STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265718	A. Building B. Wing	09/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Golden Age Nursing Home	12498 SE Highway 116 Braymer, MO 64624

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 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. 46987 Based on interview and record review, the facility failed to obtain a signature from the resident or or resident's legal representative on the Notice of Medicare Non-Coverage (NOMNC) and the Skilled Nursing Facility Advanced Beneficiary Notice (SNF ABN) forms prior to discharging from Medicare services for two residents (Resident #4 and #11) out of three sampled residents. The facility census was 43. Review of form instructions skilled nursing facility advance beneficiary notice of non-coverage (SNFABN) Form CMS-10055, dated 4/8/2014, showed: -Signature and date: The beneficiary or their authorized representative must sign the signature box to acknowledge that they read and understood the notice. The skilled nursing facility may fill in the date if the beneficiary needs help. The date should reflect the date the SNF gave therm notice to the beneficiary in-person or when appropriate, the date contact was made with the beneficiary's authorized representative by phone. If an authorized representative signs for he beneficiary, write 'rep' or representative next to the signature. If the authorized representatives signature is not clearly legible, the authorized representative's name bust be printed. If the beneficiary refuses to choose an option and/or refuses to sign the SNFABN when required, the SNF should annotate the original copy of the SNFABN indicating the refusal to sign and may list a witness to the refusal. -Basic delivery requirements: -Who may sign: Beneficiary, Beneficiary's authorized representative, legally appointed representative or guardian of the beneficiary, in case of emergency, a disinterested third party/ -Delivery requirements: Must be signed to provide the correct forms. 1. Review of Resident #4's Quarterly Minimum Data Set (MDS), a federally mandated assessment instrument, completed by facility staff, dated 6/5/24., showed: - Moderate Cognitive Impairment. - Total assist of all activities of daily living. (continued on next page)

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 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Diagnoses included: Heart failure, High blood pressure, and Parkinson's disease (a chronic, debility neurological disorder that affects motor skills and movement). Review of the resident's electronic medical record, showed: - The resident admitted to skilled Medicare part A services on 3-1-24. - The last covered Medicare part A day was 4-26-24 - The facility did not obtain signatures on either CMS-10055 SNF/ABN form, or CMS 10123 NOMNC form from the facility staff member, the resident or the resident's representative. 2. Review of Resident #11's Quarterly MDS, completed on 7/1/24., showed: - Severe Cognitive Impairment; - Total assist of all activities of daily living. - Diagnoses included: Anxiety and Depression Review of the resident's electronic medical record, showed: - The resident admitted to skilled Medicare part A services on 2-22-24. - The last covered Medicare part A day was 3-31-24 - The facility did not obtain signatures on either CMS-10055 SNF/ABN form, or CMS 10123 NOMNC form from the facility staff member, the resident or the resident's representative. During an interview on 08/29/24 09:20 AM, the Social Services Director (SSD) said she was not aware that the documents did not have signatures, but that the documents should be signed to ensure they were received. During an interview on 8/29/24 at 2:20 P.M., the Administrator said: - The social service designee was responsible for the management of the SNF/ABN forms and the NOMNC forms. - She was not aware the forms had not been signed and should have been.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44395 Based on observation and interview, the facility failed to maintain the walls, hallways, ceilings and floors in a clean and homelike environment. Furthermore the facility failed to ensure furnishings were in good repair. The facility census was 43. The facility did not provide a policy for cleaning, maintenance of the facility and care of furnishings. Observations beginning on 08/28/24 at 11:06 A.M. showed on the 300 hall: -There was a gash in the sheet-rock between rooms [ROOM NUMBERS]; -There were multiple nicks and scratches in the sheet of the lower third of the hallway walls -Ceiling vent was rusted; -Multiple ceiling tiles had water stains; - Water stains on carpets in outpatient therapy room and room between the outpatient therapy and the exit door; -Multiple light fixtures had dead bugs and debris ; -There was water staining around vent outside room [ROOM NUMBER]; -Cobwebs were in the corners of the exit door, hallway and ceiling; -Dust, dirt and debris behind the fire doors in the floor corners. The nurse's station area showed: -Black non-skid matting on floor was peeling in multiple areas and secured in multiple areas with gray duct tape; -Black vinyl chairs cracked and peeling, exposing soft foam underneath; -Water fountain with crusty white debris at spigot and on the floor underneath; -Handrail from 300 hall into dining hall loose at one end; -Handrail outside soiled utility missing the end cap, exposed a rough edge; -Multiple gouges and scratches in lower third of the wall into the dining hall (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The 400 hall showed: -Multiple water stained ceiling tiles; -Dust, debris and dirt behind the fire door at the floor corners; -Ceiling vents had rust and water stains surrounding the vent; -Multiple gouges and nicks in lower third of the walls; -Multiple dead bugs and debris in ceiling light covers; -Cobwebs in the exit door and ceiling corners; -Rusted breaker box cover. The 200 hall showed: -Ceiling vents had dust, debris and rust; -Multiple nicks in lower third of the walls -General seating area blinds and window sills showed gray/white dust and debris; -Heat/air register had a black moldy substance and gray fuzzy debris on the grate; -Multiple light fixtures with debris and dead bugs. The conference room showed: -Cobwebs at the wall and ceiling corners; -Blinds had dust and debris. North dining room area showed: -Multiple bed frames; -Cobwebs in ceiling corners; -Multiple couches, chairs and tables in the room During an interview on 08/28/24 at 11:34 A.M. the Housekeeping supervisor said maintenance personnel are responsible for cleaning the hallways, dusting the hallways and cleaning of the light fixtures. The maintenance supervisor was unavailable for an interview. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 8/28/24 at 1:22 P.M. the Administrator said: -Maintenance cleans the hallways and the lights and completes repairs. -Housekeeping is responsible for the daily room cleanings. - The areas should be maintained, clean and homelike.

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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 0600 Level of Harm - Actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. 44395 Based on interview and record review, the facility failed to ensure on resident, Resident #1 was free from verbal and physical abuse when Certified Nursing Assistant (CNA A) grabbed the resident's arm, jerking him/her back into the wheelchair, while yelling and cursing at the resident. The facility census was 43. Review of the facility's Abuse and Neglect Policy, dated 2/19/2014 showed: -Upon hire, all staff will be trained on the abuse and neglect policy and through on going in-services. -Prevention: Our facility will not condone any form of resident abuse and will continually monitor our facility's policies, procedures, training programs, systems, etc., to assist in preventing resident abuse. -An employee of this facility shall not knowingly: b. Fail to report an incident or suspected incident of abuse. -Identify, correct, and intervene in situations in which abuse, neglect and/or misappropriation of resident property is more likely to occur. This includes analysis of: The supervision of staff to identify inappropriate behaviors, such as using derogatory language, rough handling, ignoring residents while giving care. -Identification: Our facility will not condone any form of resident abuse or neglect. To aid in abuse prevention, all personnel are to report any signs and symptoms of abuse/neglect to their supervisor or to the director of nursing immediately. -Reporting: All employees of this facility must immediately report any incident or suspected incident of resident neglect, abuse, or misappropriation of resident property. Such incidents will be investigated and any findings of abuse will be reported to the state agency responsible for recording such data in the Abuse Registry. 1. Review of Resident #1's quarterly Minimum Data Set (MDS, a federally mandated assessment conducted by facility staff) dated 7/26/2024, showed: -The resident has minimal difficulty hearing, clear speech. He/she is usually able to make self understood and usually understands others. -The resident scores zero on the Brief Interview for Mental Status (BIMS, a structured evaluation aimed at evaluating aspects of cognition in elderly patients). This score indicates severely impaired cognition. (continued on next page)

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F 0600 Level of Harm - Actual harm Residents Affected - Few	-He/she wanders daily. -He/she requires substantial assistance with activities of daily living, including bathing, dressing, toileting and personal hygiene. Review of the resident's comprehensive care plan, dated 8/7/2024, showed he/she has a cognitive deficit related to the diagnosis of dementia without behaviors. Staff will talk calmly to the resident. Review of the facility's investigation showed: 7/25/24: Dietary staff were finishing serving dinner in the dining room at approximately 6:20 P.M. The Kitchen Supervisor observed Resident #1 standing up, leaning up against a chair by a table at the back of the dining room. The Kitchen Supervisor shouted Resident #1's name and asked him/her to sit down. Certified Nurses Assistant (CNA) A came into the dining room and said I can't run. The Kitchen Supervisor ran over to Resident #1 and took the resident's left hand to help keep him/her from falling. A few moments later, CNA A arrived at the resident's right side. CNA A grabbed the resident's right arm near his/her wrist and said Sit your ass down right now. CNA A then jerked the resident down into the wheelchair by his/her right arm. While being jerked into the wheelchair, the resident hit his/her right hip on the arm of the wheelchair. The resident cried out. CNA A then said That's it, you're going to bed right now. I've had enough. The Kitchen Supervisor observed the resident to be scared and shaken up. The Kitchen Supervisor said to CNA A that he/she was afraid the resident was hurt. CNA A responded No, I just scared the resident. You have to understand how he/she has been acting lately. CNA A then pushed the resident from the dining room. 7/27/24: At approximately 7:15 P.M., dietary staff were walking down the south hall to clean up. As the Dietary Aide A reached the nurses' desk, he/she observed Resident #1 standing up against a chair. Dietary Aide A assisted the Kitchen Supervisor to assist Resident #1 back into the wheelchair. Resident #1 said No, I don't want to. Don't do that, I don't want to. CNA A then approached the resident and dietary staff and said Don't worry, I got this. The Kitchen Supervisor returned to the kitchen and Dietary Aide A stayed on the hall. Dietary Aide A witnessed CNA A grab the resident by the wrist and say in an aggressive manner to sit back down in the wheelchair. CNA A then stated to Dietary Aide A that the resident never listens. Dietary Aide A then assisted CNA A to have the resident sit in the wheelchair and then returned to the kitchen. 7/29/24: At approximately 3:30 P.M., the Kitchen Supervisor approached the Assistant Administrator and expressed concerns that CNA A was rough, verbally and physically, with Resident #1. At 4:19 P.M., the Assistant Administrator interviewed CNA A regarding these allegations. CNA A stated that sometimes the resident just doesn't listen and has to be made to sit down. CNA A was suspended pending investigation. Review of the facility's Incident/Accident Report dated 7/29/24 showed the resident had been assessed, showing bruising to right forearm. During an interview on 8/7/24 at 2:17 P.M., the Kitchen Supervisor said: -He/she confirmed the information in the facility investigation. (continued on next page)

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F 0600 Level of Harm - Actual harm Residents Affected - Few	-He/she said that the resident was observed to be shaken up and fearful during the incident on 7/25/24, leaning away from CNA A and crying out. - She should have reported the incident immediately to the charge nurse or call administration. During an interview on 8/20/24 at 10:52 A.M., Dietary Aide A said: -During the evening of 7/27/24 between 7:00 P.M and 7:15 P.M., he/she was on the hall, picking up dishes from dinner. He/she witnessed Resident #1 standing up from his/her wheelchair. Dietary Aide A rushed over to the resident, as he/she is a fall risk. Dietary Aide A asked CNA A to come assist the resident. CNA A came to assist the resident and Dietary Aide A. Dietary Aide A witnessed CNA A grab the resident by the wrist and force the resident back into the wheelchair, while speaking to the resident in a harsh manner. -Dietary Aide A told the Kitchen Supervisor of the incident. -Dietary Aide A has received education about when to report possible incidents of abuse and who to report to. He/she knows to report immediately to anyone in a supervisor position, including the charge nurse or to call the administrator. He/she should have reported the incident immediately to a supervisor or administrator. The Administrator was not available for interview. During an interview on 8/7/24 at 2:31 P.M., the Assistant Administrator said: -CNA A's employment has been terminated. - There was no documentation in the employees file regarding the reason for termination. - He/she expects staff to treat residents with dignity and respect. -She expects staff keep residents safe and report possible incidents of abuse immediately. MO239935

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	265718	A. Building B. Wing	09/03/2024

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F 0606 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Not hire anyone with a finding of abuse, neglect, exploitation, or theft. 46987 Based on interview and record review, the facility failed to check the Family Care Safe Registry (FCSR) prior to employment to ensure all newly hired employees as well as checking the NA Registry to verify that new employees did not have a Federal Indicator (marker given to individuals who have committed abuse/neglect. This affected eight out of eight sampled employees hired since August, 2024. The facility census was 43. Review of the facility's Personnel Policy, dated January 2020., showed no information in regard to the requirement for staff to complete criminal background checks prior to employment. Review of the facility's undated Abuse and Neglect Policy., showed: -No information regarding Family Care Safe Registry verification. -No information regarding all staff to be verified through the NA Registry. Review of new employee hire records in the years 2023 and 2024., showed: -Staff #1, #2, #3, #4, #5, #6, #7, and #8 had no FCSR verification completed by the facility. -Staff #6 #7 had no verification through the NA registry completed by the facility During an interview on 8/29/24 at 3:30 P.M., the Business Office manager said: -She was unaware that all staff should be verified through the FCSR. -She was unaware that all staff should be verified through the NA registry. During an interview on 8/29/24 at 3:45 P.M., the Administrator said all verifications through the registries should be completed prior to new employees start date.

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	265718	A. Building B. Wing	09/03/2024

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Golden Age Nursing Home	12498 SE Highway 116 Braymer, MO 64624

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F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. 44939 Based on interview and record review, the facilty failed to follow their abuse and neglect policy when staff failed to immediately intervene and report witnessing two separate incidents of staff to resident physical and verbal abuse to facility administration. The facility census was 43. Review of the facility's Abuse and Neglect Policy, dated 2/19/2014 showed: -Upon hire, all staff will be trained on the abuse and neglect policy and through on going in-services. -Prevention: Our facility will not condone any form of resident abuse and will continually monitor our facility's policies, procedures, training programs, systems, etc., to assist in preventing resident abuse. -An employee of this facility shall not knowingly: b. Fail to report an incident or suspected incident of abuse. -Identify, correct, and intervene in situations in which abuse, neglect and/or misappropriation of resident property is more likely to occur. This includes analysis of: The supervision of staff to identify inappropriate behaviors, such as using derogatory language, rough handling, ignoring residents while giving care. -Identification: Our facilty will not condone any form of resident abuse or neglect. To aid in abuse prevention, all personnel are to report any signs and symptoms of abuse/neglect to their supervisor or to the director of nursing immediately. -Reporting: All employees of this facilty must immediately report any incident or suspected incident of resident neglect, abuse, or misappropriation of resident property. Such incidents will be investigated and any findings of abuse will be reported to the state agency responsible for recording such data in the Abuse Registry. 1. Review of Resident #1's quarterly Minimum Data Set (MDS, a federally mandated assessment conducted by facility staff) dated 7/26/2024, showed: -The resident has minimal difficulty hearing, clear speech. He/she is usually able to make self understood and usually understands others. -The resident scores zero on the Brief Interview for Mental Status (BIMS, a structured evaluation aimed at evaluating aspects of cognition in elderly patients). This score indicates severely impaired cognition. -He/she wanders daily. (continued on next page)

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F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-He/she requires substantial assistance with activities of daily living, including bathing, dressing, toileting and personal hygiene. Review of the resident's comprehensive care plan, dated 8/7/2024, showed he/she has a cognitive deficit related to the diagnosis of dementia without behaviors. Staff will talk calmly to the resident. Review of the facility's abuse investigation showed: On 7/25/24 Dietary staff were finishing serving dinner in the dining room at approximately 6:20 P.M. The Kitchen Supervisor observed Resident #1 standing up, leaning up against a chair by a table at the back of the dining room. The Kitchen Supervisor shouted Resident #1's name and asked him/her to sit down. Certified Nurses Assistant (CNA) A came into the dining room and said I can't run. The Kitchen Supervisor ran over to Resident #1 and took the resident's left hand to help keep him/her from falling. A few moments later, CNA A arrived at the resident's right side. CNA A grabbed the resident's right arm near his/her wrist and said Sit your ass down right now. CNA A then jerked the resident down into the wheelchair by his/her right arm. While being jerked into the wheelchair, the resident hit his/her right hip on the arm of the wheelchair. The resident cried out. CNA A then said That's it, you're going to bed right now. I've had enough. The Kitchen Supervisor observed the resident to be scared and shaken up. The Kitchen Supervisor said to CNA A that he/she was afraid the resident was hurt. CNA A responded No, I just scared the resident. You have to understand how he/she has been acting lately. CNA A then pushed the resident from the dining room. On 7/27/24 at approximately 7:15 P.M., dietary staff were walking down the south hall to clean up. As the Dietary Aide A reached the nurses' desk, he/she observed Resident #1 standing up against a chair. Dietary Aide A assisted the Kitchen Supervisor to assist Resident #1 back into the wheelchair. Resident #1 said No, I don't want to. Don't do that, I don't want to. CNA A then approached the resident and dietary staff and said Don't worry, I got this. The Kitchen Supervisor returned to the kitchen and Dietary Aide A stayed on the hall. Dietary Aide A witnessed CNA A grab the resident by the wrist and say in an aggressive manner to sit back down in the wheelchair. CNA A then stated to Dietary Aide A that the resident never listens. Dietary Aide A then assisted CNA A to have the resident sit in the wheelchair and then returned to the kitchen. On 7/29/24 at approximately 3:30 P.M., the Kitchen Supervisor approached the Assistant Administrator and expressed concerns of abuse to the Assistant Administrator that CNA A was rough, verbally and physically, with Resident #1. At 4:19 P.M., the Assistant Administrator interviewed CNA A regarding these allegations. CNA A stated that sometimes Resident #1 just doesn't listen and has to be made to sit down. CNA A was suspended pending investigation. Review of the facility's Incident/Accident Report dated 7/29/24 showed the resident had been assessed, showing bruising to right forearm. During an interview on 8/7/24 at 2:17 P.M., the Kitchen Supervisor said: -He/she confirmed the information in the facility investigation. -He/she said that the resident was observed to be shaken up and fearful during the incident on 7/25/24, leaning away from CNA A and crying out. (continued on next page)

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F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-He/she has received training on Abuse and Neglect reporting. -He/she was very busy on 7/25/24 and should have reported the incident immediately but lost track of time, then forgetting to report the incident to the charge nurse or administrator. -He/she then observed a bruise on the resident's right forearm on 7/27/24 and recalled the incident on 7/25/24. He/she would have reported the incident then, but there was no one in the administrative offices, so he/she waited until 7/29/24 when the Assistant Administrator was working to report the incident. During an interview on 8/7/24 at 2:31 P.M., the Assistant Administrator said: -CNA A's employment has been terminated. -He/she expects staff to treat residents with dignity and respect. -He/she expects staff to report allegations of abuse or neglect immediately to supervisory staff on duty. If the administrator, assistant administrator or director of nursing are not in the facility, staff can report to the nursing supervisor, charge nurse or any other supervisors in the building. MO239935

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. 44395 Based on interview and record review, the facility failed to keep one cognitively impaired resident (Resident #1) safe from verbal and physical abuse when Certified Nursing Assistant (CNA A) grabbed the resident's arm, jerking him/her back into the wheelchair, while yelling and cursing at the resident. The facility census was 43. Review of the facility's Abuse and Neglect Policy, dated 2/19/2014 showed: -Upon hire, all staff will be trained on the abuse and neglect policy and through on going in-services. -Prevention: Our facility will not condone any form of resident abuse and will continually monitor our facility's policies, procedures, training programs, systems, etc., to assist in preventing resident abuse. -An employee of this facility shall not knowingly: b. Fail to report an incident or suspected incident of abuse. -Identify, correct, and intervene in situations in which abuse, neglect and/or misappropriation of resident property is more likely to occur. This includes analysis of: The supervision of staff to identify inappropriate behaviors, such as using derogatory language, rough handling, ignoring residents while giving care. -Identification: Our facility will not condone any form of resident abuse or neglect. To aid in abuse prevention, all personnel are to report any signs and symptoms of abuse/neglect to their supervisor or to the director of nursing immediately. -Reporting: All employees of this facility must immediately report any incident or suspected incident of resident neglect, abuse, or misappropriation of resident property. Such incidents will be investigated and any findings of abuse will be reported to the state agency responsible for recording such data in the Abuse Registry. 1. Review of Resident #1's quarterly Minimum Data Set (MDS, a federally mandated assessment conducted by facility staff) dated 7/26/2024, showed: -The resident has minimal difficulty hearing, clear speech. He/she is usually able to make self understood and usually understands others. -The resident scores zero on the Brief Interview for Mental Status (BIMS, a structured evaluation aimed at evaluating aspects of cognition in elderly patients). This score indicates severely impaired cognition. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265718	A. Building B. Wing	09/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Golden Age Nursing Home	12498 SE Highway 116 Braymer, MO 64624

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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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-He/she wanders daily. -He/she requires substantial assistance with activities of daily living, including bathing, dressing, toileting and personal hygiene. Review of the resident's comprehensive care plan, dated 8/7/2024, showed he/she has a cognitive deficit related to the diagnosis of dementia without behaviors. Staff will talk calmly to the resident. Review of the facility's investigation showed: 7/25/24: Dietary staff were finishing serving dinner in the dining room at approximately 6:20 P.M. The Kitchen Supervisor observed Resident #1 standing up, leaning up against a chair by a table at the back of the dining room. The Kitchen Supervisor shouted Resident #1's name and asked him/her to sit down. Certified Nurses Assistant (CNA) A came into the dining room and said I can't run. The Kitchen Supervisor ran over to Resident #1 and took the resident's left hand to help keep him/her from falling. A few moments later, CNA A arrived at the resident's right side. CNA A grabbed the resident's right arm near his/her wrist and said Sit your ass down right now. CNA A then jerked the resident down into the wheelchair by his/her right arm. While being jerked into the wheelchair, the resident hit his/her right hip on the arm of the wheelchair. The resident cried out. CNA A then said That's it, you're going to bed right now. I've had enough. The Kitchen Supervisor observed the resident to be scared and shaken up. The Kitchen Supervisor said to CNA A that he/she was afraid the resident was hurt. CNA A responded No, I just scared the resident. You have to understand how he/she has been acting lately. CNA A then pushed the resident from the dining room. 7/27/24: At approximately 7:15 P.M., dietary staff were walking down the south hall to clean up. As the Dietary Aide A reached the nurses' desk, he/she observed Resident #1 standing up against a chair. Dietary Aide A assisted the Kitchen Supervisor to assist Resident #1 back into the wheelchair. Resident #1 said No, I don't want to. Don't do that, I don't want to. CNA A then approached the resident and dietary staff and said Don't worry, I got this. The Kitchen Supervisor returned to the kitchen and Dietary Aide A stayed on the hall. Dietary Aide A witnessed CNA A grab the resident by the wrist and say in an aggressive manner to sit back down in the wheelchair. CNA A then stated to Dietary Aide A that the resident never listens. Dietary Aide A then assisted CNA A to have the resident sit in the wheelchair and then returned to the kitchen. 7/29/24: At approximately 3:30 P.M., the Kitchen Supervisor approached the Assistant Administrator and expressed concerns that CNA A was rough, verbally and physically, with Resident #1. At 4:19 P.M., the Assistant Administrator interviewed CNA A regarding these allegations. CNA A stated that sometimes the resident just doesn't listen and has to be made to sit down. CNA A was suspended pending investigation. Review of the facility's Incident/Accident Report dated 7/29/24 showed the resident had been assessed, showing bruising to right forearm. During an interview on 8/7/24 at 2:17 P.M., the Kitchen Supervisor said: -He/she confirmed the information in the facility investigation. (continued on next page)

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-He/she said that the resident was observed to be shaken up and fearful during the incident on 7/25/24, leaning away from CNA A and crying out. - She should have reported the incident immediately to the charge nurse or called the administration. During an interview on 8/20/24 at 10:52 A.M., Dietary Aide A said: -During the evening of 7/27/24 between 7:00 P.M and 7:15 P.M., he/she was on the hall, picking up dishes from dinner. He/she witnessed Resident #1 standing up from his/her wheelchair. Dietary Aide A rushed over to the resident, as he/she is a fall risk. Dietary Aide A asked CNA A to come assist the resident. CNA A came to assist the resident and Dietary Aide A. Dietary Aide A witnessed CNA A grab the resident by the wrist and force the resident back into the wheelchair, while speaking to the resident in a harsh manner. -Dietary Aide A told the Kitchen Supervisor of the incident. -Dietary Aide A has received education about when to report possible incidents of abuse and who to report to. -He/she knows to report immediately to anyone in a supervisor position, including the charge nurse or to call the administrator. - He/she should have reported the incident to a supervisor. The administrator was not available for interview. During an interview on 8/7/24 at 2:31 P.M., the Assistant Administrator said: -CNA A's employment has been terminated. -He/she expects staff to treat residents with dignity and respect. - He/she said that it is her expectation that staff keep residents safe and report possible incidents of abuse immediately. MO239935

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. 44395 Based on observation, interview and record review, the facility failed to ensure five randomly sampled nursing staff (Nurse Aide A, Certified Nurse Aid A, B and C and Certified Medication Technician A)had the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident and that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs. The deficient practice potentially effected all residents. The facility census was 43. The facility did not provide a policy on competencies. Review of the employee files showed: -Nurse Aide (NA) A: -date of hire was 9/13/23 -No competency evaluation at the time of hire or within the last 12 months or since hire. -Certified Nurse Aide (CNA) A: -date of hire was 5/17/22 -No competency evaluation at the time of hire nor within the last 12 months -CNA B : -date of hire 9/14/17 -No competency evaluation at the time of hire nor within the last 12 months -CNA C: -date of hire 5/17/22 -No competency evaluation at the time of hire nor within the last 12 months -Certified Medication Technician (CMT) -date of hire 12/2/22 -No competency evaluation at the time of hire nor within the last 12 months (continued on next page)

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	265718	A. Building B. Wing	09/03/2024

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 8/28/24 at 1:22 P.M. the Administrator said the DON was responsible for training and competency. During an interview on 8/29/24 at 1:21 P.M. the Director of Nursing (DON) said: -She and the Administrator put in-services together a year at a time and as needed. -She and the Assistant DON go to the floor and watch different aides perform cares quarterly. -She does not document when staff are observed providing cares. -She is aware if something is not documented it is considered not done.

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F 0728 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. 44395 Based on interview and record review, the facility failed to ensure one nurse aide (NA) completed a nurse aide training program within four months of his/her employment in the facility. The census was 43. The facility did not provide a policy on use of Nurse Aides. Review of Nurse Aide (NA) A employee file showed: -Date of hire 9/13/23 -He/She completed an orientation module between 9/18/23 and 10/5/23. During an interview on 08/28/24 04:11 PM NA A said: -He/She began employment while he/she was in high school. -He/She did not attend a Vocational Technical School for Certified Nurse Aide (CNA) training. -He/She was not enrolled in CNA classes. -Administration had not discussed CNA classes with him/her. -He/She was not aware he/she needed to be certified within 4 months of hire. The administrator was not available for interview. During an interview the Director of Nursing said: -Nurse Aide A is not certified; -She is unsure why Nurse Aide A has not been in class.

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	265718	A. Building B. Wing	09/03/2024

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F 0835 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Administer the facility in a manner that enables it to use its resources effectively and efficiently. 44395 44939 Based on interview and record review, the facility failed to employee a full time Licensed Nursing Home Administrator (LNHA) for the facility who was responsible for operation of the facility. In addition the LNHA was not available on a full time basis in the facility to provide oversight including development of a Facility Assessment or oversee the Quality Assurance program to ensure the residents receive appropriate nursing and medical care. The census was 43. Review of the facility's Assistant Administrator Job Description, dated 3/22/24, showed: -Golden Age Nursing Home requires Administration to maintain a courteous professional manner while interacting and communicating with residents, their families, co-workers, and visitors. This extends to telephone conversations, and written or digital forms of communication. -On request or on absence of the Administrator, the Assistant Administrator will function as the primary spokesperson for Golden Age Nursing Home and be the main representative for the facility to the public, community, and Golden Age Nursing Age District Board. -When requested by the Administrator, the Assistant Administrator management duties may include: guiding staff recruitment, hiring, employee orientation, job descriptions and performance evaluations, wage/salary changes, promotion, and if needed, disciplinary counseling or termination of any employee. -The Assistant Administrator will be guided by the Administrator in understanding of Nursing Home regulations to achieve compliance as required by existing Federal, Missouri and local regulations. When delegated by the Administrator, the Assistant will assume responsibility for interpreting Federal, state or local regulations to Department Heads, Managers, and the Golden Age Nursing Home board, and ensure the use of proper oversight to achieve compliance. Review of the facility's Administrator Job Description, dated 5/22/24, showed: -The Administrator is delegated the authority by the Golden Age Nursing Home board to: Assume overall administrative responsibility for the proper operation of Golden Age Nursing Home and care given to residents. -Must be an appropriately trained and qualified individual who is a licensed Nursing Home Administrator by the state of Missouri. Review of the minutes from the November 5, 2021 meeting of the Golden Age Nursing Home Board of Directors Meeting showed: (continued on next page)

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F 0835 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-Discussion of Administrator: Assistant Administrator announced that her temporary license would expire on November 27, 2021. We must have an administrator by 11/27/21. Plans are to call the Medical Director to see if he/she knows of anyone that would help out until the Assistant Administrator gets her license. Put ads in the paper. Suggestion was made that the Administrator be asked to come back. All agreed that would be possible as long as the Assistant Administrator would still be assistant administrator and major decisions would be made by the Assistant Administrator. The Administrator can train in areas that did not get completed previously. He/she will have limited responsibilities. The Assistant Administrator will contact the Administrator and see if this is a possibility. Review of the minutes from the November 8, 2021 Golden Age Nursing Home Board of Directors meeting showed: -The Administrator agreed to accept the Administrator position while the Assistant Administrator is working towards his/her administrator requirements. He/she agreed to work 2-3 days a week. Review of the Administrator's employment record at the facility showed on 11/20/21 the Administrator is listed as the Administrator. Review of the Assistant Administrator's Temporary Emergency License showed the Temporary Emergency License #799 at Golden Age Nursing Home effective 7/30/2021 and expires 11/27/2021. Review of the Administrator's Nursing Home Administrators License showed Nursing Home Administrator License is valid through 6/30/2026. 1. Observation on 8/7/2024 and 8/27/24 showed: - No LNHA available to meet with the surveyors. - The Assistant Administrator is not a LNHA. - The Administrator works part time in the facility two days a week on Monday and Friday. - The Assistant Administrator said she is in charge however the Administrator can be available by phone when needed. During an interview on 8/27/24 at 1:54 P.M., Resident #39 said: -He/she believes the Assistant Administrator is the Administrator. That is who he/she goes to with all questions and concerns. During an interview on 8/27/24, Resident #1 said: -He/she believes the Assistant Administrator is the Administrator. The Assistant Administrator is here all the time. During an interview on 8/28/24 at 11:11 A.M., family member of Resident #38 said: (continued on next page)

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	265718	A. Building B. Wing	09/03/2024

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F 0835 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-He/she believes the Assistant Administrator is the Administrator. -The Assistant Administrator is always at the facility and is who he/she takes concerns to regarding his/her family member. During an interview on 8/28/24 at 1:22 P.M., the Director of Nursing (DON) said the following: - The Assistant Administrator is not a LNHA. - She reports to the LNHA on a daily basis. - The Assistant Administrator makes decisions in the absence of the Administrator. During an interview on 8/28/24 at 2:25 P.M., the Administrator (ADM) and the Assistant Administrator (AADM) said the following: ADM: He/she works part time in the facility. - The Assistant Administrator is not a LNHA. -He/she has worked part time since approximately November 2021, and the Assistant Administrator has performed the duties of an Administrator in her absence. -He/she did not know anything about a facility assessment and the facility does not have a current one. The most recent facility assessment is dated 2022. -The Assistant Administrator finished the needed hours to be able to sit for the Administrator test at the end of July, 2024. The Assistant Administrator just need to send a letter and the Nursing Home Administrator Board will allow him/her to sit for the test. AADM: -He/she doesn't have a preceptor. The Administrator is his/her mentor. -He/she has worked three years, or about 2080 hours, to be able to sit for the Administrator test. -No one signs any documentation of the verification of hours the Assistant Administrator worked. -He/she usually attends QAA and QAPI meetings, as they normally occur on weekends and the Administrator doesn't work weekends. -Any concerns from staff, residents or families first come to the Assistant Administrator then he/she will pass them onto the Administrator as needed. -The Administrator works two days a week. The Assistant Administrator works Monday through Friday. (continued on next page)

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F 0835 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	2. Review of the facility's Matrix for Providers, dated 8/28/24, showed a census of 43 and the following resident characteristics: -26 residents with Dementia diagnosis -One resident fed via tube -No residents on dialysis -Three residents with indwelling catheter -11 residents with falls -6 residents on Hospice services During an interview on 8/28/24 at 1:22 P.M. the Administrator said: - She does not work in the facility on a full time basis. -She did not know anything about a facility assessment and does not have one. -She found information online and would write one but did not have a current assessment. 3. Review of the facility policy QAPI Program dated 2/13/23 included the Board of Directors and Administration of the facility are responsible and accountable for the ongoing QAPI Program. Review of the facility QAPI meeting minutes for 2024 showed the Administrator did not attend the meetings on: -February 2nd -May 30th -June 21st -August 1st During an interview on 8/27/24 at 3:29 P.M. the Human Resources/QAPI Coordinator said: -Administration is not always at the meetings because of their availability. -The Administrator works 2 days a week. -The Assistant Administrator was in the facility daily. During an interview on 8/28/24 at 2:23P.M. the Assistant Administrator said: -She is not a licensed Administrator. (continued on next page)

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F 0835 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-Typically she is in the facility Monday through Friday. -Usually she is available for meetings; but may not be at every one. - The Administrator works two days a week. -Generally she and the Administrator oversee the QAPI program. -The Administrator is the head over all the QAPI and Quality Assessment and Assurance (QAA) program. 4. Review of the facility provided policy Quality Assessment and Assurance (QAA) Committee dated 3/3/23 included the facility will maintain a QAA Committee consisting of the following representatives: -Administrator -Medical Director (licensed physician) -Director of Nursing -Infection Preventionist -Clerical staff -Staff members may be assigned for expertise and work perspective in the area under study Review of the facility provided QAA meeting notes showed only the Medical Director and Director of Nursing (DON) were present for meetings: -January 31, 2024 -Apirl 22, 2024 - No meeting in July 2024. -August 24, 2024 During an interview on 08/28/24 at 1:37 P.M. the DON said: -Usually she meets with the Medical Director on weekends. -The Medical Director typically comes to the facility on Saturdays. -The QAA Coordinator types everything from the monthly Quality Assurance and Performance Improvement (QAPI) meetings and she reviews them quarterly with the medical director as the QAA meetings. -There are not other staff at the meetings going over information with the Medical Director. (continued on next page)

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F 0835 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-The meetings attendees are the DON and the medical director. - The Administrator works two days a week and does not attend the meetings.

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F 0838 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations and emergencies. 44395 Based on interview and record review, the facility failed to conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations and emergencies as required. This had the potential to affect all of the residents. The sample was 19. The census was 43. Review of the facility's Matrix for Providers, dated 8/28/24, showed a census of 43 and the following resident characteristics: -26 residents with Dementia diagnosis -One resident fed via tube -No residents on dialysis -Three residents with indwelling catheter -11 residents with falls -6 residents on Hospice services During an interview on 8/28/24 at 1:22 P.M. the Administrator said: - She does not work in the facility on a full time basis. -She did not know anything about a facility assessment and does not have one. -She found information online and would write one but did not have a current assessment.

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	265718	A. Building B. Wing	09/03/2024

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F 0865 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Have a plan that describes the process for conducting QAPI and QAA activities. 44395 Based on record review and interview the facility failed to have administrative oversight for the Quality Assurance and Performance Improvement (QAPI) program. This had the potential to effect all residents. The facility census was 43. Review of the facility policy QAPI Program dated 2/13/23 showed: -The Board of Directors and Administration of the facility are responsible and accountable for the ongoing QAPI Program. Review of the facility QAPI meeting minutes for 2024 showed the Administrator did not attend the meetings on: -February 2nd -May 30th -June 21st -August 1st During an interview on 8/27/24 at 3:29 P.M. the Human Resources/QAPI Coordinator said: -Administration is not always at the meetings because of their availability. -The Administrator works 2 days a week. -The Assistant Administrator was in the facility daily. During an interview on 8/28/24 at 2:23P.M. the Assistant Administrator said: -She is not a licensed Administrator. -Typically she is in the facility Monday through Friday. -Usually she is available for meetings; but may not be at every one. - The Administrator works two days a week. -Generally she and the Administrator oversee the QAPI program. -The Administrator is the head over all the QAPI and Quality Assessment and Assurance (QAA) program.

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F 0868 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Have the Quality Assessment and Assurance group have the required members and meet at least quarterly 44395 Based on record review and interviews the facility failed to ensure quarterly quality assessment committee (QAA) meetings were held with the required members. The facility census was 43. Review of the facility provided policy Quality Assessment and Assurance (QAA) Committee dated 3/3/23 showed: -The facility will maintain a QAA Committee consisting of the following representatives: -Administrator -Medical Director (licensed physician) -Director of Nursing -Infection Preventionist -Clerical staff -Staff members may be assigned for expertise and work perspective in the area under study Review of the facility provided QAA meeting notes showed only the Medical Director and Director of Nursing (DON) were present for meetings: -January 31, 2024 -Apirl 22, 2024 - No meeting in July 2024. -August 24, 2024 During an interview on 08/28/24 at 1:37 P.M. the DON said: -Usually she meets with the Medical Director on weekends. -The Medical Director typically comes to the facility on Saturdays. -The QAA Coordinator types everything from the monthly Quality Assurance and Performance Improvement (QAPI) meetings and she reviews them quarterly with the medical director as the QAA meetings. -There are not other staff at the meetings going over information with the Medical Director. -The meetings attendees are the DON and the medical director. (continued on next page)

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	265718	A. Building B. Wing	09/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Golden Age Nursing Home	12498 SE Highway 116 Braymer, MO 64624

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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 0868 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- The Administrator works two days a week and does not attend the meetings.

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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 0940 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop, implement, and/or maintain an effective training program for all new and existing staff members. 44395 Based on interview and record review, the facility failed to ensure that an effective training program for all new and existing staff was in place, when the facility failed to complete a facility assessment to include: Staff competencies and skill sets that are necessary to provide the level and types of care needed for the resident population. Furthermore, the facility failed to track attendance and hours of training for staff members who required at least 12 hours of education yearly. This had the potential to effect all residents. The facility census was 43. The facility did not provide their Facility Assessment. The facility did not provide a policy on education of staff and competencies. Review of education records showed: - Quality Assurance and Performance Improvement education was completed 1/10/24; -Resident Rights, harassment, and professional communication was completed 1/25/24; -Resident transfers, lifts and use of restraints was completed 2/23/24; -Proper preparing of pureed food was completed 2/14/24 -Abuse and Neglect and Intimacy in the elderly was completed 3/25/24 -Standard precautions, and Activities of Daily Living was completed 4/25/24 -Incontinence and skin care was completed 5/25/24 -Elopement and use of a fire extinguisher was completed 6/27/24 -A table top emergency drill was completed 7/25/24 -Sensory communication, fall risk, and preventing abuse was completed 8/9/24. -There were no time frames for length of training to ensure 12 hours. -There was no education on Dementia care, Care of the cognitively impaired resident, or Restorative Nursing. Review of the employee files showed: -Nurse Aide (NA) A: -date of hire was 9/13/23 (continued on next page)

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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 0940 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-No tracking of required training's -Certified Nurse Aide (CNA) A: -date of hire was 5/17/22 -No tracking of required training's -CNA B : -date of hire 9/14/17 -No tracking of required training's -CNA C: -date of hire 5/17/22 -No tracking of required training's -Certified Medication Technician (CMT) -date of hire 12/2/22 -No tracking of required training's During an interview on 08/29/24 01:21 PM the Director of Nursing said: -She and the Administrator create the yearly education calendar. -She observes staff performing care quarterly. -She has not documented the observation of cares. -When staff miss education they have to meet with her or the Administrator for the information. -Meetings are done on pay day to ensure staff attendance. -She does not have a tracking tool for hours of education and attendance at required training. -She is unsure if the Administrator changed Dementia care, or care of the cognitively impaired resident with another educational offering. During an interview on 08/28/24 at 1:22 P.M. the Administrator said: -The DON is in charge of education, tracking and the education calendar. -Staff must have required training's yearly. (continued on next page)

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F 0940 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-The facility did not have a facility assessment.

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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 0947 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention. 44395 Based on interview and record review the facility failed to ensure continued competence of nurse aides when they failed to perform competency evaluations, at least yearly, for 5 randomly sampled nursing staff (Nurse Aide A, Certified Nurse Aid A, B and C and Certified Medication Technician A). This had the potential to effect all residents. The facility census was 43. The facility did not provide a facility assessment or a policy on competency. Review of the employee files showed: -Nurse Aide (NA) A: -date of hire was 9/13/23 -No competency evaluation at the time of hire or within the last 12 months or since hire. -Certified Nurse Aide (CNA) A: -date of hire was 5/17/22 -No competency evaluation at the time of hire nor within the last 12 months -CNA B : -date of hire 9/14/17 -No competency evaluation at the time of hire nor within the last 12 months -CNA C: -date of hire 5/17/22 -No competency evaluation at the time of hire nor within the last 12 months -Certified Medication Technician (CMT) -date of hire 12/2/22 -No competency evaluation at the time of hire nor within the last 12 months During an interview on 8/28/24 at 1:22 P.M. the Administrator said the DON was responsible for staff training and competency. During an interview on 8/29/24 at 1:21 P.M. the Director of Nursing (DON) said: (continued on next page)

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F 0947 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-She and the Administrator put in-services together a year at a time and as needed. -She and the Assistant DON go to the floor and watch different aides perform cares quarterly. -She does not document when staff are observed providing cares. -She is aware if something is not documented it is considered not done.