

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265844	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/28/2024
NAME OF PROVIDER OR SUPPLIER Aurora Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1200 McCutchen Road Rolla, MO 65401	

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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>40424</p> <p>Based on observation, interview, and record review, facility staff failed to ensure resident's personal medical information was protected for two residents (Resident #9 and #281) of 11 sampled residents when staff left the Electronic Medical Information (EMR) open and unattended in a public area, posted care instructions for residents in a public hallway and failed to provide personal privacy for . The facility census was 83.</p> <p>1. Review of the facility's Resident Rights policy, dated 09/01/22, showed the resident has a right to personal privacy and confidentiality of his or her personal and medical records. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safety.</p> <p>2. Observation on 06/27/24 at 9:36 A.M., showed a tablet opened and unattended on the nurses' desk with resident personal information visible to visitors, residents and staff.</p> <p>During an interview on 06/28/24 at 9:33 A.M., Certified Nursing Assistant (CNA) D said if staff steps away from a screen, the screen should be cleared in order to ensure privacy. If any staff passes an open an unattended screen, they should close it.</p> <p>During an interview at 9:36 A.M., the Director of Nursing (DON) said the tablet should be closed down when unattended to provide privacy. He/She did not know why it was left open.</p> <p>During an interview on 06/28/24 at 9:46 A.M., Licensed Practical Nurse (LPN) C said the screen with the EMR should be cleared before staff steps away because the resident's private medical information would be visible. If staff passed by the open screen, staff should close it.</p> <p>During an interview on 06/28/24 at 10:59 A.M., the Corporate Quality Assurance representative said if staff works on the medical record, the record must be closed with staff leaves the screen. If staff passed an open screen, they should close the screen. Closing the screen is necessary to protect a resident's medical confidentiality.</p> <p>3. Observation on 06/25/24 at 11:27 A.M ., 6/26/24 at 2:15 P.M., and 06/27/24 at 11:46 A.M., showed the 300 hallway CNA station contained a posted sign visible to visitors, residents and staff contained the following resident information:</p> <p>-Nine resident names requested certain care givers only;</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-11 resident names used adaptive equipment and the type of equipment used; a sign indicating</p> <p>-A resident get up list with residents names listed for 100 hallway, 200 hallway, 300 hallway and 400 hallway;</p> <p>-Five resident names to sit at the assist table;</p> <p>-Five resident names to sit at the cue table;</p> <p>-Fiveresident names on thickened liquids and the consistency of the liquids;</p> <p>-The shower schedule for all hallways to include resident names and room numbers.</p> <p>4. Observation on 06/25/24 at 3:02 P.M., showed the ice chest on the 300 hallway with a laminated list of resident names and their current diet orders.</p> <p>5. During an interview on 06/28/24 at 8:55 A.M., Registered Nurse (RN) I said he/she is not aware of any resident specific information posted in the facility but would expect it to be hidden from visitors and residents to protect their privacy and dignity. He/She said all staff are responsible to ensure resident data is protected.</p> <p>During an interview on 06/28/24 at 10:58 A.M., the Corporate Quality Control staff said any data posted should not include resident names to protect the residents privacy.</p> <p>During an interview on 06/28/24 at 11:32 A.M., the administrator said resident information should be posted in their rooms and not visible to others to protect the residents privacy. He/She said he/she should have paid attention to those areas but did not.</p> <p>6. Observation on 06/26/24 at 10:29 A.M., showed Resident #9 in bed without pants on and a shirt pulled up to his/her chest. The door to the room open and the resident could be seen from the hallway.</p> <p>Observation on 06/27/24 at 2:59 P.M., showed the resident in bed without pants on and was exposed from the chest down. The door to the room open and the resident could be seen from the hallway. Observation showed staff walked by the resident room and did not assist the residents.</p> <p>7. Observation on 06/25/24 at 10:33 A.M., showed Resident #281 in bed with legs and bare chest exposed. The door to the room open and the resident could be seen from the hallway. The privacy curtain laid on the floor next to the bed. Observation showed staff walked by the resident room and did not assist the resident.</p> <p>Observation on 06/26/24 at 8:20 A.M., showed the resident in bed and did not have a privacy curtain available to provide privacy to the hallway. Observation showed staff walked by the resident room and did not assist the resident.</p> <p>(continued on next page)</p>		

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<p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 06/28/24 at 11:35 A.M., the administrator said he/she was not aware the curtain was down for the resident, but would expect all residents to have a privacy curtain around their bed. The administrator said when curtains are taken down to clean them, an alternate curtain should be hung in its place.</p> <p>8. During an interview on 06/28/24 at 8:05 A.M., CNA A said residents shouldn't be exposed to the hall. The door should be closed, or the resident covered back up. It would also be possible to pull the privacy curtain for the resident.</p> <p>During an interview on 06/28/24 at 8:16 A.M., CNA B said residents should not be exposed to the hallway if they are undressed. Staff could and should cover them with a bed sheet.</p> <p>During an interview on 06/28/24 at 8:23 A.M., LPN C said residents exposed to the hallway should not be left nude and instead should have the privacy curtain pulled or be covered with a blanket.</p> <p>During an interview on 06/28/24 at 11:05 A.M., the Director of Nursing said staff should provide privacy if a resident is exposed to the public. If a door can't be shut, staff can pull the privacy curtain, dress the resident, or cover them with a blanket.</p> <p>During an interview on 06/28/24 at 11:35 A.M., the administrator said staff should enter the room to pull the privacy curtain if a resident is exposed to the hall or open windows.</p> <p>42484</p> <p>43327</p>		

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<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40424</p> <p>42484</p> <p>Based on interview and record review, staff failed to maintain professional standards of care when staff failed to document follow-up neurological assessments after a fall for four (Resident #47, #60, #73, and #258) of four sampled residents. Facility staff failed to follow physician orders for two (Resident #21 and #73) out of nine residents who required tube feedings and/or skin assessments, failed to complete weekly weights for one (Resident #21) of four newly admitted residents. Staff failed to clarify a medication order and obtain lab values for one (Resident #5) of one resident who received Lithium (mood stablizer). The facility census was 83.</p> <p>1. Review of the facility's Incidents and Accidents Policy, reviewed/revised 09/01/22, showed it is the policy of this facility for staff to report, investigate, and review any accidents or incidents that occur or allegedly occur, on facility property and may involve or alleged involve a resident:</p> <ul style="list-style-type: none"> -Falls required an incident/accident report; -In the event of an unwitnessed fall or blow to the head, the nurse will initiate neurological checks as per protocol and document on the neurological flow sheet. Abnormal findings will be reported to the practitioner; -Documentation should include the date, time, nature of the incident, location, initial findings, immediate interventions, notifications and orders obtained or follow-up interventions. <p>2. Review of Resident #47's Admission Minimum Data Set (MDS), federally mandated assessment, dated 04/01/24, showed staff assessed the resident as follows:</p> <ul style="list-style-type: none"> -Cognitively intact; -Did not have falls since prior assessment and/or admission; -Required partial to moderate assistance transfers and to walk 10 feet; -Diagnoses of a stroke. <p>Review of the resident's medical record, dated 04/20/24, and 05/28/24, showed staff documented the resident had an unwitnessed fall on 04/20/24, and 05/28/24. Review showed the medical record did not contain documentation staff completed neurological checks.</p> <p>3. Review of Resident #60's Significant Change MDS, dated [DATE], showed staff assessed the resident as follows:</p> <ul style="list-style-type: none"> -Severely cognitively impaired; -Had one non-injury fall since prior assessment and/or admission; <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Required substantial to maximal assistance for personal assistance, bed mobility transfers, upper and lower body dressing;</p> <p>-Unable to walk;</p> <p>-Diagnosis of a stroke.</p> <p>Review of the resident's medical record showed staff documented the resident with an unwitnessed fall on 06/07/24. Review showed the medical record did not contain documentation staff completed neurological checks.</p> <p>4. Review of Resident #73's Admission MDS, dated [DATE], showed staff assessed the resident as follows:</p> <p>-Cognitively intact;</p> <p>-Had one non-injury fall since prior assessment and/or admission;</p> <p>-Required partial to moderate assistance for transfers and walking 10 feet or more.</p> <p>Review of the resident's medical record showed staff documented on 05/21/24 an unwitnessed fall and the resident reported a fall on 05/24/24. Review showed the medical record did not contain documentation staff completed neurological checks.</p> <p>5. Review of Resident #258's Admission MDS, dated [DATE], showed staff assessed the resident as follows:</p> <p>- Cognitively impaired;</p> <p>- Did not contain assessment of functional ability documented;</p> <p>- Diagnosis of heart failure.</p> <p>Review of the resident's medical record showed staff documented on 06/13/24 the resident with an unwitnessed fall on 06/13/24. Review showed the medical record did not contain documentation staff completed neurological checks.</p> <p>6. During an interview on 06/28/24 at 9:45 A.M., Licensed Practical Nurse (LPN) C said neurological checks should be done if a resident hits their head or has an unwitnessed fall. If the neuro checks are not done, nursing could miss a brain bleed. After a fall the charge nurse should check the resident from head to toe. If the fall is unwitnessed, and if the resident has impaired cognition, neurological checks should be done according to a fall protocol and scanned into the electronic medical record.</p> <p>During an interview on 06/28/24 at 10:59 A.M., the Director of Nursing (DON) said if a resident has an unwitnessed fall, the resident needs neurological checks every 15 minutes for a certain amount of time, and then hourly after that. If the checks are not done, the resident could suffer a serious brain injury. The charge nurse is responsible for the assessments and follow up.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 06/28/24 at 11:29 A.M., the administrator said if a resident has an unwitnessed fall or hits their head, the charge nurse should immediately do a full assessment to note if there is an injury, and after that do neurological checks for the next 72 hours.</p> <p>7. Review of the facility's Medication Administration policy, reviewed/revised 09/01/22, showed medications are administered as ordered by the physician and in accordance with professional standards of practice.</p> <p>Review of the facility's Medical Provider Order policy, reviewed/revised 04/07/22, showed staff are instructed to:</p> <ul style="list-style-type: none"> -Follow all valid medical provider orders timely unless there is an emergency which would temporarily delay the implementation of the order; -Orders should be reviewed prior to administration of medication to validate the order contains all required elements. -Orders should be reviewed prior to administration of medication to validate the order contains all required elements. -If an order does not contain all the required elements, staff should contact the ordering provider for clarification of the order prior to implementation of the order. -The policy did not address direction of standard facility orders. <p>Review of the facility's Weight Monitoring Policy, reviewed/revised 01/09/22, showed staff are instructed to:</p> <ul style="list-style-type: none"> -Develop a weight monitoring schedule upon admission; -Newly admitted residents - monitor weight weekly for four weeks. <p>8. Review of Resident #21's Annual MDS, dated [DATE], showed staff assessed the resident as:</p> <ul style="list-style-type: none"> -Cognitively intact; -Dependent for eating; -Received 51% of more of his/her nutrition from a feeding tube; -Received 510 cubic centimeters ((cc) a measure of volume in the metric system) average fluid intake from the tube feeding. <p>Review of Resident #21's medical record showed:</p> <ul style="list-style-type: none"> -admitted [DATE]; -Diagnosis of Malignant neoplasm (cancer) of the lower third of the esophagus; <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Severe protein-calorie malnutrition;</p> <p>-Did not contain an order for weights:</p> <p>-Did not contain documentation of weekly weights for four weeks.</p> <p>Review of the resident's Physician Order Sheet (POS), dated June 2024, showed staff are instructed to administer:</p> <p>-Gastric tube 20 milliliter (mL) flush four times a day;</p> <p>-Glucema (gastric tube feeding) 1.2 give 250 mL six times a day;</p> <p>-Nutren 1.5. Give two cartons at breakfast, lunch and dinner via g-tube with meals for esophageal cancer.</p> <p>Review of the resident's Medication Administration Record (MAR), dated May 2024 and June 2024, showed staff did not document the resident received:</p> <p>-Two cartons of Nutren for one meal on 06/20/24;</p> <p>-A dose of Glucema on 05/24/24 and 05/29/24;</p> <p>-A 200 mL flush on 05/04/24, 06/04/24, 06/05/24, 06/06/24, 06/07/24, 06/11/24, 06/14/24 and 06/25/24.</p> <p>During an interview on 06/28/24 at 9:45 A.M., LPN C said weights should be done on new residents weekly for four weeks unless the physician orders them more frequently. If the charge nurse notices the physician orders do not have an order for weights, the physician should be called to get an order for weights. The orders would be a part of the TAR and if there are blanks in the TAR, it means the resident did not receive the treatment. LPN C said all tube feedings are important to maintain the resident's weight. The missing feedings were not done, but may have been omitted because the resident was out of the building and it was not documented properly.</p> <p>During an interview on 06/28/24 at 9:55 A.M., the dietician said the resident should be weighed weekly for four weeks and then monthly. The dietician said tube feedings were important for the resident to maintain weight.</p> <p>During an interview on 06/28/24 at 10:59 A.M., the DON said residents should be weighed once a week for four weeks and then monthly. The DON said the orders should be placed in the POS, and if they were missing, the charge nurse should assure the orders for weights are obtained.</p> <p>During an interview on 06/28/24 at 11:29 A.M., the administrator said it was policy to weigh a newly admitted resident once a week for four weeks. He/She said the resident should have been weighed four times in the first month the resident was at the facility. The administrator said the weights should be documented, and if not documented, it did not happen.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>9. Review of Resident #73's Admission MDS, dated [DATE], showed staff assessed the resident as follows:</p> <ul style="list-style-type: none"> -Cognitively intact; -High risk of pressure ulcers; -One Stage II pressure ulcer (the sore has broken through the top layer of the skin and part of the layer below). <p>Review of the resident's POS, dated June 2024, showed an order, dated 05/15/24, to complete a weekly skin assessment every Wednesday on the evening shift.</p> <p>Review of the resident's medical record showed staff did not document a weekly skin assessment for the week of 06/02/24 and 06/17/24.</p> <p>10. Review of Resident #5's Admission, MDS dated [DATE] showed staff assessed the resident as:</p> <ul style="list-style-type: none"> -Cognitively intact; -Dependent on staff for eating; -Complained of pain and difficulty swallowing; -Used a feeding tube and received greater than 51 percent calories and average fluid intake through the tube; -Diagnosis of stroke and aphagia (difficulty with communication). <p>Review of the resident's POS, dated June 2024, showed the physician directed staff to administer</p> <ul style="list-style-type: none"> -Bisacodyl Delayed-release (for constipation) 5 mg by mouth daily; -Docusate Sodium (for constipation) liquid, 50 mg per 5 milliliters (ml), give 5 ml by mouth daily at bedtime; -Ondansetron (for nausea) 4 mg by mouth every eight hours as needed for nausea and/or vomiting; -Nothing by mouth; -Carbidopa-levodopa 25/100 (for symptoms of shaking and tremors) two tablets by mouth four times a day; -Lorazepam (an antianxiety medication) 50 mg by mouth every twelve hours. <p>Review of the resident's care plan, dated 06/25/24, showed staff assessed the resident required a feeding tube, to have nothing by mouth and to administer medication as ordered.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 06/25/24 at 03:10 P.M., the resident said he/she does not receive any medications by mouth. He/She said all medication and food go through his/her feeding tube.</p> <p>During an interview on 06/28/24 at 08:55 A.M., Registered Nurse (RN) I said if a resident is to have nothing by mouth, then they are not to receive anything by mouth or risk aspiration (inhaling of substance into the lungs). He/She said he/she was not aware of the conflict with the resident but would expect staff to clarify the order before administering it. He/She said the nurse accepting the order should clarify the medication with the physician to include the route.</p> <p>During an interview on 06/28/24 at 10:58 A.M., the DON said chart audits should be done monthly by the Interdisciplinary team (IDT) and the pharmacist. He/She said if a resident is to have nothing by mouth, then they should not receive medication by mouth and did not know why the resident had orders stating by mouth.</p> <p>11. Review of Resident #45's Admission MDS, dated [DATE], showed staff assessed the resident as follows:</p> <p>-Cognitively intact;</p> <p>-Diagnoses of anxiety, depression, and bipolar disease.</p> <p>Review of the resident's POS, dated June 2024 showed an order directed staff to administer Lithium Carbonate 00 mg daily at bedtime. Review showed the POS did not contain an order for lithium level.</p> <p>During an interview on 06/28/24 at 08:53 A.M., RN I said residents should have blood work periodically when they take certain medications like lithium. He/She said lithium can be toxic to some people if not monitored. He/She did not know if the resident has blood work for his/her lithium use but should have and would check into it. He/She said the person accepting the order should double check for blood work to correlate with the drug use.</p> <p>During an interview on 06/28/24 at 11:32 A.M., the administrator said he/she is not a nurse but would expect that if the drug required blood work that an order is obtained by nursing. He/She said there are monthly audits completed during the IDT meeting and charts are reviewed and updated at that time. He/She was not sure why there was no blood work.</p> <p>43327</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40424</p> <p>Based on observation, interview, and record review, facility staff failed to provide bathing and personal hygiene for six (Resident #9, #17, #21, #32, #46, and #47) out of twelve sampled dependent residents . The facility census was 83.</p> <p>1. Review of the facility's Resident Showers policy, dated 2021, showed it is the practice of this facility to assist residents with bathing to maintain proper hygiene, stimulate circulation and help prevent skin issues as per current standards of practice. Residents will be provided showers as per request or as per facility schedule protocols and based upon resident safety. The Certified Nurse Aid (CNA) will assess the skin for any changes while performing bathing and inform the nurse of any changes.</p> <p>2. Review of Resident #9's Quarterly Minimum Data Set (MDS), a federally mandated assessment tool, dated 06/15/24, showed staff assessed the resident as:</p> <ul style="list-style-type: none"> -Moderate cognitive impairment; -Total dependence of staff with bathing; -Moderate assistance of staff with personal hygiene -Diagnoses Alzheimer's disease. <p>Review of the resident's care plan, dated 05/22/24, showed staff documented the resident required extensive assist with bathing/showering twice weekly and as needed. Review showed the resident required extensive assist with one staff for personal hygiene and oral care.</p> <p>Review of the resident's care summary, dated 04/01/24 through 06/27/24, showed staff documented the resident received a shower on 04/09/24, 04/13/24, 04/21/24, 04/28/24, 05/09/24, 05/18/24, 05/30/24, 06/05/24, and 06/08/24.</p> <p>Observation on 06/26/24 at 9:03 A.M., showed the resident hair greasy and disheveled.</p> <p>Observation on 06/27/24 at 2:57 P.M., showed the resident in bed with greasy, disheveled hair and with a strong odor of urine.</p> <p>3. Review of Resident #17's Quarterly MDS, dated [DATE], showed staff assessed the resident as follows:</p> <ul style="list-style-type: none"> -Moderate cognitive impairment; -Showering moderate assist; -Personal hygiene supervision; <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Diagnosis of Alzheimer's, asthma, and hypertension.</p> <p>Review of the resident's care plan, dated 06/24/24, showed staff were directed as follows:</p> <ul style="list-style-type: none"> -Requires supervision with ADL's; -Showering requires one staff assistance two times weekly and as necessary; -Personal hygiene supervision. <p>Review of the resident's care summary, dated 04/01/24 through 06/27/24, showed staff documented the resident received a shower on 04/09/24, 05/23/24, and 06/12/24.</p> <p>Observation on 06/26/24 at 9:07 A.M., showed the resident with disheveled hair and strong body odor dressed in stained jeans.</p> <p>Observation on 06/27/24 at 2:53 P.M., showed the resident with a strong body odor and dressed in stained jeans.</p> <p>During an interview on 06/27/24 at 2:55 P.M., the resident said he/she had not received a shower in over two weeks and did not like to go that long without showering.</p> <p>4. Review of Resident #21's Annual MDS, dated [DATE], showed staff assessed the resident as follows:</p> <ul style="list-style-type: none"> -Cognitively intact; -Showering maximal assistance; -Personal hygiene moderate assistance; -Diagnoses of cancer and arthritis, <p>Review of the resident's care plan, dated 06/10/24, showed staff were directed as follows:</p> <ul style="list-style-type: none"> -Requires moderate assistance with ADL's; -Showering extensive assist of one to two staff; -Personal hygiene requires moderate assist. <p>Review of the resident's care summary, dated 05/16/24 through 06/27/24, showed staff documented the resident received one shower on 06/27/24.</p> <p>Observation on 06/25/24 at 10:58 A.M., showed the resident with greasy hair and a greasy sheen to the skin with body odor present.</p> <p>(continued on next page)</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 06/26/24 at 08:38 A.M., showed the resident with greasy hair and a greasy sheen to the skin with body odor present.</p> <p>During an interview on 06/25/24 at 10:58 A.M., the resident said he/she had not had a shower for several weeks and did not like feeling unclean.</p> <p>5. Review of Resident #32's Quarterly MDS, dated [DATE], showed staff assessed the resident as follows:</p> <ul style="list-style-type: none"> -Cognitively intact; -Showering dependent; -Personal hygiene moderate assistance; -Diagnosis of renal failure, diabetes mellitus, stroke, hemiplegia, seizure disorder, and depression. <p>Review of the resident's care plan, dated 06/04/24, showed staff were directed as follows;</p> <ul style="list-style-type: none"> -Requires extensive assistance with ADL's; -Showering requires assist of one to two staff; -Personal hygiene requires extensive assist. <p>Review of the resident's care summary, dated 04/01/24 through 06/27/24, showed staff documented the resident received a shower on 04/10/24, 04/12/24, 04/28/24, 05/28/24, and 06/11/24.</p> <p>Observation on 06/25/24 at 3:00 P.M., showed the resident had greasy disheveled appearing hair and skin.</p> <p>Observation on 06/27/24 at 3:02 P.M., showed the resident in the dining room with greasy disheveled hair pulled back in a ponytail. The resident's skin had a greasy sheen on it.</p> <p>During an interview on 06/25/24 at 3:15 P.M., the resident said his/her hair gets greasy and he/she does not feel clean which is important.</p> <p>6. Review of Resident #46's Admission MDS, dated [DATE], showed staff assessed the resident as follows:</p> <ul style="list-style-type: none"> -Cognitively intact; -Showering dependent; -Personal hygiene moderate assistance; -Diagnosis of heart failure, arthritis, urinary tract infection, Alzheimer's Disease, and a stroke. <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the residents care plan, dated 03/13/24, showed staff were directed as follows:</p> <ul style="list-style-type: none"> -Requires extensive assistance with ADL's; -Showering requires assist of one to two staff; -Personal hygiene requires extensive assist. <p>Review of the resident's care summary, dated 04/01/24 through 06/27/24, showed staff documented the resident received a shower on 04/20/24, 05/09/24, 05/30/24, and 06/14/24.</p> <p>Observation on 06/25/24 at 03:09 P.M., showed the resident with greasy hair wearing blue shorts and a blue and white Hawaiian shirt.</p> <p>Observation on 06/27/24 at 03:20 P.M., showed the resident with greasy hair wearing blue shorts and a blue and white Hawaiian shirt.</p> <p>During an interview on 06/26/24 at 10:29 A.M., the resident said he/she was not getting showers as often as he/she would like to have them. The resident said showers should be every other day, but that doesn't happen.</p> <p>7. Review of Resident #47's Admission MDS, dated [DATE], showed staff assessed the resident as follows:</p> <ul style="list-style-type: none"> -Cognitively intact; -Showering maximal assistance; -Personal hygiene moderate assistance; -Diagnosis of heart failure, respiratory failure, pneumonia, urinary tract infection, arthritis, urinary tract infection, stroke, anxiety and depression. <p>Review of the resident's care plan, dated 05/22/24, showed staff were directed as follows:</p> <ul style="list-style-type: none"> -Requires moderate assistance with ADL's; -Showering requires moderate to maximal assist; -Personal hygiene requires supervision to moderate assist. <p>Review of the resident's care summary, dated 04/01/24 through 06/27/24, showed staff documented the resident received a shower on 06/13/24.</p> <p>Observation on 06/25/24 at 11:23 A.M., showed the resident with a dull greasy sheen on the skin, and disheveled greasy hair, appearing almost wet.</p> <p>(continued on next page)</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 06/26/24 at 09:39 A.M., showed the resident with a dull greasy sheen on the skin, and disheveled greasy hair, appearing wet.</p> <p>Observation on 06/28/24 at 9:33 A.M., showed the resident with a dull greasy sheen on the skin, and disheveled greasy hair, appearing almost wet.</p> <p>During an interview on 06/25/24 at 11:23 A.M., the resident said showers were rare and residents had to request them. The resident said he/she was reluctant to request a shower because staff was too busy.</p> <p>8. During an interview on 06/28/24 at 8:01 A.M., CNA A said there is a schedule for showers that we look at to see if any showers are missed. The showers are not getting done because we don't have enough staff. Personal hygiene should be done before a resident leaves their room.</p> <p>During an interview on 06/28/24 at 8:15 A.M., CNA B said showers should be done two or three times a week. Personal hygiene should be done before a resident leaves the room.</p> <p>During an interview on 06/28/24 at 8:25 A.M., Licensed Practical Nurse (LPN) C said showers should be done twice a week or more or more if requested. He/She said staff are not doing a good job at this right now. All personal hygiene should be done for dependent residents before they leave their room.</p> <p>During an interview on 06/28/24 at 10:58 A.M., the Director of Nursing said showers should be done twice a week per policy unless otherwise requested. Personal hygiene and showers should be documented in the residents electronic health record and on paper skin assessments. He/She thinks the showers are being done but not documented.</p> <p>During an interview on 06/28/24 at 11:29 A.M., the Administrator said we have one shower aide and need two. Showers should be documented in the residents' electronic health record and on skin assessment sheet. He/She said some residents show as not receiving showers and they should be clean and odor free.</p> <p>MO00237780</p> <p>42484</p> <p>43327</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40424</p> <p>42484</p> <p>43327</p> <p>Based on observation, interview and record review, facility staff failed to ensure residents' environment remained free of accident hazards when staff did not remove chemicals in the dining room during a meal service, and failed to assess self-administration of medication safety for two (Resident #45 and #283) out of two sampled residents who had medication in his/her room in reach. The facility census was 83.</p> <p>1. Review of the facility's policies showed staff did not provide a policy for chemical storage or chemical safety.</p> <p>2. Observation on 06/25/24 at 11:52 A.M. through 1:18 P.M., showed a container of sanitizing wipes on dining room table. Five residents sat at the table with the sanitizing wipes.</p> <p>During an interview on 06/28/24 at 8:42 A.M., Certified Nurse Aide (CNA) D said chemicals should not be stored in the dining room or any resident could get hurt with them.</p> <p>During an interview on 06/28/24 at 8:55 A.M., Registered Nurse (RN) I said all chemicals should not be stored in resident reach at any time or the resident could accidentally drink them.</p> <p>During an interview on 06/28/24 at 10:58 A.M., the Corporate Quality Control staff said due to the fact some residents have dementia, it is not safe to store chemicals in reach. Chemicals should be kept in drawers or locked cabinets at all times.</p> <p>During an interview on 06/28/24 at 11:32 A.M., the administrator said chemicals should not be kept in reach of residents, especially those with dementia for safety reasons.</p> <p>3. Review of the facility's Self-Administration of Medications policy, dated September 2021 showed:</p> <p>-A resident may only self-administer medications after the facility Interdisciplinary Team (IDT) has determined which medications may be self-administered safety;</p> <p>-The IDT should at minimum consider the following: the medications are appropriate and safe for self-administration, the residents physical capacity to swallow and open bottles, the resident's cognitive status, the resident's capability to follow directions and tell time, the resident's comprehension of instructions and when to report to facility staff, the resident's ability to understand what a refusal is, and ability to ensure that medication is stored safely and securely;</p> <p>-The results of the IDT assessment are recorded on the Medication Self-Administration form which is located in the medical record;</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-All nurses and aides are required to report to the charge nurse on duty any medication found at the bedside not authorized for beside storage;</p> <p>-The care plan must reflect resident self-administration and storage arrangements for medications;</p> <p>-A re-assessment for safety must at minimum be considered by the IDT for a significant change in status or medication error.</p> <p>4. Review of Resident #45's Admission MDS, dated [DATE], showed staff assessed the resident as cognitively intact and diagnosed with Chronic Obstructive Pulmonary Disease (COPD)(a disease that affects the ability to breath appropriately).</p> <p>Review of the resident's care plan, dated 06/10/24, showed the care plan did not contain direction for the use of an inhaler, ability to self-administer medications or keep at bedside.</p> <p>Review of the resident's POS, dated June 2024, showed an order for Albuterol Sulfate HFA Inhaler (generic for Ventolin, used for COPD), inhale two puffs orally every four hours as needed for shortness of breath. The POS did not contain an order for the resident to self-administer medication.</p> <p>Review of the resident's medical record showed the record did not contain a self-medication assessment.</p> <p>Observation on 06/25/24 at 8:51 A.M., showed the resident in his/her room with a open inhaler labeled Ventolin.</p> <p>During an interview on 06/25/24 at 8:51 A.M., the resident said he/she brought the inhaler from home so he/she could use it when he/she needed it. He/she said he/she didn't know if he/she had an order for it or not, but used it when he/she was at home and was planning on going home soon. He/She said he/she leaves it on the table so its available when needed. He/She said that staff knows he/she has it.</p> <p>5. Review of Resident #283's Admission MDS, dated [DATE], showed staff assessed the resident as cognitively intact and diagnosed with Gastrointestinal Reflux Disease.</p> <p>Review of the resident's POS, dated June 2024, showed the POS did not contain an order to self-administer medication.</p> <p>Review of the resident's care plan, dated 06/26/24, showed the care plan did not contain direction for the use of antacid medication, ability to self-administer medications or keep medication at bedside.</p> <p>Review of the resident's medical record showed the record did not contain a self-medication assessment.</p> <p>Observation on 06/25/24 at 11:03 A.M., showed the resident in his/her room. Observation showed a clear medication cup sat on the overbed table and contained two round tablets.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 06/25/24 at 11:03 A.M., the resident said he/she gets really bad heartburn and takes antacids at home to help. He/She said the staff gave him the antacids to take when he/she needs it.</p> <p>6. During an interview on 06/28/24 at 08:14 A.M., Certified Medication Technician (CMT) E said he/she is not aware of any residents' care planned to have medication at the bedside. He/She said if residents keep medication at the bed side, then they need to have a physician order in place.</p> <p>During an interview on 06/28/24 at 08:55 A.M., RN I said residents are supposed to be assessed to be able to self-administer medications and then have an order in place. He/She was not aware of any residents approved to keep medication at bedside. He/She said residents who bring medications from home are instructed staff need to know what the medications are so an order can be obtained and the resident stays safe and not at risk for taking more medication than what is ordered. He/She said the admitting nurse is responsible to ensure that the resident turns over any home medications. He/She said sometimes families will bring in items and not always report them or the resident will go home for the day and bring them back with them.</p> <p>During an interview on 06/28/24 at 10:58 A.M., the Corporate Quality Control staff said residents are notified of the facility policies on admission to include home medications. He/She said the resident should be assessed for the ability to self-administer medication and then an order put into place and the care plan updated to reflect the self-administration of the medication.</p> <p>During an interview on 06/28/24 at 11:32 A.M., the administrator said it is against policy for residents to use their home supply of medication. He/She said he/she was not aware there were residents with medication in their rooms. Residents should be assessed by the admitting nurse or the nurse on duty when the resident wants to self-administer medications and then the assessment documented in the medical record to include the care plan.</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43327</p> <p>Based on observation, interview, and record review, facility staff failed to obtain an reason for use of a urinary catheter (tube inserted into the bladder to drain urine) for two (Resident #46 and #281) of three residents who had a urinary catheter, failed to obtain orders for the catheter size and update a care plan for one (Resident #46) of three residents, and failed to appropriately document catheter care for one of three residents (#281). The facility census was 83.</p> <p>1. Review of the facility's Catheter Care policy dated September 2021, showed the policy did not contain direction for catheter orders, care planning, documentation or indication for use.</p> <p>2. Review of Resident #46's Quarterly Minimum Data Set (MDS), a federally mandated assessment tool, dated 06/14/24 showed staff assessed the resident as cognitively intact and intermittently catheterized.</p> <p>Review of the resident's care plan, dated 05/22/24, showed:</p> <ul style="list-style-type: none"> -Had an indwelling catheter; -Cleanse catheter with soap and water, rinse, pat dry every shift and as needed if soiling occurs; -Monitor and document catheter output each shift; -The care plan was not updated to reflect the change from indwelling to intermittent catheterization. <p>Review of the resident's Physician Order Sheet (POS), dated June 2024, showed an order dated 06/10/24, resident able to self-catheterize. Review showed the order did not have an indication of use or size of the catheter.</p> <p>3. Review of Resident #281's Entry MDS, dated [DATE], showed the resident admitted to the facility on [DATE].</p> <p>Review of the resident's POS, dated June 2024, showed an order dated 06/23/24 for an indwelling catheter, 16 french (size) 10 milliliters (ml) balloon. The order did not contain an indication for use.</p> <p>Review of the resident's Treatment Administration Record (TAR), dated June 2024, showed staff did not document catheter care on the dayshift of 6/24/24 and 6/25/24 or the nightshift of 06/23/24, 06/24/24, 06/25/24, and 06/27/24.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 06/28/24 at 08:55 A.M., Registered Nurse (RN) I said catheter orders should include catheter care, check and record output, any flush orders, when to change it, if at all, the size of the tube and balloon and why they have a catheter and should be a part of a care plan. He/She said anyone in nursing can update a care plan but was not sure what was missing for each resident or if the orders were correct unless dealing with that particular resident. If there is a question or discrepancy, then the nurse is responsible to make the call to the physician to verify it.</p> <p>During an interview on 06/28/24 at 10:58 A.M., the Corporate Quality Control staff said staff should refer to the policy for catheters but would expect an order to say the type of catheter, when to change it, catheter care and diagnosis at minimum. He/She said staff are expected to document catheter care, but they are still learning to use the electronic health record and may not be getting done. He/She said documentation is an issue.</p> <p>During an interview on 06/28/24 at 11:32 A.M., the administrator said he/she is not clinical and would need to refer to the nursing staff for questions regarding catheters. He/She said that the management staff meet at risk meetings to discuss catheters and infections related to catheters.</p>

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<p>F 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Post nurse staffing information every day.</p> <p>43327</p> <p>Based on observation, interview, and record review, facility staffed failed to post required nurse staffing information, which included the total number of staff and the actual hours worked by both licensed and unlicensed nursing staff directly responsible for resident care, per shift, on a daily basis. The facility census was 83.</p> <p>1. Review of the facility's Nurse Staffing Posting Information policy, dated 09/01/21, showed staff are instructed to make staffing readily available in a readable format to residents and visitors at any given time:</p> <ul style="list-style-type: none"> -The daily staffing sheet will be posted on a daily basis and will contain the following information: facility name, the current date, facility current resident census, and the total and actual hours worked by the following categories of licensed and unlicensed staff direction responsible for resident care per shift; Registered Nurses, Licensed Practical Nurses/Licensed Vocational Nurses, and Certified Nurse Aides; -The facility will post the daily staffing sheet at the beginning of each shift; -The information posted will be presented in a clear and readable format in a prominent place readily accessible to residents and visitors; -The information shall reflect staff absences on that shift due to callouts and illness. After the start of each shift, actual hours will be updated to reflect such; -Staffing shall include all nursing staff who are paid by the facility (including contract staff). Any staff not paid for by the facility, such as hospice staff or individuals hired by families, shall not be included. <p>2. Observation on 06/25/24 at 4:40 P.M., showed the staff posting did not include the total number of staff and the actual hours worked by both licensed and unlicensed nursing staff directly responsible for resident care, per shift in an easily accessible to residents and visitors.</p> <p>Observation on 06/26/24 at 3:55 P.M., showed the staff posting did not include the total number of staff and the actual hours worked by both licensed and unlicensed nursing staff directly responsible for resident care, per shift in an easily accessible to residents and visitors.</p> <p>Observation on 06/27/24 at 3:55 P.M., showed the staff posting did not include the total number of staff and the actual hours worked by both licensed and unlicensed nursing staff directly responsible for resident care, per shift in an easily accessible to residents and visitors.</p> <p>During an interview on 06/28/24 at 10:58 A.M., the Regional staff member said the night shift nurse is responsible to post the nurse staffing information daily and the Human Resource person will follow up on it. He/She said he/she didn't realize it wasn't posted.</p> <p>(continued on next page)</p>		

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<p>F 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 06/28/24 at 11:32 A.M., the administrator said the hour posting was the responsibility of the human resource person, but that position is now vacant and didn't think about this task. He/She said it is posted today and will be the administrator's responsibility until a new human recourse person can be hired, then it will be their responsibility.</p>

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>42484</p> <p>Based on record review and interview, facility staff failed to ensure medication regimens were free from unnecessary medications when staff failed to obtain an appropriate diagnosis for the use of psychotropic medications for three (Resident #20, #32, and #45) of seven residents, and failed to ensure as needed psychotropic medication orders were limited to 14 days for one (Resident #60) of seven residents. The facility census was 83.</p> <p>1. Review of the facility policies provided showed the policies did not contain instructions to obtain an appropriate diagnosis for the use of psychotropic medications.</p> <p>2. Review of Resident #20's Physician Order Sheet (POS), dated 05/22/24, showed an order for Clonazepam (an anti-anxiety medication).</p> <p>Review of the resident's medical record showed the record did not contain a diagnosis for the medication Clonazepam.</p> <p>3. Review of Resident #32's POS, dated 05/22/24, showed an order for Buspirone (an anti-anxiety medication).</p> <p>Review of the resident's medical record showed the record did not contain a diagnosis of anxiety.</p> <p>4. Review of Resident #45's POS dated 05/28/24 showed an order for Vraylar (an antipsychotic medication) with a diagnosis of antipsychotic.</p> <p>During an interview on 06/28/24 at 08:55 A.M., Registered Nurse (RN) I said the admitting nurse should verify diagnosis with the physician when entering the medication into the computer. He/She said the diagnosis should be a part of the order and should correlate with why the resident takes the medication. He/She did not know why the diagnosis for the resident said antipsychotic and would research the resident's admitting orders.</p> <p>5. During an interview on 06/28/24 at 8:21 A.M, Licensed Practical Nurse (LPN) L said there should be a corresponding appropriate diagnosis for a drug given for anxiety.</p> <p>During an interview on 06/28/24 at 9:23 A.M., Certified Medication Technician (CMT) E said there has to be a diagnosis to match a prescribed medication given to residents. Staff can see the diagnosis with the medication when it is being administered.</p> <p>During an interview on 06/28/24 at 9:24 A.M., the Director of Nursing (DON) said all medications are supposed to have diagnoses. He/She said if a medication is taken for anxiety, the resident should have a diagnosis code of anxiety.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265844	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/28/2024
NAME OF PROVIDER OR SUPPLIER Aurora Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1200 McCutchen Road Rolla, MO 65401	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 06/28/24 at 10:59 A.M., the Corporate Quality Assurance representative said the diagnosis should correspond to each medication. When a nurse enters a medication in the electronic medical record, the nurse should make sure each medication has an appropriate diagnosis.</p> <p>During an interview on 06/28/24 at 11:32 A.M., the administrator said he/she is not a nurse but would expect the order to match the diagnosis and be monitored by the clinical team.</p> <p>6 Review of the facility's Use of Psychotropic Drugs policy, reviewed/revised 09/01/21, showed as needed orders for all psychotropic drugs shall be used only when the medication is necessary to treat a diagnosed specific condition that is documented in the clinical record, and for a limited duration (i.e., 14 days). If the attending physician or prescribing practitioner believes that it is appropriate for the as needed order to be extended beyond 14 days, he or she shall document their rationale in the resident's medical record and indicate the duration for the as needed order.</p> <p>7. Review of Resident #60's Significant Change Minimum Data Set (MDS), a federally mandated assessment tool, dated 04/04/24, showed staff assessed the resident as follows:</p> <ul style="list-style-type: none"> -Severe cognitive impairment; -Diagnosis of Schizophrenia (a disorder that affects a person's ability to think, feel, and behave clearly), anxiety, and depression. <p>Review of the resident's POS, dated June 2024 showed the following:</p> <ul style="list-style-type: none"> -An order on 02/29/24 for Buspirone HCl 5 milligram (mg) tablet. Give two tablets by mouth every eight hours as needed for anxiety; -An order for Lorazepam Oral Concentrate (to treat anxiety). Give 0.2 mg per ml every three hours as needed for agitation/restlessness; -The order did not contain a 14 day stop date for the Buspirone or Lorazepam. <p>During an interview on 06/28/24 at 09:24 A.M., the DON said if a physician orders a psychotropic medication as needed without a stop date, the charge nurse should contact the physician to add a stop date. The DON said the longest as needed psychotropic medication should be used is 14 days.</p> <p>During an interview on 06/28/24 at 10:59 A.M., the Corporate Quality Assurance representative said there should be a 14-day stop date for psychotropic medications. He/She said a mock survey had revealed this was a problem with physician orders.</p> <p>During an interview on 06/28/24 at 11:32 A.M., the Administrator said he/she is not a nurse and would have to refer to the DON for the pharmacy information.</p> <p>43327</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>45564</p> <p>Based on observation and interview, the facility staff failed to maintain the mechanical dishwasher in good repair to ensure dishes were effectively washed and sanitized to prevent cross-contamination. This failure has the potential to affect all residents. The facility census was 83.</p> <p>1. Review of the facility's Dishwasher Temperature policy, reviewed January 2024, showed manufacturer's instructions shall be followed for machine washing and sanitizing. For low temperature dishwashers with chemical sanitation the washer temperature shall be 120 degrees Fahrenheit (F). Water temperatures shall be measured and recorded prior to each meal and/or after the dishwasher has been emptied or refilled for cleaning purposes.</p> <p>Review showed facility records did not contain a dishwasher temperature log for the month of June 2024.</p> <p>Observation showed a poster labeled General Operating Instructions, hung on the clean side of the dishwasher. The poster instructed users to report to supervisor if water temperature was less than 120 degrees F.</p> <p>Observation on 06/25/24 at 10:04 A.M., showed Dietary Aide (DA) F washed two racks of soiled kitchen wares in the mechanical dishwasher. Observation showed the DA did not check the temperature of the dishwasher during the cycles. Observation showed the gauge of the dishwasher indicated the water temperature during the wash and rinse cycles as 102 degrees F. Observation showed when the dishwasher cycle finished, the DA removed the rack of wares to the clean side of the dishwasher to dry and then loaded another rack of soiled dishes into the machine to wash. Observation of the manufacturer's instruction label on the dishwasher showed direction for the minimum water temperature to be 120 degrees F.</p> <p>Observation on 06/25/24 at 10:22 A.M., showed DA F ran one rack of soiled wares through the dishwasher and removed a rack of clean dishes which were placed on drying racks. Observation showed the dishwasher indicated a temperature of 110 degrees F during the wash and rinse cycles.</p> <p>Observation on 06/25/24 at 10:41 A.M., showed DA F washed two racks of soiled kitchen wares in the dishwasher and removed both racks to the clean side of the dishwasher to dry. Observation showed the gauge of the dishwasher indicated the water temperature during the wash and rinse cycles was 106 degrees F.</p> <p>Observation on 06/26/24 at 12:27 P.M., showed the DS ran the dishwasher through three consecutive wash/rinse cycles. Observation showed the gauge of the dishwasher indicated the water temperature after the third wash/rinse cycle was 108 dF.</p> <p>During an interview on 06/25/24 at 10:25 A.M., DA F said sometimes he/she checked the dishwasher temperature. DA F said he/she did not check the dishwasher temperature on this day and he/she did not know if anyone else had.</p> <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 06/25/24 at 12:29 P.M., DA G said the dish machine temperature should be between 100 and 200 degrees, but any temperature over 100 is okay. DA G said he/she did not look at the dishwasher temperatures but the water should be hot enough after two cycles.</p> <p>During an interview on 06/25/24 at 12:26 P.M., the Dietary Supervisor (DS) said he/she was responsible for making sure the dishwasher worked properly and the dishwasher usually took three cycles to get to the correct temperature. The DS said the dishwasher temperature should be at least 120 degrees F. The DS said he/she did not know what happened to the June 2024 temperature log or the last time the machine temperature was checked.</p> <p>During an interview on 06/27/24 at 1:10 P.M., the administrator said he/she and the DS were responsible for making sure kitchen equipment worked properly. The administrator said he/she could not remember the correct temperature for the dishwasher and was not aware of any issues before this survey.</p>		