

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265840	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/15/2025
NAME OF PROVIDER OR SUPPLIER  Neighborhoods Rehab & Skilled Nursing by Tigerplac		STREET ADDRESS, CITY, STATE, ZIP CODE  3003 Falling Leaf Court Columbia, MO 65201	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, facility staff failed to meet professional standards when staff failed to transcribe wound care orders for two resident's (Resident #3 and #4) who had wounds. Facility staff failed to document they provided wound care as ordered for one resident (Resident #4) of one sampled resident. The Facility's censuses was 90.</p> <p>1. Review of the Facility's Consulting Physician/Practitioner Orders policy, undated, showed:</p> <ul style="list-style-type: none"> <li>-Consulting physician/practitioner orders are those orders provided to the facility by a physician/practitioner other than the resident's attending physician/practitioner who is acting on behalf of the attending physician. A consulting physician/practitioner may include, but is not limited to, a resident's: wound clinic physician and Nurse practitioner, clinical nurse specialist, or physician assistant to any of the above physicians;</li> <li>-For consulting physician/practitioner orders received in writing or via fax, the nurse in a timely manner will: document the verification order by entering the order to include the time, date, and signature on the physician order sheet.</li> </ul> <p>Review of the Facility's Wound Treatment Management policy, undated, showed wound treatments will be provided in accordance with physician orders, including the cleaning method, type of dressing, and frequency of dressing changes.</p> <p>2. Review of Resident #3's admission Minimum Data Set (MDS), a federally mandated assessment tool, dated 01/16/25, showed staff assessed the resident as follows:</p> <ul style="list-style-type: none"> <li>-Cognitively intact;</li> <li>-Substantial maximal assistance with personal hygiene;</li> <li>-At risk for Pressure ulcer;</li> <li>-Stage three pressure ulcer;</li> <li>-Received Pressure ulcer care.</li> </ul> <p>Review of the resident's plan of care, dated 01/28/25, showed staff are directed to complete treatments as ordered.</p> <p>(continued on next page)</p>

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265840	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/15/2025
NAME OF PROVIDER OR SUPPLIER  Neighborhoods Rehab & Skilled Nursing by Tigerplac		STREET ADDRESS, CITY, STATE, ZIP CODE  3003 Falling Leaf Court Columbia, MO 65201	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the Physician Order Sheet (POS), dated April 2025, showed the following orders dated 03/15/2025:</p> <ul style="list-style-type: none"> <li>-Sodium Hypochlorite (1/4 strength) External Solution, apply to coccyx topically every shift for cleanse with normal saline, apply sodium hypochlorite moistened gauze abdominal pad, secure with medipore tape and change three times daily, ordered 02/14/25;</li> <li>-Collagenase 250 UNIT/Gram (U/GM) Apply to right hip topically every shift for wound care, cleanse right hip with normal saline, apply nickel size of collagenase to wound bed, lightly pack with kerlix and cover with Abdominal pad and affix with medipore tape three times a day.</li> </ul> <p>Review of the wound clinic noted, dated 04/11/25, showed staff documented the following:</p> <ul style="list-style-type: none"> <li>-Wound #2: Coccyx; cleanser: normal saline, 5 milliliters (ml) one times daily for 15 days;</li> </ul> <p>cleanser: soap and water one time daily for 15 days, gently cleanse wound with mild soap and rinse well with water, pat dry; primary dressing: Iodoform gauze strip 1/2 inch, three times daily for 15 days, Pack wound lightly using Iodoform strip. Use single continuous strip, do not cut/use multiple pieces. Cover with secondary dressing. Size will vary depending on size of wound opening; secondary dressing: abdominal pad, 5 by 9 (in/in), three times daily for 15 days; secure with: mediopore tape, 1 by 10 (in/yd), three times daily for 15 days.</p> <p>Review of the POS did not contain the new orders for Wound #2 Coccyx; cleanser: normal saline, 5 milliliters (ml) one times daily for 15 days; cleanser: soap and water one time daily for 15 days, gently cleanse wound with mild soap and rinse well with water, pat dry; primary dressing: Iodoform gauze strip 1/2 inch, three times daily for 15 days, Pack wound lightly using Iodoform strip. Use single continuous strip, do not cut/use multiple pieces. Cover with secondary dressing. Size will vary depending on size of wound opening; secondary dressing: abdominal pad, 5 by 9 (in/in), three times daily for 15 days; secure with: mediopore tape, 1 by 10 (in/yd), three times daily for 15 days.</p> <p>Review of the Treatment Administration Record (TAR), dated April 2025, showed:</p> <ul style="list-style-type: none"> <li>-Sodium hypochlorite administered 04/11/25 at 7 A.M., 3:00 P.M., and 11:00 P.M.;</li> <li>-Sodium hypochlorite administered 04/12/25 at 7 A.M., 3:00 P.M., and 11:00 P.M.;</li> <li>-Collagenase 250 U/GM administered 04/11/25 at 7 A.M., 3:00 P.M., and 11:00 P.M.;</li> <li>-Collagenase 250 U/GM administered 04/12/25 at 3:00 P.M. and 11:00 P.M.</li> </ul> <p>During an interview on 04/14/25 at 10:27 A.M., the wound nurse said the resident has a stage four (the most severe, characterized by full-thickness skin and tissue loss, potentially exposing muscle, tendon, ligament, cartilage, or bone) pressure wound. He/She said the resident's orders were not correct in the system because the nurse who received the orders did not change them after the wound clinic nurse saw him/her. The wound nurse said he/she puts in the orders if they are given to him/her, but he/she only works part time. He/She said it is the responsibility of the nurse who is in charge of that unit to update the orders in the system. He/She said it is important for orders to be right, to ensure proper healing.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265840	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/15/2025
NAME OF PROVIDER OR SUPPLIER  Neighborhoods Rehab & Skilled Nursing by Tigerplac		STREET ADDRESS, CITY, STATE, ZIP CODE  3003 Falling Leaf Court Columbia, MO 65201	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 04/14/25 at 11:36 A.M., LPN A said he/she did not receive this residents orders. LPN A said he/she is not sure who received the orders or why they were not put in. He/She said it is the responsibility of the nurse who receives the order, to put it in as soon as possible.</p> <p>3. Review of Resident #4's quarterly MDS, dated [DATE], showed staff assessed the resident as follows:</p> <ul style="list-style-type: none"> <li>-Cognitively intact;</li> <li>-At risk for pressure ulcer;</li> <li>-Stage three (deep wound characterized by full-thickness skin loss, where subcutaneous fat is visible, but bone, tendon, or muscle is not) pressure ulcer;</li> <li>-Received pressure ulcer care.</li> </ul> <p>Review of the residents plan of care, dated 02/03/25, showed the plan did not address the resident's wounds.</p> <p>Review of the Wound Clinic orders, dated 04/08/25, showed staff documented the following:</p> <ul style="list-style-type: none"> <li>-Wound #1: Left anterior lower leg: cleanser: normal saline, five milliliters (ml) one times daily for 30 days; cleanser: soap and water one time daily for 30 days, gently cleans wound with mild soap and rinse well with water, pat dry; primary dressing: Thermoform, one time daily for 30 days, apply Xerform to wound bed, keep off edges if able. May use double or triple layer if wound bed is drying out too fast/sticking to wound; secondary dressing: four by four inch/inch (in/in) sterile gauze woven one time per day for 30 days; secondary dressing: 4-inch sterile kerlix, 4.5 by 4.1 inches/Yard (in/yd) one time daily for 30 days; secured with: Medipore tape, four by two in/yd one time daily for 30 days.</li> <li>-Wound #3: Left inferior back: cleanser: normal saline, five ml one times daily for 30 days, cleanser: soap and water one time daily for 30 days, gently cleans wound with mild soap and rinse well with water, pat dry; primary dressing: Calcium Alginate silver four by eight inches one times daily for 30 days, Apply single layer of calcium alginate to wound bed. Dressing should soak up any additional drainage, transforming to a gel; secondary dressing: Abdominal pad, 8 by 10 (in/in) one times daily for 30 days; secondary dressing: Medipore tape, four by two (in/yd) one times daily for 30 days.</li> <li>-Wound #4: Right inferior back: cleanser: normal saline, five ml one times daily for 30 days; cleanser: soap and water one time daily for 30 days, gently cleans wound with mild soap and rinse well with water, pat dry; primary dressing: Calcium Alginate silver four by eight (in/in) one times daily for 30 days, Apply single layer of calcium alginate to wound bed. Dressing should soak up any additional drainage, transforming to a gel; secondary dressing: Abdominal pad, 8 by 10 (in/in) one times daily for 30 days; secondary dressing: Medipore tape, 4 by (in/yd) one times daily for 30 days;</li> </ul> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265840	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/15/2025
NAME OF PROVIDER OR SUPPLIER  Neighborhoods Rehab & Skilled Nursing by Tigerplac		STREET ADDRESS, CITY, STATE, ZIP CODE  3003 Falling Leaf Court Columbia, MO 65201	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Wound #6: Right sacrum: cleanser: normal saline, five ml one times daily for 30 days; cleanser: soap and water one time daily for 30 days, gently cleans wound with mild soap and rinse well with water, pat dry; primary dressing: Calcium Alginate silver four by eight (in/in) one times daily for 30 days, Apply single layer of calcium alginate to wound bed. Dressing should soak up any additional drainage, transforming to a gel; secondary dressing: Abdominal pad, 8 by 10 (in/in) one times daily for 30 days; secondary dressing: Medipore tape, 4 by 2 (in/yd) one times daily for 30 days.</p> <p>-Wound #7 Coccyx: cleanser: normal saline, five ml one times daily for 30 days;</p> <p>--Primary dressing: Calcium Alginate silver two by eight (in/in) one times daily for 30 days, Apply single layer of calcium alginate to wound bed. Dressing should soak up any additional drainage, transforming to a gel; secondary dressing: Bordered foam, three by three (in/in) one time a day for 30 days.</p> <p>Review of the POS, dated April 2025, showed physicia orders dated 03/25/25 as follows:</p> <p>-Left Anterior leg: wash with soap and water, pat dry, apply two by two xeroform to wound bed keeping off edges, cover with gauze and wrap with kerlix, secure with medipore daily every shift and as needed if soiled;</p> <p>-Left Inferior Back: cleanse with soap and water, pat dry, apply calcium alginate, cover with abdominal pad and medipore tape once daily every shift and as needed if soiled;</p> <p>-Right Inferior Back: wash with soap and water, pat dry, apply calcium alginate silver 4x8, cover with abdominal pad and medipore tape daily every shift and as needed;</p> <p>-Left Sacrum: wash with soap and water, pat dry, apply calcium alginate silver 4 by 8, cover with abdominal pad and medipore tape daily every shift and as needed;</p> <p>-Right Sacrum: wash with soap and water, pat dry, apply calcium alginate silver 4 by 8, cover with abdominal pad and medipore tape daily every shift and as needed.</p> <p>Review of the POS showed staff did not document new wound orders to include cleansing with normal saline and the use of calcaium aleinate silver for the left inferior back wound.</p> <p>Observation on 04/14/25 at 11:58 A.M., showed LPN A entered the resident's room to provide wound care. Observation showed the resident's left lower anterior leg did not have a bandage over the wound when the nurse entered. LPN A did not use normal saline to cleanse wound # 1, #3, #4, #6, #7. He/She cleaned the resident's left anterior lower leg wound with wound cleanser. He/She placed xeroform over the wound and covered with an adhesive bandage. He/She cleansed wound # 3, #4, #6 with water and covered with a foam dressing.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265840	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/15/2025
NAME OF PROVIDER OR SUPPLIER  Neighborhoods Rehab & Skilled Nursing by Tigerplac		STREET ADDRESS, CITY, STATE, ZIP CODE  3003 Falling Leaf Court Columbia, MO 65201	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 04/14/25 at 1:35 P.M., LPN A said he/she was the one who received the orders for this resident on 04/08/25. He/She said it is the responsibility of the person receiving the orders to put them in when they get them. He/She said it was an oversight he/she did not check the orders and adjust them in the computer. He/She said the order changes to add calcium alginate with silver. He/she said orders should be carried out as prescribed. LPN A said he/she did not clean any of the wounds with normal saline because it was not put on the orders. LPN A said he/she cleaned the leg wound with wound cleaner instead of soap and water, because it was an oversight. LPN A said he/she didn't realize he/she placed the wrong bandages, he/she said it was done in error. He/She said it is important to follow orders to assure proper healing.</p> <p>During an interview on 04/14/25 at 2:18 P.M., the Director of Nursing (DON) said it is the responsibility of nurse who receives the order to put the orders in as soon as they can. The DON said he/she expects the orders to be placed in the chart within 24 hours. He/She said he/she expects the nurses to follow the orders as prescribed, unless they don't have the proper supplies. He/She would expect them to contact the physician and obtain new orders if they do not have the correct supplies and place a note in the resident's chart. He/She was not aware staff were not putting in orders timely or performing wound treatments as prescribed.</p> <p>During an interview on 04/15/25 at 9:45 A.M., the administrator said whoever receives the orders should be updating the orders as soon as they receive them. He/She expects staff to perform wound care as ordered by the physician.</p> <p>MO00252596</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265840	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/15/2025
NAME OF PROVIDER OR SUPPLIER  Neighborhoods Rehab & Skilled Nursing by Tigerplac		STREET ADDRESS, CITY, STATE, ZIP CODE  3003 Falling Leaf Court Columbia, MO 65201	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and record review, facility staff failed to perform appropriate hand hygiene, and glove changes during wound care, failed to implement the Enhanced Barrier Precautions (EBP) policy when they did not educate, or alert staff of residents who required EBP, and failed to place appropriate personal protective equipment (PPE) in close proximity for one resident (Resident #4) with wounds out of one sampled residents. The facility's census was 90.</p> <p>1. Review of the Facility's Hand Hygiene policy, undated, showed staff are directed as follows:</p> <ul style="list-style-type: none"> <li>-All staff will perform hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors;</li> <li>-The use of gloves does not replace hand hygiene. If your task requires gloves, perform hand hygiene prior to donning gloves, and immediately after removing gloves;</li> <li>-Hand Hygiene Table: Use alcohol based hand rub, between resident contacts, after handling contaminated objects, before performing invasive procedures, before applying and after removing personal protective equipment (PPE), including gloves, before and after handling clean or soiled dressings, linens, etc, before performing resident care procedures;</li> <li>after handling items potentially contaminated with blood, bodily fluids, secretions, or excretions, and when, during resident care, moving from a contaminated body site to a clean body site.</li> </ul> <p>Review of the Facility's Enhanced Barrier Precaution policy, undated, showed staff are directed as follows:</p> <ul style="list-style-type: none"> <li>-An order for EBP will be obtained for residents with any of the following:</li> <li>-Wounds (Chronic wounds such as pressure ulcers);</li> <li>-Implementation of EBP:</li> <li>-Make gowns and gloves available immediately near or outside of the resident's room;</li> <li>-PPE for EBP is only necessary when performing high-contact care activities.</li> </ul> <p>Review of the Center for Disease Control (CDC's) Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs), dated April 2024, showed:</p> <ul style="list-style-type: none"> <li>-Enhanced Barrier Precautions (EBP) are an infection control intervention designed to reduce transmission of resistant organisms that employs targeted gown and glove use during high contact resident care activities.</li> <li>-EBP may be indicated (when Contact Precautions do not otherwise apply) for residents with any of the following:</li> </ul> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265840	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/15/2025
NAME OF PROVIDER OR SUPPLIER  Neighborhoods Rehab & Skilled Nursing by Tigerplac		STREET ADDRESS, CITY, STATE, ZIP CODE  3003 Falling Leaf Court Columbia, MO 65201	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Wounds or indwelling medical devices, regardless of MDRO colonization status</p> <p>-Effective implementation of EBP requires staff training on the proper use of personal protective equipment (PPE) and the availability of PPE and hand hygiene supplies at the point of care.</p> <p>2. Review of Resident #4's quarterly Minimum Data Set (MDS), a federally mandated assessment tool, dated 03/10/25, showed staff assessed the resident as follows:</p> <p>-Cognitively intact;</p> <p>-At risk for Pressure ulcer;</p> <p>-Stage three pressure ulcer;</p> <p>-Receives Pressure ulcer care.</p> <p>Review of the resident's POS, dated April 2025, showed the POS did not contain direction for staff on EBP.</p> <p>Review of the resident's plan of care, dated 02/03/25, showed staff assessed the resident at risk for pressure ulcers and did not contain direction for staff on EBP.</p> <p>Review of the wound nurse notes, dated 04/08/25, showed staff documented the following:</p> <p>-Wound one on left lower leg, anterior;</p> <p>-Wound three on left back, inferior;</p> <p>-Wound four on right back, inferior;</p> <p>-Wound five on left sacrum;</p> <p>-Wound six on right sacrum;</p> <p>-Wound seven on coccyx.</p> <p>Observation on 04/14/25 at 11:41 A.M., showed Licensed Practical Nurse (LPN) A opened the treatment cart and removed a package of rolled gauze. He/She removed a pair of scissors from his/her bag. He/She did not clean the scissors, perform hand hygiene or apply gloves before he/she opened the package of gauze and cut the gauze into squares with the scissors. He/She placed the gauze on the nurse treatment cart without a barrier.</p> <p>During an interview on 04/14/25 at 1:35 P.M., LPN A said he/she should have performed hand hygiene and applied gloves before he/she handled the gauze, should have cleaned the scissors before cutting the gauze and should have placed a barrier before he/she put the gauze on the treatment cart. LPN A said he/she didn't think about it. He/She said it is a cross-contamination concern because it was used during a wound treatment.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265840	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/15/2025
NAME OF PROVIDER OR SUPPLIER  Neighborhoods Rehab & Skilled Nursing by Tigerplac		STREET ADDRESS, CITY, STATE, ZIP CODE  3003 Falling Leaf Court Columbia, MO 65201	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 04/14/25 at 2:18 P.M., the Director of Nursing (DON) said he/she would expect staff to perform hand hygiene and apply gloves before opening the gauze. He/She said staff should use clean scissors to cut the gauze and all items should be placed on a barrier. He/She said it is important to keep all supplies used for treatments clean to prevent cross contamination.</p> <p>Observation on 04/14/25 at 11:58 A.M., LPN A entered the resident's room to perform wound care. The resident's room did not contain a sign to alert staff on the use of EBP or PPE in close proximity of the room. He/She placed the wound care supplies both on the resident's bed and bed side table without a barrier. He/She did not put on a gown before he/she removed the residents bandage to wounds #3, #4, #5, #6, and #7 on the resident buttock. He/She placed the dirty bandages on the resident's bed. He/She replaced his/her gloves, and did not perform hand hygiene. He/She used a washcloth to cleanse wound #3, #4, #5, #6, #7 on the residents buttock. He/she placed the washcloth on the resident's bedside table. He/She used the same gloves to cleanse wounds #3, #4, #5, #6, #7 with wound cleanser and gauze. He/She replaced his/her gloves and did not perform hand hygiene. He/She used the same gloves to open the packing container, tear off pieces, and packed the two wounds on the resident's right buttock. He/She removed his/her gloves and did not perform hand hygiene before he/she applied new gloves and covered the wounds on the right side of his/her buttock with a foam bandage. He/She tore a piece of packing from the same contaminated package. He/She held the packing in his/her right hand while he/she cleaned the residents left buttock wound. He/She then replaced the left glove while he/she still held the packing in the right glove. He/She packed the two left buttock wounds. He/She replaced his/her gloves and did not perform hand hygiene before he/she opened the resident's bandage and placed the bandage on the left buttock cheek wounds. He/She washed his/her hands and dried them with a paper towel. He/She used the same paper towel to place a piece of gauze on the resident's left lower leg wound. He/She applied gloves and cleaned the resident wound with the gauze. He/She removed the gloves and did not perform hand hygiene before he/she applied new gloves. He/She removed the scissors from his/her pocket and cut the petrolatum-based gauze to fit the wound. He/She changed his/her gloves and did not perform hand hygiene before he/she placed the bandage on the wound. He/She did not clean the resident's bed or bedside table before he/she left the resident's room.</p> <p>During an interview on 04/14/25 at 1:35 P.M., Licensed Practical Nurse (LPN) A said it is important to change gloves and perform hand hygiene any time you move from one task to another during wound care. He/She said it is especially important after removing the old bandages on multiple wounds. He/She said each wound should be treated separately to avoid cross contamination. He/She said anytime gloves are changed staff should wash their hands or sanitize to prevent cross contamination. LPN A said he/she usually does change gloves and perform hand hygiene between each task and usually cleans each wound individually, but he/she did forget to during this wound treatment. He/She said dirty rags and supplies should be placed in the trash and not on the resident's bed or bedside table. He/She said if other surfaces become in contact with soiled dressings, gauze or rags then those surfaces should be cleaned.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265840	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/15/2025
NAME OF PROVIDER OR SUPPLIER  Neighborhoods Rehab & Skilled Nursing by Tigerplac		STREET ADDRESS, CITY, STATE, ZIP CODE  3003 Falling Leaf Court Columbia, MO 65201	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 04/14/25 at 2:18 P.M., the DON said his/her expectation is that staff clean their hands before they begin the wound treatments. He/She expects staff to change gloves and perform hand hygiene after removing the soiled bandages and any time they go from one task to another. He/She said staff should perform hand hygiene any time they remove their gloves or before applying new ones. He/She said individual wounds should be treated individually. He/She said each order would be considered an individual wound. He/She said staff should treat each wound individually to prevent cross contamination. He/She said bandages, gauze and wash cloths should be placed into the appropriate bags and soiled items should not be placed on resident beds or bedside tables. He/She said placing items on other surfaces can cause cross contamination. The DON said he/she would expect staff to clean surfaces exposed to soiled bandages, gauze or washcloths. He/She said if a residents wound qualifies for EBP precautions he/she would expect the nurse or staff to put on a gown and gloves before providing wound care to the resident. The DON said he/she was not aware some staff were not wearing the gowns before performing resident care.</p> <p>During an interview on 04/15/25 at 9:45 A.M., the Administrator said he/she expects nurses to change gloves and perform hand hygiene between clean a dirty task. He/She said any time gloves are changed hands should be cleaned. He/She said each wound should be treated separately to prevent cross contamination. He/She said staff should be placing all dirty items used for wound care in a bag and not on beds or bed side tables. He/She said if items are placed on beds and bedside tables, staff should clean and disinfect the surfaces to prevent the spread of bacteria.</p> <p>During an interview on 04/14/25 at 2:18 P.M., the DON said it is his/her expectation that residents with wounds that require EBP, such as chronic wounds, should have EBP precautions in place. They should have a sign on their door to alert staff and should have PPE in close proximity. He/She said it is the nurse's job to place the signs on the resident doors. The DON said he/she is not familiar with this resident's wounds so is not sure why this resident does not have a sign on his/her door.</p> <p>During an interview on 04/15/25 at 9:45 A.M., the Administrator said any resident who is on EBP should have a sign on the door and PPE available. He/She said staff should wear gowns and gloves when providing direct care. The Administrator said he/she was not familiar with this resident's wounds and could not say for sure if he/she required EBP.</p> <p>MO00252596</p>		