

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265720	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/20/2024
NAME OF PROVIDER OR SUPPLIER Creve Coeur Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 1127 Timber Run Drive Saint Louis, MO 63146	

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 0550</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 dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 11599</p> <p>Based on observation, interviews, and record review, the facility failed to treat four of 26 sample residents (R) 14, R27, R171, and R220) with dignity and respect by failing to assist R171 with clean socks, to assist R220 to obtain clothing to wear instead of the hospital gown, and staff standing while assisting two (R27 and R14) residents to eat their meal. These failures created an undignified manor of care for the four residents.</p> <p>Findings include:</p> <p>1. Review of R171's Face Sheet located in the electronic medical record (EMR) under the Profile tab revealed R171 was admitted [DATE] with diagnoses of dementia, schizoaffective disorder, bipolar disorder, borderline personality disorder, generalized anxiety, and major depressive disorder.</p> <p>Review of the quarterly Minimum Data Set (MDS) with an assessment reference date (ARD) of 09/23/24 revealed a Brief Interview for Mental Status (BIMS) score of 00 out of 15 which indicated R171 was severely cognitively impaired.</p> <p>On 11/11/24 at 11:30 AM, R171 was observed wearing yellow non-skid socks and no shoes. The socks were black, with dirt, from the toes to the arch of his foot. The resident propelled himself in his wheelchair using his feet.</p> <p>On 11/12/24 at 09:45 AM, R171 was observed wearing yellow non-skid socks which were black from the toes to the arch of the foot all around the sock.</p> <p>During an interview on 11/12/24 at 1:07 PM, R171 acknowledged that his socks were dirty. When asked if he had a clean pair, R171 stated, You have to ask the nurse. The resident did not know if he had asked for a clean pair.</p> <p>On 11/13/24 at 8:21 AM and 11/14/24 at 10:20AM, R171 was observed wearing yellow non-skid socks that remained black all around from the toes to the arch of his foot.</p> <p>During an interview on 11/14/24 at 1:30 PM, the certified nursing assistant (CNA15) stated I know I gave him a pair, I don't know what he did with them. When CNA15 was asked if staff assist the resident to change soiled socks, CNA15 did not answer.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the Administrator on 11/14/24 at 10:20 AM, she stated, R171 should have a clean pair of socks.</p> <p>2. During the initial screening of R220 on 11/11/24 at 10:42 AM, she stated she did not have any clothes to wear and had been wearing a hospital gown since her admission to the facility. When asked if she had notified a staff member that she needed clothes, she said I didn't know who to ask but they can see I do not have any clothes. She said she did not have family members that could bring clothes for her to the nursing facility and that it was her choice to have clothes to wear instead of a hospital gown.</p> <p>With the permission of R220, inside of her closet were two items, a blue pair of shorts and a black t-shirt. The storage drawers were empty.</p> <p>Review of R220's electronic medical record (EMR), profile tab, face sheet revealed R220 was admitted [DATE] with diagnoses acute kidney failure, generalized muscle weakness, and obesity.</p> <p>Review of R220's EMR admission MDS with an ARD of 09/17/24 revealed a BIMS score of 14 of 15, which indicated R220 was cognitively intake.</p> <p>During an interview with CNA3 and Licensed Practical Nurse (LPN)2 on 11/13/24 at 11:32 AM, both stated they had not noticed R220 needed clothing.</p> <p>During an interview with the Administrator on 11/13/24 at 2:36 PM, she stated that she did not know of a resident in the facility that needed clothing and that the nursing staff would let her know. She stated the facility has an orphan room where discarded clothes are kept. She said if the discarded clothes would not fit a resident, then new clothes are purchased for the resident. She said she was not notified that R220 had no clothing since her admission two months ago.</p> <p>During an interview on 11/14/24 at 2:55 PM, the Administrator stated her expectation was for staff to notify her of residents in need of clothing and that it was unacceptable for a resident to stay in a hospital gown unless it is the choice of the resident.</p> <p>3. Review of the R27's admission MDS with an ARD of 10/04/24 under the MDS tab of the EMR revealed the resident was admitted to the facility on [DATE] with diagnoses of Non-Alzheimer's Dementia, and Macular Degeneration. The MDS indicated a BIMS score of 10 out of 15 indicating R27 was moderately cognitively impaired.</p> <p>Review of the R14's Significant Change MDS with an ARD of 08/26/24 under the MDS tab of the EMR revealed the resident was admitted to the facility on [DATE] and diagnoses of dysphagia and unspecified intellectual disabilities. The MDS indicated a BIMS score of three out of 15, indicating R14 was severely cognitively impaired.</p> <p>During an observation of meal service on 11/11/24 at 12:40PM to 12:45PM, CNA19 stood while feeding R27 his lunch meal.</p> <p>During an observation of meal service on 11/11/24 at 12:45 to 12:50 PM, CNA19 stood over R14 while feeding his lunch meal.</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 11/11/24 at 01:15 AM, CNA19 stated that we are supposed to get a chair and sit when we assist a resident with their meal.</p> <p>During an interview on 11/11/24 at 01:15 AM, CNA15 stated I always stand, it's easier for me.</p> <p>During an interview on 11/11/24 at 01:45 AM, the Director of Nursing (DON) stated that staff should always sit and make eye contact with residents while assisting them with meals. They should never stand over them.</p> <p>36917</p> <p>39857</p>		

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<p>F 0569</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30687</p> <p>Based on interview and record review, the facility failed to ensure third party liability (TPL) forms were completed within 30 days for the final accounting for residents who expired. This affected three residents who expired and had money in their accounts (Residents #104, #107 and #106). In addition, the facility failed to provide notification when the resident's trust account reached \$200 less than the Supplemental Security Income (SSI) resource for four residents (Resident #7, #101, #102, #105). The facility held funds for 51 residents. The census was 74.</p> <p>Review of the facility Resident's Rights Policy, undated, showed the following:</p> <p>-Notice of certain balances:</p> <p>The facility must notify each resident that received Medicaid benefits:</p> <p>-When the amount in the resident's account reaches \$200 less than the SSI resource limit for one person;</p> <p>-That, if the amount in the account, in addition to the value of the resident's other nonexempt resources, reaches the SSI resource limit for one person, the resident may lose eligibility for Medicaid or SSI</p> <p>-Conveyance upon discharge, eviction, or death. Upon the discharge, eviction, or death of a resident with a personal fund deposited with the facility, the facility must convey within 30 days the resident's funds, and a final accounting of those funds, to the resident, or in case of death, the individual or probate jurisdiction administering the resident's estate, in accordance with State law.</p> <p>1. Review of Resident #104's medical record, showed the following:</p> <p>-Expired on [DATE];</p> <p>-Ending balance of \$4771.87;</p> <p>-No TPL was completed.</p> <p>2. Review of Resident #107's medical record, showed the following:</p> <p>-Expired on [DATE];</p> <p>-Ending balance of \$5833.00;</p> <p>-No TPL was completed.</p> <p>3. Review of Resident #106's medical record, showed the following:</p> <p>(continued on next page)</p>		

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<p>F 0569</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Expired on [DATE];</p> <p>-Ending balance of \$610.61</p> <p>4. Review of the facility Resident Trust Fund Statements, dated [DATE] through [DATE], Statement dated [DATE], showed the following:</p> <p>-Resident #7, [DATE], ending balance \$6407.28;</p> <p>-No documentation of Medicaid Resident Fund Notification.</p> <p>-Resident #101, [DATE], ending balance \$6196.57;</p> <p>-No documentation of Medicaid Resident Fund Notification.</p> <p>-Resident #102, [DATE], ending balance \$6576.08;</p> <p>-No documentation of Medicaid Resident Fund Notification.</p> <p>-Resident #105, [DATE], ending balance \$10,357.35;</p> <p>-No documentation of Medicaid Resident Fund Notification.</p> <p>5. During an interview on [DATE] at 12:14 P.M., the Administrator said TPL and Resident Fund notifications have not been completed. The Administrator said she was just learning these needed to be completed. The Administrator said the Business Office Manager (BOM) is responsible for these tasks, but he/she has only been here since [DATE]. The BOM is still working on various tasks.</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 11599</p> <p>Based on observations and interview, the facility failed to maintain a clean, comfortable, and homelike environment for one of two floors, (the secured second floor) affecting the 30 residents of the second floor. Specifically, the facility failed to maintain an environment free of food splatters on the walls, missing ceiling tiles, functioning door handles, holes in bedroom walls, holes in bathroom walls, unclean surfaces of tables, bathroom tiles, and clean equipment for the ice container creating an unpleasant environment for the residents.</p> <p>Findings include:</p> <p>During an initial tour of the second floor secured unit on 11/11/24 from 10:45 AM to 12:45 PM, the following concerns were observed and discussed with the Administrator, Maintenance Director (MD), and the Housekeeping Supervisor on 11/14/24 beginning at 09:49 AM.</p> <p>The dining room: The four of four tables were marred, scarred, had peeling purple paint, and had uncleanable surfaces. The walls had spills that had run down and were dried. The ice chest was dirty on the outside. The ice chest cart had a heavy buildup of dirt, grime, and food spills. The ice scoop was placed next to the ice chest uncovered. The window tracks had a black substance in the tracks. The planter on top of a half wall had food particles and debris inside. The half wall was marred, dirty, and had dried drips down the side.</p> <p>Interview with certified nursing assistant (CNA15) who worked on the second floor secured unit stated, it's always been like this, the tables especially.</p> <p>room [ROOM NUMBER]: The window blinds were broken. There was a missing drawer in the wardrobe. There was no handle on the bathroom door. The inside of the handle mechanism was exposed and observed with dirt and brown matter on the metal. The bathroom could not be accessed from room [ROOM NUMBER].</p> <p>room [ROOM NUMBER]: There was no privacy curtain for bed A. The bathroom door was marred. There was wall damage behind the toilet and sink. The bathroom tiles had been painted and appeared to be dripping. The wall tiles had not been cleaned of the damaged paint.</p> <p>room [ROOM NUMBER]: There was a gap around the air conditioning unit under the window. The gap allowed one to see outside which would allow for cold or hot air and pests/bugs to enter the room. There was wall damage in the bathroom. The drawer that was observed on 11/11/24 was pulled out. The latex glove stuck in a large circle of dried brown liquid remained in the drawer. The tiles in the bathroom had been painted, appeared to be dripping, and had not been cleaned.</p> <p>room [ROOM NUMBER]: The metal vent fan, located directly above the toilet, was falling out of the ceiling. Approximately five inches of the metal fan was exposed. The were ceiling tiles missing around the vent. The bathroom tiles had been painted, appeared to be dripping, and had not been cleaned. There was wall damage by the dresser and behind the headboard of the bed.</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 - Some</p>	<p>room [ROOM NUMBER]: There was wall damage in the bathroom which measured 12 inches across by 3 feet high exposing the wall supports and pipes. The bathroom door was stuck, very difficult to open. There were ceiling tiles missing in the bathroom.</p> <p>room [ROOM NUMBER]: There was a heavy layer of dust and dirt on air conditioning unit, the windowsill and towel dispenser in the bathroom. The resident stated, they don't clean my room.</p> <p>room [ROOM NUMBER]: There were no bedside tables for either resident in the room. Bed A had 1/2 cup of juice on the floor next to the bed and a cup of water on the floor. There was damage behind the headboards of bed A and bed B which measured 12 inches across.</p> <p>room [ROOM NUMBER]: There were pieces of floor tiles missing around the front of the toilet. There was wall damage on the corner of the wall under the window, approximately two by three inches. The face of the air conditioning unit was coming off.</p> <p>CLEAN LINEN ROOM: There was no doorknob on the door. A hole was where the doorknob should have been. There were ceiling tiles missing, approximately 6 feet by 3 feet which exposed the duct work, wires, and pipes. The MD said he was unaware of the concern.</p> <p>room [ROOM NUMBER]: There were two missing ceiling tiles.</p> <p>room [ROOM NUMBER]: There was a large, two feet by one foot ceiling tile missing above the wardrobe which exposed the duct work. The window blinds were broken. There was wall damage near the bed, approximately six inches in length. The light above the bed flickered continuously. There was a 4 foot by 2 foot area of drywall that had been patched. The bottom section approximately 2 feet across was not patches and which exposed wires. Pieces of floor tiles in the bathroom were broken and missing.</p> <p>room [ROOM NUMBER]: There was wall damage in the bathroom between the sink and the toilet, approximately two feet by one foot.</p> <p>room [ROOM NUMBER]: There was wall damage in the room behind the bed, approximately twelve inches in length. There were two ceiling tiles missing in the bathroom. There were brown stains around the base of the toilet. Pieces of floor tiles were missing in the bathroom around the toilet.</p> <p>room [ROOM NUMBER]: The door handle into the room was difficult to use as it went around too far before unlatching the door. There was an approximate 6 inch hole in the wall behind the door. The air conditioning unit cover was coming off. The wall tiles in the bathroom had been painted, appeared to be dripping, and had not been cleaned.</p> <p>room [ROOM NUMBER]: There were three ceiling tiles missing in the bedroom. The air conditioning unit cover was coming off.</p> <p>room [ROOM NUMBER]: The room was not occupied. There was a pillow, without a pillowcase, which had brown matter all across the pillow. The pillow was on top of an unmade bed. The floor was dirty. The bathroom door was scarred and chipped. The bathroom wall had an approximate 3 1/2 feet hole in the wall which exposed pipes and rubble. A 9 inch by 12 inch area of wall also exposed pipes.</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 - Some</p>	<p>room [ROOM NUMBER]: The room was unoccupied. The window blinds were broken. There were broken ceiling tiles. There were holes in the wall behind the beds. The painted tiles, around the sink down to the floor, in the bathroom were peeling and not clean.</p> <p>During an interview on 11/14/24 at 10:59 AM, the Administrator said she was unaware of the conditions identified on the tour. The MD said he was unaware of the conditions identified. When asked what type of communication system was in place for staff to alert the MD of needed repairs, he said he did not have a system in place.</p> <p>The Administrator said the windows had already been identified that they need cleaning and fix. The Administrator was asked to show the plan including what was involved, how it was to be accomplished, and the time frame for correcting the concern. The Administrator provided no documentation prior to the exit on 11/14/24 at 7:00 PM.</p> <p>MO00244495</p>		

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>30687</p> <p>Based on interview and record review, the facility failed to ensure newly hired employees were screened to rule out the presence of a Federal Indicator, with the Certified Nurse Aide (CNA) Registry for seven staff members. A sample of 10 employees hired were reviewed. The facility hired at least 100 new employees since the last survey. The census was 74.</p> <p>Review of the facility's Abuse Prevention Program, dated 9/29/22, showed the following:</p> <ul style="list-style-type: none"> -Procedures for Prevention -Pre-employment Screening of Potential Employees: <p>This facility will not knowingly employ any individual convicted of resident abuse, neglect, or misappropriation of property. The facility will not knowingly employ any direct care staff convicted of any of the crimes listed in the State Healthcare Worker Background Check Act (unless waived under the provision of the Act), or with findings of abuse listed on the State CNA Registry. The facility will not knowingly employ any licensed staff that have a disciplinary action in effect against his or her professional license by a state licensure body as a result of a finding of abuse, neglect, exploitation, mistreatment of residents or misappropriation of resident property. Prior to a new employee starting a working schedule, this facility will:</p> <ol style="list-style-type: none"> a. Initiate a reference check from previous employers in accordance with facility policy; b. Obtain a copy of the state license of any individual being hired for a position requiring professional license; c. Check the Missouri CNA Registry on any individual being hired for prior to reports of abuse, previous fingerprint check results, and the sex offender website links on the registry. <ol style="list-style-type: none"> 1. Review of Housekeeper (Hsk) A's employee file, showed the following: <ul style="list-style-type: none"> -Hire date: 10/1/22; -No CNA registry check performed. 2. Review of Activity Director B's employee file, showed the following: <ul style="list-style-type: none"> -Hire date: 7/18/23; -No CNA registry check performed. 3. Review of Hsk C's employee file, showed the following: <ul style="list-style-type: none"> -Hire date: 4/29/24; <p>(continued on next page)</p>		

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-No CNA registry check performed.</p> <p>4. Review of Hsk D's employee file, showed the following:</p> <p>-Hire date: 7/17/24;</p> <p>-No CNA registry check performed.</p> <p>5. Review of Dietary Aide (DA) E's employee file, showed the following:</p> <p>-Hire date: 8/25/24;</p> <p>-No CNA registry check performed.</p> <p>6. Review of Maintenance Director F's employee file, showed the following:</p> <p>-Hire date: 9/12/24;</p> <p>-No CNA registry check performed.</p> <p>7. Review of Medical Record G's employee file, showed the following:</p> <p>-Hire date: 10/9/24;</p> <p>-No CNA registry check performed.</p> <p>8. During an interview on 11/20/24 at 1:11 P.M., the Administrator said the Business Office Manager (BOM), who is also in charge of Human Resources (HR), should have been checking the CNA registry. The administrator said she spoke with the BOM/HR and he/she said he/she was never trained to check the CNA registry for non nursing staff. The BOM/HR person is out sick.</p>		

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<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 11599</p> <p>Based on observations, interviews, and record review, the facility failed to provide an alternative communication device for one resident (Resident (R) 35) of 26 sampled residents which failed to allow R35, who is non-verbal, a means to express himself.</p> <p>Findings include:</p> <p>Review of R35's Face Sheet located in the electronic medical record (EMR) under the Profile tab revealed the resident was admitted on [DATE] with diagnoses of cerebral palsy, generalized anxiety disorder, mood disorder, conversion disorder with seizures or convulsions, dysphagia, and multiple sclerosis.</p> <p>Review of the quarterly Minimum Data Set (MDS) located in the EMR under the RAI tab, with an assessment reference date (ARD) of 09/17/24 revealed a Brief Interview for Mental Status (BIMS) score of zero out of 15 which indicated R35 was not able to answer the questions. R35 was identified to be non-verbal.</p> <p>Review of the Care Plan located under the RAI tab in the EMR dated 09/13/24 did not identify how the resident would communicate his wants or needs.</p> <p>During an interview on 11/12/24 at 4:02 PM, the Administrator stated, He understands, he knows what you're saying, he can communicate. When asked if R35 had ever had a communication board or communication device, the Administrator stated, no. When asked, the Administrator stated, Well, he knows what you say. A communication board would be a good idea.</p> <p>During an interview on 11/14/24 at 10:11 AM, a certified nursing assistant (CNA19), who has worked with R35 since his admission to the facility, confirmed the resident does not have a communication board or device.</p> <p>On 11/14/24 at 02:17 PM, R35 was asked to answer a question using a thumbs up for yes or a thumbs down for no, or to shake his head up and down for yes or shake his head side to side for no. R35 was asked if he had ever had a communication board or a communication device to be able to communicate with staff and others. R35 shook his head back and forth in a no gesture. R35 was asked if a communication board or device would be helpful to him to communicate, R35 shook his head up and down in a yes gesture.</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36917</p> <p>Based on observation, interview, and record review, the facility failed to provide needed care in accordance with the resident's preferences for one of one resident (Resident (R)220) in the sample of 26 resident reviewed for skin care This failure had the potential to affect the physical, mental, and psychosocial health and well-being of the resident.</p> <p>Findings include:</p> <p>Review of R220's electronic medical record (EMR)Face sheet under the profile tab revealed R220 was admitted [DATE] with diagnosis acute kidney failure, generalized muscle weakness, and obesity. Review of R220's admission Minimum Data Set (MDS) in the EMR under the MDS tab with an assessment reference date (ARD) of 09/17/24 revealed a Brief Interview for Mental Status (BIMS) score of 14 out of 15, which indicated R220 was cognitively Intact.</p> <p>Observation on 11/11/24 at 10:42 AM, revealed R220's feet and legs that appeared to be extremely dry with flaking skin onto the bedsheets. Interview with R220 at this time, she stated she would like to have something done for her feet and legs. She said she thought she had a prescription for some ointment, but no one ever puts it on her feet and legs.</p> <p>During subsequent observations of R220's feet and legs, on 11/12/24 at 11:00 AM and 11/13/24 at 2:45 PM, her feet and legs appeared to be extremely dry and scaling with dry skin flaking on the bedsheet.</p> <p>Review of the EMR Physician orders dated 11/13/24 indicated an order for white petrolatum gel be applied topically to bilateral feet and legs daily for 2 weeks.</p> <p>During an interview with Certified Nursing Assistant (CNA)3 and Licensed Practical Nurse (LPN)2 on 11/13/24 at 11:32 AM, LPN2 said R220 had been prescribed a cream to treat her dry feet and legs but said it had not been done on her current shift and did not know why the cream had not been used. CNA3 said she did not have the task on her daily assignment sheet to apply the cream to R220's legs and feet.</p> <p>During an interview on 11/14/24 at 2:55 PM, with the Director of Nursing (DON) and the Administrator, the DON stated her expectation of the nursing staff was to be more attentive to R220's dry scaling skin and to apply the special ointment as prescribed.</p>

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>36917</p> <p>Based on observations and interviews, the facility failed to use the services of a registered nurse on duty at least eight hours daily. The RN passing medications on dates listed below was also serving as the Director of Nursing while the facility had an average daily occupancy of 68 residents.</p> <p>Findings include:</p> <p>Review of the resident census list provided by the administrator dated 11/12/24 revealed the occupancy was 69 residents in house, on 11/13/24 revealed 69 residents in house and on 11/14/24 revealed 68 residents in house.</p> <p>Observations on 11/12/24 at 10:15 AM, 11/13/24 at 2:30 PM, and 11/14/24 at 09:30 AM, the Director of Nursing (DON) was working as the charge nurse administering medications to residents while working in the capacity of the DON.</p> <p>According to the nurse schedule dated 11/01/24 through 11/14/24, provided by the Administrator, seven of fourteen days did not have RN coverage for eight consecutive hours a day, The following days did not have RN coverage at least eight consecutive hours a day on 11/01/24, 11/05/24, 11/06/24, 11/07/24, 11/08/24, 11/12/24, and 11/13/24.</p> <p>During an interview with the Administrator and the DON, on 11/14/24 at 5:26 PM, the DON stated that she had been working as the DON and as the charge nurse as needed because staffing has been an ongoing issue for several months. The Administrator stated she was not aware that the DON could not serve as the RN on duty while working as the DON.</p>		

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<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>36917</p> <p>Based on observations and interviews, the facility failed to post the required daily nurse staffing report at any place in the nursing facility. This deficient practice had the potential to affect all residents and visitors of the facility.</p> <p>Findings include:</p> <p>Observations on 11/12/24 - 11/14/24, the nurse staffing was not posted anywhere in the facility, instead it was located in a notebook at the nurses' station. The nurse staffing document in the notebook did not identify the facility name, date, census, and the total number and actual hours worked per shift for Registered Nurse (RNs), Licensed Practical Nurse (LPNs), and Certified Nurse Aides (CNAs) who were responsible for resident care.</p> <p>During an interview with the staffing coordinator, on 11/13/24 at 3:30 PM, she stated that she did not know that nurse staffing sheets were to be posted in the facility in a prominent place and accessible to residents and visitors. She confirmed the daily nurse documents were in a notebook at the nurse's station. She confirmed the staffing information in the notebook at the nurse's station did not include the required information for the nurse staffing posting.</p> <p>During an interview with the Administrator on 11/14/24 at 5:26 PM, she confirmed the staffing sheets had not been posted in a prominent place in the facility.</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>39857</p> <p>Based on observation, interview, and record review, the facility failed to ensure a medication error rate of less than five percent. A total of three errors occurred out of 30 opportunities for error due to residents not receiving their medications on time for one resident (Residents (R)11) of six residents observed for medication administration. In addition, one of six residents (R41) received a medication that did not have a physician's order. The facility medication error rate was 6.67%. This failure had the potential to affect the accurate dosing of medication administered to the residents.</p> <p>Findings include:</p> <p>1. During medication administration observation on 11/13/24 at 8:37AM, Licensed Practical Nurse (LPN)1, administered R1 Daily-Vite with folic acid tablet (MVI) one tablet.</p> <p>Review of R41's Physician Orders dated November 2024 in the electronic medical record (EMR) under the Orders tab indicated there was not a physician's order for the Daily Vite with folic acid medication.</p> <p>2. During medication administration observation on 11/13/24 at 9:55AM, Certified Medical Technician(CMT) 2 administered R11's Buspar 15 milligram (mg) 1 tablet that was ordered for 7:30AM.</p> <p>Review of R11's Physician Orders in the EMR under the Orders tab revealed, Buspirone 15 milligram (mg) one tablet twice a day.</p> <p>Review of R11's Medication Administration Record (MAR) dated November 2024 indicated Buspirone 15 mg one tablet was to be administered at 7:30AM and 4:00PM.</p> <p>Interview on 11/14/24 at 1:00PM, LPN1 was asked what the parameters of time for medication administration was. LPN1 said one hour before to one hour after was acceptable. LPN1 said it would be a medication error if the medication was given outside of this parameter. LPN1 stated regarding the multi vitamin and the folic acid, LPN1 stated that the medication should not be given if it is not ordered.</p> <p>Interview on 11/14/24 at 1:15PM, CMT2 was asked what the parameters of time for medication administration are. CMT2 said one hour to one hour after was acceptable.</p> <p>Interview on 11/14/24 at 2:15PM, the Director of Nursing(DON) was asked what the parameters of time for medication administration are. The DON said one hour to one hour after was acceptable. The DON said medication administered outside of these parameters would be a medication error. When asked if a medication should be given if there isn't a physician order, the DON said, Absolutely not.</p>		

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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>07342</p> <p>Based on job description review and interview, the facility failed to ensure that the Dietary Manager (DM) met minimum qualifications when a Registered Dietician (RD) was not employed full time at the facility. The deficient practice has the potential to affect all 69 residents who receive food from dietary.</p> <p>Findings include:</p> <p>Interview with the Dietary Manager (DM) on 11/11/24 at 9:40 AM, revealed he stated that he is not certified as a DM.</p> <p>Interview with the RD on 11/14/24 at 10:50 AM, revealed that she was at the facility eight hours a day one day a month. She stated she was responsible for the clinical aspects of the facility and advised the facility through reports of sanitation and food service. The RD stated that she was aware that the DM was not certified.</p> <p>Interview with the Administrator on 11/12/24 at 11:30 AM revealed she was aware of the lack of training when he accepted the job. We thought we could finish the training prior to the survey.</p> <p>Review of the facility job description titled Job Description-Dietary Manager undated indicated the qualifications for the job on the last page include a certificate for dietary manager as a minimum qualification.</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>07342</p> <p>Based on review of menus, policy review, observations and interviews, the facility failed to ensure that menus were followed for all four days of the survey. The deficient practice has the potential to affect all 69 residents that receive food from dietary.</p> <p>Findings include:</p> <p>Observation of the first-floor food service on 11/13/24 at 12:40 PM revealed Dietary Aide (DA) 1 used a three ounces ladle to serve residents winter vegetables from the steam table. The menu/spreadsheet indicated that four ounces of vegetables. In addition, staff had no way to measure double portions of six ounces or single portions of three ounces of pot roast.</p> <p>Interview with DA1 at the time of the observation stated the cards provided do not have portion sizes or menus are not available. She stated that for the meat, I simply use my eyes and serving tongs to decide how much meat is to be provided.</p> <p>Observations of the first-floor food service on 11/13/24 at 12:40 PM revealed that DA1 served all nine mechanical soft diets whole pieces of pot roast, winter vegetables and scalloped potatoes. The menu indicated for these nine diets, mechanical soft to receive chopped meat, vegetables, and potatoes. The steamed winter blend vegetables made up of broccoli and cauliflower and scalloped potatoes were served not chopped. A dinner roll was indicated on the menu to be served to each resident however, no dinner rolls were served to any of the residents.</p> <p>Interview with the Dietary Manager (DM) on 11/13/24 at -11:45 AM, he stated he felt the items were soft enough and did not need to be chopped for that reason and verified he did not serve the dinner rolls at lunch on 11/13/24.</p> <p>The DM was asked for a policy and did not provide the policy prior to the survey team's exit from the facility.</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>07342</p> <p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on observations, and interviews, the facility failed to ensure that the food residents received was at an appetizing temperature for one of three meals on one of four survey days. The deficient practice has the potential to affect all 69 residents who receive food from dietary.</p> <p>Findings include:</p> <p>Observation of food temperatures on the steam tabled revealed the regular diet pot roast was 174 Fahrenheit (F), the scalloped potatoes were 202 degrees F and the winter vegetables were 175 degrees F. The cart left the kitchen at 12:40 PM and arrived at the first floor at 12:42 PM.</p> <p>Lunch was scheduled to be served at 12:00 PM. Observation on 11/13/24 at 1:10PM of the test tray temperatures on the first floor kitchenette revealed using a facility thermometer pot roast 106 F. The pot roast tasted cool.</p> <p>Interview with the Dietary Manager (DM) at the time, he stated that the pot roast tasted cold to him.</p> <p>Interview with R11 at 1:15 PM on 11/13/24, after she had finished her meal, she stated the pot roast tasted cold.</p> <p>Review of R11's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) 09/24/24</p> <p>Interview with the DM on 11/13/24 at 1:20 PM stated there are no food temperature logs on the unit prior to the food service nor food temperature logs in the kitchen prior to the food leaving the kitchen and being transported to each of the two units.</p> <p>Interview with the Registered Dietician (RD) on 11/14/24 at 10:50 AM, she indicated the expectation is that food temperatures should be taken prior to the food leaving the kitchen and prior to service and a log of such events should be maintained.</p> <p>The facility policy was requested of the DM; however, no policy was provided prior to the survey team exiting the facility.</p>		

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<p>F 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 07342</p> <p>Based on observations, record review and interviews, the facility failed to ensure that diets provided were prepared and distributed as prescribed by the residents' physician for seven residents (R12, R43, R35, R171, R50, R4 and R26) out of 26 residents in the sample. The deficient practice has the potential for residents to lose weight.</p> <p>Findings include:</p> <p>1. Review of R12's Face sheet in the electronic medical record (EMR) under the profile tab revealed diagnoses of Alzheimer's disease, dementia, psychotic disturbance, mood disturbance, cerebral infarction, type 2 diabetes without complications, abnormal weight loss and pressure ulcer, sacral region stage 2.</p> <p>Review of R12's physician orders in the EMR under the orders tab revealed an order for a pureed diet, power potatoes for lunch, cheesy eggs for breakfast, ice cream for snacks, health shakes at each meal, whole milk at breakfast and apple or cranberry juice for lunch and dinner.</p> <p>Observations on 11/11/24 at 12:30 PM; 11/12/24 at 8:30 AM; 11/12/24 at 12:45 PM and on 11/13/24 at 12:35 PM revealed the resident failed to receive a diet as prescribed by the physician which included power potatoes for lunch on 11/11/24, 11/12/24 and 11/13/24; cheesy eggs on 11/12/24 and health shakes on 11/11/24 and 11/12/24.</p> <p>Interview with the Dietary Manager (DM) on 11/13/24 at 1:30 PM revealed he did not prepare or serve cheesy eggs or power potatoes all week starting 11/11/24 through 11/13/24; health shakes on 11/11/24 and on 11/12/24.</p> <p>2. Review of R43's EMR revealed under the profile tab diagnoses of traumatic subdural hematoma without loss of consciousness, dementia, mood disturbance, psychotic disturbance, Parkinsonism, post-traumatic stress disorder, anxiety disorder, depression, anxiety disorder and anorexia.</p> <p>Review of R43's physician orders under the orders: tab in the EMR revealed regular diet and health shakes three times a day or with each meal.</p> <p>Observations on 11/11/24 at 12:30 PM and 11/12/24 at breakfast at 8:30 AM revealed that R43 did not receive health shakes. The facility did not order the health shakes from the supplier until the problem was pointed to the facility at lunch on 11/12/24.</p> <p>Interview with the DM on 11/13/24 at 1:30 PM revealed he did not prepare health shakes for 11/11/24, 11/12/24, and 11/13/24.</p> <p>Interview with the Registered Dietician (RD) on 11/14/24 at 10:50 AM, the RD stated that all diets should be followed as prescribed by the physician. She was not aware that power potatoes, cheesy eggs and health shakes were not being provided.</p> <p>(continued on next page)</p>		

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<p>F 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. Review of R35's Face Sheet located in the EMR under the Profile tab revealed the resident was admitted on [DATE] with diagnoses that included cerebral palsy, generalized anxiety disorder, mood disorder, conversion disorder with seizures or convulsions, dysphagia, and multiple sclerosis.</p> <p>Review of the Physician orders located under the orders tab in the EMR revealed and order dated 06/12/24 for regular diet, mechanical soft. Special Instructions: finger foods, health shake for breakfast only, provide large portions at meals.</p> <p>4. Review of R171's Face Sheet located in the EMR under the Profile tab revealed the resident was admitted on [DATE] with diagnoses that included dementia, schizoaffective disorder, bipolar disorder, borderline personality disorder, major depressive disorder, generalized anxiety disorder, and unspecified severe protein-calorie malnutrition.</p> <p>Review of the 10/30/24 Physician orders located under the orders tab in the EMR revealed Regular diet, health shakes with meals. Special instructions: large portions for breakfast with cheesy eggs, power potatoes for lunch.</p> <p>5. Review of R50's Face Sheet located in the EMR under the Profile tab revealed the resident was admitted on [DATE] with diagnoses that included Alzheimer's disease, schizophrenia, depression, and generalized anxiety disorder.</p> <p>Review of the Physician Orders dated 09/12/24 located in the EMR under the orders tab revealed Regular diet. Health Shakes with each meal TID [three times a day].</p> <p>6. Observations of the residents' meals during the survey from 11/11/24 - 11/14/24 revealed the following:</p> <p>No health shakes were provided to R35, R71 and R50 for breakfast, lunch, or dinner on 11/11/24, 11/12/24, and 11/13/24. Interview on 11/13/24 at 1:30PM, the DM confirmed that health shakes were not prepared for any of the residents' meals.</p> <p>No power potatoes were provided for R171 on 11/11/24 and 11/12/24 when potatoes were served. Interview with the Dietary Manager (DM) on 11/13/24 at 1:30 PM revealed he did not prepare or serve power potatoes all week starting 11/11/24 through 11/13/24.</p> <p>7. Review of R4's EMR profile tab Face sheet revealed R4 was last admitted [DATE] with diagnoses of end stage renal disease, dependence on renal dialysis, type 2 diabetes, iron deficiency anemia, and abnormal weight loss.</p> <p>Review of R4's EMR, physician orders under the orders tab revealed a diet order dated 04/22/24 for a regular diet with a Nepro shakes added to all three meals, potatoes three times each week, and large protein portions for all meals.</p> <p>Lunch observations on 11/11/24, 11/12/24 and 11/13/24, and breakfast observations on 11/13/24, R4 did not receive health shake. or large portions of protein for all meals.</p> <p>(continued on next page)</p>		

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<p>F 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>8. Review of R26's EMR profile Face sheet revealed R26 was admitted [DATE] with diagnoses of abnormal weight loss, Vitamin D deficiency, hypertensive heart disease, anemia, and mild protein-calorie malnutrition</p> <p>Review of R26's EMR physician orders under the orders tab revealed a physician order dated 09/12/24 for a regular diet with a health shake added to all three meals, and with cheesy eggs and super cereal for breakfast and ice cream for lunch and supper.</p> <p>Lunch observations on 11/11/24, 11/12/24 , and 11/13/24, and breakfast observations on 11/13/24, revealed R26 did not receive a health shake or ice cream with any of his lunch meals, and no health shake, cheesy eggs, or super cereal for his breakfast meal.</p> <p>During an interview with the Administrator on 11/13/24 at 11:30 AM, she stated her expectation was for the DM to immediately begin serving special diets as ordered and to learn how to order health shakes as needed.</p> <p>The facility policy was requested from the DM, however, was not provided by the survey team's exit from the facility.</p> <p>11599</p> <p>36917</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** 07342</p> <p>Based on observations, document review, policy review and interview, the facility failed to ensure food was stored, prepared, and distributed in accordance with professional standards of practice including dishwasher sanitizing, cleaning, food storage and handling and processing food for serving. The deficient practice has the potential to affect all 69 residents receiving food from dietary.</p> <p>Findings include:</p> <p>Observation on 11/11/24 at 9:47 AM revealed the temperature gauge on the dishwasher was stuck at 105 degrees Fahrenheit (F). The dishwasher was a low temperature machine and relies on sanitizer to sanitize the dishes during the final rinse. The machine specifics located on the side of the machine via label indicate for machines using sanitizer solutions to sanitize dishes, wash, rinse and sanitize water shall be minimum 120 degrees F. The facility continued to wash and distribute dishes.</p> <p>Interview with the Dietary Manager (DM) at the time of the observation verified the temperature gauge problems.</p> <p>Observation on 11/11/24 at 9:50 AM revealed two ducted wall air vents near the steamer and window, had a heavy accumulation of dust and dirt to the point of hanging off the vent. In addition, the window at the steamer was severely cracked and damaged over four feet in length with large amounts of dust, and cobweb debris at the inside and outside of the window.</p> <p>One walk-in freezer with the door removed used as permanent storage was found on 11/11/24 at 9:55 AM to have two dirty mopheads on the floor, red tile floor turned black with dirt, used cups, cleaning solutions, gloves, bags and food debris on the floor.</p> <p>Interview with the DM at the time of the observation verified the findings and indicated he does not have a cleaning schedule for the kitchen, or any other area related to food service.</p> <p>On 11/11/24 at 10:05 AM, DA3 was observed loading dirty dishes and unloading clean dishes from the dishwasher without changing gloves. DA1 was observed on 11/12/24 at 9:45 AM to be loading dirty dishes and unloading clean dishes without changing the gloves. In all cases, the dishes were stacked and sent back into circulation at mealtime.</p> <p>Interview with the DM at the time of the dish machine observation, verified the process and stated</p> <p>Observation on 11/13/24 at 9:45AM, the dry storage area and back corridor of the kitchen have red tile floors that were black with dirt and grease. The dry storage area also had black floors with a 25-pound bag of Chinese breadcrumbs and a cardboard box of 192 English muffins on the floor.</p> <p>Observation on 11/13/24 at 9:50 AM revealed the Midea refrigerator with a six-pound container of [NAME] pears opened and uncovered.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Creve Coeur Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 1127 Timber Run Drive Saint Louis, MO 63146	
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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>Interview with the DM at the time of the observation verified the open can was opened yesterday and the floors in the dry storage area have not been cleaned.</p> <p>Observation on 11/13/24 at 10:15 AM the microwave in the kitchen had a large amount of red food splashes inside at the top of the device. In addition, the device had no rotation plate to ensure food was cooked on all sides when microwaved.</p> <p>Interview with the DM at the time of the observation verified the condition of the microwave.</p> <p>Observation of the refrigerator on the first-floor kitchenette used by residents on 11/13/24 at 10:30 AM revealed four-by-four inch styro-foam containers with an unidentified molded food item appearing to be gray and black with fur. No date or label was noted on any container. three compartment styro-foam device contained smoke house fried chicken and mashed potatoes dated 09/23/24 and another container with chicken, mashed potatoes with gravy and green beans dated 11/03/24. In addition, a five-inch birthday cake was found in a bag with icing and a sale by date of 09/14/24.</p> <p>Finally, two mighty shakes were in the same refrigerator with no thaw dates.</p> <p>Interview with the Administrator on 11/13/24 at 10:55 AM verified all the contents.</p> <p>Observation on 11/13/24 from 11:05 AM to 12:45 PM, a large four-pound pre-cooked pot roast still packaged was observed on the counter at room temperature without refrigeration or cooling.</p> <p>Interview with the DM at the time of the observation indicated somebody forgot about the pot roast.</p> <p>Review of the facility' Registered Dietician (RD) report titled Consultant Dietician Report dated 10/16/24 submitted to the facility administration indicated multiple food items were noted to be uncovered and undated in the stainless-steel refrigerator. Walls throughout the facility need good cleaning.</p> <p>Review of the facility's policy titled Food Labeling, Date and Time dated January 2012 revealed the food item shall be labeled with the date and time of preparation.</p> <p>Review of the facility's policy titled Machine Ware Washing dated January 2012 revealed the dish machine washing temperature will be 120 F. and rinse temperature of 75-120 degrees F. No reference was made to sanitize rinsing. The policy also required logging temperatures for purposes of monitoring temperatures. There was no reference in the policy to changing gloves when using the dishwasher and working from dirty to stacking clean dishes.</p>		

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Dispose of garbage and refuse properly.</p> <p>07342</p> <p>Based on observations, review of policy and interview, the facility failed to ensure the area around the garbage dumpster area was free of trash on four of four days of the survey. The deficient practice has the potential to affect all 69 residents.</p> <p>Findings include:</p> <p>Observations on 11/11/24 at 10:00 AM revealed the exterior garbage dumpster area had two dumpsters and the area around the dumpster had one college size broken pink refrigerator, numerous plastic gloves, food debris, numerous small and large cups for medicine, numerous fast-food bags, 10 cardboard boxes in various conditions, bottles of over-the-counter medicine, splatters of garbage, paper towels, plastic bags. Observations on 11/12/24 at 8:00 AM, 10:20 AM, 5:00 PM, 11/13/24 at 7:45 AM and 5:00 PM and 11/14/24 at 8:00 AM and 7:00 PM, revealed one of the dumpsters was noted to have the lid open.</p> <p>Interview with the Administrator on 11/12/24 at 10:20 AM revealed that housekeeping and maintenance maintain the area by cleaning it once a week. She stated she has no documentation related to when the area was cleaned.</p> <p>The Administrator provided a policy that indicated that the maintenance department was responsible for ensuring the exterior garbage area was free of trash and the lids were kept closed.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>30687</p> <p>Based on interview and record review, the facility failed to follow their tuberculosis (TB, a potentially serious infectious bacterial disease that mainly affects the lungs) policy when staff failed to complete a two step and the annual one step of the employee TB screening tests in a timely manner for a total of five employees. The census was 74.</p> <p>Review of the facility's Tuberculosis Policy, dated 2005, showed the following;</p> <p>-Tuberculosis (TB) Screening - Employees</p> <p>-It is the policy of this facility that all healthcare workers will undergo testing for tuberculosis upon hire. Initial testing will be completed using the two-step tuberculin skin test (TST) procedure. The first dose being administered within seven days after being employed and the second dose administered one to three weeks after the first test, if the first test is negative.</p> <p>1. Review of Staff Member A's employee file, showed the following:</p> <p>-Hire date: 10/1/22;</p> <p>-No documentation of an annual one step.</p> <p>2. Review of Staff Member B's employee file, showed the following:</p> <p>-Hire date: 7/18/23;</p> <p>-No documentation of an annual one step.</p> <p>3. Review of Staff Member C's employee file, showed the following:</p> <p>-Hire date: 2/22/24;</p> <p>-No documentation of a two step.</p> <p>4. Review of Staff Member D's employee file, showed the following:</p> <p>-Hire date: 3/7/24;</p> <p>-No documentation of a two step.</p> <p>5. Review of Staff Member E's employee file, showed the following:</p> <p>-Hire date: 9/12/24;</p> <p>-No documentation of a two step.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>6. During an interview on 11/20/24 at 1:17 P.M., the Administrator said after the Director of Nursing (DON) or the Assistant Director of Nursing (ADON), have administered the TB test, the Human Resource Manager (HRM) should follow up to ensure both steps are completed and the documentation is in the employee's file. The administrator said she would expect the TB policy to be followed. The DON and HRM are out sick today.</p>		

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Keep all essential equipment working safely.</p> <p>07342</p> <p>Based on observations and interview, the facility failed to ensure that it maintained essential equipment in working condition. Specifically, the large walk-in refrigerator has been inoperable for over three months. The deficient practice has the potential to affect all 69 residents that receive food from dietary.</p> <p>Findings include:</p> <p>Observation on 11/11/24 at 9:35AM revealed a 15' foot deep by 10' foot wide walk-in refrigerator in dietary that was empty of refrigerated food items.</p> <p>Interview with the Dietary Manager at the time of the observation indicated the large walk-in refrigerator has not worked since July of 2024.</p> <p>Interview with the Administrator on 11/11/24 at 10:20 AM provided an estimate to replace the refrigerator compressor.</p>		