STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265784	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Living Community of St Joseph	1202 Heartland Road Saint Joseph, MO 64506

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview and record review, the facility failed to ensure that medications used in the facility were labeled in accordance with professional standards, including expiration dates for seven sampled residents (Residents #10, #41, #46, #50, #79, #97, #102); when the facility had an open expired insulin pen (Resident #10); when the facility had an opened multi-use medicated nasal spray and eye drops with no open dates (Resident #79 & Resident #97); when the facility had an uncapped, pre-primed insulin needle and pen with dried blood on it (Resident #41); also when the facility had an opened large, floor stock powdered fiber medication with no open date, as well as two expired floor stock oral medications (Aspirin and guaifenesin); when the facility had four vials of expired blood sugar testing solutions that expire 90 days after opening and additionally when the facility had a clear storage bag containing medications for three different residents (Residents #102, #46, & #50). This affected seven of the 18 sampled residents. The facility census was 87.Review of the facility's Storage of Medication Policy dated 03/2017, showed:-Orally administered medications are kept separate from externally used medications;-Certain medications such as multi-dose injectables, nasal sprays, ophthalmic (eye drops and gels), and blood sugar testing solutions require an expiration date shorter than the manufacturer's expiration date to insure medication purity and potency;-When the original manufacturer's seal is initially broken, staff are to write the date opened on medication container or vial;-The staff will check the expiration date of each medication before administering medication;-No expired medication will be administered to a resident;-All expired, outdated or contaminated medications will be removed from active supply and destroyed in the facility, regardless of remaining quantity. Observation on 04/08/26 at 10:00A.M., the medication cart on the first floor showed:-Resident #10's multi-dose insulin pen with an open date of 03/05/2026, multi-dose medications are good to use for 28 days after opening;-Resident #79's open multi-dose eye drops without an open date;-An open vial of high control solution used for calibration of glucometer (a device used to check blood sugar) with an open date 12/2025 and labeled expiration date of 03/2026;-An open vial of normal control solution for glucometer calibration with an open date 12/2025 and labeled expiration date of 03/2026;-Resident #41's long-acting insulin pen with needle attached, uncapped, primed at 22 units, with dried blood on the pen, placed inside top drawer with floor stock oral medications, not in a bag or individual container. Observation of the medication cart on the skilled unit on 04/09/2026, showed:-An opened bottle of floor stock guaifenesin (a decongestant) 400mg tablets with a manufacturer expiration date of 03/2026;-An opened bottle of floor stock Aspirin 325mg with a manufacturer expiration date of 12/2025;-Resident #97's opened Flonase (a multi dose nasal spray) without an open date;-An opened package of floor stock fiber powder without an open date;-An open vial of high control solution used for calibration of glucometer (a device used to check blood sugar without an open date;-An open vial of normal control solution for glucometer calibration without an open date;-A clear storage bag, containing medications for three different residents. Resident #50 that had a labeled due date of 04/07/2026 at 09:00P.M, a medication for Resident #46 that had a labeled due date of 04/08/2026 at 07:30A.M. and a medication for Resident #102 that had a labeled (continued on next page)

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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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	due date of 04/08/2026 at 09:00A.M. During an interview on 04/08/2026 at 10:00A.M., RN C said that multi dose and multi use floor stock medications are labeled by the staff that open them and are good to use for 30 days after opening. During an interview on 04/09/2026 at 09:30A.M., LPN A said expired medications should not be kept on the medication cart; there is a medication disposal container on each floor that all certified medicine technicians (CMT)s and nurses are able to use. During an interview on 04/09/2026 at 09:40A.M., the Infection Preventionist/Clinical Manager said:-When asked if staff should have disposed of medications that were expired, he/she said that the staff could have disposed properly of the medications during his/her shift, there was no explanation or reason that the staff did not dispose of medications;-The facility CMTs and nurses all have access to medication disposal containers on each floor;-There is validation or competency during staff orientation regarding medication administration and storage, but he/she is unsure as to exactly what it entails;-It is safe to keep medications for multiple residents together in a bag if the medications are to be destroyed;-All expired medications should be removed from the cart and destroyed as soon as possible;-He/She usually checks the medication carts on his/her morning rounds but had not had the opportunity to yet. On 04/09/2026 at 11:00A.M., the Director of Nursing (DON) said:-The mediations contained in the bag on the medication cart had been disposed of;-If the bag containing medications for multiple residents was for disposal, then it is reasonable that it should have been labeled for disposal or destruction;-Opened multi dose vials are good for use for 28 days;-Expired medications should be destroyed by staff when they discover that medications are expired;-He/She had assigned staff to thoroughly check all medication carts weekly;-The Clinical Managers check his/her assigned units carts several times weekly for expired or outdated medications.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation and interview the facility failed to store food in accordance with professional standards for food service safety when the facility failed to ensure food items were dated with an open date or expiration date, and when the facility failed to dispose of food items that had been expired. This had to potential to affect all residents. The facility census was 87.Review of the facilities Food Storage- Perishable dated 2012, showed:-Sanitary procedures will be maintained in perishable food storage to keep foods safe, wholesome and appetizing, and to prevent contamination;-Refrigerated frozen products must be properly stored immediately upon delivery;-All prepared food stored in the refrigerator units should be in covered, seamless containers or otherwise suitably protected with used by date. Containers should be arranged so that free circulation of air was allowed at all times.-The policy did not address food labeling, dating of foods or expired foods. Observation of the walk in refrigerator on 04/06/2026 at 8:48 A.M. showed:-Open package of lettuce not sealed shut and did not have an open date on the package;-Two packages of spinach not sealed shut and did not have an open date on the packages;-Container of grapefruit with a manufactures use by date of 2/13/26 and a written open date of 2/10/26;-Open package of shredded carrots with a use by date of 3/16/26;-Whipped cream cheese labeled with an X 3/19; During an Interview on 04/06/2026 at 9:00 A.M. the Registered Dietician said a package of food that had an X next to the date written on the package meant that date was the day the food expired.Observation of the walk in refrigerator on 04/08/2026 at 10:35 A.M. showed:-Container of grapefruit with a manufactures use by date of 2/13/26 and a written open date of 2/10/26;-Bag of spinach that did not have an open date and was not sealed shut. During an Interview on 04/08/2026 at 10:40 A.M. [NAME] A said:-A package of food that had an X next to the date written on the package meant that date was the day the food expired;-A package of food that had only a date written on it meant that was the day the package was opened;-The items that did not have a date indicating when they were opened or the date the food expires staff must have just forgotten to date them;-Open packages of lettuce should have been sealed shut. During an Interview on 04/08/2026 at 11:05 A.M. the Culinary Director said:-Food packaging should have a date written on it indicating the day it was open or the date with an X by it indicating the day the food expires;-Expired food should have been thrown away. During an Interview on 04/09/2026 at 8:17 A.M. the Administrator said:-Food items should have a date on the package indicating the day the package was open or the day the food item would expire;-Food that was expired should have been thrown away;-Food items from February 2026 should not still be stored in the kitchen in April.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment to help prevent the development and transmission of communicable diseases and infections when the facility staff did not utilize enhanced barrier precautions by wearing appropriate protective equipment when caring for residents with an indwelling device for three residents (Residents #10, #37 & #39) and additionally when the facility staff did not change gloves between dirty and clean tasks for one resident (Resident #39); this affected three of the 18 sampled residents. The facility census was 87.Review of the facility's undated Enhanced Barrier Precautions (EBP) Policy showed:-EBP expands the use of protective equipment and refers to the use of gowns and gloves during high-contact resident care activities;-EBP will be utilized for any resident that has an infection with a Multi-Drug Resistant Organism (MDRO) (an infection resistant to multiple medications), a resident with a chronic wound or residents that have an indwelling medical device such as urinary catheters (a tube placed in the bladder to drain urine), dialysis ports (a surgically created site or a temporary catheter used to remove and clean blood through a machine) or feeding tubes (a tube surgically inserted into resident's abdomen and stomach to supplement or replace oral nutrition);-EBP must be worn during high-contact activities such as dressing, bathing, providing hygiene, changing briefs, assisting with toileting, indwelling medical device care or use (administering medications or nutrition through feeding tube or cleaning of urinary catheter.) Review of the facility's Administering Medications Policy dated 2020, showed that the facility staff are to follow established infection control procedures for the administration of medications. Review of the facility's Hand Hygiene Policy date 09/2023, showed:-Hand hygiene can be either washing hands with soap and water or use of alcohol-based hand rub (ABHR);-Hand hygiene should be performed after contact with a resident's body fluids;-Hand hygiene to be performed after removing gloves. 1.Review of Resident #37's Quarterly Minimum Data Set (MDS), A federally mandated assessment completed by facility staff, dated 03/20/2026, showed:-Resident cognitively intact;-Resident is incontinent of bowel and bladder;-He/She is dependent on dialysis (a life-sustaining treatment for kidney failure that filters waste and excess fluids from the blood);-Diagnoses included: end stage kidney disease, diabetes and high blood pressure. Review of the resident's care plan dated 03/19/2026, showed:-He/She is dependent on staff for toileting hygiene;-Resident requires assistance of two staff members with full body mechanical lift for transfers;-He/She requires EBP related to the presence of indwelling dialysis port. Observations on 04/07/2026 showed:-At 12:35P.M. LPN B performed accucheck (testing method where blood sugar levels are measured instantly at the bedside), wearing only gloves;-At 1:20P.M., CNA B and LPN B transferred the resident using mechanical lift and neither staff member had applied a protective gown;-At 2:07P.M., CNA B performed incontinence cares of resident and did not have a gown on. During an interview on 04/07/2026 at 2:20P.M., CNA B said that EBP is used to protect residents at risk for infection and that he/she should wear a gown when transferring a dialysis resident and providing incontinent care. During an interview on 04/07/2026 at 12:40 P.M., LPN B said that he/she should have worn a gown to perform Accu-Chek on a dialysis patient and that EBP helps protect residents from infection. 2.Review of Resident #10's Quarterly MDS dated [DATE], showed:-Mild cognitive impairment;-Resident receives 50% of total calories via feeding tube (a tube inserted into the abdomen to deliver liquid nutrition);-Diagnoses included stroke, diabetes, high blood pressure and Non-Alzheimer's Dementia. Review of the resident's care plan dated 02/16/2026, showed:-Resident is at increased nutritional risk related to diagnosis of dysphagia (difficulty swallowing);-He/She is dependent on staff and mechanical lift for transfers;-He/She requires EBP related to presence of a feeding tube;-Staff are to apply a gown and gloves prior to high-contact activities. An Observation on 04/08/2026 at 10:05A.M., showed:-RN C entered room of the resident (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	after using ABHR and applied gloves;-RN C attached feeding tube to surgically placed port on resident's abdomen;-RN C administered fluids and tube feeding to resident;-Resident reported pain and requested pain medication;-RN C removed gloves, left room without performing hand hygiene and prepared medication for administration;-RN C returned to resident's room, did not perform hand hygiene or apply gloves upon entering, administered oral medications to resident;-RN C applied pain patches to resident's right knee and lower back;-RN exited room without performing hand hygiene. During an interview on 04/08/2026 at 10:20A.M., RN C said:-No gown is required for oral medication administration;-He/she should have applied a gown prior to administering tube feeding to protect resident who has increased risk of infection;-He/She should have performed hand hygiene each time he/she entered and exited resident's room. 3. Review of Resident #39's Quarterly MDS dated [DATE], showed:-Resident had severe cognitive impairment;-Resident needed set-up or clean-up assistance from staff for toileting hygiene;-Resident frequently incontinent of bowel and has a urinary catheter;-Diagnoses included high blood pressure, cognitive dysfunction and neurogenic bladder (characterized by weak muscle tone, inability to empty, and incontinence). Review of the resident's care plan dated 02/02/2026, showed:-Increased potential for infection related to urinary catheter;-He/She required EBP related to indwelling urinary catheter;-Staff to wear gown and gloves prior to high-contact care activities;-Staff to provide catheter care each shift and as needed. An Observation on 04/09/2026 at 10:15A.M. showed:-CMT A entered resident's room to assist with catheter care and hygiene;-CMT A performed hand hygiene, applied gloves and did not apply a protective gown;-Resident was assisted with incontinence cares and catheter care was provided by CMT A;-CMT A removed soiled brief and clothing and applied clean brief and clothing without changing gloves between dirty and clean tasks;-Clinical Manager (CM) A entered room with additional supplies wearing a gown and gloves;-CMT A turned off active call light with soiled gloves;-CMT A continued providing cares to resident, removed gloves and washed hands when finished. During an interview on 04/09/2026 at 10:40A.M., CMT A said:-A gown is required for peri care or catheter care;-He/She forgot to put on gown prior to entering room;-EBP is used to protect residents from infection;-He/She should have changed gloves and performed hand hygiene before applying new brief or clean clothes to the resident. During an interview on 04/09/2026 at 10:45A.M., CMT A said:-EBP is required for residents at increased risk of infection, such as those with wounds or catheters;-Staff should change gloves and perform hand hygiene between dirty and clean tasks;-Hand hygiene should be performed by staff before and after entering residents' rooms;-A gown should be worn for tube feeding administration and incontinence cares. During an interview on 04/09/2026 at 11:00A.M., the Director of Nursing said that all staff are trained in the need and use of EBP and additionally, gowns are required for peri/incontinence cares, tube feeding administration and catheter cares.