| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 265718 | A. Building<br>B. Wing | 09/04/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Golden Age Nursing Home | 12498 SE Highway 116<br>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 0628<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to complete a recapitulation (a detailed summary of the resident's stay at the facility) for three of 12 sampled residents (Resident #42, #43 and #44). The facility census was 39.Review of the facility's undated Discharge Summary policy showed:-The facility will communicate necessary information to the resident, continuing care provider, and other authorized persons at the time of a discharge;-The discharging resident must have written discharge summary that includes a recapitulation of the resident's stay.1. Review of Resident #42's admission Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 1/4/25 showed:- Moderate cognitive impairment;- Substantial assistance with toilet hygiene, dressing, toilet use and transfers;- Required set up with eating;- Diagnoses included high blood pressure, high cholesterol, and arthritis.Review of the resident's care plan dated 7/7/25, showed:-Assistance of two for activities of daily living (ADL)s;-Impaired hearing;-Diagnosis of high blood pressure.Review of the resident's medical record showed:- On 1/4/25 the resident was admitted to the facility;- On 7/15/25 the resident was discharged from the facility;- No recapitulation of the resident's stay was found.ar2. Review of Resident #43's Quarterly MDS, dated [DATE]., showed:- Severe cognitive impairment;- Dependent on staff with toilet hygiene, dressing, toilet use and transfers;- Diagnoses included high blood pressure, high cholesterol, and coronary artery disease.Review of the resident's care plan dated 6/5/25, showed:-Self care deficit related to dementia;-Assistance of two nursing staff for ADL's;-Diagnosis of high blood pressure, dementia and high cholesterol.Review of the resident's medical record showed:- On 11/12/24 the resident was admitted to the facility;- On 2/23/25 the resident was discharged from the facility;- No recapitulation of the resident's stay was found.3. Review of Resident #44's care plan, dated 1/23/25., showed:-Cognitive skills intact;- Assistance of two staff for personal hygiene, dressing, toilet use and transfers;- Assistance of one with eating;- Required set up and clean up with oral hygiene, showers, and personal hygiene;- Diagnoses included dysphagia, quadriplegia and chronic pain.No MDS information was found for the resident.Review of the resident's medical record showed:- On 5/11/23-the resident was admitted to the facility;- On 4/2/25- the resident was discharged from the facility;-No recapitulation of the resident's stay was found.4. During an interview on 9/4/25 at 11:32 A.M. the Director of Nursing said:-The facility did not do a recapitulation of the resident's stay;-The nurses document the resident is discharged and where they are being discharged to.During an interview on 09/4/25 at 12:12 P.M., the Administrator said:-There should be a recapitulation of the resident's stay in their medical record. |

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 |
|---|---|---|

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 265718 | A. Building<br>B. Wing | 09/04/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Golden Age Nursing Home | 12498 SE Highway 116<br>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 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.<br><br>Based on observation and interview the facility failed to ensure staff served food to residents in a sanitary manner when Dietary Aide A served three residents their meals after touching unclean surfaces in the dining room with gloved hands without changing gloves or washing hands between each resident. This affected three of 12 sampled residents (Resident #22, #23 and #27). The facility census was 39.The facility did not provide the requested policy on sanitary handling of food served to the residents. 1.Review of Resident #22's admission Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 06/18/25 showed:- Severe cognitive impairment;- Partial assistance for activities of daily living (ADL)s;- Partial assistance for eating;- Diagnoses included cancer, high blood pressure and heart failure.Review of the resident's care plan dated, 6/27/25 showed:-Assistance of one to two for ADLs;-Resident had a diagnosis of dementia.2. Review of Resident #23's admission MDS dated , 07/17/25 showed:- Severe cognitive impairment;- Dependent on staff for ADLs;- Partial assistance for eating;- Diagnosis included aphasia, high blood pressure and irregular heartbeat.Review of the resident's care plan dated, 07/27/25 showed:-The resident had a self-care deficit related to dementia;-The resident had issues with mobility;-The resident required assistance of one to two staff for ADLs.3. Review of Resident #27's quarterly MDS dated , 06/24/25 showed:- Severe cognitive impairment;- Dependent on staff for ADLs;- Dependent on staff for eating;- Diagnosis included high blood pressure, high cholesterol and thyroid disorder.Review of the resident's care plan dated, 7/25/25 showed:-The resident had a self-care deficit related to dementia;-The required assistance for eating;-The resident was dependent of staff for ADLs.Observation of the dining room on 09/02/2025 at 11:59 A.M., showed:-Resident #22 sat in a wheel chair in the dining room with his/her eyes closed;-Dietary Aide A entered the dining room wearing gloves;-Dietary Aide A picked up Resident #22's meal and sat it down on the table in front of the resident;-Dietary Aide A removed the cover of Resident #22's food and touched the inside of the plate containing the food with his/her gloved thumbs;-Dietary Aide A touched the top of the steam table with his/her gloved right hand then went to the cabinet and opened the cabinet with his/her gloved left hand and removed a cup;-Dietary Aide A added hot water to the cup and set it on the table that Resident #22 sat at;-Dietary Aide A wore the same gloves he/she had been wearing when he/she entered the dining room;-Dietary Aide A removed Resident #23's food from the steam table and sat it down on the in front of the resident;-Dietary Aide A removed the cover of Resident #23's food and touched the inside of the plate that contained the food with his/her gloved thumbs then went back to the steam table and touched the meal cards on top of the steam table;-Dietary Aide A then went back to the steam table and picked up Resident #27's meal and removed the cover;-Dietary Aide A removed the cover of Resident #27's food and touched the inside of the plate that contained the food with his/her thumbs;-Dietary Aide A did not change gloves before he/she served food to Residents #22, #23, and #27 after touching unclean surfaces;-Dietary Aide A did not change gloves between each resident.Observation of the dining room on 09/03/2025 at 12:12 P.M., showed:-Dietary Aide A brought a bed side table from the hall into the dining room;-Dietary Aide A had gloves on both hands as he/she entered the dining room;-Dietary Aide A touched the side and top of the bedside table as he/she rolled the table into the dining room;-No staff cleaned or sanitized the bedside table as it sat in the dining room by the steam table;-Dietary Aide A sat a container of sour cream packets and a container of butter packets on the bedside table next to the steam table;-Dietary Aide A touched the sides of a metal cart that a tray of drinks sat on;-Dietary Aide A walked behind the steam table and touched the wall with his/her gloved right hand and then touched the meal cards that sat on top of the steam table;-Dietary Aide A removed the cover form Resident #23's meal and rearranged the food on the resident's plate with his/her gloved hands;-The dietary manager entered the dining room;-Dietary Aide A walked by the Dietary Manger (DM) and touched the DM on the back with his/her gloved<br>(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<br>B. Wing | 09/04/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Golden Age Nursing Home | 12498 SE Highway 116<br>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 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | hands;-Dietary Aide A removed the cover from Resident #27's meal and used his/her gloved hands to rearrange the food on the resident's plate;-Dietary Aide A went back to the steam table and opened two packets of butter and placed the on Resident #22's plate with same gloves that had been worn since his/she entered the dining room;-Dietary Aide A served Resident #22 his/her meal;-Dietary Aide A touched unclean surfaces and served meals Residents #22, #23, and #27;-Dietary Aide A did not change gloves before he/she served food to Residents #22, #23, and #27 after touching unclean surfaces;-Dietary Aide A did not change gloves between each resident.During an interview on 9/3/25 at 1:22 P.M., Dietary Aide A said:-Gloves should be changed when clothing, face or other parts of the body;-Gloves that have touched unclean surfaces should be changed and clean gloves applied;-He/She did not realize he/she had touched the unclean surfaces;-Gloves that had touched unclean surfaces should be changed.During an interview on 9/3/25 at 02:52 P.M., the DM said:-Gloves should be changed when touching unclean surfaces;-Gloves should be changed when clothing, face or other parts of the body;-Gloves that have touched unclean surfaced should be changed and clean gloves applied;-Gloves should be changed between resident's, hands washed or sanitized between residents.During an interview on 9/3/25 at 03:01 P.M., the Registered Dietitian said:-Gloves should be changed when touching unclean surfaces;-Gloves should be changed when clothing, face or other parts of the body;-Gloves that have touched unclean surfaced should be changed and clean gloves applied;-Gloves should be changed between resident's, hands washed or sanitized between residents-He/She expected the DM to ensure the staff served the meals in a safe and sanitary manner.During an interview on 9/3/25 at 03:25 P.M., the Registered Dietitian said:-Gloves should be changed when touching unclean surfaces;-Gloves should be changed when clothing, face or other parts of the body;-Gloves that have touched unclean surfaced should be changed and clean gloves applied;-Gloves should be changed between resident's, hands washed or sanitized between residents;-He/She expected the DM to ensure the staff served the meals in a safe and sanitary manner.During an interview on 9/3/25 at 03:32 P.M., the Administrator said:-Gloves should be changed between resident's, hands washed or sanitized between residents;-He/She expected the DM to ensure the staff served the meals in a safe and sanitary manner. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 265718 | A. Building<br>B. Wing | 09/04/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Golden Age Nursing Home | 12498 SE Highway 116<br>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 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide and implement an infection prevention and control program.<br><br>Based on observation and interview the facility failed to establish and maintain an infection prevention and control program to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable disease and infections when the facility failed to ensure enhanced barrier precautions (EBP) were used for residents with wounds and/or an indwelling medical devices. This affected two residents (Resident #1, Resident #4) of 12 sampled residents. The facility census was 39.Review of facilities Enhanced Barrier Precautions policy, dated 10/2/2020, showed:-Enhanced Barrier Precautions apply to all residents with any of the following: wounds and/or indwelling medical devices (e.g., central line, urinary catheter, feeding tube, tracheostomy, or ventilator) regardless of MDRO (multidrug-resistance organisms) colonization status. Review of resident #4's Care Plan, undated showed:The resident had a foley catheter due to urinary retention with bladder obstruction;The resident was at risk for falls;The resident had a diagnosis of heart failure. Observation of the resident's room on 9/3/25 at 10:00 A.M., showed:There was no isolation signage posted to notify staff/visitors of the residents need for EBP;There was no isolation or supply cart that contained gown and gloves available for staff to use inside or near the residents room. 2. Review of Resident #1's Care Plan, undated., showed:The resident had a gastrostomy (an opening into the stomach from the abdominal wall, made surgically for the introduction of liquid nutritional formula) with a peg tube (a thin, flexible tube inserter directly into the stomach through a small incision in the abdominal wall); Observation of resident's room on 09/03/2025 at 9:16 A.M. showed: There was no signage posted to notify staff of the residents need for EBP;There was no cart that contained gown and gloves for staff to use inside or near the residents room. Observation on 09/04/2025 at 8:59 A.M. showed:LPN A did not wear a gown when disconnecting the residents feeding tube;CNA B and CNA C did not wear a gown when providing peri care to the resident.Please explain how they did not utilize EBP, what did they fail to do, and what did you see? During an interview on 09/04/2025 at 10:12 A.M. CMT A said he/she is not sure what EBP is or when it should be used. During an interview on 09/04/2025 at 10:49 A.M. CNA C said he/she is not sure what EBP is for or when it would be used. During an interview on 09/04/2025 at 12:46 P.M. LPN A said:He/She had infection control training when he/she was hired a month ago; He/she would not wear a gown when providing care for a resident with an IV, feeding tube, or catheter, unless the resident had an infection such as COVID or the flu. Why wouldn't he/she? During an interview on 09/04/2025 at 1:13 P.M. The DON said:EBP is to be worn with COVID, flu, blood born pathogens, and c-diff;Staff do not wear EBP when caring for residents with IVs, feeding tubes, or catheters. During an interview on 09/04/2025 at 4:01 P.M. The Assistant Administrator/Infection Preventionist said:Gowns and gloves are to be worn when a resident had an infection such as the flu, COVID, or C-diff;Staff do not need to wear a gown when caring for residents with IVs, feeding tubes, or catheters;She was unable to define what EBP was or was or when it should be used. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 265718 | A. Building<br>B. Wing | 09/04/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Golden Age Nursing Home | 12498 SE Highway 116<br>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 0867<br><br>Level of Harm - Potential for minimal harm<br><br>Residents Affected - Many | Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.<br><br>Based on interview and record review the facility failed to prioritize its improvement activities; measure the success of actions, track performance; regularly review, analyze, and act on data collected regarding the facilities performance improvement plan. This had the potential to effect all residents.The facility census was 39. Review of the facilities Quality Assurance Performance Improvement Program (QAPI) policy, dated 10/31/2024, showed:- Design of the QAPI program will:-gather quality concerns and issues from a variety of data sources;-establish methods to identify quality issues then to correct or show targeted improvement through scheduled monitoring;-develop and implement corrective action and performance improvement programs, and monitor and evaluate the effectiveness of the corrective action/performance improvement activities, revising as needed. Review of the facilities QAPI meeting minutes for 2025 showed: There was no tracking of performance improvement regarding the facilities PIP (Performance Improvement Plan) of handwashing. During an interview on 09/04/2025 at 2:13 PM The QAPI director/medical records clerk said:- The PIP for this year is handwashing, this began on 1/19/2025;- Signs have been posted around the building to educate staff regarding proper handwashing technique;- Additional hand sanitizer stations have been put up across the facility;- He/she is not sure how the facility would measure improvement with handwashing. During an interview on 09/04/2025 at 4:01 P.M. The Assistant Administrator/Infection Preventionist said:- There will be an in service regarding handwashing next month for all staff; - There has not been any performance improvement tracking for the handwashing PIP since it has been put in place at the beginning of this year;- There was no event that occurred to prompt the handwashing PIP, he/she thought it would be a good thing to go over with the staff. |