

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265801	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/16/2024
NAME OF PROVIDER OR SUPPLIER  Katy Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 205 Prospect Pilot Grove, MO 65276	

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 0678</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident's advance directives.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43327</b></p> <p>Based on interview and record review, facility staff failed to ensure one resident (Resident #1) out of three sampled residents code status (the level of medical interventions a resident wishes to have if their heart or breathing stops) was documented correctly throughout the medical record. The facility census was 54.</p> <p>1. Review of the facility's resident rights policy, dated 2022, showed staff are directed as follows:</p> <ul style="list-style-type: none"> <li>-Each resident has the right to make choices about aspects of his or her life in the facility that are significant to the resident;</li> <li>-Each resident has the right to choose health care services consistent with his or her interests.</li> </ul> <p>Review of the facility's Advanced Directive policy, dated 2020, showed staff are directed as follows:</p> <ul style="list-style-type: none"> <li>-An advanced directive is defined as a written instruction, such as a living will or durable power of attorney for health care, recognized under state law (whether statutory or as recognized by the courts of the state), relating to the provision of health care when the individual is incapacitated;</li> <li>-The facility shall document in a prominent part of the resident's current medical record whether or not the resident has executed an advanced directive.</li> </ul> <p>2. Review of Resident #1's medical record showed the resident as:</p> <ul style="list-style-type: none"> <li>-admitted to the facility on [DATE];</li> <li>-Diagnosis of spinal fracture, sacral fracture, heart failure, urinary tract infection, and diabetes;</li> <li>-Did not have a completed Minimum Data Set (MDS), a federally mandated assessment tool completed by facility staff.</li> </ul> <p>Review of the face sheet, undated, showed advanced directive of Do Not Resuscitate (DNR).</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
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<p>F 0678</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the physician order report dated 2/16/24 through 3/16/24 showed an order on 03/08/24 for Full Code, check face sheet for banner accuracy.</p> <p>Review of the baseline care plan, undated, showed staff documented the resident to be resuscitated.</p> <p>During an interview on 3/16/24 at 11:06 A.M., the Administrator in Training (AIT) said the administrator goes over the admission packet including advanced directives or living wills since the facility is currently without a social service designee. This resident chose to be a full code. The MDS nurse puts a large green sticker on the baseline care plan and hangs it inside the closet door in the resident room. He/She said in December the facility switched to a new electronic charting system and was not aware until 3/15/24 there was a discrepancy with the code status banner on the face sheet with the orders and have reached out to the company to have it fixed since discrepancies could lead to the resident's wishes not being followed.</p> <p>During an interview on 3/16/24 at 11:06 A.M., the DON said staff are expected to follow the residents orders and care plan. He/She has been with the facility for about five weeks and still learning and tailoring the charting system to their facility, but would expect everything to match to prevent delays in treatments or potentially providing unwanted care.</p> <p>During an interview on 3/16/24 at 10:47 A.M., the administrator said all current resident records were reviewed on 3/15/24 and if incorrect were corrected to match the resident's wishes.</p> <p>MO00233222</p>		