

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265798	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/29/2024
NAME OF PROVIDER OR SUPPLIER  Community Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 783 Weber Road Farmington, MO 63640	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 31057</p> <p>Based on observation, record review and interview, the facility failed to notify a resident's family or next of kin for two of three sampled residents, (Residents #1 and #2) after a change in condition. The facility census was 98.</p> <p>1. Record review of the facility policy, Change in a Resident's Condition or Status, dated February 2021 shows; Unless otherwise instructed by the resident, a nurse will notify the residents representative when;</p> <ul style="list-style-type: none"> <li>- The resident is involved in any accident or incident that results in an injury including injuries of unknown source.</li> </ul> <p>2. Review of Resident #1's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument required to be completed by the facility staff, dated 03/04/24 showed:</p> <ul style="list-style-type: none"> <li>- Diagnoses chronic obstructive pulmonary disease (COPD) (a group of diseases that cause airflow blockage and breathing-related problems), diabetes Type 2 (a condition that happens because of a problem in the way the body regulates and uses sugar as a fuel), dementia with behavioral disturbance (gradual lose of most skill and abilities. These changes accompany behavioral and psychological disturbances, such as agitation, depression, and psychosis), and gout (a type of inflammatory arthritis that causes pain and swelling in your joints);</li> <li>- Cognition impaired;</li> <li>- Delusions and hallucinations;</li> <li>- Physical behaviors 1-3 days;</li> <li>- Verbal behaviors 4-6 days;</li> <li>- Incontinent of bowel and bladder;</li> <li>- Hospice care.</li> </ul> <p>Record review of the weekly skin assessments, showed:</p> <p>(continued on next page)</p>

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265798	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/29/2024
NAME OF PROVIDER OR SUPPLIER  Community Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  783 Weber Road Farmington, MO 63640	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- assessment dated [DATE], Bilateral (right and left side) elbow swelling due to gout (a type of inflammatory arthritis that causes pain and swelling in your joints), bilateral heels, dry and flaky, right forearm, skin tear, left upper arm skin tear, right upper arm skin tear, bilateral arms, bruising.</p> <p>Record review of the Progress Notes, showed:</p> <ul style="list-style-type: none"> <li>- 04/20/24, Resident attempted to transfer self, no fall. New skin tear to left upper arm;</li> <li>- 04/21/24, three new skin tears to right upper arm;</li> <li>- No documentation of family or next of kin notification of new injuries.</li> </ul> <p>3. Record review of Resident #3's MDS, dated [DATE], showed:</p> <ul style="list-style-type: none"> <li>- Diagnoses of atherosclerosis of coronary artery (caused by plaque buildup in the wall of the arteries that supply blood to the heart), COPD, diabetes Type 2, chronic kidney disease stage 3 (kidneys have mild to moderate damage, and they are less able to filter waste and fluid out of your blood), obesity a chronic complex disease defined by excessive fat deposits that can impair health);</li> <li>- Cognition impaired;</li> <li>- No behaviors;</li> <li>- Continent of bowel and bladder.</li> </ul> <p>Record review of the weekly skin assessments, showed:</p> <ul style="list-style-type: none"> <li>- On 04/23/24, skin tear on right elbow, callus on right heel, abrasion to top of left foot;</li> <li>- On 04/16/24, skin tear right elbow, callus right heel, abrasion to top of left foot.</li> </ul> <p>Record review of the April progress notes showed:</p> <ul style="list-style-type: none"> <li>- No documentation of the wounds noted on the weekly skin assessments;</li> <li>- No documentation of family or next of kin notification of new injuries.</li> </ul> <p>During an interview on 04/29/24 at 11:55 A.M. Registered Nurse (RN) A said the facility is required by policy to notify family or next of kin of any new skin tears, bruises or injuries noted on the residents.</p> <p>During an interview on 04/29/24 at 12:00 P.M., RN B said he/she thought notification was made to Resident #1's next of kin, but that had been a very hectic day and there was nothing documented about the notification. RN B was not sure if the facility policy directed staff to call next of kin for skin tears but any falls or extreme changes in condition should result in a notification.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265798	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/29/2024
NAME OF PROVIDER OR SUPPLIER  Community Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  783 Weber Road Farmington, MO 63640	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 04/29/2024, the Hospice Clinical Director stated the family of Resident #1 was upset due to finding new bruising and skin tears and not being notified of the injuries by the facility.</p> <p>During an interview on 04/29/2024 the Director of Nursing said he would expect nursing to notify family of new skin tears, bruising or any change in condition and document the notifications.</p> <p>MO235277</p>		