STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265734	A. Building B. Wing	07/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Country Meadows	1301 N St Joe Drive Park Hills, MO 63601

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. Based on interview and record review, the facility failed to document an accurate Minimum Data Set (MDS-a federally mandated assessment completed by the facility staff) for two residents (Resident #3 and #44) out of 16 sampled residents and one resident (Resident #65) outside the sample. The facility's census was 65.The facility did not provide a policy regarding MDS accuracy.Review of the Resident Assessment Instrument (RAI) Manual, dated October 2024, showed:- J1400: Code 1, yes: if the medical record includes physician documentation: 1) that the resident is terminally ill; or 2) the resident is receiving hospice services;- O0110K1, Hospice care: Code residents identified as being in a hospice program for terminally ill persons where an array of services is provided for the palliation and management of terminal illness and related conditions.1. Review of Resident #3's medical record showed:- admission date of 03/27/25;- Diagnoses of chronic pulmonary obstructive disease (COPD - a group of lung diseases that block airflow and make it difficult to breathe), abnormal weight loss, and Alzheimer's disease (a progressive disease that destroys memory and other important mental functions).Review of the resident's Physician's Order Sheet (POS), dated July 2025, showed an order to consult with hospice, dated 03/27/25.Review of the resident's progress notes showed on 05/01/2025 at 3:41 P.M., resident admitted to hospice with a primary diagnosis of abnormal weight loss and a secondary diagnosis of COPD.Review of the resident's significant change MDS assessment, dated 05/08/25, showed Section J1400 not marked yes.2. Review of Resident #44's medical record showed:- admission date of 02/11/25;- Diagnoses of COPD, congestive heart failure (CHF - chronic condition in which the heart doesn't pump blood as well as it should), pain, and dementia (a group of thinking and social symptoms that interferes with daily functioning).Review of the resident's POS, dated July 2025, showed an order to admit to hospice with a primary diagnosis of CHF, dated 06/16/25.Review of the resident's significant change MDS assessment, dated 06/23/25, showed Section O0110K1 not marked for hospice.3. Review of Resident #65's medical record showed:- admission date of 07/26/21;- Diagnoses of COPD, repeated falls, and difficulty walking.Review of the resident's POS, dated July 2025, showed an order to admit to hospice, dated 03/19/25.Review of the resident's significant change MDS assessment, dated 03/27/25, showed Section O0110K1 not marked for hospice.During an interview on 07/25/25 3:03 P.M., the Administrator, Director of Nursing (DON), and Assistant Director of Nursing (ADON)/MDS Coordinator said they would expect the MDS assessments to reflect the current condition of the resident.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. Based on interview and record review, the facility failed to provide documentation of ongoing assessments, monitoring, and communication between the facility and the dialysis (the process for removal of waste and excess fluid from the blood due to kidney failure) center, failed to ensure physician orders were in place, and failed to assess and monitor the dialysis site for one resident (Resident #18) out of one sampled resident receiving dialysis. This failure had the potential to result in unmet needs or complications related to dialysis care. The facility census was 65. Review of the facility's policy, Dialysis, Care of a Resident Receiving, dated March 2015, showed:- Care of the arteriovenous (AV - surgically created connection between an artery and a vein) shunt fistula/graft (AV fistula connects an artery and a vein directly, while an AV shunt uses a synthetic graft (tube) to connect the artery and vein): Keep the area clean and dry; Feel for the thrill (a sensation of vibration or buzzing felt when palpating, or touching) sensation daily; Inspect the access for redness, swelling, or warmth; Avoid constrictive clothing or jewelry that may bind the access site; No blood pressure taking or intravenous (IV - into a vein) administration should be done in the arm of the access site; Avoid excessive pressure on the puncture site after dialysis; Watch for bleeding after dialysis; Monitor for signs of infection;- Checking the Thrill Sensation: Nurses will check the thrill daily and document daily. This will be documented on the resident's treatment record; At the AV site feel for a pulse. The pulse is the blood flow through the access; If no thrill sensation is felt, notify the physician;- Signs of Infection: Notify the physician if any of the following occurs: erythema (abnormal redness of the skin), induration (a hardening or thickening of tissue), tenderness and/or purulent (containing pus) drainage noted at the access site; Fever of unknown origin occurs;- When to Call the Physician: Redness or inflammation around the access site; Swelling of the arm or leg that contains the access; Fever that cannot be connected to a cold or flu; Drainage or pus at the access site; Numbness around the access site; Hand or foot feels much cooler than normal; Pain in or around the access site; Pain after dialysis; Loss or weakening of the thrill sensation at the access site; The shunt sustains a blow; Bleeding noted after returning from dialysis;- Emergency Care: If the fingers or toes below the access site turn blue, look pale or feel cold; If the resident suddenly has trouble breathing or states they are having chest pain (could be a sign of a blood clot in the lung or an allergy to a medication);- Signs of Bacteremia with Sepsis (the presence of bacteria in the bloodstream that can lead to a severe, potentially life-threatening condition): If the below stated symptoms appear, the physician is to be notified immediately: Fever (sudden onset, often spiking); Chills; Toxic looking (looks acutely ill); Changes in mental status: Irritable; Lethargic; Anxious; Agitated; Unresponsive; Comatose;- Signs of Septic Shock: If the below stated symptoms appear the physician is to be notified immediately: Acute circulatory failure usually with or followed by: Hypotension (low blood pressure); Skin warm even in presence of hypotension; Decreased urine output; Alertness decreased; Confusion increased; Rapid respirations; Rapid heartbeat;- Communication between the Facility and Dialysis Unit: The Dialysis Communication Record will be sent with the resident on each dialysis visit. All care concerns in last 24 hours will be addressed, including last medications given and facility contact person. The dialysis unit will complete the lower portion of the report to include weight prior to and after dialysis, any labs completed, medication given, follow up information and any new physician orders. These records will be maintained in the medical record. Review of Resident #18's medical record showed:- admission Date of 09/07/24;- Diagnoses of end-stage renal disease (kidneys no longer function), acute ischemic heart disease (reduced blood flow to the heart), infectious gastroenteritis with colitis (intestinal infection causing stomach upset and inflammation), type 1 diabetes mellitus (body does not make insulin), chronic kidney disease (long-term kidney damage), bipolar disorder (mood disorder with highs and lows), and anxiety disorder (persistent worry or fear).Review of Resident #18's quarterly Minimum Data Set (MDS - a federally mandated assessment completed by the facility), dated 03/12/25, showed dialysis marked on Section O0110B1.Review of (continued on next page)

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident #18's care plan, dated 06/09/25, showed:- Risks included shortness of breath, chest pain, edema, elevated blood pressure, infection at the access site, itchy skin, nausea, vomiting related to dialysis, and bleeding due to heparin use;- Arrange for dialysis as ordered. Diet, medications, and fluid restriction if ordered. Encourage daily out-of-bed activity and social engagement. Monitor access area for redness or pain and report to the physician. No lab draws, needle sticks, or blood pressure to be performed in the affected extremity. Notify the physician if edema, chest pain, shortness of breath, elevated blood pressure, bleeding, or itching occurs;- The care plan did not include the following requirements as outlined in the facility's dialysis policy: Daily palpation of the AV access site to assess for thrill. Documentation of the thrill assessment on the resident's treatment record. Assessment for bruit (sound of blood flow through the access). Specific criteria for signs and symptoms of infection at the access site (such as induration, tenderness, drainage, or loss of thrill). Emergency response instructions if the site bleeds, the resident experiences pain, or the extremity becomes pale or cold. Instructions for staff to notify the physician immediately if no thrill is present or signs of sepsis are observed. Communication protocols with the dialysis center, including completion of a dialysis communication form with care concerns, last medications given, and contact information, and follow-up with new orders returned from dialysis.During an interview on 07/25/25 at 9:25 A.M., the Director of Nursing (DON) said Resident #18 went to dialysis on Monday, Wednesday, and Friday. The resident would have breakfast at the facility, and the facility would send a sack lunch and snacks with him/her. The DON said staff would sometimes palpate the resident's fistula, but was unsure if this occurred every shift or only on dialysis days. The DON also said a communication form was sent with the resident to the dialysis center to be completed and returned, and that the dialysis center would record the resident's pre- and post-treatment weights on the form. The DON said that at times the weights were not recorded by the center's staff, so facility staff would have to call the dialysis center to obtain the information. The DON said the resident requested to only be weighed weekly by the facility staff since he/she was getting weighed at the treatment center. When asked to verify orders, the DON accessed the electronic medical record and said there were no current dialysis orders. The DON said it was possible the orders had been discontinued during a prior hospitalization and not re-entered upon return.Review of the communication forms used for dialysis showed limited documentation, with only the date and pre and post treatment weights recorded. No other clinical information, nursing assessments, or instructions were documented.Review of the electronic medical record on 07/25/25 showed no active or discontinued orders related to dialysis, AV fistula care, or monitoring requirements.During an interview on 07/25/25 at 12:23 P.M., Registered Nurse (RN) A and Licensed Practical Nurse (LPN) B said the resident took his/her medications each morning before dialysis and was sent with a communication form and a sack lunch. RN A said if there were concerns, staff might write them on the form, but often the forms were sent blank. RN A confirmed staff would visually check the resident's arm upon return to the facility, but did not perform vital signs or a physical assessment. LPN B said that as of 07/25/25, orders had just been received to assess the AV fistula site daily for thrill/bruit and to check for signs of infection. LPN B said that prior to this, there were no instructions or documentation requirements for monitoring the dialysis site.During an interview on 07/25/25 at 3:03 P.M., the Administrator, DON, and Assistant DON said there should be physician orders in place for residents receiving dialysis, including dietary restrictions, fluid management, and fistula monitoring. The Administrator said he/she was unsure of the exact orders required, but expected clinical leadership to know. The ADON and DON acknowledged the forms from the dialysis center often lack documentation and vital signs and site assessments were not routinely performed before or after dialysis. They collectively said the resident's care plan should accurately reflect his/her current status.