| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 265793 | A. Building<br>B. Wing | 11/08/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LA Plata Nursing Home | 100 Old Stagecoach Road<br>LA Plata, MO 63549 |

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 0758<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32530<br><br>Based on observation, interview, and record review, the facility failed to adequately document appropriate diagnoses of residents or resident behaviors to justify the implementation or continued used of antipsychotic medications (a type of psychiatric medication used to treat certain types of mental health problems, such as schizophrenia (a disorder that affects a person's ability to think, feel, and behave clearly) and bipolar disorder (a disorder associated with episodes of mood swings ranging from depressive lows to manic highs), for three residents (Residents #16, #28, and #30) in a review of 15 sampled residents. The facility also failed to complete a 14-day review for the as needed (PRN) use of a benzodiazepine (a drug that produces sedation and hypnosis) for one resident (Residents #10). The facility census was 42.<br><br>A review of the facility policy, Psychotropic Medication Use, dated July 2022, showed the following:<br><br>-Policy Statement: Residents will not receive medications that are not clinically indicated to treat a specific condition;<br><br>-Policy Interpretation and Implementation:<br><br>-A psychotropic medication is any medication that affects brain activity associated with mental processes and behavior;<br><br>-Drugs in the following categories are considered psychotropic medications and are subject to prescribing, monitoring, and review requirements specific to psychotropic medications:<br><br>-Antipsychotics;<br><br>-Antidepressants;<br><br>-Antianxiety medications;<br><br>-Hypnotics;<br><br>(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 |
|---|---|---|

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 265793 | A. Building<br>B. Wing | 11/08/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LA Plata Nursing Home | 100 Old Stagecoach Road<br>LA Plata, MO 63549 |

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 0758<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | -Consideration of the use of any psychotropic medication is based on comprehensive review of the resident. This includes evaluation of the resident's signs and symptoms in order to identify underlying causes;<br><br>-Residents on psychotropic medications receive gradual dose reductions (coupled with non-pharmacological interventions), unless clinically contraindicated, in an effort to discontinue these medications;<br><br>-Psychotropic medications are not prescribed or given on a PRN (as needed) basis unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; PRN (as needed) orders for psychotropic medications are limited to 14 days;<br><br>-For psychotropic medications that are NOT antipsychotics: If the prescriber or attending physician believes it is appropriate to extend the PRN order beyond 14 days, he or she will document the rationale for extending the use and include the duration for the PRN order;<br><br>-For psychotropic medications that ARE antipsychotics: PRN orders cannot be renewed unless the attending physician or prescriber evaluates the resident and documents the appropriateness of the medication.<br><br>Review of www.drugs.com for Seroquel (generic name quetiapine, antipsychotic medication) showed the following:<br><br>-Seroquel is used to treat schizophrenia and to treat episodes of mania (frenzied, abnormally excited, or irritated mood) or depression in patients with bipolar disorder (manic depressive disorder), a disease that causes episodes of depression, episodes of mania, and other abnormal moods);<br><br>-Seroquel is used in combination with antidepressant medications to treat major depressive disorder in adults;<br><br>-Seroquel may increase the risk of death in older adults with mental health problems related to dementia;<br><br>-Potential adverse effects of Seroquel include somnolence (sleepiness), postural hypotension (a drop in the blood pressure when a person stands), motor, and sensory instability, which may lead to falls, and consequently, fractures (broken bones) or other injuries.<br><br>1. Review of Resident #28's face sheet showed the resident's diagnoses included the following:<br><br>-Mild cognitive impairment of uncertain or unknown etiology;<br><br>-Unspecified dementia, unspecified severity, with behavioral disturbance;<br><br>-Dementia in other disease classified elsewhere, unspecified severity, with agitation;<br><br>-Altered mental status, unspecified (history of).<br><br>Review of the resident's care plan, dated 05/02/24, showed the following:<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 265793 | A. Building<br>B. Wing | 11/08/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LA Plata Nursing Home | 100 Old Stagecoach Road<br>LA Plata, MO 63549 |

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 0758<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | -The resident needs assist of one staff for bathing, dressing, toileting, pericare, oral care, transfers, activities of daily living (ADL) and medication administration;<br><br>-There was no direction to staff regarding use the of antipsychotic medication.<br><br>Review of the resident's physician's orders, dated 08/09/24, showed an order for Seroquel 50 milligrams (mg) by mouth twice a day for dementia in other diseases classified elsewhere, unspecified severity, with agitation.<br><br>Review of the resident's significant change Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 08/12/24, showed the following:<br><br>-Severe cognitive impairment;<br><br>-No behaviors;<br><br>-Substantial/maximal assistance required for toileting hygiene;<br><br>-Frequently incontinent of urine and bowel;<br><br>-Diagnosis of dementia;<br><br>-Taking antipsychotic medication, indication noted;<br><br>-Antipsychotics received on a routine basis.<br><br>Review of the resident's August 2024 Medication Administration Record (MAR) showed the resident received Seroquel 50 mg by mouth twice daily from 08/09/24 - 08/31/24.<br><br>Review of the resident's physician's orders, dated September 2024, showed an order for Seroquel 50 mg by mouth twice daily.<br><br>Review of the resident's September 2024 MAR showed the resident received Seroquel 50 mg by mouth twice daily from 09/01/24 - 09/30/24.<br><br>Review of the resident's physician's orders, dated October 2024, showed an order for Seroquel 50 mg by mouth twice daily.<br><br>Review of the resident's October 2024 MAR showed the resident received Seroquel 50 mg by mouth twice daily from 10/01/24 - 10/31/24.<br><br>Review of the resident's pharmacist Note to Attending Physician/Prescriber, dated 10/17/24, showed the following:<br><br>-This is an elderly resident that has a diagnosis of dementia with behavior and has an order for an antipsychotic, Seroquel 50 mg twice daily;<br><br>-This is a high-risk medication, used for an off-label indication;<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 265793 | A. Building<br>B. Wing | 11/08/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LA Plata Nursing Home | 100 Old Stagecoach Road<br>LA Plata, MO 63549 |

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 0758<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | -Due to Black Box Warnings ((a serious safety warning that the Food and Drug Administration (FDA) issues for some medications)), Centers for Medicare and Medicaid Services (CMS) has indication that dementia residents should be re-evaluated for continued use of antipsychotics due to increased risk of stroke and mortality;<br><br>-Please evaluated if this is still appropriate therapy and consider attempting a gradual dose reduction, or document clinical contraindications;<br><br>-If therapy is to continue at the current dose, please provide rationale describing a dose reduction as clinically contraindicated;<br><br>-If a change in drug therapy is contraindicated at this time please check the appropriate reason(s):<br><br>-Marked other;<br><br>-Include specific behaviors: no change;<br><br>-Signed by the resident's physician on 10/24/24 with no recommendation.<br><br>Review of the resident's physician's orders, dated November 2024, showed an order for Seroquel 50 mg by mouth twice daily.<br><br>Review of the resident's November 2024 MAR showed the resident received Seroquel 50 mg by mouth twice daily from 11/01/24 - 11/07/24.<br><br>2. Review of Resident #30's face sheet, undated, showed the resident's medical diagnoses included cerebral vascular accident (CVA, a stroke), traumatic brain injury (TBI) (a brain injury caused by outside force), and depression. No documentation the resident had diagnoses of schizophrenia, bipolar disorder or major depressive disorder.<br><br>Review of the document, Routine Assessment of Psychotropic Medications, dated 01/12/24, showed the following:<br><br>-The consulting pharmacist documented the resident took Seroquel 12.5 mg by mouth daily at bedtime;<br><br>-The resident had a diagnosis of depression;<br><br>-The consulting pharmacist requested that the provider consider a dose reduction or discontinuance of the medication for the resident;<br><br>-The resident's physician declined a dose reduction or discontinuance;<br><br>-The resident's physician wrote: Continue meds, doing well on the document.<br><br>Review of the resident's physician orders, dated July 01, 2024, showed an order for Seroquel 25 mg, give 1/2 tablet (12.5 mg) at bedtime daily, start date 07/20/23.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 265793 | A. Building<br>B. Wing | 11/08/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LA Plata Nursing Home | 100 Old Stagecoach Road<br>LA Plata, MO 63549 |

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 0758<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Review of the document, Routine Assessment of Psychotropic Medications, dated 07/01/24, showed the following:<br><br>-The consulting pharmacist documented the resident took Seroquel 12.5 mg by mouth daily at bedtime;<br><br>-The resident had a diagnosis of depression;<br><br>-The consulting pharmacist requested that the provider consider a dose reduction or discontinuance of the medication for the resident;<br><br>-The resident's physician declined a dose reduction or discontinuance.<br><br>Review of the resident's nursing progress notes, dated 07/09/24 at 08:47 A.M., showed staff documented the following:<br><br>-Resident #30 was yelling at another resident and attempted to get out of his/her wheelchair;<br><br>-The staff took Resident #30 to his/her room and away from the situation.<br><br>Review of the resident's nursing progress notes, dated 07/12/24 at 10:44 P.M., showed staff documented the following:<br><br>-Resident #30 had an angry outburst at supper and yelled very loudly at a certified nursing assistant (CNA), another resident, and Resident #30's family member;<br><br>-Resident #30 was taken to another table to diffuse the situation.<br><br>Review of the resident's MAR, dated July 01 through July 20, 2024, showed facility staff administered Seroquel 25 mg, 1/2 tab (12.5 mg) daily at bedtime for a diagnosis of depression.<br><br>Review of the resident's physician orders, dated August 01, 2024, showed an order for Seroquel 25 mg, give 1/2 tablet (12.5 mg) at bedtime daily.<br><br>Review of the resident's care plan, last reviewed on 08/15/24, showed no history of behaviors and did not address the use of antipsychotic medications.<br><br>Review of the resident's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument, completed by facility staff, dated 08/15/24, showed the following:<br><br>-Cognitively intact;<br><br>-No rejection of cares or documented behaviors;<br><br>-Medications included antipsychotic medication.<br><br>Review of the resident's nursing progress notes, dated 08/26/24 at 10:58 P.M., showed staff documented the following:<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 265793 | A. Building<br>B. Wing | 11/08/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LA Plata Nursing Home | 100 Old Stagecoach Road<br>LA Plata, MO 63549 |

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 0758<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | -Resident #30 ran his/her wheelchair into another resident's wheelchair while the other resident was sitting at the nurses' station;<br><br>-Resident #30 and this other resident had a history of arguing and fighting.<br><br>Review of the resident's MAR, dated August 01 through August 31, 2024, showed facility staff administered Seroquel 25 mg, 1/2 tab (12.5 mg) daily at bedtime for a diagnosis of depression.<br><br>Review of the resident's physician orders, dated September 01, 2024, showed an order for Seroquel 25 mg, give 1/2 tablet (12.5 mg) at bedtime daily.<br><br>Review of the resident's MAR, dated September 01 through September 30, 2024, showed facility staff administered Seroquel 25 mg, 1/2 tab (12.5 mg) daily at bedtime for a diagnosis of depression.<br><br>Review of the resident's physician orders, dated October 01, 2024, showed an order for Seroquel 25 mg, give 1/2 tablet (12.5 mg) at bedtime daily.<br><br>Review of the document, Note to Attending Physician/Prescriber, dated 10/17/24, showed the following:<br><br>-The consulting pharmacist documented the resident took Seroquel 12.5 mg at bedtime since 07/20/23 for depression;<br><br>-The consulting pharmacist requested the provider to consider a gradual dose reduction (GDR), unless clinically contraindicated;<br><br>-The resident's physician wrote: Not well controlled, exhibits behaviors/outbursts;<br><br>-The resident's physician declined a dose reduction.<br><br>Review of the resident's nursing progress notes, dated 10/28/24 at 06:01 A.M., showed staff documented the following:<br><br>-Resident #30 and another resident got into an argument and Resident #30 threatened to hit the other resident;<br><br>-Resident #30 threatened to hit a CNA who was providing care for him/her.<br><br>Review of the resident's MAR, dated October 01 through October 31, 2024, showed facility staff administered Seroquel 25 mg, 1/2 tab (12.5 mg) daily at bedtime for a diagnosis of depression.<br><br>Review of the resident's physician orders, dated November 01, 2024, showed an order for Seroquel 25 mg, give 1/2 tablet (12.5 mg) at bedtime daily.<br><br>Review of the resident's nursing progress notes, dated 11/06/24 at 06:27 P.M., showed staff documented the following:<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 265793 | A. Building<br>B. Wing | 11/08/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LA Plata Nursing Home | 100 Old Stagecoach Road<br>LA Plata, MO 63549 |

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 0758<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | -Resident #30 was watching television in the dining room when one of the presidential candidates that the resident did not like came on;<br><br>-Resident #30 became angry and swung at another resident when the other resident said something positive about the presidential candidate;<br><br>-Resident #30 then refused to eat.<br><br>Review of the resident's MAR, dated November 01 through November 07, 2024, showed facility staff administered Seroquel 25 mg, 1/2 tab (12.5 mg) daily at bedtime for a diagnosis of depression.<br><br>During an interview on 11/07/24 at 3:15 P.M., the resident's family member said the following:<br><br>-There were times when the resident gets very upset, and staff would have to intervene;<br><br>-He/She was not sure what would make the resident so upset, but the resident would swing at others without hitting them;<br><br>-He/She was not aware the resident was on an antipsychotic medication.<br><br>During an interview on 11/08/24 at 8:30 A.M., CNA H said the following:<br><br>-The resident would get feisty at times and become agitated at other residents or staff;<br><br>-He/She thought the resident just got over stimulated which made him/her act out;<br><br>-He/She would try to take the resident to another area where it was quiet so that the resident could calm down;<br><br>-If the resident had behaviors, he/she would report that to the charge nurse.<br><br>During an interview on 11/08/24 at 8:40 A.M., Registered Nurse (RN) I said the following:<br><br>-He/She was aware the resident had behaviors and he/she had completed behavior charting on the resident;<br><br>-The resident seemed to have a low tolerance for other residents at times and would become agitated and sometimes swing at other residents;<br><br>-He/She knew the resident was on an antipsychotic;<br><br>-He/She knew the consulting pharmacist did periodically make recommendations to the resident's physician to decrease or stop an antipsychotic medication;<br><br>-He/She was not sure if Seroquel was indicated for a diagnosis of depression;<br><br>-Behaviors by a resident should be charted in the resident's electronic medical record (EMR) and the resident's physician should be made aware of behaviors when they occur;<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 265793 | A. Building<br>B. Wing | 11/08/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LA Plata Nursing Home | 100 Old Stagecoach Road<br>LA Plata, MO 63549 |

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 0758<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | -A resident's care plan should be updated to include if a resident had behaviors or was taking an antipsychotic medication.<br><br>3. Review of Resident #16's physician orders, dated 08/27/24, showed an order for lorazepam (antianxiety medication), give 0.5 mg (1/2 tab equals 0.25 mg) three times a day as needed. Open ended order with no stop date. Diagnosis bipolar disorder.<br><br>Review of the resident's MAR, dated August 2024, showed the following:<br><br>-On 08/28/24 at 2:37 P.M. staff administered lorazepam 0.25 mg by mouth;<br><br>-On 08/29/24 at 3:17 P.M. staff administered lorazepam 0.25 mg by mouth;<br><br>-On 08/31/24 at 6:00 P.M. staff administered lorazepam 0.25 mg by mouth.<br><br>Review of the resident's physician orders, dated September 2024, showed an order for lorazepam, give 0.5 mg (1/2 tab equals 0.25 mg) three times a day as needed. Open ended order with no stop date.<br><br>Review of the resident's pharmacist Note to Attending Physician/Prescriber, dated 09/18/24, showed the following:<br><br>-Resident has an order for lorazepam 0.25 mg by mouth three times a day as needed;<br><br>-CMS regulations limit this medication to 14 days, unless there is a documented rationale to continue, along with an anticipated during of therapy;<br><br>-(NOTE: This applies to all residents, including hospice);<br><br>-If medication is necessary, please document risk versus benefit below (i.e. x 60 days stop date to manage anxiety symptoms during hospice and improve quality of life);<br><br>-Marked continue by the resident's physician, must provide reason and duration of therapy;<br><br>-Duration: life long;<br><br>-Rationale: resident requires medication for mental health stability;<br><br>-Signed by the resident's physician on 09/30/24.<br><br>Review of the resident's quarterly MDS, dated [DATE], showed the following:<br><br>-Cognitively intact;<br><br>-Diagnoses of diabetes, anxiety and schizophrenia;<br><br>-Taking antianxiety medication, indication noted.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 265793 | A. Building<br>B. Wing | 11/08/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LA Plata Nursing Home | 100 Old Stagecoach Road<br>LA Plata, MO 63549 |

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 0758<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Review of the resident's MAR, dated September 2024, showed no documentation the resident received lorazepam 0.5 mg (1/2 tab = 0.25 mg) for the month of September.<br><br>Review of the resident's physician orders, dated October 2024, showed an order for lorazepam, give 0.5 mg (1/2 tab equals 0.25 mg) three times a day as needed. Open ended order with no stop date.<br><br>Review of the resident's progress notes, dated 10/02/24 at 1:24 P.M., showed the following:<br><br>-Pharmacy noted to primary care provider (PCP) regarding lorazepam rationale to continue longer than 14 day limit;<br><br>-PCP replied to continue lorazepam 0.25 mg by mouth three times daily as needed with a lifelong duration and rationale that resident requires medication for mental health stability.<br><br>Review of the resident's MAR, dated October 2024, showed no documentation the resident received lorazepam 0.5 mg (1/2 tab = 0.25 mg) for the month of October.<br><br>Review of the resident's physician orders, dated November 2024, showed an order for lorazepam, give 0.5 mg (1/2 tab equals 0.25 mg) three times a day as needed. Open ended order with no stop date.<br><br>Review of the resident's MAR, dated 11/01/24 - 11/07/24, showed no documentation the resident received lorazepam 0.5 mg (1/2 tab = 0.25 mg) for any of these days in the month of November.<br><br>Review of the resident's care plan, dated 11/07/24, showed the following:<br><br>-The resident has socially inappropriate/disruptive behavioral symptoms as evidenced by: inappropriate sexual behaviors;<br><br>-The resident is at risk for adverse consequences related to receiving antianxiety medication for treatment of his/her adjustment disorder with anxiety;<br><br>-The resident is on an antianxiety medication, ensure it is the lowest appropriate dosage for me;<br><br>-Monitor for drug use effectiveness and adverse consequences;<br><br>-Pharmacy consultant reviews.<br><br>4. Review of Resident #10's quarterly MDS, dated [DATE], showed the following:<br><br>-Severe cognitive impairment;<br><br>-No behaviors;<br><br>-Occasionally incontinent of urine and bowel;<br><br>-Diagnoses of diabetes, stroke and dementia;<br><br>-Functional limitation in range of motion of the upper extremity on one side;<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 265793 | A. Building<br>B. Wing | 11/08/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LA Plata Nursing Home | 100 Old Stagecoach Road<br>LA Plata, MO 63549 |

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 0758<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | -Dependent on staff for toileting hygiene;<br><br>-Taking antianxiety medication, indication noted.<br><br>Review of the resident's physician orders, dated 10/10/24, showed an order for lorazepam, give 0.5 mg by mouth every two hours as needed. Open ended order with no stop date. Diagnosis anxiety disorder.<br><br>Review of the resident's pharmacist Note to Attending Physician/Prescriber, dated 10/17/24, showed the following:<br><br>-Resident has an order for lorazepam 0.5 mg by mouth every two hours as needed;<br><br>-CMS regulations limit this medication to 14 days, unless there is a documented rationale to continue, along with an anticipated during of therapy;<br><br>-(NOTE: This applies to all residents including hospice);<br><br>-If medication is necessary, please document risk versus benefit below (i.e. x 60 days stop date to manage anxiety symptoms during hospice and improve quality of life);<br><br>-Physician's rationale and response: left blank.<br><br>Review of the resident's MAR, dated 10/10/24 - 10/31/24, showed no documentation the resident received lorazepam 0.5 mg for the month of October.<br><br>Review of the resident's physician orders, dated November 2024, showed an order for lorazepam, give 0.5 mg by mouth every two hours as needed. Open ended order with no stop date. Diagnosis anxiety disorder.<br><br>Review of the resident's MAR, dated 11/01/24 - 11/07/24, showed no documentation the resident received lorazepam 0.5 mg for any of these days in the month of November.<br><br>Review of the resident's care plan, dated 11/07/24, showed the following:<br><br>-The resident has anxiety;<br><br>-The resident can be aggressive;<br><br>-Report any behaviors to the charge nurse;<br><br>-The resident is most anxious when he/she is unsure what is going on;<br><br>-When the resident is anxious, he/she can yell and refuse to do anything;<br><br>-To help the resident with his/her anxiety try leaving him/her alone for a few minutes and approaching him/her again;<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 265793 | A. Building<br>B. Wing | 11/08/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LA Plata Nursing Home | 100 Old Stagecoach Road<br>LA Plata, MO 63549 |

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 0758<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | -There was no direction to staff regarding the use of antianxiety medication.<br><br>During an interview on 11/8/24 at 12:54 P.M. the Infection Preventionist said Resident #10's physician had not yet seen the pharmacist recommendation dated 10/17/24. The resident's physician reviews recommendations in the facility, they were not sent to the physician.<br><br>During an interview on 11/08/24 at 2:25 P.M., the Director of Nursing said she expected residents to have appropriate diagnoses for antipsychotic medication based on regulatory guidelines. She expected charge nurses to review the medication orders, acknowledge if the diagnosis is appropriate for the medication use, and contact the physician if needed to clarify diagnosis. Orders for PRN antipsychotic medications should have a 14 day stop date and then be re-evaluated for continued use, and/or have a specific stop date. PRN antipsychotic medications should not be written for lifetime. She expected charge nurses to clarify orders written without a stop date.<br><br>36219<br><br>47246 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 265793 | A. Building<br>B. Wing | 11/08/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LA Plata Nursing Home | 100 Old Stagecoach Road<br>LA Plata, MO 63549 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | 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.<br><br>32530<br><br>Based on observation, interview and record review, the facility failed to implement a system to ensure staff did not administer insulin (a hormone that helps regulate blood sugar levels by moving glucose from the bloodstream into cells throughout the body) or insulin-like products beyond the manufacturer's guidelines once opened for one resident (Resident #16) in a review of 15 sampled resident and one additional resident (Resident #5). The facility census was 42.<br><br>Review of the manufacturer's guideline for use for Lantus insulin (long-acting insulin) showed it was good for 28 days after it was opened.<br><br>Review of the manufacturer's guideline for use for Victoza (insulin-like medication) showed it was good for 30 days after it was opened.<br><br>Review of the manufacturer's guideline for use for Toujeo insulin (long-acting insulin) showed it was good for 56 days after it was opened.<br><br>Review of the manufacturer's guideline for use for Humulin R insulin (short-acting insulin) showed it was good for 31 days after it was opened.<br><br>Review of the manufacturer's guideline for use for Aspart insulin (short-acting insulin) (also known as Novolog) showed it was good for 28 days after it was opened.<br><br>Review of the manufacturer's guideline for use for Novolog Flex pen insulin (rapid-acting insulin) showed it was good for 28 days after it was opened.<br><br>Review of the facility policy, Medication Labeling and Storage, dated February 2023, showed the following:<br><br>-The nursing staff is responsible for maintaining medication storage and preparation areas in a clean, safe, and sanitary manner;<br><br>-Multi-dose vials that have been opened or accessed (e.g. needle punctured) are dated and discarded within 28 days unless the manufacturer specifies a shorter or longer date for the open vial.<br><br>1. Review of Resident #5's November 2024 Physician Order Sheet (POS) showed the following:<br><br>-Novolog FlexPen U-100 Insulin pen: 100 units/milliter (ml) per sliding scale (a specific amount to be given is determined after a blood glucose (amount of sugar in the blood) reading is obtained): If blood sugar is 150 to 200, give three units subcutaneously (SQ) (injected under the skin). If blood sugar is 201 to 250, give six units SQ. If blood sugar is 251 to 300, give nine units SQ. If blood sugar is 301 to 350, give 12 units SQ. If blood sugar is greater than 350, give 15 units SQ. Give sliding scale after meals if more than 50 percent (%) of meal was consumed;<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 265793 | A. Building<br>B. Wing | 11/08/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LA Plata Nursing Home | 100 Old Stagecoach Road<br>LA Plata, MO 63549 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | -Toujeo SoloStar U-300 Insulin pen: 300 units/ml. Give 28 units SQ daily at bedtime;<br><br>-Diagnosis of diabetes.<br><br>Review of the resident's November 2024 Medication Administration Record (MAR) showed the following:<br><br>-On 11/01/24 at 12:00 P.M., staff administered six units Novolog SQ and at 6:00 P.M. staff administered nine units Novolog SQ;<br><br>-On 11/01/24 at bedtime, staff administered 28 units Toujeo SQ;<br><br>-On 11/02/24 at 12:00 P.M., staff administered three units Novolog SQ and at 6:00 P.M. staff administered three units Novolog SQ;<br><br>-On 11/02/24 at bedtime, staff administered 28 units Toujeo SQ;<br><br>-On 11/03/24 at 12:00 P.M., staff administered six units Novolog SQ and at 6:00 P.M. staff administered 15 units Novolog SQ;<br><br>-On 11/03/24 at bedtime, staff administered 28 units Toujeo SQ;<br><br>-On 11/04/24 at 6:00 P.M., staff administered three units Novolog SQ;<br><br>-On 11/04/24 at bedtime staff administered 28 units Toujeo SQ;<br><br>-On 11/05/24 at 12:00 P.M., staff administered nine units Novolog SQ and at 6:00 P.M. staff administered three units Novolog SQ;<br><br>-On 11/05/24 at bedtime, staff administered 28 units Toujeo SQ;<br><br>-On 11/06/24 at 12:00 P.M., staff administered 12 units Novolog SQ;<br><br>-On 11/06/24 at bedtime, staff administered 28 units Toujeo SQ;<br><br>-On 11/07/24 at 8:30 A.M., staff administered three units Novolog SQ, at 12:00 P.M. staff administered 12 units Novolog SQ and at 6:00 P.M. staff administered nine units Novolog SQ;<br><br>-On 11/07/24 at bedtime, staff administered 28 units Toujeo SQ;<br><br>-On 11/08/24 at 12:00 P.M., staff administered six units Novolog SQ.<br><br>Observation of the unit's medication storage room on 11/07/24 at 6:30 A.M. showed the following:<br><br>-An opened Aspart Insulin pen belonging to the resident; it was not labeled with the date it was opened and/or use by date;<br><br>-An opened Toujeo insulin belonging to the resident; it was not labeled with the date it was opened and/or use by date.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 265793 | A. Building<br>B. Wing | 11/08/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LA Plata Nursing Home | 100 Old Stagecoach Road<br>LA Plata, MO 63549 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | 2. Review of Resident #16's November 2024 POS showed the following:<br><br>-Lantus U-100 give 80 units SQ twice daily;<br><br>-Novolog Flexpen U-100 giver per sliding scale before meals. If blood sugar is 0 to 150 give four units SQ. If blood sugar is 151 to 200, give six units SQ. If blood sugar is 201 to 250, give 10 units SQ. If blood sugar is 250 to 300, give 16 units SQ. If blood sugar is 301 to 350, give 18 units SQ. If blood sugar is 351 to 400, give 20 units SQ. If blood sugar is greater than 400, give 22 units SQ;<br><br>-Victoza 0.6 milligrams (mg)/0.1 ml give 1.8 mg SQ once daily;<br><br>-Diagnosis of diabetes.<br><br>Review of the resident's November 2024 MAR showed the following:<br><br>-On 11/01/24 in the A.M., staff administered 1.8 mg Victoza SQ;<br><br>-On 11/01/24 at 7:00 A.M., staff administered four units Novolog SQ, at 11:00 A.M. staff administered 10 units Novolog SQ and at 4:00 P.M. staff administered six units of Novolog SQ;<br><br>-On 11/01/24, staff administered 80 units Lantus SQ in the A.M. and evening;<br><br>-On 11/02/24 in the A.M., staff administered 1.8 mg Victoza SQ;<br><br>-On 11/02/24 at 7:00 A.M., staff administered four units Novolog SQ, at 11:00 A.M. staff administered 6 units Novolog SQ and at 4:00 P.M. staff administered four units of Novolog SQ;<br><br>-On 11/02/24, staff administered 80 units Lantus SQ in the A.M. and evening;<br><br>-On 11/03/24 in the A.M., staff administered 1.8 mg Victoza SQ;<br><br>-On 11/03/24 at 7:00 A.M., staff administered four units Novolog SQ, at 11:00 A.M. staff administered six units Novolog SQ and at 4:00 P.M. staff administered six units of Novolog SQ;<br><br>-On 11/03/24, staff administered 80 units Lantus SQ in the A.M. and evening;<br><br>-On 11/04/24 in the A.M., staff administered 1.8 mg Victoza SQ;<br><br>-On 11/04/24, staff administered four units Novolog SQ, at 11:00 A.M. staff administered six units Novolog SQ and at 4:00 P.M. staff administered four units of Novolog SQ;<br><br>-On 11/04/24, staff administered 80 units Lantus SQ in the A.M. and evening;<br><br>-On 11/05/24 in the A.M., staff administered 1.8 mg Victoza SQ;<br><br>-On 11/05/24 at 7:00 A.M., staff administered four units Novolog SQ, at 11:00 A.M. staff administered six units Novolog SQ and at 4:00 P.M. staff administered four units of Novolog SQ;<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 265793 | A. Building<br>B. Wing | 11/08/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LA Plata Nursing Home | 100 Old Stagecoach Road<br>LA Plata, MO 63549 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | -On 11/05/24, staff administered 80 units Lantus SQ in the A.M. and evening;<br><br>-On 11/06/24 in the A.M., staff administered 1.8 mg Victoza SQ;<br><br>-On 11/06/24 at 7:00 A.M., 11:00 A.M. and 4:00 P.M., staff administered Novolog four units SQ;<br><br>-On 11/06/24, staff administered 80 units Lantus SQ in the A.M. and evening;<br><br>-On 11/07/24, staff administered 80 units Lantus SQ in the A.M. and evening.<br><br>Observation of the unit's medication storage room on 11/07/24 at 6:30 A.M. showed the following:<br><br>-Three opened Aspart Insulin pens belonging to the resident; they were not labeled with the date they were opened and/or use by date;<br><br>-Three opened Lantus Solostar Insulin pens belonging to the resident; they were not labeled with the date they were opened and/or use by date;<br><br>-An opened Novolog Insulin pen belonging to the resident; it was not labeled with the date it opened and/or use by date.<br><br>During an interview on 11/07/24 at 6:30 A.M., Certified Medication Technician (CMT) L said staff should label insulin with the date they opened the insulin and with the expiration date. He/She was unsure why the insulins were not labeled.<br><br>During an interview on 11/07/24 at 6:30 A.M., CMT Q said staff should label insulin with the date opened and the expiration date. He/She did not know why the insulins were not labeled. The staff who opened the insulins were responsible for ensuring insulins were properly labeled.<br><br>During an interview on 11/08/24 at 11:36 A.M., the Assistant Director of Nursing said the following:<br><br>-All nurses and CMTs were responsible for ensuring insulins were labeled with an open date and use by date;<br><br>-She was supposed to audit the insulins and check for dates, but she had been busy and had not had a chance to inspect the insulins to ensure they were properly dated.<br><br>During an interview on 11/08/24 at 2:30 P.M., the Director of Nursing said the following:<br><br>-She expected staff to label insulins when they opened the insulin for resident use;<br><br>-If there was not a date on the insulin, staff should not administer the insulin because they would not know when it was opened and if it was within the time frame for that particular insulin;<br><br>-Nursing staff were responsible for monitoring and ensuring insulins were labeled appropriately. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 265793 | A. Building<br>B. Wing | 11/08/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LA Plata Nursing Home | 100 Old Stagecoach Road<br>LA Plata, MO 63549 |

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 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.<br><br>44610<br><br>Based on observation, interview, and record review , the facility failed to serve food under sanitary conditions in accordance with professional standards for food service safety, failed to follow proper hygienic practices when preparing and serving food to residents, including using hand hygiene techniques, and failed to ensure food service equipment and surfaces were appropriately cleaned and ceilings above food preparation and serving areas were maintained. The facility census was 42.<br><br>Review of the facility's policy, Food Preparation and Service General Guidelines, last revised November 2022, showed the following:<br><br>-Cross contamination can occur when harmful substances, i.e., chemical, or disease-causing microorganisms are transferred to food by hands (including gloved hands), food contact surfaces, sponges, cloth towels, or utensils that are not adequately cleaned. Cross contamination can also occur when raw food touches or drips onto cooked or ready-to-eat foods;<br><br>-Food preparation staff adhere to proper hygiene and sanitary practices to prevent the spread of foodborne illness.<br><br>Review of the facility's policy, Preventing Foodborne Illness-Employee Hygiene and Sanitary Practices, last revised November 2022, showed the following:<br><br>-Employees must wash their hands after handling soiled equipment or utensils;<br><br>-Contact between food and bare (ungloved) hands is prohibited, gloves are considered single-use items and must be discarded after completing the task for which they are used between handling soiled and clean dishes;<br><br>-The use of disposable gloves does not substitute for proper handwashing;<br><br>-Food service employees are trained in the proper use of utensils such as tongs, gloves, deli paper and spatulas as tools to prevent foodborne illness.<br><br>1. Observation on 11/6/24 at 11:30 A.M., in the kitchen showed the following:<br><br>-Dietary [NAME] J wore gloves as he/she served the lunch meal trays from the steam table;<br><br>-Without changing gloves or washing hands, he/she went to the preparation table across from the steam table, reached into the lettuce container with his/her gloved hands, and obtained a hand full of lettuce;<br><br>-He/She placed the lettuce in his/her hand into a bowl and placed the bowl on a resident's meal tray.<br><br>Observation on 11/6/24 at 11:35 A.M., in the kitchen showed the following:<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 265793 | A. Building<br>B. Wing | 11/08/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LA Plata Nursing Home | 100 Old Stagecoach Road<br>LA Plata, MO 63549 |

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 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | -Dietary [NAME] J wore gloves as he/she served the lunch meal trays from the steam table;<br><br>-Without changing gloves or washing hands, he/she went to the preparation table across from the steam table, reached into the lettuce container with his/her gloved hands, and obtained a hand full of lettuce;<br><br>-He/She placed the lettuce in his/her hand into a bowl and placed the bowl on a resident's meal tray.<br><br>Observation on 11/6/24 at 11:43 A.M., in the kitchen showed the following:<br><br>-Dietary [NAME] J wore gloves as he/she served the lunch meal trays from the steam table;<br><br>-Without changing gloves or washing hands, he/she went to the preparation table across from the steam table, reached into the lettuce container with his/her gloved hands, and obtained a hand full of lettuce;<br><br>-He/She placed the lettuce in his/her hand into a bowl and placed the bowl on a resident's meal tray.<br><br>During an interview on 11/6/24 at 12:35 P.M., Dietary [NAME] J said the following:<br><br>-He/She did not realize he/she reached into the container of lettuce with the same gloved hands;<br><br>-He/She should not have reached into the lettuce container with the same gloved hands he/she used to serve from the steam table;<br><br>-He/She should have used serving tongs, or washed his/her hands and put on new gloves instead of using same gloved hands.<br><br>During an interview on 11/6/24 at 12:45 P.M., the Dietary Manager said dietary staff should not reach into the lettuce container with the same gloved hands being used to serve from the steam table. She expected dietary staff to use serving utensils, or wash their hands and change gloves to serve lettuce to a resident's bowl.<br><br>During an interview on 11/7/24 at 12:30 P.M., the Registered Dietician said she expected dietary staff to use serving utensils. Staff can also wash their hands and put on new gloves to serve lettuce to residents' meal trays.<br><br>Review of the facility's policy, Sanitization-Policy Statement/Policy Interpretation and Implementation, last revised November 2022, showed the following:<br><br>-The food service area is maintained in a clean and sanitary manner;<br><br>-All kitchens, kitchen areas and dining areas are kept clean, free from garbage and debris, and protected from rodents and insects;<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 265793 | A. Building<br>B. Wing | 11/08/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LA Plata Nursing Home | 100 Old Stagecoach Road<br>LA Plata, MO 63549 |

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 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | -All utensils, counters, shelves and equipment are kept clean, maintained in good repair and are free from breaks, corrosions, open seams, cracks and chipped areas that may affect their use or proper cleaning. Seals, hinges and fasteners are kept in good repair;<br><br>-All equipment, food contact surfaces and utensils are cleaned and sanitized using heat or chemical sanitizing solutions;<br><br>-Food preparation equipment and utensils that are manually washed are allowed to air dry whenever practical;<br><br>-When cleaning fixed equipment (e.g., mixers, slicers, and other equipment that cannot readily be immersed in water), the removable parts are washed and sanitized and non-removable parts cleaned with detergent and hot water, rinsed, air-dried, and sprayed with a sanitizing solution (at the effective concentration).<br><br>Review of the facility's policy, Cleaning of Range Hood, dated 6/13/23, showed the following:<br><br>-The range hood will be cleaned by a company of Administrator's choice every six months;<br><br>-The Maintenance Supervisor or designee will clean the range hood in the kitchen on a monthly basis and as needed;<br><br>-Hoods and filters will be cleaned regularly, at least once a month;<br><br>-Remove screen filters from hood;<br><br>-Soak each in warm, soapy water, scrub thoroughly and rinse;<br><br>-If necessary, soak in a degreasing solution;<br><br>-Allow screens to air dry;<br><br>-Scrub the inside and outside of the hood with a brush, sponge, or cloth using detergent solution;<br><br>-Rinse thoroughly and air dry;<br><br>-If necessary, use a degreasing solution.<br><br>2. Observations on 11/6/24 between 8:55 A.M. and 3:30 P.M., in the kitchen showed the following:<br><br>-The ceiling support beam between and above the stainless-steel preparation table and the middle refrigerator had 4-inch by 4-inch cracked area and a hole through the sheetrock;<br><br>-An area of the ceiling approximately 6-feet long by 3-inches wide, located above the steam serving table had cracked, chipped, and flaking paint;<br><br>-Six metal kitchen hood ceiling support chains were soiled with dust, debris and oily material;<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 265793 | A. Building<br>B. Wing | 11/08/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LA Plata Nursing Home | 100 Old Stagecoach Road<br>LA Plata, MO 63549 |

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 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | -Dust, debris, and oily material were on the exterior of the kitchen hood (top, sides, ends) and the fire suppression system piping to the control panel;<br><br>-Dust, debris and an oily material were on the interior of the hood, fire suppression piping manifold, and four suppression nozzles (three above the stovetop/oven, one above the griddle);<br><br>-Two of four range hood filters/baffles, located above the stovetop/oven, had a moderate buildup of yellow oily material;<br><br>-The burners/burner grates on the six-burner stove top were covered with black carbon buildup, oily material and debris;<br><br>-Oily black/brown material buildup on the metal back splash behind the stove top;<br><br>During an interview on 11/6/24 at 12:45 P.M., the Dietary Manager said the following:<br><br>-She had been the dietary manager approximately six weeks;<br><br>-She had not noticed the identified areas in the ceiling. The maintenance department was responsible for making the ceiling repairs. She did not know if maintenance staff was aware of the areas. She expected the ceilings to be maintained;<br><br>-Dietary staff do not clean the range hood or filters. The facility has an agreement with a kitchen hood cleaning company to clean the hood and filters every few months. The next cleaning was due in November 2024;<br><br>-She expected the outside and inside surfaces of the range hood, the piping/nozzles, and filters/baffles to be clean, free of oil, dust and debris;<br><br>-She was not sure when dietary staff last cleaned the stove top burners/burner grates and backsplash, or how often it was done;<br><br>-She expected the stove top and backsplash to be clean and free of black carbon buildup, oily material, and debris.<br><br>During an interview on 11/7/24 at 12:30 P.M., the Registered Dietician said the following:<br><br>-She expected the kitchen ceiling to be maintained;<br><br>-She expected all range hood surfaces and the suppression system and filters to be clean and free of oil, dust and debris;<br><br>-She expected the stove top and backsplash to be clean and free of black carbon buildup, oily material/debris.<br><br>During an interview on 11/7/24 at 2:00 P.M., the Administrator said she expected the ceilings in the kitchen to be clean and maintained, the kitchen hood surfaces to be free of grease/debris, and the stove top/oven and backsplash to be clean, and free of carbon buildup.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 265793 | A. Building<br>B. Wing | 11/08/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LA Plata Nursing Home | 100 Old Stagecoach Road<br>LA Plata, MO 63549 |

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 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | During an interview on 11/14/24 at 8:30 A.M., the Maintenance Director said the following:<br><br>-The maintenance department did not clean the range hood surfaces and fire suppression system piping;<br><br>-A contracted cleaning company cleaned the range hood surfaces and fire suppression system piping every six months. The rangehood was last cleaned May 2024, and the next cleaning was due in November, 2024;<br><br>-The maintenance department cleaned the range hood filters monthly. The hood was last cleaned at the end of October, 2024;<br><br>-He was not aware the range hood filters had a buildup of yellow oily material;<br><br>-He expected the range hood surfaces and filters to be clean and free of oil, dirt, and debris.<br><br>-The maintenance department was responsible for maintaining the kitchen ceilings;<br><br>-He was not aware of the two identified areas in the kitchen ceiling;<br><br>-Dietary staff monitor the kitchen for issues. If an issue is identified, dietary staff fill out a work order and give it to him, or place it in the maintenance folder at the office (checks daily/weekly);<br><br>-He expected the kitchen ceiling to be maintained and in good repair. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 265793 | A. Building<br>B. Wing | 11/08/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LA Plata Nursing Home | 100 Old Stagecoach Road<br>LA Plata, MO 63549 |

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 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide and implement an infection prevention and control program.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32530<br><br>Based on observation, interview, and record review, the facility failed to follow professional standards of practice for infection control by failing to wash their hands or use hand sanitizer and properly use gloves when preparing and administering medications for one resident (Resident #17), and when providing personal care for three residents (Resident #10, #28 and #194), in a review of 15 sampled residents. The facility failed to place signage and follow indications for enhanced barrier precautions (EBP) (an infection control intervention that utilizes personal protective equipment (PPE) to reduce the spread of multidrug-resistant organisms (MDROs)) for one resident (Resident #194), who required enteral feedings (a tube inserted into the stomach to provide an alternate route for nutrition when a person cannot swallow), and failed to follow facility policy for Legionella Surveillance and Detection for one resident (Resident #9). The facility failed to develop a policy to address Legionella Control that included specific control parameters based on Center for Disease Control (CDC) and American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE) standards, failed to clearly identify and develop a water management team, and failed to ensure proper monitoring of water temperatures to ensure minimal opportunity for growth. The facility failed to ensure Tuberculin Skin Tests (TST) were completed and documented in accordance with the requirements for TB testing for long-term care employees for eight employees in a review of nine employees. The facility census was 42.<br><br>Review of the facility's Legionella Surveillance and Detection Policy, dated 06/13/24, showed the following:<br><br>-The facility was committed to the prevention, detection, and control of water borne contaminants, including Legionella.<br><br>-All pneumonia's that are diagnosed in residents greater than 48 hours after admission are investigated for possible LD;<br><br>-Clinical staff are trained on the following signs and symptoms associated with pneumonia and Legionnaire's: Cough, shortness of breath, fever, muscle aces, headache, diarrhea, nausea, and confusion associated with Legionnaire's disease;<br><br>-Risk factors for developing LD include: greater than [AGE] years of age, smoking, chronic lung disease, immune system disorders, systemic malignancy, and underlying illness such as diabetes, kidney failure or liver failure;<br><br>-If pneumonia or Legionnaire's disease is suspected, the nurse will notify the physician;<br><br>-Diagnosis of Legionnaire's disease is based on a culture of lower respiratory secretions and urinary antigen testing.<br><br>(Review of the policy showed no documentation the facility had a Water Management Team, who the team included, and the responsibilities of the team. The policy did not include monitoring areas for growth of Legionella including monitoring water temperatures in the facility.)<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 265793 | A. Building<br>B. Wing | 11/08/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LA Plata Nursing Home | 100 Old Stagecoach Road<br>LA Plata, MO 63549 |

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 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | 1. Review of the Centers for Medicare and Medicaid Services (CMS) Survey and Certification (S&C) letter 17-30, dated 06/02/17 and revised on 06/09/17, showed the following:<br><br>-CMS expects Medicare certified healthcare facilities to have water management policies and procedures to reduce the risk of growth and spread of Legionella and other opportunistic pathogens in building water systems. An industry standard calling for the development and implementation of water management programs in large or complex building water systems to reduce the risk of Legionellosis was published in 2015 by American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE). In 2016, the CDC and its partners developed a toolkit to facilitate implementation of this ASHRAE Standard (https://www.cdc.gov/Legionella/maintenance/wmp-toolkit.html). Environmental, clinical, and epidemiological considerations for healthcare facilities are described in this toolkit;<br><br>-Conduct a facility risk assessment to identify where Legionella and other opportunistic waterborne pathogens (e.g., Pseudomonas, Acinetobacter, Burkholderia, Stenotrophomonas, nontuberculous mycobacteria, and fungi) could grow and spread in the facility water system;<br><br>-Implement a water management program that considers the ASHRAE industry standard and the CDC toolkit, and includes control measures such as physical controls, temperature management, disinfectant level control, visual inspections, and environmental testing for pathogens;<br><br>-Specify testing protocols and acceptable ranges for control measures and document the results of testing and corrective actions taken when control limits are not maintained.<br><br>Review of the Centers for Disease Control (CDC) and Prevention Legionella Environmental Assessment Form, undated, showed Legionella generally grow well between 77 degrees Fahrenheit (F) and 113 degrees F. The optimal growth range for Legionella is between 85 degrees F and 108 degrees F. Growth slows between 113 degrees F and 120 degrees F, and Legionella begin to die above 120 degrees F. Growth also slows between 68 degrees F and 77 degrees F, and Legionella become dormant below 68 degrees F.<br><br>2. Review of the facility's water management monitoring documentation, dated October 2024, showed the facility did not monitor or document the temperature of the cold water in the facility.<br><br>During an interview on 11/7/24 at 3:10 P.M., the Infection Preventionist said the following:<br><br>-He/She was not sure about Legionella and needed to get with the administrator to check the policy;<br><br>-Not all residents diagnosed with pneumonia were checked for Legionnaire's disease;<br><br>-He/She recently started the Legionella program because he/she was not originally aware of it when he/she took over as the Infection Preventionist;<br><br>-She believed maintenance staff monitored the water temperatures;<br><br>-The facility had a water management team. She was not sure who was on the team, but was aware she was on the team;<br><br>-She was not aware of any water management meetings or issues related to surveillance in the facility.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 265793 | A. Building<br>B. Wing | 11/08/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LA Plata Nursing Home | 100 Old Stagecoach Road<br>LA Plata, MO 63549 |

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 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | During an interview on 11/08/24 at 12:45 P.M., the Maintenance Director said the following:<br><br>-He tested the hot water temperatures weekly;<br><br>-He did not test cold water temperatures;<br><br>-He was not aware of a water management team;<br><br>-He did not attend any water management meetings;<br><br>-He did not know much about Legionella other than monitoring the water temperatures.<br><br>During an interview on 11/08/24 at 2:25 P.M., the Administrator said the following:<br><br>-The water management team consisted of herself, the Maintenance Director, the Infection Control Preventionist, and the Medical Director;<br><br>-The water management team met monthly during the Quality Assurance (QA) meeting;<br><br>-She expected the nurses to contact the residents' physicians to obtain an order to test for Legionnaire's disease if a resident had a diagnosis of pneumonia;<br><br>-There had only been one case of pneumonia (Resident #9) since the Legionella policy was written (06/13/24).<br><br>3. Review of Resident #9's undated face sheet showed the following:<br><br>-The resident admitted to the facility on [DATE];<br><br>-Medical diagnoses included chronic obstructive pulmonary disease (COPD, a chronic lung disease that results in restricted airflow and breathing problems) and bacterial pneumonia (an inflammation in the lung and airway spaces resulting from various bacteria).<br><br>Review of the resident's nursing progress notes showed staff documented the following:<br><br>-On 10/30/24 at 10:00 A.M., the resident complained of coughing off and on during the night. The resident's lungs were clear but diminished. His/Her temperature was 98.4 degrees Fahrenheit (F) (the average normal body temperature is generally accepted as 98.6 F);<br><br>-On 10/30/24 at 3:57 P.M., the resident was taken from his/her cardiologist's (heart specialist) office to the emergency room (ER) at the local hospital. Running tests for possible pneumonia;<br><br>-On 10/30/24 at 8:03 P.M., note (received) from the resident's physician's office when the driver (transporter) returned: Send to ER, complained of not feeling well, chills, rales (small, clicking, bubbling, or rattling sounds in the lungs) (normal lung sounds are clear) bilaterally (both sides), heart regular (in rhythm) with extra beats. Resident remains in ER at this time;<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 265793 | A. Building<br>B. Wing | 11/08/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LA Plata Nursing Home | 100 Old Stagecoach Road<br>LA Plata, MO 63549 |

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 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | -On 10/30/24 at 8:42 P.M., hospital personnel called the facility to give report on this resident. The resident had mild bilateral lower lobe pneumonia. Received intravenous (IV, through the vein) antibiotics. The resident was discharged back to the facility.<br><br>Review of the resident's ER discharge instructions, dated 10/30/24, showed the resident was diagnosis of pneumonia and was prescribed two antibiotic medications.<br><br>Review of the resident's electronic medical record (EMR) showed no documentation laboratory (blood draw) or radiology (chest x-ray) testing was performed while the resident was in the ER or upon his/her return to the facility. (The facility did not follow their Legionella Surveillance and Detection policy when they did not investigate this resident's diagnoses of pneumonia for possible Legionnaire's disease.)<br><br>During an interview on 11/08/24 at 2:25 P.M., the Director of Nursing (DON) and the Administrator said the following:<br><br>-The resident had been in the facility for greater than 48 hours when he/she was sent to the local ER and was diagnosed with pneumonia;<br><br>-The resident returned to the facility from the ER with a new order for two antibiotics for a diagnosis of pneumonia;<br><br>-Neither the DON or the Administrator contacted the ER to see if the resident had been assessed for Legionnaire's while in the ER, but probably should have;<br><br>-The facility did not request an order to test for Legionnaire's upon the resident's return to the facility, but probably should have.<br><br>Review of the facility policy, Handwashing/Hand Hygiene, revised 07/18/24, showed the following:<br><br>-All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors;<br><br>-Use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations:<br><br>-Before and after direct care contact with residents;<br><br>-Before preparing or handling medications;<br><br>-Before moving from a contaminated body site to a clean body site during resident care;<br><br>-After contact with a resident's intact skin;<br><br>-After removing gloves;<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 265793 | A. Building<br>B. Wing | 11/08/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LA Plata Nursing Home | 100 Old Stagecoach Road<br>LA Plata, MO 63549 |

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 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | -The use of gloves does not replace hand washing/hand hygiene. Integration of glove use along with routine hand hygiene is recognized as the best practice for preventing healthcare-associated infections.<br><br>Review of the facility policy, Medication Administration, dated 08/16/24, showed staff were to follow established facility infection control procedures, (e.g., handwashing, antiseptic technique, gloves, isolation precautions, etc.) for the administration of medications, as applicable. (The policy did not specifically address how staff was to handle capsules if the capsules needed to be opened to prepare for administration.)<br><br>4. Review of Resident #17's undated face sheet showed he/she had a diagnosis of dysphagia (difficulty swallowing).<br><br>Review of the resident's November 2024 Physician Orders showed crushable medications may be crushed, combined, and administered together (original order dated 03/21/24).<br><br>Observation on 11/07/24 at 07:20 A.M. showed the following:<br><br>-Certified Medication Technician (CMT) L stood at the medication cart and prepared the resident's morning medications;<br><br>-CMT L did not wash his/her hands or use a hand sanitizer before preparing the resident's medications;<br><br>-CMT L did not wear gloves;<br><br>-CMT L used his/her bare hands and opened two separate medications in capsule form and poured the medication powder from the capsules into a medication cup;<br><br>-CMT L added the medication powders to another medication cup of crushed medication for the resident, then added pudding to the medications;<br><br>-CMT L took the medication cup to the resident and handed it to the resident and the resident swallowed the medications;<br><br>-CMT L returned to the medication cart to document the medications given.<br><br>During an interview on 11/07/24 at 1:20 P.M., CMT L said the following:<br><br>-Staff should wash their hands or use a hand sanitizer before and after passing medications;<br><br>-He/She did not think gloves were necessary when opening medication capsules since his/her hands did not touch the powdered medication inside.<br><br>5. Review of Resident #10's quarterly MDS, dated [DATE], showed the following:<br><br>-Occasionally incontinent of bladder and bowel;<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 265793 | A. Building<br>B. Wing | 11/08/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LA Plata Nursing Home | 100 Old Stagecoach Road<br>LA Plata, MO 63549 |

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 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | -Dependent on staff for toileting hygiene.<br><br>Review of the resident's care plan, dated 11/07/24, showed the following:<br><br>-The resident had incontinent episodes;<br><br>-The resident needed assistance of one staff for dressing, toileting, and pericare.<br><br>Observation on 11/07/24 at 7:40 A.M., showed the following:<br><br>-The resident lay awake in bed;<br><br>-Certified Nurse Assistant (CNA) N and Nurse Assistant (NA) A entered the resident's room, washed their hands and applied gloves;<br><br>-The resident was incontinent of urine and a small amount of soft feces;<br><br>-CNA N and NA A rolled the resident to his/her right side;<br><br>-NA A removed the resident's soiled incontinence brief and cleaned urine and feces from the resident's skin with disposable wipes;<br><br>-Without removing his/her gloves, NA A picked up a clean incontinence brief and tucked it under the resident's hips, closed the package of disposable wipes, rubbed the resident's right arm with his/her gloved hands, held onto the resident's right hand, and fastened the clean incontinence brief on the resident;<br><br>-NA A placed the trash in a bag, picked up the package of disposable wipes, put pants on the resident's legs, and touched the resident's right hand and gown;<br><br>-CNA N rolled the resident side to side in bed;<br><br>-Wearing the same soiled gloves, NA A tucked the cloth lift pad under the resident's hips and touched the resident's pants.<br><br>During an interview on 11/14/24 at 4:35 P.M., NA A said he/she should wash his/her hands and change his/her gloves after performing pericare and when his/her gloves were soiled prior to touching clean items.<br><br>6. Review of Resident #28's care plan, dated 05/02/24, showed the following:<br><br>-The resident needed assist of one staff for bathing, dressing, toileting, pericare, oral care, transfers, ADLs and medication administration;<br><br>-The resident was incontinent of bowel and bladder at times.<br><br>Review of the resident's significant change MDS, dated [DATE], showed the following:<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 265793 | A. Building<br>B. Wing | 11/08/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LA Plata Nursing Home | 100 Old Stagecoach Road<br>LA Plata, MO 63549 |

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 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | -Substantial/maximal assistance required for toileting hygiene;<br><br>-Frequently incontinent of urine and bowel;<br><br>-Diagnosis of dementia.<br><br>Observation on 11/07/24 at 8:04 A.M., showed the following:<br><br>-The DON and NA O entered the resident's room;<br><br>-The resident lay awake in bed and was incontinent of bladder;<br><br>-Without washing his/her hands, NA O put on gloves;<br><br>-NA O unfastened the resident's incontinence brief and performed pericare;<br><br>-NA O removed the urine soaked brief, and without removing his/her gloves, placed a clean incontinence brief under the resident's hips, fastened the clean incontinence brief, pulled up the resident's pants, and picked up the package of disposable wipes.<br><br>During an interview on 11/08/24 at 8:10 A.M., NA O said he/she was to wash his/her hands prior to putting on gloves, and to remove gloves and wash his/her hands after providing pericare prior to touching clean items.<br><br>Review of the undated facility policy, Enhanced Barrier Precautions (EBP), showed the following:<br><br>-EBPs are utilized to prevent the spread of multi-drug resistant organisms (MDROs) to residents;<br><br>-EBPs employ targeted gown and glove use during high contact resident care activities when contact precautions do not otherwise apply;<br><br>-Gloves and gown are applied prior to performing the high contact resident care activity (as opposed to before entering the room);<br><br>-Face protection may be used if there is also a risk of splash or spray;<br><br>-Examples of high-contact resident care activities requiring the use of gown and gloves for EBPs include device care or use (central line, urinary catheter, feeding tube, tracheostomy/ventilator, etc.);<br><br>-EBPs are indicated (when contact precautions do not otherwise apply) for residents with wounds and/or indwelling medical devices regardless of MDRO colonization;<br><br>-EBPs remain in place for the duration of the resident's stay or until resolution of the wound or discontinuation of the indwelling medical device that places them at increased risk;<br><br>-Staff are trained prior to caring for residents on EBPs;<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265793 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 11/08/2024 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LA Plata Nursing Home | 100 Old Stagecoach Road LA Plata, MO 63549 |

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 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | -Signs are posted on the door or wall outside the resident room indicating the type of precautions and PPE required;<br><br>-PPE is available outside of the resident rooms.<br><br>7. Review of Resident #194's physician orders, dated 10/28/24, showed an order for Fibersource High Nutrition (HN) (a nutritionally complete tube feeding formula with fiber) 250 milliliters (ml) per feeding tube five times a day.<br><br>Review of the resident's care plan, dated 10/30/24, showed the following:<br><br>-The resident had a feeding tube (a flexible plastic tube placed in the stomach to help get nutrition into the body);<br><br>-The resident needed assistance from one staff for dressing, toileting, pericare, and transfers;<br><br>-The resident had incontinent episodes;<br><br>-Tube feeding and flushes as ordered.<br><br>Observation on 11/06/24 at 1:58 P.M., showed the following:<br><br>-No signage on or around the resident's door/room indicating EBP was required;<br><br>-No PPE was located at or near the entrance to the resident's room.<br><br>Observation on 11/07/24 at 5:28 A.M. showed the following:<br><br>-The resident lay in bed with his/her eyes closed;<br><br>-There was no EBP signage on or around the resident's door/room indicating EBP was required;<br><br>-There was no PPE located at or near the entrance to the resident's room.<br><br>Observation on 11/07/24 at 6:08 A.M., showed the following:<br><br>-The resident sat in his/her wheelchair in his/her bathroom;<br><br>-CNA M was in the bathroom with the resident. CNA M wore gloves but did not wear a gown;<br><br>-CNA M placed a gait belt (an assistive device which can be used to help safely transfer a person) around the resident's waist;<br><br>-The resident's feeding tube hung over the resident's pants and between his/her legs;<br><br>-CNA M assisted the resident to pivot from his/her wheelchair to the toilet;<br><br>-The resident pulled down his/her pants and incontinence brief;<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 265793 | A. Building<br>B. Wing | 11/08/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LA Plata Nursing Home | 100 Old Stagecoach Road<br>LA Plata, MO 63549 |

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 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | -There was feces on the resident's incontinence brief;<br><br>-CNA M removed the resident's pants and soiled incontinence brief and placed them in plastic bags;<br><br>-Without changing his/her gloves, CNA M placed a clean incontinence brief on the resident, pulled up the resident's pants, and removed the resident's shirt;<br><br>-The resident had a feeding tube in his/her left lower abdomen;<br><br>-The resident stood up in front of the toilet;<br><br>-CNA M held onto the gait belt and performed pericare;<br><br>-The resident pulled up his/her own pants;<br><br>-While wearing the same gloves he/she wore to provide pericare, CNA M held onto the gait belt, assisted the resident to pivot to his/her wheelchair, and removed the gait belt from around the resident.<br><br>During an interview on 11/07/24 at 6:30 A.M., CNA M said the following:<br><br>-No additional PPE was needed when providing care for the resident. Staff needed to wear gloves and wash their hands;<br><br>-He/She did not know what EBP was;<br><br>-He/She should have washed his/her hands and changed his/her gloves after providing pericare and touching soiled items.<br><br>During an interview on 11/08/24 at 8:45 A.M., CNA N the following:<br><br>-The resident needs hands on assist of one for most cares;<br><br>-No special PPE was required when providing care for the resident because he/she had a feeding tube;<br><br>-There are only gloves and no gowns in the resident's room;<br><br>-He/She didn't know what EBP was.<br><br>During an interview on 11/07/24 at 12:00 P.M. and 11/08/24 at 12:54 P.M the Infection Preventionist (IP) said the following:<br><br>-The facility had not yet fully implemented EBP;<br><br>-The Administrator gave her the CMS memo regarding EBP (dated 3/2024) not too long ago;<br><br>-She was working on developing a facility policy regarding EBP;<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 265793 | A. Building<br>B. Wing | 11/08/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LA Plata Nursing Home | 100 Old Stagecoach Road<br>LA Plata, MO 63549 |

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 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | -Staff had not received education regarding EBP;<br><br>-It was possible the resident should be on EBP; the resident had a feeding tube but nothing splashed out;<br><br>-She expected staff to perform hand hygiene before and after wearing gloves;<br><br>-She expected staff to change their gloves and wash their hands after their gloves become soiled or after performing pericare prior to touching clean items.<br><br>During an interview on 11/08/24 at 2:25 P.M., the DON said the following:<br><br>-She expected staff to sanitize their hands before and after glove use;<br><br>-Staff could use hand sanitizer up to six times before washing their hands with soap and water, unless their hands were visibly soiled;<br><br>-She expected staff to change their gloves when their gloves became soiled while performing peri care;<br><br>-Staff should not touch clean items with contaminated gloves and/or hands;<br><br>-The EBP had fallen through the cracks and not been done as required;<br><br>-The IP was responsible for ensuring EBP was followed for those residents who required EBP, including residents with wounds, catheters, feeding tubes, etc.;<br><br>-There should have been signage on the resident's door directing staff to use EBP when providing care for the resident.<br><br>During an interview on 11/08/24 at 2:25 P.M., the Administrator said the following:<br><br>-She expected staff to sanitize their hands before and after glove use;<br><br>-She expected staff to change their gloves when their gloves became soiled while performing peri care;<br><br>-Staff should not touch clean items with contaminated gloves and/or hands.<br><br>Review of the facility policy, Employee Screening for TB, dated July 2010 showed the following:<br><br>-All employees shall be screened for TB infection and disease, using a two-step TST or blood assay for Mycobacterium (bacteria that causes TB) tuberculosis (BAMT) and symptom screening prior to beginning employment;<br><br>1. The facility's Employee Health Coordinator will administer a TST to all newly hired employees except those who have documented positive TST or BAMT results, and those who provide documented verification of having had a negative TST or BAMT within the preceding 12 months;<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 265793 | A. Building<br>B. Wing | 11/08/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LA Plata Nursing Home | 100 Old Stagecoach Road<br>LA Plata, MO 63549 |

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 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | 2. The initial TB testing will be a two-step TST performed by injecting 0.1 milliliter (ml) (5 tuberculin units) of purified protein derivative (PPD) intradermally ((injection delivered into the dermis, or the skin layer underneath the epidermis (which is the upper skin layer));<br><br>a. If the reaction to the first skin test is negative, the facility will administer a second skin test 1 to 2 weeks after the first test. The employee may begin duty assignments after the first skin test (if negative) unless prohibited by state regulation;<br><br>-The facility policy did not direct staff to read the TST in 48-72 hours or document results in mm of induration.<br><br>8. Review of the Department of Health and Senior Services Tuberculosis Screening for Long-Term Care Facility Employees Flowchart, updated 03/11/14, (based on the requirements identified in the state regulation for administering TB testing), showed the following:<br><br>-Administer TST first step prior to employment. (Can coincide reading the results with the employee start date by administering TST two to three days prior to the employee start date);<br><br>-Read results of first step TST within 48-72 hours of administration (results must be read and documented in millimeters (mm) induration prior to or on the employee start date);<br><br>-If first TST is negative, administer second step within 1-3 weeks;<br><br>-Read results within 48-72 hours of administration;<br><br>-The employee cannot start work for compensation until the first step TST is administered and read.<br><br>9. Review of Licensed Practical Nurse (LPN) C's employee file showed the following:<br><br>-He/She was hired on 11/16/23;<br><br>-First-step TST was administered on 11/14/23;<br><br>-There were no documentation to show staff read the results of the first-step TST administered on 11/14/23;<br><br>-Second-step TST administered on 11/26/23;<br><br>-Second-step TST was read on 11/28/23 with a documented result of negative. (The results were not documented in mm of induration.)<br><br>During an interview on 11/07/24 at 12:00 P.M. and 11/08/24 at 12:54 P.M the Infection Preventionist (IP) said the Administrator thought LPN C was previously employed at another facility, so LPN C just needed a one step TST. (She was unable to provide record of LPN C's previous TST).<br><br>10. Review of NA A's employee file showed the following:<br><br>-NA A was hired on 12/21/23;<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 265793 | A. Building<br>B. Wing | 11/08/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LA Plata Nursing Home | 100 Old Stagecoach Road<br>LA Plata, MO 63549 |

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 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | -First TST administered on 12/13/23;<br><br>-First TST was read on 12/15/23 with a documented result of negative. (The results were not documented in mm of induration.);<br><br>-Second TST administered on 01/12/24;<br><br>-Second TST was read on 01/14/24 with a documented result of negative. (The results were not documented in mm of induration.)<br><br>11. Review of CNA B's employee file showed the following:<br><br>-CNA B was hired on 12/28/23;<br><br>-First TST administered on 12/26/23;<br><br>-First TST was read on 12/28/23 with a documented result of negative. (The results were not documented in mm of induration.);<br><br>-Second TST administered on 01/03/24;<br><br>-Second TST was read on 01/05/24 with a documented result of negative. (The results were not documented in mm of induration.)<br><br>12. Review of the Maintenance Director's employee file showed the following:<br><br>-The Maintenance Director was hired on 05/22/23;<br><br>-First TST administered on 05/19/23;<br><br>-First TST was read on 05/22/23 with a documented result of negative. (The results were not documented in mm of induration.);<br><br>-Second TST administered 05/30/23;<br><br>-Second TST was read on 06/01/23 with a documented result of negative and 0 mm.<br><br>13. Review of Laundry Staff D's employee file showed the following:<br><br>-Laundry Staff D was hired on 09/28/23;<br><br>-First TST administered on 09/26/23;<br><br>-First TST was read 09/28/23 with a documented result of 0 mm;<br><br>-Second TST administered on 10/16/23;<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 265793 | A. Building<br>B. Wing | 11/08/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LA Plata Nursing Home | 100 Old Stagecoach Road<br>LA Plata, MO 63549 |

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 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | -Second TST was read on 10/18/23 with a documented result of negative. (The results were not documented in mm of induration.)<br><br>14. Review of Dietary Aide E's employee file showed the following:<br><br>-Dietary Aide E was hired on 06/27/23;<br><br>-First TST administered on 06/20/23;<br><br>-First TST was read on 06/22/23 with a documented result of negative. (The results were not documented in mm of induration.)<br><br>-Second TST administered on 07/06/23;<br><br>-Second TST was read on 07/08/23 with a documented result of negative and 0 mm.<br><br>15. Review of NA F's employee file showed the following:<br><br>-NA F was hired on 07/11/24;<br><br>-First TST administered on 07/02/24;<br><br>-First TST was read on 07/04/24 with a documented result of negative. (The results were not documented in mm of induration.);<br><br>-Second TST administered on 7/10/24;<br><br>-Second TST was read on 7/12/24 with a documented result of negative. (The results were not documented in mm of induration.)<br><br>16. Review of LPN G's employee file showed the following:<br><br>-LPN G was hired on 05/15/24;<br><br>-First TST was administered on 05/14/24;<br><br>-There were no documentation to show staff read the results of the first-step TST administered on 05/14/23;<br><br>-Second TST administered on 05/20/24 (only six days after the first TST was administered);<br><br>-Second TST was read on 05/22/24 with a documented result of negative. (The results were not documented in mm of induration.)<br><br>During interview on 11/07/24 at 12:00 P.M. and 11/08/24 at 12:54 P.M., the Infection Preventionist (IP) said the following:<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 265793 | A. Building<br>B. Wing | 11/08/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LA Plata Nursing Home | 100 Old Stagecoach Road<br>LA Plata, MO 63549 |

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 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | -Any nurse could administer and read staff TB tests, but she and the Assistant Director of Nursing (ADON) were primarily responsible;<br><br>-Staff should read the first TST 48-72 hours after it was administered;<br><br>-Staff should document the results of the TST in millimeters or negative; she tried to document the results in both;<br><br>-She did not know she had to document TST results in mm.<br><br>During an interview on 11/08/24 at 2:25 P.M., the DON said the following:<br><br>-The IP was responsible for completing and following up with employee TB testing;<br><br>-Staff should read the results of the TB tests in millimeters (mm) if the test was negative.<br><br>During an interview on 11/08/24 at 12:40 P.M. and 2:25 P.M., the Administrator said the following:<br><br>-The IP was responsible for completing and following up with employee TB testing;<br><br>-Staff should read the results of the TB tests in mm if the test was negative.<br><br>-The TB flowsheet was part of the facility TB testing policy. She expected staff to follow the facility TB testing policy.<br><br>36219<br><br>47246 |