STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265807	A. Building B. Wing	06/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crestview Home	1313 South 25th St Bethany, MO 64424

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44993 Based on observation, interviews and record review the facility failed to prevent compromised skin integrity for two of 4 sampled residents, (Resident #1 and Resident #2) when the staff did not alert the charge nurse when Resident #1 had open areas to the back of his/her upper right thigh and did not ensure the resident was turned to his/her side after cares. The staff did not ensure Resident #2 was turned to his/her side when the resident was found to have dark red buttocks after cares were provided. The facility census was 39. Review of the undated pressure ulcer care and prevention policy showed: - The purpose of the policy was to prevent and treat further breakdown of pressure ulcers; - Observe the resident's skin. Areas that remain reddened after pressure has been relieved is at risk for developing into a pressure ulcer; - Use pressure relieving devices; - Reposition resident's every two hours. 1. Review of Resident #1's annual Minimum Data Set, (a federally mandated assessment completed by the facility staff), dated 4/4/254 showed: - He/She had a brief interview for mental status (BIMS) score of 15, indicating no cognitive deficit; - Diagnoses included: Diabetes Mellitus (a condition in which the body does not process blood sugar properly), obesity, and dependence on staff for cares; - He/She was at risk for the development of a pressure ulcer; - He/She had moisture associated skin damage (MASD, a condition in which the skin integrity declines due to being exposed to moisture for an extended period of time); - There was a pressure reducing device for his her wheel chair and bed; - He/She was incontinent of bowel and bladder; (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
	265807	A. Building B. Wing	06/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crestview Home	1313 South 25th St Bethany, MO 64424

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- The resident was dependent on the mechanical lift for transfers; - He/She was dependent on the staff to transfer, get dressed, clean self after an incontinent episode. Review of the resident's skin care plan dated 3/15/23 showed: - He/She was at risk of developing a pressure ulcer because of his/her incontinence and immobility; - The staff were supposed to avoid shearing (scraping the top layer of skin off that happens often during turning and transferring) when reposition the resident; - The staff were supposed to keep the resident dry and clean as possible to minimize the resident's skin exposure to moisture. Observation on 6/21/24 at 1:46 P.M. showed: - Certified Nurse Aide (CNA) A and CNA B entered the resident's room with the mechanical lift. The resident was sitting in his/her wheel chair on top of a mechanical lift sling; - CNA A and CNA B transfer the resident from his/her wheel chair to the resident's bed; - The resident's wheel chair had a pressure reduction device but the resident's bed did not; - The resident was saturated with urine through his/her brief and clothing and had a strong urine odor; - CNA B said the resident wet through his/her pants; - CNA A tuned the resident to his/her side to provide perineal care; - The resident's buttocks were dark red; - The back of the resident's upper right thigh had three open areas approximately 0.5 centimeter (CM) wide and 2 CM long and no measurable depth; - The resident yelled owe when CNA A wiped the area with a moistened wipe; - CNA A and CNA B complete perineal care; - CNA A and CNA B cover the resident, leave him/her lying on his/her back and raised the head of the bed in an upright position; - CNA A and CNA B go directly to another resident's room; - Neither CNA reported the open area's to the charge nurse. During an interview on 6/21/24 at 2:00 P.M. the resident said: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265807	A. Building B. Wing	06/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crestview Home	1313 South 25th St Bethany, MO 64424

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- His/Her right leg had hurt for a few days; - He/She did not know if the staff told the nurse; - He/She did not now if the staff put medicine on his/her leg. During and interview on 6/21/24 at 2:05 P.M. Licensed Practical Nurse (LPN) A said: - He/She expected the CNA's to report red and open areas to him/her immediately; - The CNA's did not report to him/her the resident had a red bottom or open areas; - LPN A would have expected the CNA's to turn the resident to his/her side and not leave him/her on his/her back while in bed. During an interview 6/21/24 at 2:15 P.M. CNA A said: - He/She was trained to report red areas and open areas to the charge nurse immediately; - He/She was trained to reposition residents every two hours and as needed if the resident was not able to reposition themselves; - Resident #1 was not able to reposition him/herself; - He/She should have reported the residents red bottom and open areas to the charge nurse immediately. During an interview on 6/21/24 at 2:41 P.M. The Director of Nursing (DON) said: - She expected the CNA's to report the resident's red bottom and open areas to the charge nurse immediately; - She expected the CNA's to position the resident so he/she would not be resident on the compromised skin areas. 2. Review of Resident #2's quarterly MDS dated [DATE] showed: - He/She had a BIMS score of 0, indicating severe cognitive impairment; Diagnoses included: Dementia (a disease that affects the brain compromising memory and cognitive function), anxiety and need for assistance with personal cares; - He/She required a wheel chair; - He/She was at risk for the development of a pressure ulcer; - He/She had a pressure reducing device to his/her wheel chair and bed and was on the repositioning program; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265807	A. Building B. Wing	06/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crestview Home	1313 South 25th St Bethany, MO 64424

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- He/She was dependent on the staff to transfer with a mechanical lift, repositioning, hygiene and bathing; - He/She was incontinent of bowel and bladder. Review of the resident's skin care plan date 3/13/24 showed: - The resident was at risk for skin breakdown due to immobility; - The staff were supposed to keep the residents skin clean and dry as possible. Observation on 6/21/24 at 1:18 P.M. showed: - The resident in his/her room in a Broda wheel chair (a chair that provides comfortable seating for the resident), sitting on a mechanical lift sling; - CNA C and CNA D enter the resident's room with the mechanical lift; - CNA C and CNA D assist the resident to his/her bed with the mechanical lift; - CNA C rolled the resident to his/her side to provide perineal care; - The resident had dark red buttocks; - The CNA's completed perineal care, covered the resident with a blanket and left the resident lying on his/her back with out offloading the pressure to the resident's buttocks; - The CNA's did not apply moisture barrier cream to the residents buttocks; - Both CNA's exited the resident's room. During an interview on 6/21/24 at 1:18 P.M. CNA D said: - He/She was trained to reposition the resident every 2 hours; - It was difficult to turn the resident while he/she was in bed because the resident had a low air loss mattress (an air mattress that fluctuates air pressure); - The resident's buttocks are always red in color; - They were supposed to apply moisture barrier cream to the resident's bottom when they saw it was red; - They did not apply moisture barrier cream after he/she completed cares on the resident; - He/She was supposed to turn the resident on their side after providing cares. During an interview on 6/21/24 at 2:05 P.M. LPN A said: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265807	A. Building B. Wing	06/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crestview Home	1313 South 25th St Bethany, MO 64424

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- The CNA's did not report to him/her the resident's buttocks were red. - The resident often had red buttocks; - It was protocol to apply moisture barrier cream to the resident's bottom if the CNA saw redness to the resident's bottom. During an interview on 6/21/24 at 2:41 P.M. the DON said: - She expected the CNA's to report Resident #2's red buttocks immediately to the charge nurse; - She expected the CNA's to turn the resident to his/her side to decrease the pressure to the resident's buttocks. During an interview on 6/24/24 at 11:30 A.M. The administrator said: - She expected the staff to reposition residents that could not reposition themselves every two hours and as needed; - She expected the staff to report red areas and opens area to the charge nurse immediately; - She expected staff to use moisture barrier cream when the staff see red areas. MO237231 MO237773