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| 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 07/11/2024 |
| 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.

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| (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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43010</p> <p>Based on interview, and record review, facility staff failed to meet professional standards when staff did not obtain orders for catheter care for three residents (Resident #1, #2, and #3) out of three sampled residents, and did not obtain orders for a colostomy (a surgical operation in which a piece of the colon is diverted to an artificial opening in the abdominal wall) and colostomy care for one resident (Resident #3) out of one sampled resident. The facility census was 53.</p> <p>1. Review of the facility's Medication and Treatment Orders Policy, undated, showed medications, treatments, and care tasks shall be administered only upon the written order of a person duly licensed and authorized to prescribe such medications in this state.</p> <p>Review of the facility's Routine Catheter Care Policy, undated, showed catheter care is to be provided once a shift and as needed. Catheters and drainage bags are to be changed every month and as needed. This order will be placed in the chart by the admitting nurse or nurse who has received the order for the catheter.</p> <p>2. Review of Resident #1's Admission Minimum Data Set (MDS), a federally mandated assessment tool, dated 6/25/24, showed staff assessed the resident as:</p> <p>-Cognitively intact;</p> <p>-Indwelling catheter.</p> <p>Review of the resident's care plan, dated 7/2/24, showed staff documented staff are instructed the resident's foley catheter is in place due to urinary retention. Keep foley bag below the level of abdomen and covered with dignity bag. Empty and record output every shift, do not let bag get more than half full. Review showed foley catheter care every shift and with each incontinent episode.</p> <p>Review of the resident's Physician's Order Sheet (POS), dated July 2024, showed the POS did not contain an order for catheter care every shift and as needed.</p> <p>Review of the resident's Treatment Administration Record (TAR), dated July 2024, showed the TAR did not contain orders for catheter care every shift and as needed.</p> <p>3. Review of Resident #2's Admission MDS, dated [DATE], showed staff assessed the resident as:</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>-Cognitively intact;</p> <p>-Indwelling catheter.</p> <p>Review of the resident's care plan, dated 5/31/24, showed staff documented staff are instructed the resident's foley catheter is in place due to urinary retention. Keep foley bag below the level of abdomen and covered with dignity bag. Empty and record output every shift, do not let bag get more than half full. Review showed foley catheter care every shift and with each incontinent episode.</p> <p>Review of the resident's POS, dated July 2024, showed the POS did not contain an order for catheter care every shift and as needed.</p> <p>Review of the resident's TAR, dated July 2024, showed the TAR did not contain orders for catheter care every shift and as needed.</p> <p>4. Review of Resident #3's Quarterly MDS, dated [DATE], showed staff assessed the resident as:</p> <p>-Cognitively intact;</p> <p>-Indwelling catheter;</p> <p>-Colostomy.</p> <p>Review of the resident's care plan, dated 6/27/24, showed staff are instructed the resident has a suprapubic 9catheter is a surgically created connection between the urinary bladder) catheter. Keep collection bag below the level of abdomen and covered with dignity bag. Empty and record output every shift, do not let bag get more than half full. Do suprapubic catheter care every shift. Review showed the care plan did not contain instruction or intervention for the resident's colostomy.</p> <p>Review of the resident's POS, dated July 2024, showed POS did not contain an order for catheter care every shift and as needed. Review showed the POS did not contain an order for the resident's colostomy or colostomy care every shift and as needed.</p> <p>Review of the resident's TAR, dated July 2024, showed the TAR did not contain orders for catheter care every shift and as needed and did not contain orders for the resident's colostomy or colostomy care every shift and as needed.</p> <p>During an interview on 7/11/24 at 1:00 P.M., the ADON said the charge nurse is responsible to put in orders and he/she audits to make sure completed. He/She would expect there to be orders for the resident's catheter care, colostomy, and colostomy care. He/She would expect staff to mark on the TAR when cares were completed. He/She said he/she knew the resident had a colostomy on admission but did not think to check if there was an order. He/She is not sure why orders for these cares have not been obtained.</p> <p>(continued on next page)</p> | | |

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| <p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>5. During an interview on 7/11/24 at 12:53 P.M., Licensed Practical Nurse (LPN) A said when orders are received or there's a new admission, nurses are responsible for putting them in the system. He/She said the Assistant Director of Nursing (ADON) and the Director of Nursing (DON) are responsible for reviewing orders and making sure they are in the system. He/She would expect there to be an order for the resident's catheter care, colostomy, and colostomy care and is unaware of why they are not in the system or on the TAR.</p> <p>During an interview on 7/11/24 at 1:00 P.M., the ADON said the charge nurse is responsible to put in orders and he/she audits to make sure completed. He/She would expect there to be orders for the resident's catheter care, colostomy, and colostomy care. He/She is not sure why orders for these cares have not been obtained.</p> <p>During an interview on 7/11/24 at 1:10 P.M., the DON said the charge nurse is responsible to put orders in and ultimately he/she is responsible to make sure orders are in. He/SHe would expect orders for catheter care, colostomy, and colostomy care. He/She would expect staff to mark on the TAR when cares were completed. He/She was not aware these orders were not in the system and is new to the position.</p> <p>During an interview on 7/11/24 at 1:27 P.M., the administrator said charge nurses are responsible for putting orders in and the DON reviews to make sure all orders are in. He/She was not aware the resident's orders were not in the system.</p> <p>MO00238035</p> | | |