

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265729	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/25/2025
NAME OF PROVIDER OR SUPPLIER  Daviss County Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  1337 West Grand Gallatin, MO 64640	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>47195</p> <p>Based on observation, interview, and record review, the facility failed to provide an acceptable accommodation of needs when staff did not provide a physician ordered leg extender on one resident's wheelchair (Resident #23) to keep his/her leg elevated. The facility census was 58.</p> <p>Review of facility's Resident Accommodation policy, revised January 2020, showed:</p> <ul style="list-style-type: none"> <li>-The facility's environment and staff behavior are directed toward assisting the resident in maintaining and/or achieving safe independent functioning, dignity, and well-being.</li> <li>-The resident's individual needs and preferences, including the need for adaptive devices and modifications to the physical environment, shall be evaluated upon admission and reviewed on an on going basis.</li> <li>-In order to accommodate individual needs and preferences, adaptations may be made to the physical environment, including the resident's bedroom and bathroom, as well as the common areas of the facility. Examples of such adaptations may include: <ul style="list-style-type: none"> <li>-Provide access to assisted devices, such as grab bars and toilet risers in the bathroom;</li> <li>-Installing adaptive handles or providing assisting devices so that drawer are easily opened and closed;</li> <li>-Providing a variety of types (for example, chairs with and without arms), sizes (height and depth), and firmness of furniture in rooms and common areas so that residents with varying degrees of strength and mobility can independently arise to a standing position;</li> </ul> </li> </ul> <p>1. Review of Resident #23's Significant Change Minimum Data Set (MDS), a federally mandated assessment tool completed by facility staff, dated 3/19/25, showed:</p> <ul style="list-style-type: none"> <li>-Cognition moderately impaired;</li> <li>-He/She was dependent on a wheelchair for mobility;</li> <li>-Diagnoses included: Diabetes, vascular insufficiency (decreased blood flow), and amputation.</li> </ul> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of care plan, revised 4/8/25, showed:</p> <ul style="list-style-type: none"> <li>-He/She went to the wound clinic as directed for vascular wounds to his/her legs;</li> <li>-Follow treatment orders;</li> <li>- If nursing noted resident's wounds were worsening they were to consult with resident's physician;</li> <li>- The resident was to be encouraged to elevate his/her legs often.</li> <li>- Staff were not to put any tight compression on his/her legs because it would restrict his/her blood flow.</li> <li>-On 3/19/25 his/her leg was amputated below the knee and had surgical wound.</li> </ul> <p>Observation on 4/22/25 at 11:38 P.M. showed resident was self-propelling down the hallway to dining room with no extender in place on the wheelchair and his/her left amputated leg hanging down unsupported.</p> <p>Observation on 4/22/25 at 2:28 P.M. showed the resident seated in his/her wheelchair with no leg extender on his/her wheelchair. The residents left amputated leg hanging down unsupported.</p> <p>Interview and observation on 4/22/25 at 2:28 P.M. show the Resident said he/she is concerned over redness to his/her right foot. The resident was observed to have purple area on bottom of his/her right foot with his/her middle toe observed to be purple. The resident said the skin on his/her foot had been itching and flaking off for awhile, and had reported it to the nursing staff.</p> <p>Observation on 4/24/25 at 8:22 A.M. showed the resident was in his/her room seated in his/her wheelchair looking out the window. The resident's amputated left leg was hanging down and had no extender on the wheelchair.</p> <p>Observation on 4/25/25 at 8:04 A.M. showed resident was self-propelling in wheelchair, back to his/her room from the dining room. The resident was observed with his/her left amputated leg hanging down with no extender on the wheelchair.</p> <p>Observation on 4/25/25 at 8:14 A.M. showed resident rolling down the hallway, and did not have leg extender on his wheelchair. Leg hanging down and was not elevated.</p> <p>Review of the resident's medical record, dated 3/1/25 to 4/23/25, showed:</p> <ul style="list-style-type: none"> <li>-On 3/27/25 the resident was seen by vascular health physician who ordered: <ul style="list-style-type: none"> <li>-Keep legs elevated as much as possible;</li> <li>-Wheelchair needed extender on left to avoid leg being down.</li> </ul> </li> </ul> <p>(continued on next page)</p>

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of progress notes, dated 3/1/25 to 4/23/25, showed on 4/2/25, Registered Nurse A wrote- Physician here on rounds and new order for resident to see vascular surgery clinic for area to left stump.</p> <p>Review of Physical therapy encounter notes, dated 3/11/25 to 4/11/25, showed there were no assessments or measurements completed for a leg extender to be added to resident's wheelchair.</p> <p>During an interview on 4/22/25 at 7:53 A.M., Registered Nurse A said:</p> <ul style="list-style-type: none"> <li>-He/she thought the resident came back from hospital with an extender but currently did not have one on his/her wheelchair;</li> <li>-He/she was not aware of orders from the vascular physician dated 3/27/25 for a leg extender;</li> <li>-The resident did not currently have an extender on his/her wheelchair.</li> </ul> <p>During an interview on 4/24/25 at 11:29 A.M., RN A said:</p> <ul style="list-style-type: none"> <li>-The resident's toes were amputated in December;</li> <li>-The resident had complications so was in and out of the hospital frequently;</li> <li>-The resident had amputation to his/her left bilateral foot on 3/12/25.</li> </ul> <p>During an interview on 4/24/25 at 12:32 P.M., Physical Therapist (PT) A said he/she did not know if the resident had been assessed for an extender.</p> <p>During an interview on 4/24/25 at 1:58 P.M., PT A said:</p> <ul style="list-style-type: none"> <li>-The resident did not have an extender on his/her wheelchair;</li> <li>-The resident did have regular leg rests that had always been on his/her chair;</li> <li>-The resident would sometimes choose to take off his leg rests and choose not to have the leg rests on;</li> <li>-The extender would be different than resident's regular wheelchair leg rests;</li> <li>-He/She did not know if the resident had been evaluated for a leg extender.</li> </ul> <p>During an interview on 4/24/25 at 2:12 P.M., Certified Nurse Aide (CNA) B said:</p> <ul style="list-style-type: none"> <li>-The resident did not have an extender on his/her wheelchair;</li> <li>-The resident had a sore on back of his/her stump and he/she did not want it rubbing.</li> </ul> <p>During an interview on 4/24/25 at 2:36 P.M., CNA A said the resident did not have anything to keep his left lower extremity elevated.</p> <p>(continued on next page)</p>		

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/25/25 at 12:32 P.M., Social Services Director said:</p> <ul style="list-style-type: none"> <li>-The resident did see a vascular doctor;</li> <li>-The doctor did mention that resident should have leg elevated more;</li> <li>-He/She did not recall resident getting an extender for his/her wheelchair.</li> </ul> <p>During an interview on 4/25/25 at 5:30 P.M., the Director of Nursing said he/she expected the resident who had an order for a leg extender on the wheelchair to be assessed by therapy for a leg extender to be added.</p> <p>During an interview on 4/25/25 at 5:30 P.M., the Administrator said he/she expected the resident with an order for a leg extender on the wheelchair to be assessed by therapy for a leg extender to have been added.</p>

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47195</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure professional standards of quality when staff failed to obtain a physician's order, obtain authorization from the resident's representative, complete and assessment for use of chair alarm for three residents (Resident #32, #17, and #24). The facility census was 58.</p> <p>Review of facility policy, physical restraints, dated April 2006, showed:</p> <ul style="list-style-type: none"> <li>-Physical restraints are defined as any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily, which restricts freedom of movement or normal access to one's body.</li> <li>-Assess resident's need for restraint use.</li> <li>-Obtain physician's order for restraint.</li> <li>-Develop or review resident care plan for type of restraint, reason for use, alternate methods to be used and method of application. List medical symptoms to be treated and methods to reduce or eliminate restraint.</li> <li>-Place resident in a supervised area and check frequently;</li> <li>-Remove restraint every two hours and change resident's position;</li> <li>-Use other nursing measures, diversion programs, activity programs, and supervision to control behavior whenever possible.</li> <li>-Positioning devices may be used instead of restraining devices;</li> <li>-Residents at risk of falls and injury may be reduced by the use of many of these devices in bed, in a chair, in the bathroom, or while walking;</li> <li>-Investigate each resident's needs for such devices.</li> </ul> <p>1. Review of Resident #32's Quarterly Minimum Data Set (MDS), a federally mandated assessment tool completed by facility staff, dated 3/31/25, showed:</p> <ul style="list-style-type: none"> <li>-Cognition moderately impaired;</li> <li>-He/She had one fall with no injury since prior assessment;</li> <li>-He/She had falls prior to admission;</li> <li>-He/She was dependent on a wheelchair;</li> </ul> <p>(continued on next page)</p>

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-He/She required partial to moderate assistance with rolling left and right, sit to lying, sit to stand, chair to bed transfers;</p> <p>-He/She required substantial to maximal assistance with mobility from lying to sitting on side of bed;</p> <p>-He/She used a chair alarm daily;</p> <p>-Diagnoses included Parkinson's Disease and seizure disorder.</p> <p>Review of care plan, dated 4/8/25, showed:</p> <p>-He/She was at risk of falls;</p> <p>-He/She had dementia so did not always remember to ask for help, my family requested that I have a chair alarm in case he/she would try to get up on their own. Sometimes he/she did not remember to use his/her call light or ask for assistance;</p> <p>-On 3/25/25 He/She slid out of wheelchair trying to reach for tissues. Please try to keep most used items within reach;</p> <p>-On 4/2/25 He/She was lowered by CNA to ground because his/her legs gave out;</p> <p>-On 4/2/25 He/She tried to transfer self to the toilet alone and his/her legs gave out. He/She was reminded and educated to ask for help.</p> <p>Review of physician's orders, dated 4/1/25-4/24/25, showed no orders for chair alarm found.</p> <p>Review of resident's medical record, dated 4/23/25, showed:</p> <p>-No assessment for chair alarm use found;</p> <p>-No consent for chair alarm use found.</p> <p>Observation on 4/22/25 at 9:36 A.M. showed resident was resting in the recliner with his/her feet elevated by the footrest of the recliner. He/She had a chair alarm attached to his/her shoulder and the base of the alarm was resting on the arm of resident's recliner.</p> <p>Observation on 4/23/25 at 9:46 A.M. showed resident was asleep in the recliner with the chair alarm sitting beside him/her on the arm of the recliner. The alarm was attached to resident's shirt on her shoulder.</p> <p>Observation on 4/24/25 at 8:11 A.M. showed resident was resting in the recliner with the chair alarm attached to their shoulder.</p> <p>Observation on 4/24/25 at 10:41 A.M. showed resident was resting in the recliner and had chair alarm in place laying on arm of recliner with the clip pinned to his/her shoulder.</p> <p>(continued on next page)</p>

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 4/24/25 at 2:12 P.M., Certified Nurse Aide (CNA) B said:</p> <ul style="list-style-type: none"> <li>- Resident #32 had a pressure alarm because he/she would get up;</li> <li>-Staff have to put resident's footrest on the recliner down as resident was not strong enough to do it on his/her own;</li> <li>-The Resident will slide down right off the foot of the recliner when he/she was determined to get up from the recliner;</li> <li>-The Resident's wheelchair was parked at the end of resident's recliner with the brakes on because facility could not use restraints;</li> <li>-He/She had found that resident in the past had moved into his/her wheelchair by themselves after the resident climbed down to the end of the recliner and slid into the wheelchair;</li> <li>-When the resident can get a hold of the wheelchair he/she can transfer very well;</li> </ul> <p>During an interview on 4/24/25 at 2:36 P.M, CNA A said:</p> <ul style="list-style-type: none"> <li>-The Resident had a chair alarm because he/she would get up without turning on his/her call light;</li> <li>-Staff would walk by and find resident scooted clear to the end of his/her recliner;</li> <li>-The Resident had falls when he/she first arrived and that is when the chair alarm was placed.</li> </ul> <p>2. Review of Resident #17's Quarterly MDS, dated [DATE], showed:</p> <ul style="list-style-type: none"> <li>-Cognition severely impaired;</li> <li>-He/She was dependent on a wheelchair;</li> <li>-He/She was dependent for all mobility;</li> <li>-He/She had no recent falls;</li> <li>-He/She used bed alarm daily;</li> <li>-He/She did not use chair alarm;</li> <li>-Diagnoses included dementia, depression, manic depression, osteoarthritis, bipolar disorder, and chronic pain.</li> </ul> <p>Review of care plan, revised 4/23/25, showed:</p> <ul style="list-style-type: none"> <li>-He/She used a peddler reclining chair that allowed him/her to self propel;</li> <li>-He/She would attempt to stand from the wheelchair if he/she became restless;</li> </ul> <p>(continued on next page)</p>

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-He/She required assist of one to two for transfers and repositioning;</p> <p>-He/She was at risk for falls related to unsteadiness at times as well as history of falls;</p> <p>-On 7/20/24, He/She fell out of the wheelchair and hit his/her head. Neurological assessments were initiated and chair alarm replaced and ensured it was working order, prior to getting him/her into the chair make sure my alarm was working;</p> <p>-He/She continued to use a clip alarm when in his/her wheelchair and a pressure alarm when in his/her bed for his/her safety;</p> <p>Review of physician's orders, dated 4/1/25-4/24/25, showed no orders for chair or bed alarm found.</p> <p>Review of resident's medical record, dated 4/23/25, showed:</p> <p>-No assessment for chair alarm use found;</p> <p>-No consent for chair alarm use found.</p> <p>Observation on 4/22/25 at 10:15 A.M. of the resident sitting in his/her reclining wheelchair with his/her eyes closed. Resident leaned forward in his/her chair showed chair alarm was pinned to his/her shoulder of his/her night gown.</p> <p>Observation on 4/22/25 at 3:05 P.M. showed resident was leaning forward in his/her reclining wheelchair and had chair alarm clipped to his/her shoulder.</p> <p>Observation on 4/23/25 at 9:48 A.M. showed resident was asleep in reclining wheelchair in the day room. Chair alarm was clipped to the back shoulder of his/her clothes.</p> <p>Observation on 4/24/25 at 11:41 A.M. showed resident's reclining wheelchair was positioned with the resident's feet up in the air. Resident was observed leaning forward and making loud noise of irritation with his/her voice. Resident observed with chair alarm clipped to his/her shoulder. CNA A and CNA B entered resident's room and adjusted resident's reclining wheelchair placing the footrest in a down position.</p> <p>During an interview on 4/24/25 at 2:12 P.M., CNA B said:</p> <p>-The resident would pull his/her alarm and would try to get up out of his/her reclining wheelchair;</p> <p>-When resident was upset staff were aware because resident would be screaming all the time;</p> <p>-He/She never had seen the resident attempt to get out of his/her wheelchair.</p> <p>During an interview on 4/24/25 at 2:36 P.M., CNA A said:</p> <p>-The resident would sometimes think he/she could walk and would stand up;</p> <p>-The resident was a two person transfer;</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-The resident's alarm would go off when he/she leaned forward and adjusted his/her knees or socks;</p> <p>3. Review of Resident #24's Quarterly MDS, dated [DATE], showed:</p> <p>-Cognition severely impaired;</p> <p>-Dependent on a walker and wheelchair;</p> <p>-Restraints not used;</p> <p>-He/She required partial to moderate assistance with dressing, hygiene, sit to lying on side of bed mobility;</p> <p>-Diagnoses included dementia, asthma, and depression.</p> <p>Review of care plan, revised 3/27/25, showed:</p> <p>-He/She was at risk for injury related to falls;</p> <p>-On 11/12/24, he/she slid out of bed onto his/her fall mat. His/Her alarm did not sound. His/Her nurse checked to see if it was working when assisting him/her back to bed and bed alarm sounded and was in working order;</p> <p>-On 11/28/23 he/she slid out of bed, bed alarm placed. Bed alarm removed 1/4/24;</p> <p>-On 2/23/25 He/She turned the chair alarm off and ambulated barefoot to the bathroom causing him/her to fall. He/She was educated to ask for assistance and gripper socks were applied;</p> <p>-On 3/24/25 He/She attempted to get out of recliner and slide out. His/Her alarm was not plugged in. Please ensure the alarm was in working order;</p> <p>Review of physician's orders, dated 4/1/25-4/24/25, showed no orders for chair or bed alarm found.</p> <p>Review of resident's medical record, dated 4/23/25, showed:</p> <p>-No assessment for chair alarm use found;</p> <p>-No consent for chair alarm use found.</p> <p>Observation on 4/22/25 at 11:11 A.M. showed resident was sitting in recliner with chair alarm in place.</p> <p>Observation on 4/24/25 at 8:33 A.M. showed resident was in bed with bed alarm in place.</p> <p>During an interview on 4/24/25 at 2:12 P.M., CNA B said:</p> <p>-Resident had pressure alarms on bed and in the chair;</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-When alarm goes off it made a loud noise and the resident hates it;</p> <p>-He/She had seen resident physically jump when the alarm went off;</p> <p>During an interview on 4/24/25 at 2:36 P.M., CNA A said:</p> <p>-The resident had an alarm because his/her vision was not good and for awhile resident was sliding out of his/her chair;</p> <p>-The alarm did not appear to bother resident;</p> <p>-The resident would shut off the alarm;</p> <p>-The resident had said that he/she did not know where that noise was coming from;</p> <p>- The resident would use his/her call light sometimes but it would be it or miss;</p> <p>- The resident had days where he/she would have no issues with his/her vision.</p> <p>During an interviews on 4/24/25 at 9:15A.M. and 4/25/25 at 5:30 P.M., the DON said:</p> <p>- He/she had no consents for chair or bed alarms on any of the requested sampled residents.</p> <p>-He/She expected residents with chair or bed alarms to have assessments;</p> <p>-The assessments should be completed prior to using the alarms;</p> <p>-He/She did not know if consents were required for chair or bed alarms;</p> <p>-Residents with chair or bed alarms should have physician's orders for their use;</p> <p>-He/She expected chair and bed alarms to be care planned.</p> <p>During an interview on 4/24/25 at 9:20A.M. and 4/25/25 at 5:30 P.M., the Administrator said;</p> <p>- The facility does not complete assessments for the use of chair or bed alarms.</p> <p>- Residents with alarms in place should have assessments, physician's orders, and consents in place prior to use.</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide activities to meet all resident's needs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 51166</p> <p>Based on observation, interview, and record review, the facility failed to provide an on-going program of activities that was designed to meet the interests and physical, mental, and psychosocial well-being of each resident. This affected five residents (#48, #4, #17, #11 and #23) out of 15 sampled residents and could potentially affect all residents. The facility census was 58.</p> <p>Review of the facility policy, Preparation for Activities, dated 6/2018, showed the Activity Director was responsible for the scheduling of all activity functions;</p> <p>The facility did not provide activity participation records for requested residents.</p> <p>1. Review of Resident #48's Admission MDS, dated [DATE], showed:</p> <ul style="list-style-type: none"> <li>-Severely impaired cognition;</li> <li>-It was very important to have books, magazines, and newspapers to read;</li> <li>-It was somewhat important to listen to music he/she likes;</li> <li>-It was somewhat important to be around animals;</li> <li>-It was somewhat important to do things with groups of people;</li> <li>-It was very important to do his/her favorite activities;</li> <li>-It was very important to go outside;</li> <li>-It was somewhat important to participate in religious activities.</li> </ul> <p>-Diagnoses include: Dementia and anxiety.</p> <p>Observation on 4/24/25 at 12:47 P.M. showed:</p> <ul style="list-style-type: none"> <li>-Resident was sitting on a chair in the hallway; not engaged in any activity.</li> <li>-Resident was not interviewable and unable to have a conversation regarding interests.</li> </ul> <p>Review of the resident's electronic medical records on 4/24/25 at 3:15 P.M. showed:</p> <ul style="list-style-type: none"> <li>-No care plan information for activities;</li> <li>-No activity assessments.</li> </ul> <p>During an interview on 4/23/25 at 3:38 P.M., CNA C said:</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-He/She assisted with creating the activity calendar for the memory care unit;</p> <p>-He/She carries out activities on the memory care unit during the week and staff carries out scheduled activities on weekends and evenings;</p> <p>-He/She has not completed activities training;</p> <p>-The activities director does not carry out activities on the memory care unit.</p> <p>During an interview on 4/25/25 at 10:48 A.M., the Activities Director said:</p> <p>-He/She would chart a monthly summary of the resident's participation in activities;</p> <p>-He/ She did not like sitting behind a desk, so he/she was not good about charting;</p> <p>-He/She did not complete an activities assessment for each resident;</p> <p>-He/She did not keep a record of the residents' activities preferences;</p> <p>-He/She did not attend care plan meetings;</p> <p>-He/She did not care plan activities;</p> <p>-He/She would add activities to a resident's care plan if the resident stopped attending activities;</p> <p>-He/She believed this generation of residents like to drink coffee and watch TV;</p> <p>-He/She did not plan or carry out activities on the memory care unit;</p> <p>-The unit coordinator kept the residents occupied on the memory care unit.</p> <p>-There were no coordinated activities on the memory care unit.</p> <p>During an interview on 4/25/2025 at 5:30 P.M. the Administrator said:</p> <p>-He/She expects all residents to be provided with meaningful activities;</p> <p>-He/She creates the activity calendars;</p> <p>-He/She relied on the MDS, to assess residents' activities preferences.</p> <p>44395</p> <p>2. Review of Resident #4 Quarterly MDS dated [DATE] showed:</p> <p>-Brief Interview of Mental Status (BIMS) of 3;</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Substantial assistance of staff for toileting, showering and dressing;</p> <p>-Moderate assistance of staff for personal hygiene;</p> <p>-Diagnoses of Alzheimer's Disease, Visual hallucinations, ST elevated Myocardial Infarction (STEMI: serious type of heart attack where a major artery feeding the heart is completely blocked). hypertension,</p> <p>Review of the Resident's comprehensive care plan dated 3/14/25 showed:</p> <p>-He/She had impaired decision making ability and memory loss;</p> <p>-He/She was forgetful and had difficulty communicating feelings or needs;</p> <p>-He/She needed encouragement and opportunities to participate in activities, cognitive stimulation and social interaction;</p> <p>- Staff Keep him/her informed of activities;</p> <p>-Encourage him/her to join group activities, per family wishes</p> <p>-He/She liked crafts, sewing, cross stitch and crochet in the past;</p> <p>-He/She liked church and bible study.</p> <p>Review of the resident's medical record showed no assessment of activity likes/dislikes or past routines, and no activity attendance record.</p> <p>Observation and interview of Resident #4 on 04/23/25 at 11:39 A.M. showed:</p> <p>-He/She was sitting in a recliner in his/her room;</p> <p>-The Television was not on, no music was playing;</p> <p>-The over-bed table was at the chair side with fresh water and word puzzle book.</p> <p>-The resident said he/she just sits with nothing to do.</p> <p>Observation and interview of Resident #4 on 04/24/25 at 10:07 A.M. showed:</p> <p>-He/She was up in his/her wheelchair, going through his/her dresser drawers;</p> <p>-He/She said he/she guessed he/she would just sit there, while sitting in his/her room doorway</p> <p>-Staff and other residents were sitting at the desk area preparing t- shirts for [NAME] dye: Resident #4 was not asked to join in the activity.</p> <p>During an interview on 04/24/25 03:50 P.M. Resident Representative B said:</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-The resident liked to do crafts but was no longer physically able to do some things;</p> <p>-Staff have to ask and assist the resident to attend activities, he/she will not go on his/her own;</p> <p>-The resident loved to read, there are no books on tape at the facility, and staff do not turn on any books or bring the resident any;</p> <p>-The resident does not know how to turn the television channel, and staff will turn it to things he/she did not like.</p> <p>-The resident enjoyed old television shows, like [NAME], old cowboy shows, and nature shows.</p> <p>47195</p> <p>3. Review of Resident #23's Significant Change MDS, dated [DATE], showed:</p> <p>-Cognition moderately impaired;</p> <p>-He/She felt it was very important to listen to music he/she liked, have books, newspapers, and magazines to read, keep up with the news, to do his/her favorite activities, go to outside and get fresh air when weather was good, to participate in religious services.</p> <p>-Diagnoses included: Amputation of left lower limb, stroke, aphasia, anxiety, and depression.</p> <p>Review of care plan, revised 4/22/25, showed:</p> <p>-Resident needed encouragement and opportunities to participate in activities, cognitive stimulation, and social interaction;</p> <p>-Keep him/her informed of the activities for the day and ask if they would like to attend.</p> <p>-Resident's activity needs and interests were assessed on admission and as needed to determine interests and activity needs;</p> <p>-Inform and invite me to all scheduled activities that he/she may have an interest in;</p> <p>-He/She received an activity calendar monthly;</p> <p>-His/Her favorite activities included visiting, fun with therapy, wheeling around building in my wheelchair, looking outside, sitting on the patio.</p> <p>Observation on 4/22/25 at 2:28 P.M. showed resident was in his/her room looking out the window.</p> <p>Observation on 4/24/25 at 8:22 A.M. showed resident was in his/her room looking out the window and watching the birds at his/her bird feeder.</p> <p>(continued on next page)</p>

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a continuous observation on 4/24/25 from 8:30 A.M.-10:59 A.M. showed no activities were offered to resident. Activity calendar for April 2025 showed barber shop 9:30 A.M. and weekly word search 10:00 A.M. Activity Director was not present in building and no activities were announced or offered to residents.</p> <p>During an interview on 4/24/25 at 8:22 A.M., Resident said:</p> <ul style="list-style-type: none"> <li>-He/She liked to play bingo and facility offered bingo games three times a week;</li> <li>-He/She liked fun therapy;</li> <li>-Facility did not have activities geared towards men;</li> <li>-He/She used to drive a field truck for a local oil company;</li> <li>-He/She would like more activities offered outside;</li> <li>-He/She did not get to go outside very often;</li> <li>-He/She enjoyed watching birds and had a bird feeder but nobody helped refill his/her bird feeder;</li> <li>-He/She used to hunt and fish prior to moving into the facility.</li> </ul> <p>Review of monthly activity logs, dated January-March 2025, showed:</p> <ul style="list-style-type: none"> <li>-January: No daily entries made except writing that showed in and out of hospital;</li> <li>-February: No daily entries made except writing that showed was in hospital most of February;</li> <li>-March: No daily entries of participation, staff had written on activity lines as follows: <ul style="list-style-type: none"> <li>-Beauty/Barber shop: on occasion;</li> <li>-Exercise: therapy;</li> <li>-Family visit: weekly;</li> <li>-Television: daily;</li> </ul> </li> </ul> <p>Review of Resident's census, dated January-March 2025, showed:</p> <ul style="list-style-type: none"> <li>-January: Resident was out of facility 3 days from 1/22/25-1/24/25, resident was present in facility 28 out of 31 days.</li> <li>-February: Resident was out of facility 24 out of 28 days from 2/5/25-end of month, resident was present in facility four days;</li> </ul> <p>(continued on next page)</p>

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-March: Resident was out of facility 12 days from beginning of month until 3/12/25, resident was present in facility nineteen days.</p> <p>During an interview on 4/24/25 at 2:12 P.M., CNA B said:</p> <p>-The Resident did not do activities;</p> <p>-He/She would participate in fun therapy like the parachute.</p> <p>During an interview on 4/25/25 at 12:40 P.M., Activity Director said:</p> <p>-The resident was very hard to work with;</p> <p>-He/She would participate in group activities and group therapy;</p> <p>-The resident loved music concerts;</p> <p>-The resident would not play bingo;</p> <p>-The resident did not have a lot of interests.</p> <p>4. Review of Resident #11's Annual MDS, dated [DATE], showed:</p> <p>-Cognition severely impaired;</p> <p>-He/She was dependent on a wheelchair or walker;</p> <p>-He/She was dependent for all cares and mobility;</p> <p>-Staff assessment of daily activity preferences showed: He/She liked reading books, newspapers, or magazines, listening to music, participating in favorite activities, spending time outdoors, and participating in religious activities or practices.</p> <p>-Diagnoses included: Alzheimer's disease and major depressive disorder</p> <p>Review of Care Plan, revised 2/28/25, showed:</p> <p>-His/Her activities needs and interests were assessed on admission and as needed to determine his/her interests and activity needs.</p> <p>-He/She wanted Informed and invited to all scheduled activities that they may be interested in;</p> <p>-He/She was provided an activity calendar monthly;</p> <p>-He/She had favorite activities of reading, I love old-time romance novels, going outdoors, participating in church and bible study, bingo, pretty nails.</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 4/22/25 at 9:52 A.M. showed resident sitting in recliner in his/her room. Book observed on the bed side table.</p> <p>Observation on 4/22/25 at 2:00 P.M. showed resident was not involved in activities in main dining room where a group of six individuals were playing a game of left, right, center.</p> <p>During an interview on 4/22/25 at 9:52 A.M. resident said he/she liked to read.</p> <p>Observation on 4/23/25 at 10:22 A.M. showed resident was asleep in his/her recliner. Activity on calendar showed nails at 10:00 A.M., resident was not observed to be invited to activity.</p> <p>Observation on 4/24/25 at 10:42 A.M. showed resident was in his/her room reading a book.</p> <p>During a continuous observation on 4/24/25 from 8:30 A.M.-10:59 A.M. showed no activities were offered to resident. Activity calendar for April 2025 showed barber shop 9:30 A.M. and weekly word search 10:00 A.M. Activity Director was not present in building and no activities were announced or offered to residents.</p> <p>Review of monthly activity logs, dated January-March 2025, showed:</p> <ul style="list-style-type: none"> <li>-January: No daily entries made, staff wrote on activity lines as follows: <ul style="list-style-type: none"> <li>-Animal visit: enjoys</li> <li>-Beauty/Barber shop: on occasion;</li> <li>-Exercise: group therapy;</li> <li>-Family visit: occasionally;</li> <li>-party/social: attends;</li> <li>-reading: daily;</li> <li>-television: daily</li> </ul> </li> <li>-February: <ul style="list-style-type: none"> <li>-Beauty/Barber shop: on occasion;</li> <li>-Family visit: monthly;</li> <li>-Television: daily;</li> </ul> </li> <li>-March: <ul style="list-style-type: none"> <li>-Beauty/Barber shop: on occasion;</li> </ul> </li> </ul> <p>(continued on next page)</p>

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Family visit: monthly;</p> <p>-Television: daily.</p> <p>During an interview on 4/24/25 at 2:12 P.M., C.N.A. B said:</p> <p>-Resident liked to read a lot;</p> <p>-He/She was hard to get out of his/her room;</p> <p>During an interview on 4/24/25 at 2:36 P.M., CNA A said:</p> <p>-Resident liked to read;</p> <p>-Resident would read the same book five times if staff did not switch the book out for him/her.</p> <p>During an interview on 4/25/25 at 7:53 A.M., RN A said:</p> <p>-Resident would participate in hitting balloon or pool noodles that the therapy department would lead;</p> <p>During an interview on 4/25/25 at 12:40 P.M., Activity Director said:</p> <p>-Resident did not have any activities he/she liked;</p> <p>-He/She would play bingo maybe one time a year;</p> <p>-He/She always had a book in his/her hand like he/she was reading;</p> <p>-He/She did have a library cart that he/she took around on Mondays;</p> <p>-He/She did not think resident could actually read;</p> <p>-He/She recently started obtaining larger print books.</p> <p>5. Review of Resident #17's Significant change MDS, dated [DATE], showed:</p> <p>-Cognition severely impaired;</p> <p>-He/She was dependent on a wheelchair;</p> <p>-He/She was dependent for most all cares, chair to bed transfers, sit to stand transfers, toilet transfers, and rolling left and right;</p> <p>-Staff assessment of resident's activity preferences showed: He/She liked listening to music and spending time outdoors;</p> <p>-Diagnoses included: Dementia, depression, and bipolar disease.</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of care plan, revised 4/23/25, showed:</p> <ul style="list-style-type: none"> <li>-He/She enjoyed doing group activities;</li> <li>-He/She did not always like to participate in activities and would sometimes wheel up and down the halls for entertainment;</li> <li>-He/She was to be shown where activity was to take place and assisted to area, encouraged to participate in group activities, or allowed to observe without pressure to participate if he/she chose to or not to do so.</li> <li>-Staff should attempt to involve him/her in small group or one-on-one activities at least once daily or as desired;</li> <li>-Resident enjoyed listening to music, has a CD player and CDs with some of the resident's favorite songs on them;</li> <li>-He/She enjoyed looking at pictures of family and had albums in his/her room that staff could show the resident;</li> <li>-He/She enjoyed one-on-one lotion therapy. Staff to use calming lotions and rub on resident's extremities.</li> </ul> <p>Observation on 4/22/25 at 10:15 A.M. showed resident was sitting in his/her reclining wheelchair alone in his/her room. No music was playing, no television was on. Activity calendar showed activity scheduled was crossword puzzles.</p> <p>Observation on 4/22/25 at 3:05 P.M. showed resident was still seated in his/her reclining wheelchair in his/her bedroom alone. Resident had no music playing, no television in his/her room, and had no stimulating activities in his/her hands. Resident remained in same position as earlier and was facing the door to the hallway.</p> <p>During a continuous observation on 4/24/25 from 8:30 A.M.-10:59 A.M. showed no activities were offered to resident. Activity calendar for April 2025 showed barber shop 9:30 A.M. and weekly word search 10:00 A.M. Activity Director was not present in building and no activities were announced or offered to residents. Resident remained seated in day room in front of television. No tactile stimulation activities were offered to resident.</p> <p>A request for activity attendance logs for the resident was requested and no documentation provided.</p> <p>During an interview on 4/25/25 at 12:40 P.M., Activity Director said:</p> <ul style="list-style-type: none"> <li>-He/She visited with the resident when he/she was in a visiting mood;</li> <li>-Resident did not talk so he/she was a hard resident to do anything with;</li> <li>-Resident got irritated and agitated easily;</li> </ul> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-He/She knew resident used to cook and raise chickens prior to entering facility but did not do any crafting or activities according to his/her family.</p> <p>During an interview on 4/24/25 at 2:36 P.M., CNA A said he/she would put music on for the resident or give the resident chocolate.</p> <p>During an interview on 4/25/25 at 7:53 A.M., RN A said:</p> <ul style="list-style-type: none"> <li>-The resident did not participate in activities;</li> <li>-Approximately a year or so a go resident could do more;</li> <li>-It's difficult to get the resident interested now, there is not many activities that he/she could participate in at facility.</li> </ul> <p>During an interview on 4/24/25 at 2:36 P.M, CNA A said:</p> <ul style="list-style-type: none"> <li>-He/She would occasionally do one on one's with residents by asking residents about their past, taking them outside, doing braids in resident's hairs;</li> <li>-Activity Director would do activities with residents if staff brought them to dining room if the resident was able to participate in activity;</li> <li>-Activities were announced over the intercom;</li> <li>-Activity Director would tell staff about activities and staff would take residents to activity;</li> </ul> <p>During an interview on 4/24/25 at 3:45 P.M., Administrator said the facility used the Minimum Data Set and did not have any separate activity assessments or documentation to provide regarding activities provided.</p> <p>During an interview on 4/25/25 at 12:40 P.M., Activity Director said:</p> <ul style="list-style-type: none"> <li>-When new resident moved into the facility he/she would not bother them for two to three days as he/she recognized that residents may have had a difficult journey leaving their homes and entering long term care;</li> <li>-He/She would pop into resident rooms and introduce his/her self;</li> <li>-He/She would not try to get residents to get up or do stuff with him/her right off the bat of moving in;</li> <li>-He/She and the administrator developed the activity calendar;</li> <li>-He/She used to fill out activity logs daily prior to covid;</li> <li>-He/She would journal activities for awhile, then got in habit of instead of tracking resident's activities day by day he/she would do it monthly;</li> </ul> <p>(continued on next page)</p>

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-He/She had not obtained certifications for activities;</p> <p>-He/She had worked in activities for over [AGE] years;</p> <p>-He/She just used common sense as the Activity Director.</p>

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<p>F 0680</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>51166</p> <p>Ensure the activities program is directed by a qualified professional.</p> <p>Based on observation, interview, and record review the facility failed to employ a qualified activity professional to oversee the activity program of the facility. The facility employs a part time activity director, but he/she had not completed an approved activity professional training program. The facility census was 58.</p> <p>The facility did not provide a policy regarding activities professional training and requirements.</p> <p>Review of facility's job description for the Activities Director showed:</p> <p>Responsibilities Included:</p> <ul style="list-style-type: none"> <li>-Plans, organizes, and implements programs to meet the social, intellectual, emotional, educational, and physical needs of residents in a long-term care facility;</li> <li>-Creates and facilitates activities that promote socialization, intellectual stimulation, and physical activity;</li> <li>-Maintains accurate records of resident participation and program evaluations;</li> <li>-Ensures all activities are in compliance with regulations and guidelines;</li> <li>-Works with nursing and social services to help create comprehensive care plans;</li> <li>-Communicates with residents and families to promote participation and address concerns;</li> </ul> <p>Qualifications Included:</p> <ul style="list-style-type: none"> <li>-Knowledge of activities programming, geriatrics, and the needs of residents in long-term care.</li> </ul> <p>During an interview on 4/24/25 at 7:53 A.M., the Administrator said:</p> <ul style="list-style-type: none"> <li>-The Activities Director was not certified;</li> <li>-The administrator coordinates with CNA C to plan activities for the memory care unit;</li> <li>-CNA C had no activities training.</li> </ul> <p>Observation on 4/25/25 at 10:48 A.M. showed the activities director was in the salon setting a resident's hair while the physical therapy department conducted an activity.</p> <p>During an interview on 4/25/25 at 10:48 A.M., the Activities Director said:</p> <ul style="list-style-type: none"> <li>-He/She did not have any certifications for activities;</li> </ul> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Daviness County Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  1337 West Grand Gallatin, MO 64640	

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<p>F 0680</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-He/She would chart a monthly summary of the resident's participation in activities;</p> <p>-He/ She did not like sitting behind a desk, so he/she was not good about charting;</p> <p>-He/She did not complete an activities assessment for each resident;</p> <p>-He/She did not keep a record of the residents' activities preferences;</p> <p>-He/She believed this generation of residents like to drink coffee and watch TV;</p> <p>-He/She did not plan or carry out activities on the memory care unit;</p> <p>-The unit coordinator kept the residents occupied on the memory care unit;</p> <p>During an interview on 4/25/2025 at 5:30 P.M. the Administrator said:</p> <p>-He/She expects residents to be provided with meaningful activities;</p> <p>-He/She expects the activities director to have specific training or certifications related to their role;</p> <p>-He/She relied on the admission minimum data set (MDS), a federally mandated assessment tool completed by facility staff, to assess residents' activities preferences.</p>

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44395</b></p> <p>Based on observation, record review and interviews the facility failed to ensure the use of appropriate interventions for potential skin breakdown resulting in pain for one resident (Resident #4). This had the potential to effect all residents. The census was 58.</p> <p>Review of the facility provided policy Pressure Ulcer, Care and Prevention dated April 2006 showed:</p> <ul style="list-style-type: none"> <li>-To prevent and treat further breakdown of pressure sores;</li> <li>-The nurse is responsible for carrying out the treatment as ordered and for implementing measures to prevent pressure ulcers.</li> <li>-Equipment: lotion, elbow/heel protector, pressure reducing mattress, prssure reducing chair pad, foot cradle, pillows;</li> <li>-Use pressure reducing devices to relieve pressure.</li> </ul> <p>1. Review of Resident #4 Quarterly MDS dated [DATE] showed:</p> <ul style="list-style-type: none"> <li>-Brief Interview of Mental Status (BIMS) of 3;</li> <li>-Substantial assistance of staff for toileting, showering and dressing;</li> <li>-Moderate assistance of staff for personal hygiene;</li> <li>-Risk for pressure ulcers;</li> <li>-Diagnoses of Alzheimer's Disease (degenerative brain disorder that primarily affects memory, thinking, and behavior), Visual hallucinations (seeing things that are not really there), ST elevated Myocardial Infarction (STEMI: serious type of heart attack where a major artery feeding the heart is completely blocked), hypertension.</li> </ul> <p>Review of the resident's Braden Assesment (an assessment tool used to determine risk of pressure injury) dated 02/11/2025 showed a score of 13; indicated moderate risk for skin breakdown.</p> <p>Review of the resident's comprehensive care plan dated 3/14/25 showed:</p> <ul style="list-style-type: none"> <li>-He/She had impaired decision making ability and memory loss;</li> <li>-He/She was forgetful and may have difficulty communicating feelings or needs;</li> <li>-He/She was at risk for skin breakdown because of urinary incontinence;</li> <li>-He/She needed assistance to toilet, needed to be checked for incontinence often and kept clean and dry;</li> </ul> <p>(continued on next page)</p>

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Apply a barrier cream to help prevent skin breakdown;</p> <p>-He/She used a pressure relief mattress on his/her bed and in his/her wheel chair.</p> <p>Review of the Resident's medical record showed a progress note on 04/04/2025 at 12:53 P.M. :</p> <p>-A Certified Nurse Aide (CNA) called the nurse to the resident's room;</p> <p>-The resident had a small open area to the left coccyx and maceration (the softening and breakdown of skin due to prolonged exposure to moisture) to the right inner buttock. The area was observed by the wound nurse and verbal order to apply barrier given.</p> <p>Observation on 04/22/25 at 10:21 A.M. showed :</p> <p>-The resident sitting up in recliner;</p> <p>-Incontinent pad under resident;</p> <p>-Wheelchair at bedside, no cushion in chair.</p> <p>Observation and interview on 04/23/25 at 8:23 A.M. showed:</p> <p>-He/She was sitting up in wheelchair;</p> <p>-No pressure relieving cushion in wheelchair.</p> <p>-He/She said his/her bottom hurt</p> <p>Observation on 04/23/25 at 11:39 A.M. showed:</p> <p>-He/She was in his/her recliner with feet elevated;</p> <p>-No pressure relieving cushion in the recliner.</p> <p>Observation on 04/24/25 at 10:07 A.M. showed:</p> <p>-He/She was sitting up in his/her wheelchair;</p> <p>-No pressure relieving cushion in wheelchair.</p> <p>Observation and interview on 04/23/25 at 3:13 P.M. showed:</p> <p>-His/her buttocks and coccyx area were dark red/purple in color, with thin, fragile and peeling skin;</p> <p>-Staff performed incontinent care, applied barrier cream and new incontinent brief.</p> <p>-The resident walked to the recliner, reclined and elevated his/her feet;</p> <p>(continued on next page)</p>

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-He/She said his/her bottom was so very sore and hurt;</p> <p>-There was no specialty cushion in his/her recliner.</p> <p>During an interview on 04/23/25 12:05 PM Certified Nurse Aide D said:</p> <p>-Resident does not have a specialty cushion in the recliner or the wheelchair;</p> <p>-Resident does not sleep in his/her bed and prefers the recliner;</p> <p>-Resident complains of pain in his/her bottom at times;</p> <p>-He/She had told the nurse when the resident complained previously.</p> <p>During an interview on 04/24/25 at 10:07 AM Registered Nurse C said:</p> <p>-Resident sits in the recliner due to swelling of his/her legs;</p> <p>-Resident does not have any open areas;</p> <p>-Resident does complain of pain in his/her buttocks at times that is relieved by position changes.</p> <p>During an interview on 04/24/25 at 3:50 P.M Resident Representative B said:</p> <p>-The resident complained of his/her bottom being sore;</p> <p>-He/She had brought cushions and the facility would not use them;</p> <p>-He/She saw the resident on 4/20/25 and there was no cushion on the resident's chair.</p> <p>During an interview on 4/25/2025 at 5:30 P.M. the Director of Nursing said:</p> <p>-She would expect the policy for pressure ulcer prevention to be followed;</p> <p>-She would expect a pressure reduction cushion to be used for a resident at risk for pressure ulcers, if therapy has evaluated and deemed necessary;</p> <p>During an interview on 4/25/2025 at 5:30 P.M. the Assistant Director of Nursing said:</p> <p>-The resident did have a pressure relieving cushion;</p> <p>-The cushion was missing;</p> <p>-The resident should have a cushion.</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>44395</p> <p>Based on observation, interview and record review, the facility failed to ensure staff cleaned and changed two continuous positive airway pressure (CPAP) equipment per professional standards for two residents (Resident #14 and #11) of 15 sampled residents. The facility census was 58.</p> <p>Review of the facility provided, undated, policy: Cleaning and Disinfection of Resident Care Items and Equipment showed:</p> <ul style="list-style-type: none"> <li>-Resident care equipment, including reusable items and durable medical equipment will be cleaned and disinfected according to current CDC (Center for Disease Control) recommendations for disinfection and OSHA (Occupational Safety and Health Administration) Bloodborne pathogen standards.</li> <li>-Reusable resident care equipment will be decontaminated and/or sterilized according to manufacturers guidelines.</li> </ul> <p>Review of the Resmed manufacturer CPAP cleaning guide dated 2022 showed:</p> <ul style="list-style-type: none"> <li>-Keeping the CPAP mask clean is key to ensuring that it fits and seals well. Clean the mask cushion and tubing daily and the mask frame and headgear weekly. Before washing the mask, take it apart and wash the components in warm water (approximately 30 C/86 F) with a mild detergent.</li> </ul> <p>After washing, all components should be rinsed well with drinking-quality water, the cushion and frame should be placed on a flat surface, on top of a towel, and allowed to air dry out of direct sunlight.</p> <p>Review of Resident #14 Admission Minimum Data Set (MDS: a federally mandated assessment tool completed by facility staff) dated 3/31/25 showed:</p> <ul style="list-style-type: none"> <li>-Brief Interview of Mental Status (BIMS) of 14, indicated very minimal cognitive loss;</li> <li>-Supervision of staff for Activities of Daily Living (ADLs: tasks completed in a day to care for oneself)</li> <li>-Diagnoses of Alzheimer's Disease (a progressive brain disorder that effects memory, thinking and behavior), Obstructive Sleep Apnea (sleep disorder where breathing repeatedly pauses or shallow breaths occur during sleep due to a blockage in the upper airway), Anxiety (feelings of worry, fear and unease) and osteoarthritis (a degenerative joint disease leading to pain and stiffness).</li> </ul> <p>Review of the residents comprehensive Care Plan dated 4/8/25 showed no care plan for the use or care of CPAP machine.</p> <p>Review of the resident's April Physician order sheets showed:</p> <ul style="list-style-type: none"> <li>-C-Pap to be worn at bedtime. Special Instructions: C-Pap settings : 14.0 Pressure, 4.0 Set Rate, 6 Humidity; apply daily at night</li> </ul> <p>(continued on next page)</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-No order to clean CPAP machine or components.</p> <p>Observation on 04/22/25 at 10:41 A.M. showed:</p> <p>-Resident lying on bed, CPAP on, machine dusty with white flaky spots, filter with grey dusty debris.</p> <p>-There was no bag for storage;</p> <p>-The tubing was not dated.</p> <p>Observation on 04/23/25 at 9:47 AM showed:</p> <p>-CPAP mask had white, flaky debris in the mask,</p> <p>-The water chamber had condensation ;</p> <p>-The mask and tubing were laid on the resident's night stand;</p> <p>-There was no bag for storage;-The tubing was not dated.</p> <p>47195</p> <p>Review of facility policy, cleaning and disinfection of resident-care items and equipment, undated, showed:</p> <p>-Resident-care equipment including reusable items and durable medical equipment will be cleaned and disinfected according to current Centers for Disease Control (CDC) recommendations for disinfection and the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard.</p> <p>-Semi-critical items consist of items that may come in contact with mucus membranes and non-intact skin (examples included respiratory therapy equipment) . Such devices should be free from all microorganisms.</p> <p>-Semi-critical items will be sterilized/disinfected in a central processing location and stored appropriately until use.</p> <p>2. Review of Resident #49's Quarterly Minimum Data set (MDS), a federally mandated assessment tool completed by facility staff, dated 4/22/25, showed:</p> <p>-Cognition severely impaired;</p> <p>-He/She used a non-invasive mechanical ventilator;</p> <p>-He/She was dependent on staff for all cares and mobility;</p> <p>-Diagnoses included: Alzheimer's disease, depression, and malnutrition.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of physician's orders, dated 4/1/25-4/24/25, showed</p> <p>-Order started 4/20/25, to apply continuous positive airway pressure machine (c-pap) every night at at 8.0 continuous pressure settings continuous pressure for obstructive sleep apnea at bedtime.</p> <p>Observation on 4/22/25 at 9:59 A.M. showed the resident's c-pap machine was sitting on bedside table in his/her room. The filter was coated in grime and white dust like substance. The mask had residue on inside of it and sat directly on the bedside table with no barrier.</p> <p>Observation on 4/24/25 at 10:33 A.M. showed the resident's c-pap machine was sitting on bedside table. Filter caked in white powdery dust like substance. The mask had residue on inside of the mask and sat directly on the bedside table.</p> <p>During an interview on 4/25/25 at 5:30 P.M., Director of Nursing (DON) said:</p> <p>-He/She expected cpaps to be cleaned on Sundays by the night shift nurse;</p> <p>-Cpap masks are to be cleaned on Sunday with a one to one ration of vinegar and water mixture and then left to dry;</p> <p>-The cpap mask should be in a bag when not in use.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 51166</p> <p>Based on observation, interview, and record review, the facility failed to prepare and serve food in accordance with professional standards for food service safety when staff failed to cover and date refrigerated/frozen food and drink items, failed to ensure the freezer was in good repair, failed to ensure kitchen walls and ceiling were in good repair and failed to wear hair nets appropriately. The facility census was 58.</p> <p>1. The facility did not provide a policy regarding the labeling and dating of refrigerated/frozen food.</p> <p>Observation on 4/22/25 at 9:54 A.M., showed:</p> <ul style="list-style-type: none"> <li>-Four dessert bowls of applesauce in the refrigerator were uncovered and undated;</li> <li>-No opened date on two 46 oz. Hormel Thick and Easy liquid;</li> <li>-No opened date on a 3-gallon container of [NAME] moose tracks ice cream;</li> <li>-No opened date on a 3-gallon container of Blue Bunny cotton candy ice cream;</li> <li>-No expiration date or received date on ten bags of frozen cauliflower.</li> </ul> <p>Observation on 4/22/25 at 12:54 P.M. showed four unlabeled drink pitchers in the memory unit refrigerator.</p> <p>During an interview on 4/24/2025 at 2:10 P.M., the Dietary Manager said:</p> <ul style="list-style-type: none"> <li>-He/She expects opened food to be covered and labeled with the opened date and a use by date;</li> <li>-He/She expects refrigerated drink pitchers to be labeled with the contents and a use by date.</li> </ul> <p>During an interview on 4/25/2025 at 5:30 P.M., the Administrator said drink pitchers should be labeled with the date and contents.</p> <p>2. The facility did not provide a policy on the safe operating condition of the freezer.</p> <p>The FDA guidelines, dated 1/18/2023 show food that is properly stored in the freezer at 0 F (-18 C) will remain safe.</p> <p>Observation on 4/22/25 at 9:54 A.M. showed:</p> <ul style="list-style-type: none"> <li>- A thick layer of frost was on the walk-in freezer floor and ceiling;</li> <li>-Frost was on the outside of the packaging of all freezer items.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 4/24/25 at 10:16 A.M. showed:</p> <ul style="list-style-type: none"> <li>-The walk-in freezer floor and ceiling were covered in thick ice buildup;</li> <li>-Boxes on the walk-in freezer shelves were wet;</li> <li>-Walk-in freezer thermometer read 12 degrees Fahrenheit;</li> <li>-Walk-in freezer had water dripping from the ceiling.</li> </ul> <p>Observation on 4/25/25 at 10:38 A.M. showed:</p> <ul style="list-style-type: none"> <li>-Walk-in freezer thermometer read 7 degrees Fahrenheit.</li> </ul> <p>During an interview on 4/24/25 at 11:04 A.M., [NAME] A said:</p> <ul style="list-style-type: none"> <li>-The ice buildup in the freezer has not been an issue;</li> <li>-The dietary manager and the maintenance director periodically knock the ice out of the freezer;</li> <li>-Kitchen staff should report issues with equipment to their supervisor.</li> </ul> <p>During an interview on 4/24/2025 at 2:10 P.M., the Dietary Manager said:</p> <ul style="list-style-type: none"> <li>-It was concerning that there had been a buildup of ice for a couple of weeks in the walk-in freezer;</li> <li>-He/She had talked to the maintenance director about defrosting the freezer;</li> <li>-He/She expects it would be safer for the freezer to be free of ice buildup and dripping water.</li> </ul> <p>During an interview on 4/24/25 at 11:42 A.M., the Maintenance Director said:</p> <ul style="list-style-type: none"> <li>-The ice buildup in the walk-in freezer was from moisture getting in;</li> <li>-He/She defrosted the freezer once a year when the dietary manager notifies him/her of the ice build-up;</li> <li>-An HVAC (heating ventilation air conditioning) contractor re-sealed the walk-in freezer a year ago;</li> <li>-A contractor said if the walk-in freezer door stays shut, there would be no further problems, but the ice buildup still happens.</li> </ul> <p>During an interview on 4/25/2025 at 5:30 P.M., the Administrator said:</p> <ul style="list-style-type: none"> <li>-There should not be ice buildup on the ceiling, floor, or on the food in the walk-in freezer.</li> </ul> <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. The facility did not provide a policy regarding keeping the kitchen in good repair.</p> <p>Continuous observation of the kitchen on 4/24/25 at 10:16 A.M. to 12:18 P.M., showed:</p> <ul style="list-style-type: none"> <li>-There was a crack in the ceiling, peeling paint, and brown water stains above the sinks;</li> <li>-Paint was peeling in a 1x2 ft. area to left of the walk-in freezer door;</li> <li>-Peeling paint was in several areas to the right of the walk-in freezer door;</li> <li>-The floorboard was missing to the right of freezer door;</li> <li>-The area to the right of the freezer door had dirty, brown smudges and spatters;</li> <li>-In a 5x4 inch area above the right side of the walk-in freezer door, the paint was peeling;</li> <li>-The wall next to the bottom left of back door had a 2x3 ft. area of missing paint, spatters, dark smudges and grime;</li> <li>-Paint was peeling in 10- 3x4 inch spots on the wall in above the memo board in the kitchen hallway;</li> <li>-Paint was peeling on the ceiling above the middle vent in a 12x2 inch area;</li> <li>-Paint was peeling on the ceiling in a 2x7 inch area next to a light fixture.</li> </ul> <p>During an interview on 4/24/2025 at 2:10 P.M., the Dietary Manager said:</p> <ul style="list-style-type: none"> <li>-Paint should not be peeling off of the kitchen walls and ceiling;</li> <li>-He/She expects the kitchen walls to be clean and be free of dirt and grime.</li> </ul> <p>During an interview on 4/25/2025 at 5:30 P.M., the Administrator said:</p> <ul style="list-style-type: none"> <li>-The kitchen walls and ceiling should not have peeling paint;</li> <li>-He/She expects the kitchen walls to be clean and free of spatters and grime.</li> </ul> <p>4. Review of the facility policy, Preventing Foodborne Illness - Employee Hygiene and Sanitary Practices, dated 10/2017, showed:</p> <ul style="list-style-type: none"> <li>-Hair nets or caps must be worn to keep hair from contacting exposed food, clean equipment, utensils, and linens.</li> </ul> <p>Observation on 4/24/25 at 10:16 A.M. showed:</p> <ul style="list-style-type: none"> <li>-Dietary Aid A, wore a baseball cap, no hair net, with hair in back exposed as he/she prepared food;</li> </ul> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265729	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/25/2025
NAME OF PROVIDER OR SUPPLIER  Daviess County Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  1337 West Grand Gallatin, MO 64640	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Dietary Manager wore a hair net with bangs uncovered as he/she prepared food.</p> <p>During an interview on 4/24/25 at 11:04 A.M., [NAME] A said hairnets should be worn in the kitchen and all hair should be covered.</p> <p>During an interview on 4/24/2025 at 2:10 P.M., the Dietary Manager said he/she expects hairnets to be worn in the kitchen and hair should be covered with the hairnet.</p> <p>During an interview on 4/25/2025 at 5:30 P.M., the Administrator said he/she expects kitchen staff to wear hairnets so that all hair is covered.</p>

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Keep all essential equipment working safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47195</b></p> <p>Based on observation and interview, the facility failed to maintain resident wheelchairs in a safe operating condition, when resident wheelchairs had ripped and peeling arm rests. This affected four of fifteen sampled residents (Resident #49, #11, #39, and #32). The facility census was 58.</p> <p>The facility did not provide a policy of maintenance of wheelchair equipment.</p> <p>1. Review of Resident #49's Quarterly Minimum Data Set (MDS), a federally mandated assessment tool completed by facility staff, dated 4/22/25, showed:</p> <ul style="list-style-type: none"> <li>-Cognition severely impaired;</li> <li>-He/She was dependent on a wheelchair for mobility;</li> <li>-He/She was dependent on nursing staff for all cares and mobility;</li> <li>-Diagnoses included: Alzheimer's disease, depression, and malnutrition.</li> </ul> <p>Observation on 4/24/25 at 7:01 A.M. showed resident's wheelchair had foam sticking out of arm rest on both ends of right and left arms of the chair. The black plastic covering was completely torn away from the ends of the wheelchair.</p> <p>Observation on 4/24/25 at 10:42 A.M. showed two inches of foam was showing on right arm of wheelchair and left arm had two inches of foam and padding was missing.</p> <p>2. Review of Resident #11's Quarterly MDS, dated [DATE], showed:</p> <ul style="list-style-type: none"> <li>-Cognition severely impaired;</li> <li>-He/She was dependent on a wheelchair for mobility;</li> <li>-He/She was dependent on nursing staff for mobility of wheeling the wheelchair, chair to bed transfers, and chair to standing transfers;</li> <li>-Diagnoses included: Alzheimer's disease and major depressive disorder.</li> </ul> <p>Observation on 4/22/25 at 9:52 A.M. showed both resident's arm rests of wheelchair were torn, cracked and peeling. The foam was showing through the ends of the both arm rests where the covering had torn away.</p> <p>3. Review of Resident #39's Annual MDS, dated [DATE], showed:</p> <ul style="list-style-type: none"> <li>-Cognition severely impaired;</li> <li>-He/She was dependent on a wheelchair for mobility;</li> </ul> <p>(continued on next page)</p>		

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-He/She required nursing staff for total assistance with all cares;</p> <p>-Diagnoses of Alzheimer's Disease.</p> <p>Observation on 4/24/25 at 7:12 A.M. showed resident's left arm of the wheelchair had a crack on the plastic covering.</p> <p>4. Review of Resident #32's Admission MDS, dated [DATE], showed:</p> <p>-Cognition moderately impaired;</p> <p>-He/She was dependent on a wheelchair;</p> <p>-Diagnoses included Parkinson's Disease and seizures.</p> <p>Observation on 4/24/25 at 7:16 A.M. showed the wheelchair right arm rest was fraying and tearing.</p> <p>During an interview on 4/24/25 at 2:36 P.M., Certified Nurse Aide (CNA) A said:</p> <p>-He/She notified maintenance of repair issues via a clipboard that was located at the nurses station;</p> <p>-It was dependent upon how busy the maintenance person was on whether or not items requested got completed in a timely manner, because he/she was one person.</p> <p>During an interview on 8/25/25 at 7:53 A.M., Registered Nurse (RN) A said:</p> <p>-He/She would take resident's equipment to therapy to see if they could resolve or repair items;</p> <p>-He/She communicated maintenance orders on a form kept at the desk or would notify maintenance.</p> <p>During an interview on 8/25/25 at 8:09 A.M., Maintenance Director said:</p> <p>-He/She became of repair issues with resident equipment by the maintenance forms staff would fill out or staff would just come find him/her;</p> <p>-He/She was not aware of any resident's wheelchair arm rests needing repaired or replaced;</p> <p>-When residents had broken arm rests or cracked padding on the arm rests he/she would replace the whole arm rest on the wheelchair.</p> <p>During an interview on 8/25/25 at 5:30 P.M., Administrator said:</p> <p>-Maintenance is informed of work orders in the communication binder at each nurses station;</p> <p>-He/She expected resident's wheelchairs to be in good working order.</p>		