STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265826	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Putnam County Care Center	1814 Oak Street Unionville, MO 63565

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 0570 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Assure the security of all personal funds of residents deposited with the facility. 36219 Based on interview and record review, the facility failed to maintain a surety bond (an amount equal to at least one and one half times the average monthly balance of the residents' personal funds) sufficient to ensure protection of all personal funds the facility held for 15 residents in the resident fund account. The facility census was 55. Review of the facility undated policy, Surety Bond, showed the following: -The facility has a current surety bond to assure the security of all residents' personal funds deposited with the facility; -A surety bond is an agreement between the facility, the insurance company, and the resident or the State acting on behalf of the resident, wherein the facility and the insurance company agree to compensate the resident for any loss of residents' funds that the facility holds, accounts for, safeguards, and manages; -This facility holds a surety bond to guarantee the protection of residents' funds managed by the facility on behalf of its residents; -All funds (including refundable deposits) entrusted to the facility for a resident are covered by the surety bond; -The purpose of the surety bond is to guarantee that the facility will pay the resident for losses occurring from any failure by the facility to hold, account for, safeguard, and manage the residents' funds (i.e., losses occurring as a result of acts or errors of negligence, incompetence or dishonesty). 1. Review of the facility surety bond, dated 03/02/21, showed the facility had an approved surety bond in the amount of $10,000.00. Review of the resident trust fund account for September 2023 to September 2024 showed an average monthly balance of $7,222.31. Calculation showed the facility required a bond in the amount of at least $10, 500.00. The current ledger amount was $8,775.60. During an interview on 09/12/24 at 4:30 P.M., the Administrative Assistant said the following: (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

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F 0570 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-He/She was responsible for the resident trust fund and obtaining the surety bond for the trust; -He/She had not reviewed the bond in the last year.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32899 Based on observation, interview and record review, the facility failed to ensure personal privacy for multiple residents when one resident (Resident #51), who had diagnoses of dementia and identified as a wanderer, wandered in and out of other residents' rooms. The facility census was 55. Review of the facility policy, Dignity, revised February 2021, showed the following: -Each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, and feelings of self-worth and self-esteem; -Residents' private space and property are respected at all times; -Staff promote, maintain, and protect resident privacy. Review of the facility policy, Resident Rights, revised February 2021, showed Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to privacy. 1. Review of Resident #51's Face Sheet showed he/she was admitted to the facility on [DATE]. Review of the resident's Wander Data Assessment, dated 04/16/24, showed the following: -History of wandering prior to admission; -Wandering significantly intrudes on the privacy or activities of others. Review of the resident's significant change Minimum Data Set (MDS), a federally mandated assessment instrument to be completed by the facility, dated 07/26/24, showed the following: -Severely impaired cognition; -No behaviors impacting resident or others; -No wandering. Review of the resident's Care Plan, dated 07/27/24, showed the following: -Experienced wandering (moves with no rational purpose, seemingly oblivious to needs or safety); -Will wander safely within specified boundaries; -Re-direct as needed; -Remove from other resident's rooms and unsafe situations as needed. (continued on next page)

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F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the resident's Physician Order Sheet, dated 09/2024, showed he/she had a diagnosis of Alzheimer's (progressive disease destroying memory cells and other important mental functions) disease. Review of the resident's progress notes showed the following: -On 09/08/24 at 3:56 A.M., the resident was not sleeping well. Has been in and out of bed several times through out the night. Resident wandering halls when he/she gets up, opening doors, wandering into other resident rooms, taking their water cups and clothes, urinating in trash cans, and waking residents to talk with them. Brought to lobby several times, then he/she wants to go back to bed. Up within 15 to 30 minutes, wandering into other residents' rooms again; -On 09/08/24 at 6:00 P.M., the resident continues to wander throughout the facility and into other resident rooms. Frequently takes other residents' water pitchers; -On 09/09/24 at 4:07 A.M., the resident was not sleeping tonight, wandering halls, and waking other residents to talk with them. Has been assisted to bed several times. The resident gets back up within 30 minutes. Able to hear resident talking with other residents in their rooms. Sitting in recliner in lobby at this time. 2. Observation of Resident #11's door, on 09/09/24 at 3:10 P.M., showed a child safety lock that required two buttons to be pushed consecutively and turned to open the door and enter the resident's room. During an interview on 09/09/24 at 3:10 P.M., Resident #11 said the following: -He/She had a child safety lock on his/her door because Resident #51 wandered into his/her room when he/she was out of the room; -Resident #51 came into his/her room and stole the loaf of homemade bread his/her family brought to him/her; -One night when he/she was in bed, Resident #51 came into his/her room and urinated in the toilet and on the bathroom floor. He/She didn't like it; -He/She did not want Resident #51 in his/her room, touching his/her things and urinating in his/her trash can. 3. During an interview on 09/09/24 at 10:50 A.M., Resident #53 said Resident #51 had entered his/her room, urinated in his/her trash can and had opened his/her bathroom door while he/she was in the bathroom. During an interview on 09/09/24 at 10:52 A.M., Resident #35 said the following: -He/She did not like Resident #51 coming into his/her room; -He/She would like to have privacy when with his/her family member, but didn't have privacy because he/she never knew when the resident would open the door. (continued on next page)

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F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 09/09/24 at 12:48 P.M., Resident #6 said the following: -Resident #51 wandered into his/her room and he/she did not like it; -He/She kept his/her door closed; -Resident #51 opened his/her closed door and came into his/her room; -If he/she was in bed, Resident #51 patted him/her on the hip and usually left the room. During an interview on 09/09/24 at 12:49 P.M., Resident #14 said Resident #51 wandered into his/her room and he/she didn't like it. He/She kept his/her door closed at all times in hopes to keep Resident #51 out of his/her room. During an interview on 09/09/24 at 12:55 P.M., Resident #8 said the following: -Resident #51 opened his/her door, came into his/her room and wanted to sit down but he/she didn't want the resident in his/her room; -He/She had too many breakable items and didn't want Resident #51 breaking his/her belongings. During an interview on 09/09/24 at 1:45 P.M., Resident #157 said the following: -Resident #51 wandered into his/her room; -He/She had to keep his/her door closed so the resident didn't come into his/her room and go through his/her belongings. During an interview on 09/09/24 at 3:45 P.M., Resident #31 said the following: -There was a resident (Resident #51) who wandered into his/her room, and he/she didn't like it; -Resident #51 invaded his/her privacy; -He/She kept his/her door closed in hopes to keep Resident #51 out of his/her room. During an interview on 09/09/24 at 10:30 A.M., Resident #50 said one day Resident #51 was found in his/her room, sitting on one of the beds and was not wearing any pants. It was troubling and made him/her very upset. During interviews on 09/09/24 at 10:42 A.M. and 4:00 P.M., Resident #36 said the following: -Resident #51 came into his/her room and wanted to sit in the recliner. He/She had to run the resident out of his/her room; -Awhile back, Resident #51 entered the living side of his/her room at around 4:00 A.M. and went into his/her bathroom. The resident opened the door leading to his/her bedroom and stared at him/her. It scared him/her. (continued on next page)

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F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 09/09/2024 at 11:20 A.M., Resident #45 said the following: -The wandering resident came into his/her room often. He/She would tell the resident to leave his/her room; -His/Her family member placed a stop sign banner that fastened across his/her door to prevent the resident from coming into his/her room. During an interview on 09/12/24 at 10:35 A.M., Licensed Practical Nurse (LPN) Q said the following: -Staff tried to keep an eye on the resident and catch him/her before he/she entered other residents' rooms; -Sometimes staff didn't catch the resident and he/she was down the hall opening other residents' doors; -Residents have complained about the resident coming into their rooms and waking them up; the residents don't like that; -Sometimes it was difficult to keep track of the resident. During an interview on 09/12/24 at 4:30 P.M., the Director of Nursing (DON) said the following: -Resident #51 had a history of wandering prior to arriving at the facility; -Sometimes staff did not catch the resident before he/she entered other residents' rooms; -The resident wandering into other residents' rooms could be considered an invasion of privacy. During an interview on 09/12/24 at 10:34 A.M., the Administrator said the following: -She had not had residents complain until recently at resident council; -Residents should be allowed privacy. 36219

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32899 Based on observation, interview, and record review, the facility failed to develop a person-centered comprehensive care plan specific to the resident, for three residents (Resident #22, #31 and #47), in a review of 20 sampled residents. The facility census was 55. Review of the facility's policy, Care Plans, Comprehensive Person-Centered, revised March 2022 showed the following: -A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident; -The interdisciplinary team (IDT), in conjunction with the resident and his/her family or legal representative, develops and implements a comprehensive, person-centered care plan for each resident; -The care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment; -Assessment of residents are ongoing and care plans are revised as information about the residents and the residents' conditions change; -The IDT reviews and updates the care plan; a. When there has been a significant change in the resident's condition; b. When the desired outcome is not met; c. When the resident has been readmitted to the facility from a hospital stay; d. At least quarterly, in conjunction with the required quarterly MDS assessment. 1. Review of Resident #22's undated Face Sheet showed the following: -admitted [DATE]; -Diagnoses included edema (buildup of fluid in the body's tissue). Review of the resident's undated baseline care plan did not identify edema in the lower extremities as a problem. Review of the nurse's progress notes, dated 06/06/24, showed the resident with edema in both lower extremities. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the nurse's progress notes, dated 06/11/24, showed +3 pitting edema (a type of swelling where a deeper indentation remains in the skin after pressure is applied and it takes up to 30 seconds to go away) in both lower extremities. Review of the resident's September 2024 Physician Order Sheets (POS) showed an order, dated 06/12/24, for ace wraps on feet and legs bilaterally. Put on in the morning and off at bedtime. Review of the resident's September 2024 Physician Order Sheets (POS) showed an order, dated 06/12/24, for ace wraps on feet and legs bilaterally. Put on in the morning and off at bedtime. Observation on 9/9/24 at 10:20 A.M. showed the following: -The resident sat in his wheelchair with feet on the floor; -The resident had bilateral lower extremity edema; -The resident had ace wraps on both lower extremities. Observation on 09/09/24 at 10:55 A.M. showed the following: -The resident had his/her upper body on the bed and his/her feet and legs in the wheelchair; -The resident had bilateral lower extremity edema; -The resident had ace wraps on both lower extremities. Observation on 09/10/24 at 5:25 A.M. showed the resident in bed with ace wraps off and bilateral lower extremity edema. Observation on 09/12/24 at 9:35 A.M. showed the following: -The resident sat in his/her wheelchair with feet on the floor; -The resident had bilateral lower extremity edema; -The resident had ace wraps wrapped loosely on both lower extremities. Observation on 09/12/24 at 10:16 A.M. showed the resident leaving the shower room with Nurse Aide (NA) E, with ace wraps on both lower extremities. Observation on 09/12/24 at 10:20 A.M. of the mini care plan inside the resident's closet door showed the section for edema was not marked. Review of the resident's undated comprehensive care plan did not identify edema in the lower extremities or the need for ace wraps to bilateral lower extremities. 2. Review of Resident #31's face sheet showed the following: (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Diagnoses of left femur (thigh bone) fracture, chronic pain syndrome and schizoaffective disorder (a mental health condition that is marked by a mix of schizophrenia symptoms, such as hallucinations and delusions, and mood disorder symptoms, such as depression, mania and a milder form of mania called hypomania); -admitted to the facility 07/01/24. Review of the resident's physician's orders, dated July 2024, showed the following: -Divalproex (mood stabilizer medication that works in the brain) 250 milligrams (mg) give three tablets twice daily (start date 07/01/24); -Gabapentin (medication used to treat partial seizures, nerve pain from shingles and restless leg syndrome) 100 mg two caplets twice daily (start date 07/01/24); -Duloxetine (anti-depressant) 30 mg two caplets daily (start date 07/02/24); -Eliquis (anti-coagulant) 2.5 mg twice daily (start date 07/01/24); -Olanzapine (anti-psychotic) 10 mg at bedtime (start date 07/01/24). Review of the resident's undated mini care plan located in the resident's closet, showed no direction for staff regarding the use and side effects of pain medications, psychotropic medications or anti-coagulants. Review of the resident's care plan, revised 08/16/24, showed no direction for staff regarding the use and side effects of pain medications, psychotropic medications or anti-coagulants. 3. Review of Resident #47's care plan, dated 05/31/24, showed it did not address the presence of or the care of a urinary catheter (flexible tube used to empty the bladder and collect urine in a drainage bag). Review of the resident's quarterly MDS, dated [DATE], showed the resident had an indwelling urinary catheter. Review of the resident's Physician Order Sheet (POS), dated September 2024, showed the following: -Change suprapubic (sterile tube inserted directly into the bladder through the abdominal wall to drain urine from the body) catheter every three weeks, order date of 03/19/24; -Cleanse suprapubic catheter site and apply two by two gauze dressing every shift; order date of 01/26/24; -May irrigate suprapubic catheter with normal saline as needed; order date of 07/23/24. Observation on 9/9/24 at 11:00 A.M. showed the resident sat in his/her recliner in his/her room. The resident's urinary catheter drainage bag (inside a dignity bag) hung from the chair. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review the resident's undated mini care plan located in the resident's closet, showed it was marked for the presence of a catheter but did not include any guidance for care of the catheter. Review of the resident's care plan showed no update to indicate the resident had a urinary catheter. During an interview on 09/25/24 at 12:53 P.M., Nurse Aide (NA) L said he/she would ask a co-worker or nurse, look at the closet care plan or the care plan (in the binder) at the desk when needing to find how to care for a resident. During an interview on 09/12/24 at 4:30 P.M., the MDS/Care Plan Coordinator who was the acting Director of Nursing said the following: -She was responsible for completing and updating the care plans and mini care plans in the closet; -Edema and ace wraps should be on the care plans and mini care plans in the closet; -The care plan should include the presence and care of a urinary catheter; -Side effects of pain medication, psychotropic medications and anti-coagulants should be addressed on the care plans. 36219 49528

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32899 Based on interview and record review, the facility failed to update interventions in the resident's care plan to reflect current care needs for four residents (Resident #26, #38, #44, #48), in a review of 20 sampled residents. The facility census was 55. Review of the facility's policy titled, Care Plans, Comprehensive Person-Centered, revised March 2022 showed the following: -A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident; -The interdisciplinary team (IDT), in conjunction with the resident and his/her family or legal representative, develops and implements a comprehensive, person-centered care plan for each resident; -The care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment; -Assessment of residents are ongoing and care plans are revised as information about the residents and the residents' conditions change; -The IDT reviews and updates the care plan; -a. When there has been a significant change in the resident's condition; -b. When the desired outcome is not met; -c. When the resident has been readmitted to the facility from a hospital stay; -d. At least quarterly, in conjunction wit the required quarterly MDS assessment. 1. Review of Resident #26's undated face sheet showed the following: -The resident admitted on [DATE]; -Diagnoses of Parkinson's disease (a progressive disorder of the nervous system that affects movement) and unspecified protein calorie malnutrition (inadequate intake of food such as protein, calories, and other essential nutrients) Review of the resident's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument to be completed by the facility dated 7/21/24, showed the following: -The resident had intact cognition; (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-The resident required maximum assistance with eating; -The resident had no signs of swallowing disorder. Review of resident's documented weights showed the following: -On 3/1/24 the resident weighed 125.0 pounds; -On 9/4/24 the resident weighed 112.5 pounds -The resident had a 10.07% weight loss in six months. Review of the Resident's September physician order sheet (POS) showed the following: -Mechanical soft ground meats with gravy, fork tender mechanical soft for all other items, substitute buns/rolls for bread. Continue 1:1 assistance for all meals, resident to be in upright position and positioned at midline. Double eggs for breakfast; -Liquid protein packet three times a day; -Nutritional supplement 90 ml three times a day; -Weekly weight on Wednesdays. During an interview on 9/10/24 at 1:00 P.M. Certified Nurse Assistant (CNA) F said the following: -He/She always fed the resident when working; -The resident usually ate well; -The resident has had a couple of choking episodes in the past few months and was switched from mechanical soft to pureed diet for a three day trial; -Speech therapy evaluation recommended to return to mechanical soft. During an interview on 9/11/24 at 3:10 P.M., CNA I said the following: -The resident's appetite was usually good; -The resident choked easily; -He/She received a phone call from the administrator this morning, educating her on feeding techniques (smaller bites, feed slower, make sure food has been swallowed before next bite) for the resident. Review on 9/12/24 at 10:13 A.M. of the resident's mini care plan in the closet, showed the diet section was marked mechanical soft diet, feeder and cue with swallowing. (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the resident's undated care plan did not reflect interventions for weight loss and/or therapeutic treatments. 2. Review of Resident #38's undated face sheet showed the following: -The resident admitted on [DATE]; -Diagnoses of dementia (loss of cognitive abilities that interferes with daily life and activities. Review of the resident's care plan, revised 09/10/24, showed the following: -The resident is at risk for falling related to limited mobility; -The resident will remain free from falls; -No falls were reflected on the care plan. Review of the resident's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument to be completed by the facility, dated 07/21/2024, showed the following: -The resident had severely impaired cognition; -The resident was dependent on staff for transfers and all activities of daily living (ADL); -The resident used a wheelchair for mobility; -The resident had no falls since admission or prior assessment. Review of the resident's documented fall event history report showed the following: -On 08/25/2024 at 12:30 A.M., the resident had a fall; -On 03/15/24 at 7:27 P.M., the resident had a fall; -On 11/09/2023 at 7:00 P.M., the resident had a fall. Review on 09/12/24 at 10:30 A.M. of the resident's care plan in the closet showed the fall prevention section was left blank and no falls were noted. The resident's care plan, revised 09/10/24, did not reflect the following: -The resident had a fall on 08/25/2024; -The resident had a fall on 03/15/24; -The resident had a fall on 11/09/2023; -Fall prevention interventions. (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	3. Review of Resident #44's undated face sheet showed the following: -The resident was admitted on [DATE]; -Diagnosis of vitamin B12 deficiency, muscle weakness, muscle wasting and atrophy (the loss of skeletal muscle mass), gastro-esophageal reflux disease (a chronic condition that occurs when stomach contents leak into the esophagus, causing irritation and damage), and underweight, body mass index 19.9 or less. Review of the resident's care plan, revised on 04/25/2024, showed the following: -The resident was on a regular, no added salt (NAS) diet; -No documentation regarding weight loss and/or therapeutic treatments to help with weight loss. Review of the resident's quarterly MDS, dated [DATE], showed the following: -The resident had moderately impaired cognition; -The resident required setup from staff for meals; -The resident had no signs or symptoms of a swallowing disorder; -The resident had a weight loss of 10% or more in the last six months; -The resident was not on a physician prescribed weight loss regimen. Review of the resident's documented weights showed the following: -On 02/01/2024, the resident weighed 86.5 pounds; -On 08/01/2024, the resident weighed 75.0 pounds; -The resident had a 13.29% weight loss in six months. Review of the resident's undated care plan on 09/12/24 at 10:30 A.M. in the closet showed the following: -The resident was on a regular diet; -The resident feeds himself/herself; -No documentation regarding weight loss and/or therapeutic treatments to help with weight loss. Review of the resident's undated care plan did not reflect any weight loss and/or therapeutic treatments. 4. Review of Resident #48's undated face sheet showed the following: (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-The resident was admitted on [DATE]; -Diagnosis of type 2 diabetes mellitus with hyperglycemia (a long-term condition in which the body has trouble controlling blood sugar and using it for energy), essential hypertension (high blood pressure), and muscle weakness. Review of the resident's care plan, revised on 05/30/2024, showed the following: -The resident is at risk for falls due to immobility, weakness, and scooting self down in wheelchair; -The resident had a fall out of wheelchair in room on 01/31/24; -Make sure transferred out of wheelchair after meals; -Do not leave resident unattended in wheelchair in room; transfer to recliner or bed; -No other updates regarding falls or interventions to prevent falls. Review of the resident's documented fall event history report showed the following: -On 05/14/2024 at 10:25 A.M., the resident had a fall; -On 03/18/2024 at 7:40 P.M., the resident had a fall; -On 02/08/2024 at 5:55 P. M, the resident had a fall.; -On 02/01/2024 at 6:30 P.M., the resident had a fall; -On 01/31/2024 at 11:00 A. M, the resident had a fall; -On 01/21/2024 at 9:13 P.M., the resident had a fall. Review of the resident's undated care plan on 09/12/24 at 10:30 A.M. in the closet showed the fall prevention section was left blank. Review of the resident's undated care plan did not reflect the following: -The resident had a fall on 05/14/2024 at 10:25 A.M.; -The resident had a fall on 03/18/2024 at 7:40 P.M.; -The resident had a fall on 02/08/2024 at 5:55 P. M.; -The resident had a fall on 02/01/2024 at 6:30 P.M.; -The resident had a fall on 01/31/2024 at 11:00 A. M; (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-The resident had a fall on 01/21/2024 at 9:13 P.M.; -Fall prevention interventions. During an interview on 9/12/24 at 4:30 P.M., MDS/Care Plan Coordinator said the following: -She was responsible for completing and updating the care plans and mini care plans in the closet; -Falls should be updated and reflected on the MDS and care plans both in the computer and on the care plan in the closet; -Weight loss should be addressed on the care plan; -She was experiencing issues with matrix and pieces of the care plans were missing. 45563

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32899 Based on observation, interview and record review, the facility failed to provide supervision for one resident (Resident #51), in a review of 20 sampled residents. Resident #51 had dementia and wandered into other resident rooms causing two other residents (Resident #36 and Resident #37), to be upset and fearful, while another resident (Resident #35) expressed wanting to harm Resident #51 because of his/her behavior. The facility also failed to provide supervision when the resident was wandering by an unlocked and unattended treatment cart and attempting to gain access to the medication room. The census was 55. Review of the facility policy, Wandering and Elopement, last revised 03/2019 showed the following: -The facility will identify residents who are at risk of unsafe wandering and strive to prevent them from harm while maintaining the least restrictive environment for residents; -If identified as at risk for wandering, elopement, or other safety issues, the resident's care plan will include strategies and interventions to maintain the resident's safety. Review of the facility policy, Behavioral Assessment, Intervention and Monitoring, last revised 03/2019 showed the Director of Nursing, or designee, will evaluate whether the staffing needs have changed based on acuity of the residents and their plans of care. Additional staff and/or staff training will be provided if it determined that the needs of the residents cannot be met with the current level of staff or staff training. 1. Review of Resident #51's face sheet showed he/she admitted to the facility on [DATE]. Review of the resident's Wander Data Assessment, dated 04/16/24 showed the following: -History of wandering prior to admission; -At risk of getting to a potentially dangerous place; -Wandering significantly intrudes on the privacy or activities of others; -Cognitively impaired with poor decision-making skills; -New admission to facility; -Had visual, auditory or communication deficits; -Ambulated independently; -Verbally expressed desire to go home or pack belongings to leave; -Not a new behavior; (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Resident seeking family; -Wander guard indicated. Review of the resident's significant change Minimum Data Set (MDS), a federally mandated assessment instrument to be completed by the facility, dated 07/26/24 showed the following: -Severely impaired cognition; -No behaviors impacting resident or others; -No wandering. Review of the resident's care plan, dated 07/27/24 showed the following: -Experienced wandering (moves with no rational purpose, seemingly oblivious to needs or safety); -Will wander safely within specified boundaries; -Equip with alarm device when wandering; -Re-direct as needed; -Remove from other resident rooms and unsafe situations as needed. Review of the resident's progress notes, dated 08/31/24 at 4:11 A.M., showed staff documented the resident was awake at 3:00 A.M. wandering halls, brought to lobby to recliners, resting at this time after eating a snack. Review of the resident's Physician Order Sheets, dated 09/2024 showed his/her diagnoses included Alzheimer's disease (progressive disease destroying memory cells and other important mental functions). Review of the resident's progress notes showed the following: -09/08/24 at 3:56 A.M., (Recorded as Late Entry on 09/09/2024 04:07), resident was not sleeping well. Has been in and out of bed several times through the night. Resident wandering halls when he/she gets up, opening doors, wandering into other resident rooms, taking their water cups and clothes, urinating in trash cans and waking other residents to talk with them. Brought to the lobby several times, then he/she wanted to go back to bed. Up within 15 to 30 minutes wandering into other resident rooms again; -09/08/24 at 6:00 P.M., resident continues to wander throughout facility and into other resident rooms. Frequently takes other residents' water pitchers; (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-On 09/09/24 at 4:07 A.M., resident not sleeping tonight, wandering halls, waking other residents to talk with them. Has been assisted to bed several times. Resident gets back up in 30 minutes. Able to hear resident talking with other residents in their rooms. Sitting in recliner in lobby at this time. Observation on 09/09/24 showed the following: -At 1:22 P.M., the resident ambulated from the dining room to the 100 hall, opened the door to occupied resident room [ROOM NUMBER] (not Resident #51's room), looked in and then closed the door; -At 1:24 P.M., the resident opened the door to occupied resident room [ROOM NUMBER] (not Resident #51's room), at which time staff redirected him/her by assisting him/her to a recliner in the common area. Observation on 09/10/24 showed the following: -At 5:25 A.M., the resident sat in a recliner across from the nurse's desk. An unlocked treatment cart sat outside of the medication room. No staff were observed in view; -At 5:35 A.M., the treatment cart remained unlocked as the resident walked past. No staff were observed in the area; -At 5:38 A.M., the resident entered the unlocked room adjacent to the nurse's station where the unlocked cart sat unattended. The resident then attempted to open the locked medication room door. There were no staff in view of the room or cart; -At 5:52 A.M., the resident opened the door to occupied resident room [ROOM NUMBER] (not Resident #51's room). A resident of the opposite sex yelled, This is the door to our room, go find your own room!; -At 6:00 A.M., the resident opened the refrigerator and freezer (at the end of 100 hall) and looked inside. He/She closed the doors and proceeded to lift the wooden blind slats by holding them up and looked out. He/She then entered the bathroom across the room. There were no staff in sight; -At 8:07 A.M., the resident opened the door to occupied resident room [ROOM NUMBER] (not Resident #51's room), glanced in and then opened the door to occupied resident room [ROOM NUMBER] (not Resident #51's room) and looked. During a group interview on 09/09/2024 at 2:10 P.M., 20 of 20 residents interviewed said there was a wandering resident that came into their rooms at all times of the day and night. Resident #36 and Resident #37 said they were afraid of Resident #51. During an interview on 09/09/24 at 4:00 P.M., Resident #36 said that awhile back, around 4:00 A.M., Resident #51 entered the living side of their rooms, went into their bathroom, opened the door leading to their bedroom and stared at them. It scared him/her to death. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 09/12/24 at 9:30 A.M., Resident #37 said he/she was afraid he/she would not be able to protect him/herself and spouse from Resident #51 when the resident entered their room due to being wheelchair bound and weak. During an interview on 09/09/24 at 10:50 A.M., Resident #53 said Resident #51 wandered in their room all the time. Resident #51 opened their bathroom door while he/she was in the bathroom and urinated in the trash can. Resident #53's roommate Resident #35 said, Why won't Resident #51 leave us alone? Resident #51 will open our door and either look in or come in and go through our stuff. We have to run Resident #51 off. Resident #35 said, Leave the door open. I want to hit(Resident #51 over the head with a pop bottle if he/she walks by. During an interview on 09/11/24 at 5:00 P.M., Certified Nurse Assistant (CNA) N said staff redirected Resident #41 by walking with the resident, letting the resident look out the dining room (if room is not full/ busy), or sometimes would have the resident look at a magazine. During an interview on 09/12/24 at 10:55 A.M., Licensed Practical Nurse (LPN) G said the following: -Staff have had issues trying to keep an eye on the resident; -Other residents get mad at the resident for going into their rooms; -One time the resident urinated in the trash can in the common area. During an interview on 09/12/24 at 10:35 A.M., LPN Q said the following: -He/She worked night shift; -Some nights the resident slept until around 4:00 A.M., sometimes not; -They only have three staff at night; -Staff try to keep an eye on the resident and catch him/her before he/she entered other residents' rooms; -Sometimes staff don't catch the resident and he/she has gone down the hall opening other residents' doors; -Residents have complained about the resident coming into their rooms and waking them up; -Sometimes on night shift it was hard to keep track of the resident. During an interview on 09/12/24 at 4:30 P.M., the Director of Nursing (DON) said the following: -Resident #51 had history of wandering prior to arriving at the facility; -There should be activities and interventions in place to prevent wandering; -Staff are to re-direct; (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-She had worked on all shifts and most of the time staff will see the resident before he/she entered rooms but sometimes they did not catch him in time; -They had only had one family complain so they added the safety knobs to the doors of other resident rooms to prevent the resident from entering. This meant the doors had to be shut and some residents did not want their doors to be shut. During an interview on 09/12/24 at 5:23 P.M., the administrator said the following: -She was aware of Resident #51's wandering; -Staff had talked about moving the resident to another room; -The resident liked to look out the windows and count; -A lot of the time the resident was usually looking for a bathroom and therefore would try all doors; -The resident liked water pitchers and at times he/she would have three or four of them; -They have educated staff to re-direct and placed safety knobs on some of the rooms; -She felt as though the facility had enough staff to supervise the resident on night shift.

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. 32899 Based on observation, interview, and record review, the facility failed to ensure staff followed infection control practices to prevent urinary tract infections for one resident (Resident #47), who had urinary catheter, in a review of 20 sampled residents. The facility identified six residents with urinary catheters. The facility census was 55. Review of the facility policy, Urinary Catheter Care, last revised 8/2022, showed the following: -The purpose of this procedure is to prevent urinary catheter-associated complications, including urinary tract infections. -Be sure the catheter tubing and drainage bag are kept off the floor. 1. Review of Resident #47's urine culture report, dated 5/18/24, showed the following: -Greater than 100,000 colony forming unit (CFU) /milliliter (ml) of pseudomonas aeruginosa (bacteria); -50,000-100,000 CFU/ml of proteus mirabilis (bacterium). Review of a physician fax, dated 5/20/24, showed an order for rocephin (antibiotic) one gram plus 2 ml of lidocaine (anesthetic effect) 1% intramuscular (injection into the muscle) daily times ten days. Review of the resident's Care Plan, dated 5/31/24, showed no documentation the resident had a urinary catheter or interventions to prevent urinary tract infections. Review of the resident's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument, dated 6/7/24, showed the following: -Moderately impaired cognition; -Indwelling urinary catheter; -Required substantial to maximum assistance with transfers; -Manual wheelchair for locomotion. Review of the resident's Physician Order Sheet (POS), dated September 2024, showed an order to change suprapubic catheter (tube inserted into bladder through the abdomen to drain urine) every three weeks. (continued on next page)

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the resident's undated care plan that hung in the resident's closet showed the resident had a urinary catheter. Review showed no guidance for how staff were to care for the urinary catheter. Observation on 9/9/24 at 11:00 A.M. showed the resident sat in his/her recliner in his/her room. The resident's urinary catheter drainage bag (inside a dignity bag) hung from the chair and the bottom of the bag rested on the floor. Observations on 9/10/24 at 5:30 A.M., 6:00 A.M., 6:30 A.M., and 7:18 A.M. showed the resident lay in his/her bed. The resident's urinary catheter drainage bag (inside a dignity bag) hung from the bed frame and touched the floor. Observation on 9/11/24 at 12:30 P.M. showed the resident sat in his/her wheelchair in the dining room. The resident's urinary catheter drainage bag (inside a dignity bag) hung under the resident's wheelchair and touched the floor. During an interview on 9/12/24 at 9:50 A.M., Certified Nurse Assistant (CNA) M said no part of a urinary drainage (urinary catheter) system should touch the floor. During an interview on 9/12/24 at 5:07 P.M., Licensed Practical Nurse G said no part of a urinary drainage system should touch the floor. During an interview on 9/25/24 at 12:53 P.M., Nurse Assistant (NA) L said the following: -Staff should hang a urinary catheter drainage bag from the cross bars under the wheelchair, in the side pocket of a recliner and from the bed frame; -No part of a urinary drainage bag or tubing should touch the floor because the floor was dirty. During an interview on 9/12/24 at 4:30 P.M., the interim Director of Nursing said no part of a urinary drainage system (tubing or drainage/dignity bag) should touch the floor.

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F 0728 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that nurse aides who have worked more than 4 months, are trained and competent; and nurse aides who have worked less than 4 months are enrolled in appropriate training. 45563 Based on interview and record review, the facility failed to ensure eight nurse aides (NA) (NA B, NA D, NA N, NA R, NA S, NA T, NA U and NA V) completed a nurse aide training program within four months of their employment in the facility. The facility census was 55. Review of the facility policy titled Nurse Aide Qualifications and Training Requirements revised August 2022 showed the following: -Nurse aides must undergo a state-approved training program; -The facility will not employ any individual as a nurse aide for more than four months full-time, temporary, per diem, or otherwise unless: -That individual is competent to provide designated nursing care and nursing related services; -That individual has completed a training program and competency evaluation program, or a competency evaluation program approved by the state; or -That individual has been deemed competent as provided in 483.150 (a) and (b) of the requirements of participation; -Nursing assistants failing to successfully complete the required training program within the first four months of their date of employment may be terminated from employment or may be reassigned to non-nursing related services. 1. Review of NA B's employee file showed the following: -Date of hire 1/29/24; -No current CNA certification. Review of NA D's employee file showed the following: -Date of hire 4/8/24; -No current CNA certification. Review of NA N's employee file showed the following: -Date of hire 2/22/24; -No current CNA certification. Review of NA R's employee file showed the following: (continued on next page)

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F 0728 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Date of hire 12/14/23; -No current CNA certification. Review of NA S's employee file showed the following: -Date of hire 6/16/23; -No current CNA certification. Review of NA T's employee file showed the following: -Date of hire 9/1/23; -No current CNA certification. Review of NA U's employee file showed the following: -Date of hire 1/5/24; -No current CNA certification. Review of NA V's employee file showed the following: -Date of hire 3/6/24; -No current CNA certification. During an interview on 9/10/24 at 6:09 A.M. NA B said the following: -He/She began Certified Nurse Aide (CNA) classes about one to one and a half months ago; -He/She began working at the facility as an NA in February or March. During an interview on 9/12/24 at 3:22 P.M. NA N said the following: -He/She used to be a Certified Nurse Aide (CNA) years ago; -He/She has been working in the facility since March 2024; -No one has mentioned enrolling him/her in CNA classes. During an interview on 912/24 at 2:55 P.M. the Human Resources/Administrative Assistant said the following: -CNA classes are completed online only; (continued on next page)

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F 0728 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-She had been unable to access the website to see where the NAs currently were in the process of completing the CNA class. During an interview on 9/12/24 at 4:30 P.M. the Director of Nursing said the following: -The HR director sets up CNA classes; -The nurses aides should be certified within four months of hire. During an interview on 9/12/24 at 5:25 P.M. the Administrator said the following: -She was aware several of the NAs had not completed their CNA certification within the four month timeframe; -The facility wanted to see if the employees were going to stick with the job before they spent the money on the CNA class.

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F 0761 Level of Harm - Minimal harm or potential for actual harm 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45563 Based on observation, interview, and record review, the facility failed to store medication in a locked compartment while left unattended and failed to return or destroy outdated medications. The facility census was 55. Review of the facility policy, Medication Labeling and Storage, revised February 2023, showed the following: -The facility stores all medications and biologicals in locked compartments under proper temperature, humidity, and light controls. Only authorized personnel have access to keys; -The nursing staff is responsible for maintaining medication storage and preparation areas in a clean, safe, and sanitary manner; -If the facility has discontinued, outdated, or deteriorated medications or biologicals, the dispensing pharmacy is contacted for instructions regarding returning or destroying these items; -Compartments (including, but not limited to, drawers, cabinets, rooms, refrigerators, carts, and boxes) containing medications and biologicals are locked when not in use, and trays or carts used to transport such items are not left unattended if open or otherwise potentially available to others. 1. Review of Resident #51's face sheet showed he/she admitted to the facility on [DATE]. Review of the resident's Wander Data Assessment, dated 04/16/24 showed the resident was at risk of getting to a potentially dangerous place. Review of the resident's Physician Order Sheets, dated 09/2024 showed his/her diagnoses included Alzheimer's (progressive disease destroying memory cells and other important mental functions) disease. Observations on 09/10/24 showed the following: -At 5:25 A.M., the resident sat in a recliner across from the nurse's desk. An unlocked treatment cart sat outside of the medication room. No staff were in view; -At 5:35 A.M., the treatment cart remained unlocked at the nurses station as the resident walked past; no staff were observed in the area; -At 5:38 A.M., the resident entered an unlocked room, adjacent to the nurse's station, where an unlocked medication cart sat unattended; there were no staff in view of the room or cart; -At 5:55 A.M., the treatment cart near the nurse's station remained unlocked and unattended; (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-At 7:42 A.M., the treatment cart was located in the hallway near room [ROOM NUMBER], unlocked and unattended; Licensed Practical Nurse (LPN) W was in a resident room down the hallway, in room [ROOM NUMBER]; the medication cart was not in his/her sight. Observation on 09/10/2024 at 7:15 A.M. showed LPN W retrieved alcohol wipes, a lancet, a blood glucose monitor and test strip, and a lantus insulin pen from the treatment cart to take into a resident's room. Observation on 09/12/2024 at 9:30 A.M. showed the treatment cart was unlocked and unattended at the nurse's station. No staff were observed in view. During an interview on 09/10/24 at 7:42 A.M., LPN W said the treatment cart should always be locked if unattended and he/she must have just forgotten to lock it when he/she went into the resident's room to check blood sugar and administer insulin. 2. Observation on 09/11/24 at 09:15 A.M., of the medication room showed an open bottle of oyster shell calcium (supplement) 500 milligram (mg), 36 tablets, opened 10/29/22, expired 04/2024. During an interview on 09/11/2024 at 9:05 A.M., Certified Medication Technician (CMT) H said the following: -Any stock or expired medications that could not be returned to the pharmacy were placed into the bin above the refrigerator for two nurses to destroy; -The other basket in the locked medication room was for medications that could be returned to the pharmacy. Staff wrote those medications on the medication return form and the evening medication technician sends those medications with pharmacy when they come; -The evening CMT was responsible for putting away the medication (over the counter) and checking all other expiration dates at least once a month. During an interview on 09/12/2024 at 4:30 P.M., the Director of Nursing (DON) said the following: -Medication and treatment carts should be locked at all times while unattended; -Expired medications should be discarded or returned to pharmacy.

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F 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45563 Based on observation, interview, and record review, the facility failed to offer a bedtime snack to all residents. The facility census was 55. Review of the facility policy titled Serving Snacks (Between Meals and Bedtime) revised September 2010 showed the following: -The purpose of this procedure is to provide the resident with adequate nutrition; -Review the resident's care plan and provide for any special needs of the resident. 1. During a group interview on 09/09/2024 a 2:10 P.M., 20 out of 20 residents said the following: -Bedtime snacks were not offered; -Staff do not come around to offer snacks in the evenings or at bedtime; -Sometimes there were snacks available at the nurse's station on a cart. Observation on 9/12/24 at 2:45 P.M. in the room beside the nurses' station showed a rolling cart filled with chocolate pudding, a carafe of coffee, [NAME] buddy bars, cereal, cheese crackers, popcorn and hot chocolate mix. During an interview on 9/9/24 at 12:48 P.M. Resident #6 said the following: -Staff do not pass snacks at bedtime; -He/She would eat a bedtime snack if offered. During an interview on 9/9/24 at 1:45 P.M. Resident #157 said the following: -Staff do not bring around snacks at bedtime; -Residents have to ask for a bedtime snack if they want one; -He/She would take a bedtime snack if offered. During an interview on 9/12/24 at 2:41 P.M. [NAME] P said the following: -In the afternoon the dietary department fills up a cart with snacks and takes it out to the nurses' station; (continued on next page)

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F 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-The cart was filled with cookies, [NAME] bars, cereal containers, chips, pudding, coffee and anything extra available; -The nursing department was responsible for passing bedtime snacks to the residents. During an interview on 9/12/24 at 2:39 P.M. Certified Nurse Aide (CNA) O said the following: -Staff only pass bedtime snacks to diabetic residents; -Staff do not pass or offer bedtime snacks to all residents. During an interview on 9/12/24 at 3:54 P.M. CNA I said the following: -He/She worked evening shift; -Staff have a cart of snacks available to be given to the residents at bedtime; -Staff do not take snacks around and ask all residents if they want a bedtime snack; -If a resident wants a bedtime snack they have to ask staff for a bedtime snack. During an interview on 9/12/24 at 4:30 P.M. the Director of Nursing said CNAs should offer bedtime snacks to all residents. During an interview on 9/12/24 at 5:25 P.M., the administrator said bedtime snacks should be offered to all residents.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32899 Based on observation, interview, and record review, the facility failed to ensure proper infection control practices were utilized for respiratory care supplies for two residents (Resident #9 and Resident # 19) out of 20 sampled residents when staff did not store nasal cannula oxygen tubing in a bag per policy instruction, when not in use and when the tubing had been on the floor and then later placed in the resident's nares. The facility failed to adhere to proper hand washing techniques and proper use of personal protective equipment while providing care for five resident's (Residents #38, #48, #47, #39 and #34) and failed to ensure a urinary drainage system did not touch the floor for one resident (Resident #37). The facility failed to ensure all procedures were implemented to address prevention, development, and transmission of Tuberculosis (TB) as directed by facility policy. The facility failed to ensure Tuberculin Skin Tests (TST; a small injection in the top layer of skin in the forearm that contains purified protein derivative, PPD) were completed and documented as directed by facility policy for three employees (Nurse Aide (NA) D, RN X and the Social Service Director/Activity Director) of six new employees reviewed. The facility census was 55. Review of the facility policy, Departmental (Respiratory Therapy)-Prevention of infection, revised November 2011, showed the following: -The purpose of this procedure is to guide prevention of infection associated with respiratory therapy tasks and equipment, including ventilators, among residents and staff; -Keep the oxygen cannula and tubing used as needed (PRN) in a plastic bag when not in use; -After completion of nebulizer therapy: a. Remove the nebulizer container; b. Rinse the container with fresh tap water; c. Dry on a clean paper towel or gauze sponge; d. Reconnect to the administration set-up when air dried; e. Take care not to contaminate internal nebulizer tubes; f. Wipe the mouthpiece with damp paper towel or gauze sponge; g. Store the circuit in a plastic bag, marked with date and resident's name between uses. 1. Review of Resident #9's face sheet showed the resident had a diagnosis of chronic obstructive pulmonary disease (COPD - a chronic lung disease caused by damage to the lungs, making it difficult to breathe). Review of the resident's September 2024 physician orders showed the following: (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Oxygen to maintain oxygen saturations (O2 sats) above 92 percent (%) (normal oxygen saturations is 95% to 100%); -No order regarding changing and/or storage of respiratory equipment. Observation of the resident's room on 09/09/24 at 10:50 A.M., showed the nasal cannula lying on the floor, contaminating the tubing and not in a storage bag. The tubing was dated 09/04/24. Observation of the resident's room on 09/10/24 at 5:25 A.M. showed the resident in bed with eyes closed, oxygen nasal cannula on the resident, tubing dated 09/04/24. The resident was using the contaminated tubing. Observation of the resident's room on 09/10/24 at 8:50 A.M. showed staff preparing to get the resident up, he/she had an oxygen nasal cannula in his/her nares and the tubing was dated 09/04/24. The resident was using contaminated tubing. 2. Review of Resident #19's face sheet showed the resident had a diagnoses of asthma (condition where airways narrow and swell, making breathing difficult) and obstructive hypertrophic cardiomyopathy (a disease where the heart muscle becomes thickened making it harder for the heart to pump blood and causing shortness of breath). Review of the resident's September 2024 physician orders showed the following: -Oxygen at two liters per minutes (2L)/ per nasal cannula (NC) at bedtime; -Oxygen at 2L/NC as needed. Observation of the resident's room on 09/09/24 at 10:45 showed the nasal cannula lying on the bedside table, and not in a storage bag. During an interview on 09/09/24 at 10:45 A.M. the resident said the nasal cannula was not always in a storage bag. During an interview on 09/12/24 at 4:30 P.M., the MDS/Care Plan coordinator said the following: -She would expect respiratory equipment to be stored in bags when not in use; -She would expect staff to follow facility policies. Review of the facility policy, Handwashing/Hand Hygiene, dated 2001, showed the following: -All personnel are expected to adhere to hand hygiene policies and practices to help prevent the spread of infections to other personnel, residents, and visitors; -Hand hygiene is indicated: -Immediately before touching a resident; (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Before performing an aseptic task (for example, placing an indwelling device or handling an invasive medical device); -After contact with blood, body fluids, or contaminated surfaces; -After touching a resident; -After touching the resident's environment; -Before moving from work on a soiled body site to a clean body site on the same resident; and; -Immediately after glove removal; -Use an alcohol-based hand rub containing at least 60% alcohol for most clinical situations; -Wash hands with soap and water; -When hands are visibly soiled; -After contact with a resident with infectious diarrhea including, but not limited to infections caused by norovirus, salmonella, shigella and C. difficile; -Single-use disposable gloves should be used: -The use of gloves does not replace hand washing/hand hygiene. Review of the facility policy, Personal Protective Equipment - Gloves, revised July 2009, showed the following: -All employees must wear gloves when touching blood, body fluids, secretions, excretions, mucous membranes, and/or non-intact skin; -Gloves shall be used only once and discarded into the appropriate receptacle located in the room in which the procedure is being performed; -The use of gloves will vary according to the procedure involved. The use of disposable gloves is indicated: -When it is likely that the employee's hands will come in contact with blood, body fluids, secretions, excretions, mucous membranes, and/or non-intact skin while performing the procedure; -When the employee has any cuts, wounds, or scrapes on his or her hands; -When the employee's hands are chapped or have a skin rash or skin condition; -When handling soiled linen or or items that may be contaminated; -During instrumental examination or oropharynx, gastrointestinal tract, and genitourinary tract; (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-When examining abraded or non-intact skin or patients with active bleeding; -During invasive procedures; -During all cleaning of blood, body fluids, and decontaminating procedures; -Wash your hands after removing gloves. Review of the facility policy, Enhanced Barrier Precautions, revised March 2024, showed the following: -Enhanced barrier precautions (EBPs) are used as an infection prevention and control intervention to reduce the transmission of multi-drug resistant organisms (MDROs) to residents; -EBPs employ targeted gown and glove use in addition to standard precautions during high contact resident care activities when contact precautions do not otherwise apply; -Gloves and gown are applied prior to performing the high contact resident care activity (as opposed to before entering the room); -Examples of high-contact resident care activities requiring the use of gown and gloves for EBPs include: -Providing hygiene; -Changing briefs or assisting with toileting; -Device care or use (central line, urinary catheter, feeding tube, tracheostomy/ventilator, etc,); -Wound care (any skin opening requiring a dressing); -EBPs are indicated (when contact precautions do not otherwise apply) for residents with wounds and/or indwelling medical devices regardless of MDRO colonization; -Wounds generally include chronic wounds (i.e., pressure ulcers, diabetic foot ulcers, venous stasis ulcers, and unhealed surgical wounds), not shorter-lasting wounds like skin breaks or skin tears; -Indwelling medical devices include central lines, urinary catheters, feeding tubes and tracheostomies; -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; -The facility may use EBP at its discretion for residents who do not have a chronic wound, indwelling medical device or infection/colonization with a CDC-targeted MDRO; (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Standard precautions apply to the care of all residents regardless of suspected or confirmed infection or colonization status; -Signs are posted in the door or wall outside the resident room indicating the type of precautions and PPE required; -PPE is available outside of the resident rooms. 3. Review of Resident #38's undated face sheet showed his/her diagnoses of pressure ulcer of sacral region (triangular bone in the lower back that connects the spine to the pelvis), stage two (partial thickness loss of dermis presenting as a shallow open ulcer with a red-pink wound bed, without slough or bruising). Review of the resident's care plan, revised 09/10/2024, did not identify need for or use of enhanced barrier precautions (EBP). Observation on 09/12/2024 at 10:30 A.M., of the resident's mini care plan inside of the closet, showed the following: -The resident received wound treatments to the coccyx (tailbone) as ordered; -Did not identify need for or use of EBP. Review of the resident's September 2024 physician orders showed the following: -Cleanse coccyx wound with wound cleanser, apply hydrogel (type of dressing change), collagen powder (powder substance used in wound treatments) and cover with foam dressing once a day in the morning. Observation on 09/12/2024 at 10:00 A.M. showed the following: -EBP signage noting that gown and gloves were required on the outside of the resident's door with only gloves available for use outside of the room; -Licensed Practical Nurse (LPN) G entered the resident's room without a gown, applied gloves and cleaned the bedside table with micro-kill disinfecting wipes, removed gloves, washed hands, and applied new gloves. He/She removed the resident's soiled dressing, doffed gloves, washed hands, applied new gloves, wiped resident's soiled buttock with wet wipes, removed gloves, washed hands, applied new gloves, cleansed the resident's coccyx with wound cleanser, applied hydrogel and collagen powder and covered the resident's pressure ulcers with foam dressing without wearing a gown. During an interview on 09/12/2024 at 10:00 A.M., LPN G said the following: -He/She should have worn a gown during the wound treatment and he/she forgot to do that; -He/She did not see any PPE (gowns) in the resident's room. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	4. Review of Resident #48's undated face sheet showed his/her diagnoses included type 2 diabetes mellitus with hyperglycemia (a long-term condition in which the body has trouble controlling blood sugar and using it for energy), anal abscess, cutaneous abscess (pus-filled lump that can appear anywhere on the body) and benign prostatic hyperplasia with lower urinary tract symptoms (prostate gland enlargement that can cause urination difficulty). Review of the resident's care plan, revised on 05/30/2024, showed the following: -The resident received insulin related to diabetes mellitus; -The resident was at risk for skin breakdown related to immobility. Review of the resident's September 2024 physician orders showed the following: -Humalog U-100 Insulin (insulin lispro) (fast acting medication used to treat diabetes) solution; 100 unit/milliliter (ml) (u/ml); subcutaneous (just beneath the skin); sliding scale (an amount of medication to be determined based on a blood sugar test (finger prick procedure to determine the amount of sugar in the blood)); before meals and at bedtime; -Lantus U-100 insulin (insulin glargine) (long acting medication used to treat diabetes) solution; 100 u/ml; amount: 14 units, once a day in the morning; -Lantus U-100 insulin (insulin glargine) solution; 100 u/ml; amount: 20 units, once a day at bedtime; -Apply sure prep (a barrier type of film) to right heel, every shift, in the morning and at night; -Follow skin and wound protocol. Observation on 09/10/2024 at 7:15 A.M. showed the following: -LPN W sanitized his/her hands and applied gloves;hand sanitized and donned gloves and gown; -LPN W wiped the resident's finger tip with alcohol, pricked the finger tip with the lancet, wiped the first drop of blood away, applied a drop of blood to the test strip, and read the resident's blood sugar result on the glucometer; -Wearing soiled gloves, LPN walked out of the resident's room to the treatment cart in the hallway, unlocked the cart and got in the cart to get the needle for the insulin pen, touching items with soiled gloves; (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-LPN W reentered the resident's room, and wearing the same gloves, administered 14 units of lantus insulin. LPN W then removed his/her gloves, washed hands, applied new gloves and removed the resident's heel float, applied sure prep to the fluid filled blister on the resident's right foot, placed the heel float back on the resident, checked the resident's blood pressure, reached into his/her scrub pocket to take out a thermometer to check the resident's temperature, reached into his/her pocket to remove the oxygen saturation monitor from his/her pocket and checked the resident's oxygen saturation, placed the oxygen saturation monitor and his/her phone back in his/her scrub pocket. LPN W then removed his/her gloves and washed hands. During an interview on 09/10/2024 at 7:25 A.M., LPN W said that he/she should have changed gloves and washed his/her hands in between dirty and clean tasks and just forgot. 5. Review of Resident #47's care plan, dated 06/01/24 showed the following: -At risk for skin breakdown; -Keep clean and dry as possible. Minimize skin exposure to moisture. -No documentation regarding bowel or bladder and no documentation the resident had a catheter. Review of the resident's quarterly MDS, dated [DATE] showed the resident had an indwelling urinary catheter and was continent of bowel. Observation on 9/10/24 at 7:28 A.M. showed the following: -The resident lay on his/her back in his/her bed; -Nurse Aide (NA) L entered the room, washed hands and donned gloves and gown and prepared the resident for incontinent care; -Certified Nurse Aide (CNA) M entered the room, and without washing hands, donned gloves and a gown; -NA L untaped the resident's brief and tucked the brief under the resident and cleaned the resident's front perineal area with wipes. Upon wiping down the center of the peri area, the right gloved hand became soiled with soft feces. NA L removed the soiled glove and without washing his/her hands or using hand sanitizer, regloved the right hand; -CNA M rolled the resident to his/her left side, exposing a feces soiled brief; -NA L wiped feces from the resident's buttocks, degloved and without washing his/her hands, regloved and with five to six more wipes, continued to wipe feces from the resident's buttocks and rectal area; -Without changing gloves or washing hands, he/she tucked the soiled pad, placed a clean brief under the resident and touching the resident's hip and back, rolled the resident to his/her right side; (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-CNA M removed the soiled brief, the resident rolled back to his/her back and with the same soiled gloves, NA L secured the clean brief in place; -NA L degloved and without washing hands, regloved and applied the resident's pants and shoes. 6. Review of Resident #39's care plan, dated 05/28/24 showed the following: -Keep skin clean and dry as possible; -The care plan did not address the presence of a feeding tube (a flexible plastic tube that delivers nutrition and fluids to the body when someone can not eat or drink safely by mouth). Review of the resident's annual MDS, dated [DATE] showed the following: -Presence of feeding tube; -Substantial to maximum assistance with bed mobility and personal hygiene; -Frequently incontinent of bladder. Observation on 09/10/24 at 6:09 A.M. showed the following: -EBP signage on the door instructed staff to wear a gown and gloves with cares; -The resident lay in bed where and had been incontinent of bladder; -Yellow EBP gowns lay on the counter near the sink; -NA N and NA B entered the room, washed hands and donned gloves and performed incontinent care on the resident; -NA N and NA B did not don gowns with cares. Review of the facility policy, Urinary Catheter Care, last revised 8/2022, showed the following: -The purpose of this procedure is to prevent urinary catheter-associated complications, including urinary tract infections. -Be sure the catheter tubing and drainage bag are kept off the floor. 7. Review of Resident #34's significant change MDS, dated [DATE] showed the following; -Substantial to maximum assist for personal hygiene; -Always incontinent of bladder; -Occasionally incontinent of bowel. (continued on next page)

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	265826	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Putnam County Care Center	1814 Oak Street Unionville, MO 63565

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the resident's care plan, dated 08/31/24, showed it did not address the resident's incontinence. Observation on 09/10/24 at 8:17 A.M. showed the following: -The resident lay in his/her bed; -NA L and CNA M entered the room and prepared to perform incontinent care for the resident; -With gloved hands, NA L picked up a trash can, touching the inside of the can and moved it near the bed, untaped the resident's incontinent brief and cleaned the resident's front perineal area with wipes; -Wearing the same soiled gloves, NA L and CNA M rolled the resident, touching the resident's hip and leg, to his/her right side; -NA L used four wipes to remove feces from the resident's rectal area, removed the feces soiled incontinent brief and placed it in the trash can. During an interview on 9/25/24 at 12:53 P.M. NA L said the following: -Hands should be washed before cares, with glove changes, when moving from dirty to clean areas and before exiting the room; -Gloves should be changed when they become soiled; -Staff should not touch clean clean areas/items with soiled hands; -EBP should be worn for residents with infections, wounds, catheters and feeding tubes. Review of the facility policy, Urinary Catheter Care, last revised 8/2022, showed the following: -The purpose of this procedure is to prevent urinary catheter-associated complications, including urinary tract infections. -Be sure the catheter tubing and drainage bag are kept off the floor. 8. Review of Resident #37's care plan, dated 05/12/24 showed the following: -Indwelling urinary catheter; -Catheter care will be managed appropriately; -Do not allow tubing or any part of the drainage system to touch the floor. Review of the resident's quarterly MDS, dated [DATE], showed the following: -Indwelling urinary catheter; (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Transfers with supervision to touch assist; -Used a wheelchair. Review of the resident's POS dated 09/2024 showed the following: -Diagnoses included obstructive uropathy (obstructed urine flow) and history of urinary tract infections; -Urinary catheter. Observations on 09/09/24 at 4:00 P.M. showed the resident sat in his/her wheelchair in his/her room where the catheter tubing lay on the floor. Observation on 09/10/24 at 7:34 A.M. showed the resident in the hallway in his/her wheelchair with the dignity bag touching the floor. Resident stood to walker and the urinary tubing drug the floor. Observation on 09/11/24 at 12:35 P.M. showed the resident sat in his/her wheelchair in the dining room where the catheter tubing lay under the wheelchair, on the floor. During an interview on 09/12/24 at 9:50 A.M., CNA M said no part of a urinary drainage system should touch the floor. During an interview on 09/25/24 at 12:53 P.M., NA L said the following: -A urinary drainage bag should be hung from the cross bars under the wheelchair, in the side pocket of a recliner and from the bed frame; -No part of a urinary drainage bag or tubing should touch the floor because the floor is dirty. Review of the facility policy, Employee Screening for Tuberculosis, revised March 2021 showed the following: -All employees are screened for latent tuberculosis infection (LTBI) ((when a person is infected with Mycobacterium tuberculosis (the bacteria causing TB), but does not have active tuberculosis)) and active TB disease, using TST or interferon gamma release assay (IGRA) (a blood test used to see whether a person has been infected with Mycobacterium tuberculosis (the bacteria causing TB)) and symptom screening prior to beginning employment; Screening: 1. Each newly hired employee is screened for LTBI and active TB disease after an employment offer has been made but prior to the employee's duty assignment; 2. Screening includes a baseline test for LTBI using either a TST or IGRA, individual risk assessment and symptom evaluation; (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	a. If the baseline test is negative and the individual risk assessment indicates no risk factors for acquiring TB, then no additional screening is indicated. 9. Review of Nurse Aide (NA) D's employee file showed the following: -Date of hire 04/08/24; -First TST administered 04/10/24; -First TST read 04/13/24; -The first TST had not been administered and read before the first day of resident contact; it was administered two days after contact and read five days after contact. 10. Review of Registered Nurse (RN) X's employee file showed the following: -Date of hire 03/23/24; -First TST administered 04/03/24; -First TST read 04/05/24; -The first TST had not been administered and read before the first day of resident contact; it was administered eleven days after contact and read thirteen days after contact. 11. Review of the Social Service Director/Activity Director's employee file showed the following: -Date of hire 09/06/23; -First TST administered 09/06/23; -First TST read 09/09/23 (three days after first day of resident contact). -The first TST had not been administered and read before the first day of resident contact; it was administered on the first day of resident contact and read three days after contact. During an interview on 09/12/24 at 5:07 P.M., LPN G said the charge nurse on shift was responsible for TB testing. During an interview on 09/12/24 at 2:55 P.M., the Human Resources/Administrative Assistant said the following: -No one person was responsible for new employee TB testing; -When a new employee was hired, the TB testing sheet was taken out to the nurses' station and the charge nurse administered the TST. During an interview on 9/12/24 at 4:30 P.M. the Director of Nursing said the following: (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-It has been a team effort to track to ensure new employee TB tests were administered and read as required; -There was no specific person responsible for ensuring employee TSTs were completed; -Currently the charge nurse on duty reads the employee TSTs; -The first TST should be administered 2-3 days before the first day of resident contact and read before resident contact; -Hands should be washed when they become soiled, with glove changes, and before and after cares; -Gloves should be changed anytime they become soiled or when moving from dirty to clean; -EBP should be worn during hands on care; -Oxygen tubing and nebulizer masks and tubing should be stored in plastic bags; -No part of a urinary catheter of dignity bag should touch the floor. During an interview on 9/12/24 at 5:25 P.M. the Administrator said she would expect employee TB testing to be completed per the regulation. Activities, Services 45563