>An annual MDS, with an Assessment Reference Date (ARD) of 09/04/2024, revealed Resident #15 had a Brief Interview for Mental Status (BIMS) score of 12, which indicated the resident had moderate cognitive impairment.</p> <p>During an interview on 10/10/2024 at 12:27 PM, the Director of Nursing (DON) said she expected care plan meetings to be documented. The DON stated from January 2024 to April 2024, the facility did not conduct care plan meeting as required.</p> <p>During an interview on 10/10/2024 at 3:14 PM, the MDS Coordinator stated the only evidence of care plan meetings for 2024 the facility had for Resident #15 was a meeting in July 2024. The MDS Coordinator stated care plan meetings should be done quarterly.</p> <p>During an interview on 10/10/2024 at 4:51 PM, the Administrator said he expected care plan meetings to be done as required.</p> <p>51749</p> <p>2. An Admission Record revealed the facility admitted Resident #56 on 08/10/2022. According to the Admission Record, the resident had a medical history that included diagnoses of adjustment disorder, major depressive disorder, and chronic pain.</p> <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 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 09/24/2024, revealed Resident #56 had a Brief Interview for Mental Status (BIMS) score of 12, which indicated the resident had moderate cognitive impairment.</p> <p>Resident #56's comprehensive care plan revealed the resident's care plan was last revised 12/20/2023. There was no evidence the resident's care plan review was conducted by the staff once the quarterly MDS with an ARD of 09/24/2024 was completed.</p> <p>In an interview on 10/10/2024 at 8:53 AM, the MDS Coordinator acknowledged Resident #56's care plan conference was missed.</p> <p>In an interview on 10/10/2024 at 9:08 AM, the Director of Nursing (DON) stated a resident's care plan should be reviewed quarterly. The DON stated she was aware that there was no documented evidence of care plan meetings for Resident #56.</p> <p>In an interview on 10/10/2024 at 9:19 AM, the Administrator stated the MDS Coordinator or the social services staff conducted the care plan meeting on a quarterly basis or as needed.</p> <p>MO243029</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>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>22445</p> <p>Based on observation, interview, record review, and facility policy review, the facility failed to remove dead bugs and cobwebs in 1 (main dining room) of 2 dining rooms in the facility.</p> <p>Findings included:</p> <p>An undated facility policy titled, Environmental Cleaning: Policy and Procedure, revealed Purpose To maintain a clean environment for patients and minimize the risk of patient and healthcare personnel exposure to potentially infectious microorganisms.</p> <p>During an interview on 10/07/2024 at 10:40 AM, Resident #18 stated the dining room was always dirty and they were unsure how the facility stayed opened. A quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 06/27/2024, revealed Resident #18 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident had intact cognition.</p> <p>During an observation of the dining room on 10/07/2024 at 12:08 PM, cobwebs and dead bugs were seen in the dining room windowsill.</p> <p>During an observation of the dining room on 10/08/2024 at 12:10 PM, cobwebs and dead bugs were seen in the dining room windowsill.</p> <p>Certified Nursing Aide (CNA) #2 was interviewed on 10/09/2024 at 11:07 AM. CNA #2 stated housekeeping services were not available daily and was only offered three to four days per week.</p> <p>Housekeeper (HK) #3 was interviewed on 10/10/2024 at 8:24 AM. HK #3 stated she was not responsible for cleaning the dining room and added that was the responsibility of the dietary department.</p> <p>The Dietary Supervisor (DS) was interviewed on 10/10/2024 at 8:42 AM. The DS confirmed the dietary staff was responsible for cleaning the dining room The DS stated she was unsure who was responsible for cleaning the window blinds, walls, windows, or cleaning cobwebs. The DS observed the windows and windowsills and confirmed dead bugs and cobwebs were in the windows and confirmed the condition of the windows and windowsills did not promote a homelike, sanitary environment.</p> <p>The Director of Nursing (DON) was interviewed on 10/10/2024 at 12:43 PM. The DON stated she expected the building to be clean, adding she would not expect to go into the dining room and see dead bugs and cobwebs in the windows and on the windowsills.</p> <p>The Housekeeping Supervisor was interviewed on 10/10/2024 at 2:30 PM and stated the staff in the dietary department was responsible for cleaning the dining room. The Housekeeping Supervisor stated cleaning the dining room included cleaning the windows, windowsills, and blinds.</p> <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>The Administrator was interviewed on 10/11/2024 at 8:38 AM and acknowledged he observed cobwebs and dead bugs in the windows in the lobby. He stated he heard about the cobwebs and dead bugs in the dining room windows and stated he would not expect the residents to eat or live in an environment that was dirty and had cobwebs and dead bugs in the windows.</p>

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>51572</p> <p>Based on interview, record review, and facility policy review, the facility failed to timely report allegations of abuse to the state agency for 2 (Resident #19 and Resident #21) of 2 sampled residents reviewed for abuse.</p> <p>Findings included:</p> <p>A facility policy titled, Abuse and Neglect Policy, with a revision date of 06/12/2024 indicated, c. Refer to State Operations Manual (SOM) for reporting and utilize the Abuse-Neglect Reporting Decision Tree to assess the particular incident. Best practice is to include the SOM and Decision Tree with the investigation. Should the incident be a reportable event, notify the appropriate agencies immediately: as soon as possible, but no later than 24 hours after discovery of the incident. In the case of serious bodily injury, no later than 2 hours after discovery or forming the suspicion. Should the event not be reportable continue and complete the investigation with all supporting information and place file with all investigations.</p> <p>1. An Admission Record revealed the facility admitted Resident #19 on 07/23/2018. According to the Admission Record, the resident had a medical history that included diagnoses of schizoaffective disorder, bipolar disorder, attention-deficit hyperactivity disorder, and mild intellectual disabilities.</p> <p>An annual Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 09/13/2024, revealed Resident #19 had a Brief Interview for Mental Status (BIMS) score of 11, which indicated the resident had moderate cognitive impairment.</p> <p>During an interview on 10/07/2024 at 1:58 PM, Resident #19 reported to a surveyor that Certified Medication Technician #6 told them about three weeks ago to come and take their expletive word medications.</p> <p>On 10/07/2024 at 2:23 PM, the surveyor reported Resident #19's allegation to the Administrator.</p> <p>In an interview on 10/09/2024 at 3:40 PM, the Administrator acknowledged he did not report the allegation to the state agency as he felt since the survey team was onsite that he did not need to.</p> <p>In an interview on 10/10/2024 at 4:42 PM, the Director of Nursing stated allegations of abuse should be reported immediately, but not later than two hours after being notified of the allegation.</p> <p>22445</p> <p>2. An Admission Record revealed the facility admitted Resident #21 on 05/03/2024. According to the Admission Record, the resident had a medical history that included diagnoses of antisocial personality disorder, intermittent explosive disorder, paranoid schizophrenia, and unspecified anxiety disorder.</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 08/06/2024, revealed Resident #21 had a Brief Interview for Mental Status (BIMS) score of 0, which indicated the resident had severe cognitive impairment.</p> <p>During an interview on 10/07/2024 at 11:01 AM, Resident #21 stated they had not reported to anyone that Resident #18 cursed at them and made them feel bad.</p> <p>On 10/07/2024 at 11:20 AM, surveyor reported Resident #21's allegation of verbal abuse to the Administrator.</p> <p>In an interview on 10/10/2024 at 3:27 PM, the Administrator stated on 10/07/2024 was the first time he heard about an allegation of verbal abuse toward Resident #21 from another resident. The Administrator stated he did not immediately report the allegation to the state agency because previously, with state surveyors, any allegation received would have been an in-person report. The Administrator stated he reported the allegation of verbal abuse to the state agency on 10/09/2024.</p> <p>MO243359</p>		

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>46659</p> <p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>Based on interview, record review, and facility policy review, the facility failed to ensure a preadmission screening and resident review (PASARR) was completed when 1 (Resident #54) of 1 sampled resident reviewed for PASARR received a new mental illness diagnosis.</p> <p>Findings included:</p> <p>The facility PASARR policy, last revised 07/09/2021, revealed, The purpose of this policy is to utilize the [PASARR] assessments to develop a plan of care that shows continuity from previous history of behaviors and placement.</p> <p>An Admission Record revealed the facility admitted Resident #54 on 01/30/2024. According to the Admission Record, the resident had a medical history that included diagnoses of major depressive disorder, and anxiety disorder. Per the Admission Record, the resident received a diagnosis of post-traumatic stress disorder and impulse disorder on 04/16/2024.</p> <p>A quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 08/07/2024, revealed Resident #54 had a Brief Interview for Mental Status (BIMS) score of 11, which indicated the resident had moderate cognitive impairment. The MDS indicated the resident had active diagnoses to include anxiety disorder, depression, psychotic disorder, impulse disorder, post-traumatic stress disorder.</p> <p>Resident #54's care plan, included a problem statement initiated 02/09/2024, that indicated the resident had a potential for a behavioral problem related to major depressive disorder, unspecified psychosis, anxiety disorder, adjustment disorder, mild cognitive impairment, and insomnia.</p> <p>Resident #54's medical record revealed no evidence to indicate a PASARR was completed after the resident obtained new mental illness diagnoses on 04/16/2024.</p> <p>During an interview on 10/09/2024 at 4:12 PM, the MDS Coordinator stated a new PASARR for Resident #54 should have been completed with the resident got a new mental health diagnosis.</p> <p>During an interview on 10/10/2024 at 12:27 PM, the Director of Nursing said she thought Resident #54's mental illness diagnosis was a previous diagnosis, but that a PASARR should have been completed.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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>22445</p> <p>Based on interview, record review, and facility policy review, the facility failed to develop and implement comprehensive care plans for 2 (Resident #57 and Resident #66) of 19 residents whose care plans were reviewed. Specifically, the facility failed to ensure Resident #57's comprehensive care plan addressed a diagnosis of type two diabetes mellitus and failed to develop a comprehensive care plan for Resident #66.</p> <p>Findings included:</p> <p>A facility policy titled, Comprehensive Care Plans, revised on 06/26/2024, indicated, PURPOSE: It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and time frames to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment. The policy specified, 2. The comprehensive care plan will be developed within 7 days after the completion of the comprehensive MDS [Minimum Data Set] assessment.</p> <p>1. An Admission Record revealed the facility admitted Resident #57 on 04/08/2024. According to the Admission Record, the resident had a medical history that included a diagnosis of type two diabetes mellitus.</p> <p>A quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 07/15/2024, revealed Resident #57 had a Brief Interview for Mental Status (BIMS) score of 12, which indicated the resident had moderate cognitive impairment. According to the MDS, the resident had an active diagnosis to include type two diabetes mellitus and received an insulin injection during one of seven days of the assessment look-back period.</p> <p>Resident #57's comprehensive care plan, last revised on 10/07/2024, did not include a problem area with measurable goals and interventions related to the resident's diagnosis of type two diabetes mellitus.</p> <p>The MDS Coordinator was interviewed on 10/10/2024 at 12:11 PM. The MDS Coordinator stated the purpose of a care plan was to enable staff to provide the best care for residents, which was why care plans needed to be individualized. The MDS Coordinator said a resident's diagnosis of diabetes was typically addressed in their care plan and explained it would be important to care plan diabetes so that staff would know the resident's treatment and the resident's signs and symptoms of hyperglycemia (high blood glucose level) or hypoglycemia (low glucose level). The MDS Coordinator reviewed Resident #57's comprehensive care plan and confirmed diabetes was not addressed. The MDS Coordinator stated this was due to an oversight.</p> <p>The Director of Nursing (DON) was interviewed on 10/10/2024 at 12:31 PM. The DON stated she expected Resident #57's diagnosis of type two diabetes mellitus to be included on their care plan to direct staff to monitor for any changes in the resident.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The Administrator was interviewed on 10/10/2024 at 3:34 PM. He stated he expected Resident #57's diagnosis of diabetes to be care planned.</p> <p>51749</p> <p>2. An Admission Record revealed the facility admitted Resident #66 on 08/13/2024. According to the Admission Record, the resident had a medical history that included diagnoses of Alzheimer's disease, hypertension and mixed hyperlipidemia.</p> <p>An admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 08/26/2024, revealed Resident #66 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident had intact cognition.</p> <p>Resident #66's medical record reviewed no evidence to indicate a comprehensive care plan had been developed for the resident.</p> <p>During a concurrent record review and interview on 10/09/2024 at 10:49 AM, the MDS Coordinator stated Resident #66 did not have a comprehensive care plan.</p> <p>During a follow-up interview on 10/10/2024 at 8:53 AM, the MDS Coordinator a resident's comprehensive care plan should be developed within 21 days of admission.</p> <p>During an interview on 10/10/2024 at 9:08 AM, the Director of Nursing (DON) stated the MDS Coordinator was ultimately responsible for the completion of a resident's comprehensive care plan. The DON stated a resident's comprehensive care plan should be developed within seven days of the MDS ARD.</p> <p>During an interview on 10/10/2024 at 9:19 AM, the Administrator stated the MDS Coordinator completed care plans and it did not meet his expectation for Resident #66 to not have a comprehensive care plan.</p>		

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<p>F 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Post nurse staffing information every day.</p> <p>51749</p> <p>Based on observation, interview, and facility policy review, the facility failed to ensure the nurse staffing data was posted daily for 3 of 5 days of the survey.</p> <p>Findings included:</p> <p>A facility policy entitled, Nurse Staffing Posting Information Policy, last revised on 06/26/2024, specified Purpose: It is the policy of this facility to make staffing information readily available in a readable format to residents and visitors at any given time. Policy: 1. The Nurse Staffing Sheet will be posted on a daily basis and will contain the following information: a. Facility name b. The current date c. Facility's current resident census d. The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: i. Registered Nurses ii. Licensed Practical Nurses/Licensed Vocational Nurses iii. Certified Nurse Aides 2. The facility will post the Nurse Staffing Sheet at the beginning of each shift.</p> <p>During an observation of the facility on 10/07/2024 at 10:23 AM, the posted nurse staffing sheet could not be found.</p> <p>During an observation of the facility on 10/08/2024 at 8:40 AM, the posted nurse staffing sheet could not be found.</p> <p>During an observation of the facility on 10/09/2024 at 10:04 AM, the posted nurse staffing was dated 10/08/2024.</p> <p>During an interview on 10/09/2024 at 12:05 PM, the medical records (MR) staff person stated she was responsible for posting the nurse staffing sheet on a daily basis. The MR staff person stated she did not post the nurse staffing sheet for 10/07/2024 and posted the wrong sheet for 10/08/2024.</p> <p>During an interview on 10/10/2024 at 10:33 AM, the Director of Nursing stated she expected for the MR staff and/or social services to post the nurse staffing data daily.</p> <p>During an interview on 10/10/2024 at 11:48 AM, the Administrator stated the MR staff were responsible for posting the nurse staffing data and it was hit or miss if it got posted daily as it should be.</p>

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>46659</p> <p>Based on observation, interview, and document review, the facility failed to ensure the roast beef served for lunch on 10/09/2024 was not tough for 5 (Residents #4, #34, #37, #49, #58) of 5 residents who attended the resident council meeting.</p> <p>Findings included:</p> <p>The facility planned menu for the lunch meal on 10/09/2024 consisted of roast beef, mashed potatoes and gray, mixed vegetables, and a mud cake.</p> <p>A test tray received on 10/09/2024 at 12:30 PM consisted of roast beef, mashed potatoes, and mixed vegetables. The surveyor noted the roast beef was seasoned, but was tough and hard to cut.</p> <p>During the resident council meeting on 10/09/2024 at 1:58 PM, five residents stated the meat served for lunch on 10/09/2024 was tough.</p> <p>During an interview on 10/09/2024 at 3:39 PM, the Dietary Supervisor (DS) said residents complained that the roast beef served on 10/09/2024 was tough. The DS stated she tasted the roast beef and acknowledged it was tough.</p> <p>During an interview on 10/10/2024 at 12:27 PM, the Director of Nursing (DON) stated she expected the dietary staff to have food that looked good and that the residents could eat. The DON stated she expected the food to not be tough.</p> <p>MO243029</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51572</p> <p>Based on observation, interview, and facility policy review, the facility failed to ensure expired food items were discarded after their expiration and use-by-date, items stored in the walk-in refrigerator were sealed from potential contamination, and food items were not stored on the floor of the walk-in freezer. These deficient practices had the potential to affect all residents who received food from the kitchen.</p> <p>Findings included:</p> <p>A facility policy titled, Dietary - Receiving and Storing Food and Supplies, with a revision date of [DATE], indicated, III. Food Storage Food items will be stored, thawed, and prepared in accordance with good sanitary practice. All foods shall be stored away from the walls and off the floor.</p> <p>During an observation of the dry good storage on [DATE] beginning at 9:53 AM with the Dietary Supervisor (DS), the surveyor noted two packs of bread with an expiration date of [DATE], one gallon bottle of hot sauce with an expiration date of [DATE], and an unsealed five-pound box of pancake mix.</p> <p>During an observation on [DATE] beginning at 10:12 AM with the DS, the surveyor noted tuna salad with a use-by-date of [DATE], shredded cheese with a use-by-date of [DATE], and a five-pound bag of brown iceberg lettuce in the walk-in refrigerator.</p> <p>During an observation on [DATE] at 10:18 AM with the DS, the surveyor noted five boxes of tater tots on the floor of the walk-in freezer.</p> <p>In an interview on [DATE] at 11:12 AM, the DS stated the kitchen staff were aware and had been trained to discard expired food items, to not store items on the floor, and to make sure all items stored were sealed.</p> <p>In an interview on [DATE] at 12:05 PM, the Director of Nursing (DON) stated she expected the kitchen staff to serve food items that were fresh and safe to eat. The DON stated food items should be thrown away after their expiration date.</p> <p>In an interview on [DATE] at 4:06 PM, the Administrator stated he expected the kitchen staff to ensure residents were served foods that were fresh and safe to eat.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265698	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/11/2024
NAME OF PROVIDER OR SUPPLIER Nick's Health Care Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 253 East Highway 116 Plattsburg, MO 64477	

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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>46659</p> <p>Based on observation, interview, record review, and facility policy review, the facility failed to maintain an effective pest control for the prevention and control of flies in the facility. The deficient practice had the potential to affect all 69 resident who currently resided in the facility.</p> <p>Findings included:</p> <p>A facility policy titled, Pest Control Program Policy, revised on 05/14/2024, indicated, It is the policy of this facility to maintain an effective pest control program that eradicates and contains common household pests and rodents.</p> <p>During an observation on 10/07/2024 at 9:24 AM, flies were noted in the residents' rooms and at the nurses' station. Staff were observed swatting at the flies.</p> <p>During an interview on 10/07/2024 1:35 PM, Resident #13 stated the flies were bad in the building and added when they tried to lie down the flies crawled on them and that really was a bother. Resident #13 stated as far as they knew the facility has done nothing to try to control the flies or get rid of the flies. An admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 07/11/2024, revealed Resident #13 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident had intact cognition.</p> <p>During a concurrent observation and interview on 10/08/2024 at 3:14 PM, Licensed Practical Nurse (LPN) #1 was seen using a fly swatter to swat flies at the nurses' station. Three dead flies were observed on the floor. LPN #1 said flies had been a problem at the facility. LPN #1 stated pest control visited the facility, but the flies were still everywhere.</p> <p>During a telephone interview on 10/08/2024 at 5:51 PM, the pest control representative confirmed the facility had a contract with the company to perform routine pest control for general services internally and externally. The pest control representative stated the facility received the basic fly insect service monthly, but the pest control company could offer other services if the facility requested.</p> <p>During an interview on 10/09/2024 at 9:52 AM, Housekeeper #5 said the flies had gotten worse.</p> <p>During an interview on 10/09/2024 at 10:32 AM, Certified Nurse Aide #2 said she thought the flies were really bad.</p> <p>During an interview on 10/09/2024 at 11:53 AM, the Maintenance Assistant stated the facility had monthly pest control and he did not think the facility had a problem with flies.</p> <p>During the resident council meeting on 10/09/2024 at 1:58 PM, five residents in attendance stated the flies had been bad for at least a month.</p> <p>During an interview on 10/10/2024 at 12:27 PM, the Director of Nursing said she had residents who had complained to her about the flies.</p> <p>(continued on next page)</p>

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 10/10/2024 at 4:51 PM, the Administrator said he expected the maintenance department to keep the facility free of pests and rodents.</p> <p>During a telephone interview on 10/11/2024 at 8:18 AM, the Maintenance Director stated pest control came to the facility on ce a month. Per the Maintenance Director, the pest control did not do anything for the flies except place fly traps on the walls. The Maintenance Director stated he had been in healthcare a long time and had never seen so many flies. Per the Maintenance Director, he had not discussed any additional services with the pest control to get rid of the flies in the facility.</p> <p>MO243029</p>