

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265765	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2024
NAME OF PROVIDER OR SUPPLIER  Lutheran Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  202 South West Street Concordia, MO 64020	

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 - Some</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46519</p> <p>Based on interview, and record review, the facility failed to ensure three sampled residents (Resident #1, Resident #3, and Resident #4) were treated with dignity and self-determination related to their bathing/showering preferences out of five sampled residents. The facility census was 62 residents.</p> <p>Review of the facility's undated policy titled Bathing Policy showed:</p> <ul style="list-style-type: none"> <li>-It was the responsibility of the licensed nurse and/or nursing assistants to ensure baths/showers were completed.</li> <li>-Residents would receive a whirlpool bath, shower, or bed bath at least weekly and pro re nata (PRN- as needed).</li> <li>-Nursing would update bathing schedule as needed.</li> </ul> <p>1. Review of Resident #1's Face Sheet showed he/she admitted to the facility with the following diagnoses:</p> <ul style="list-style-type: none"> <li>-Rheumatoid Arthritis (Arthritis- swelling and tenderness in one or more joints, causing joint pain or stiffness that often gets worse with age) (a chronic inflammatory disorder usually affecting small joints in the hand and feet).</li> <li>-Pressure Ulcer (an injury to the skin and underlying tissue resulting from prolonged pressure to the skin) of Right Hip, Unstageable.</li> <li>-Generalized Muscle Weakness.</li> <li>-Pain in Right Hip.</li> <li>-Mild Cognitive Impairment (a condition in which people have more memory of thinking problems than other people their age).</li> <li>-Contracture (a condition of shortening and hardening of muscles, tendons, or other tissue, often leading to deformity and rigidity in the joints), Left Shoulder.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Contracture, Left Elbow.</p> <p>-Contracture, Left Wrist.</p> <p>-Low Back Pain.</p> <p>Review of the resident's Quarterly Minimum Data Set (MDS- a federally mandated assessment instrument completed by facility staff for care planning) dated 3/7/24 showed:</p> <p>-The resident was cognitively intact.</p> <p>-In the section functional abilities and goals, the resident was marked as not applicable related to shower/bathe self (the ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair), this did not include transferring in/out of tub/shower.</p> <p>-The MDS did not include preferences for customary routine and activities.</p> <p>Review of the resident's Care Plan dated 4/23/24 showed:</p> <p>-The resident had a stage IV pressure ulcer (a wound with full thickness skin loss extending through the fascia with considerable tissue loss) which was acquired on 4/7/23.</p> <p>-The resident had and Activities of Daily Living (ADLs) functional status/rehabilitation potential with the following interventions:</p> <p>--To talk with the resident and explain what he/she could do to assist with ADL/hygiene tasks and allow the resident to do what he/she could do what he/she could do to care himself/herself.</p> <p>--He/She preferred whirlpool baths and for the staff to wash his/her hair while being bathed.</p> <p>--He/She would only receive bed baths when the wound care company put a specific dressing on the resident.</p> <p>NOTE: The care plan does not address staff preferences or times for bathing needs.</p> <p>During an interview on 5/6/24 at 11:15 A.M. the resident said:</p> <p>-He/she pointed to his/her hair and called it greasy.</p> <p>-He/She received a bath once a week.</p> <p>-He/She had a wound which made getting a whirlpool bath difficult.</p> <p>-He/She could not remember when his/her last bath was.</p> <p>During an interview on 5/6/24 at 2:47 P.M. the resident said:</p> <p>-It depended on who was working whether or not he/she received a bath on his/her normal bath day.</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 - Some</p>	<p>-Cerebral Infarction (ischemic stroke- occurs as a result of disrupted blood flow and restricted oxygen to the brain).</p> <p>Review of the resident's Quarterly MDS dated [DATE] showed:</p> <p>-The resident was cognitively intact.</p> <p>-The resident needed partial/moderate assistance (helper does less than half the effort) related to showering/bathing self.</p> <p>-The MDS did not include preferences for customary routine and activities.</p> <p>Review of the resident's Care Plan dated 3/15/24 showed:</p> <p>-The resident had ADL functional status/rehabilitation potential with the following interventions:</p> <p>--Encourage the resident to wash his/her upper body parts within reach with a prepared washcloth.</p> <p>--He/She preferred a whirlpool bath and to wash his/her hair when bathing.</p> <p>--Talk with the resident and explain what he/she could do to assist with the ADL task.</p> <p>During an interview on 5/6/24 at 12:49 P.M. the resident said:</p> <p>-He/She received a bath about once a week.</p> <p>-He/She never got bathed more than once a week.</p> <p>-It was his/her preference to be bathed more than once a week.</p> <p>During an interview on 5/6/24 at 2:59 P.M. the resident said it was tough to only get one shower a week because he/she was used to showering every day prior to being a resident at the facility.</p> <p>3. Review of Resident #4's Face Sheet showed he/she admitted to the facility with the following diagnoses:</p> <p>-Chronic Obstructive Pulmonary Disorder (COPD- a disease process that decreases the ability of the lungs to perform ventilation).</p> <p>-Other Chronic Pain.</p> <p>-Generalized Muscle Weakness.</p> <p>-Problem Related to Life Management Difficulty.</p> <p>-Unspecified Osteoarthritis (OA-a type of arthritis that that occurs when flexible tissue at the ends of bones wears down).</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 - Some</p>	<p>Review of the resident's Care Plan dated 3/26/24 showed:</p> <ul style="list-style-type: none"> <li>-The resident required assistance with ADL/hygiene tasks with the following interventions:</li> <li>--He/She preferred a whirlpool bath and to wash his/her hair when bathing.</li> <li>--Talk with the resident and explain what he/she could do to assist with the ADL tasks.</li> <li>--Allow him/her to do what he/she could do for themselves so he/she could maintain his/her highest level of functioning.</li> </ul> <p>Review of the resident's Quarterly MDS dated [DATE] showed:</p> <ul style="list-style-type: none"> <li>-The resident was cognitively intact.</li> <li>-The resident needed partial/moderate assistance (helper does less than half the effort) related to showering/bathing self.</li> <li>-The MDS did not include preferences for customary routine and activities.</li> </ul> <p>During an interview on 5/6/24 at 12:54 P.M. the resident said:</p> <ul style="list-style-type: none"> <li>-He/She received a bath once a week.</li> <li>-His/Her last bath was on 4/29/24.</li> <li>-He/She preferred to be bathed more than once a week especially in the summertime when he/she sweated more often.</li> </ul> <p>During an interview on 5/6/24 at 2:56 P.M. the resident said:</p> <ul style="list-style-type: none"> <li>-Only receiving one bath a week made him/her feel icky and embarrassed.</li> <li>-He/She thought that there were not enough staff to receive more than one bath a week.</li> </ul> <p>4. During an interview on 5/6/24 at 12:20 P.M. Certified Occupational Therapist Assistant (COTA) A said that he/she had helped with bathing residents in the past as part of his/her therapy services.</p> <p>During an interview on 5/6/24 at 1:28 P.M. CNA A said:</p> <ul style="list-style-type: none"> <li>-He/She did not normally do resident baths.</li> <li>-The facility had bath aides that would give residents baths.</li> <li>-He/She had received complaints from residents related to missing the dates they were supposed to be bathed/showered on.</li> <li>-The facility policy was for the residents were to be bathed two times a week.</li> </ul> <p>(continued on next page)</p>		

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