

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265857	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER Liberty Health and Wellness		STREET ADDRESS, CITY, STATE, ZIP CODE 2201 Glenn Hendren Dr Liberty, MO 64068	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50980</p> <p>Based on observation and interviews, the facility failed to ensure staff cared for residents in a dignified manner when they failed to change soiled bed linens for one resident (Resident #17), failed to ensure privacy by entering resident's room without knocking (Resident #97), and failed to serve residents who shared a table in the dining room received their meals at the same time (Resident #106, and Resident #108). This affected four of 24 sampled residents. The facility census was 116.</p> <p>Review of the facility's policy on Promoting&Maintaining Resident Dignity, dated 9/1/21, showed, in part:</p> <ul style="list-style-type: none"> - Maintain resident privacy; - All staff members are involved in providing care to residents to promote and maintain resident dignity and respect resident rights; - When interacting with a resident, pay attention to the resident as an individual; <p>Review of the facility's Resident Rights Policy, revised 9/1/22, showed, in part:</p> <ul style="list-style-type: none"> - To live in a safe environment. 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 safely. <p>1. Review of Resident #17's Annual Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 8/21/24, showed:</p> <ul style="list-style-type: none"> - Cognitive skills for daily decision making intact; - Incontinent of Urine and Bowel; - Dependent on staff for toileting hygiene, mobility, shower, lower body dressing, footwear dressing, and personal hygiene; <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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 265857
		If continuation sheet Page 1 of 53

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- Diagnosis included: heart disease, hypertension (high blood pressure), GERD (Gastroesophageal reflux disease, stomach disorder), neurogenic bladder (lack of bladder control), diabetes (chronic insufficiency of insulin production), hyperlipidemia (high cholesterol), thyroid disorder (hormone imbalance), anxiety disorder (mental health condition), depression (long lasting low mood mental health condition), bi-polar (extreme mood shifts), respiratory failure (lack of oxygen to the blood), cataracts (vision loss);</p> <p>During an interview on 10/20/24 at 8:30 A.M., Resident #17 stated:</p> <p>- That on 10/19 and 10/20 at 5:00 A.M. the night shift nurse came into their room and noticed that the resident had been incontinent of urine during the night. The nurse cleaned up the resident and changed their clothes but did not change the wet bed sheets. Resident was forced to either go back to bed and sleep on the wet sheets or sit there and smell the urine from the bed. This embarrassed the resident and made him/her feel angry.</p> <p>During an interview on 10/21/24 at 8:20 A.M., CNA (A) said he/she works the day shift and for two mornings in a row Resident #17's sheets had not been changed out even though they were soiled during the night. He/she immediately removed the soiled sheets and replaced with clean sheets by 8:00 A.M. each of those two mornings last week. Additionally, the staff member stated that it is expected that the night shift will change out soiled sheets when they are discovered in a resident's room.</p> <p>During an interview on 10/22/24 at 2:20 P.M., Certified Medical Technician (D) stated:</p> <p>- That they would take care of a resident no matter what their job is and get help if it is needed when finding a resident that is soiled and has soiled bed sheets. They would change the sheets immediately and believes the first to see the problem should be the first to help solve the problem;</p> <p>During an interview on 10/23/24 at 6:15 P.M., Administrator said he/she expects staff to change soiled sheets as needed.</p> <p>31102</p> <p>2. Observation during Resident Council interviews on 10/21/24 at 11:08 A.M., showed:</p> <p>- There was a note on the door that said Do Not Disturb and two staff members entered the interview room without knocking.</p> <p>Review of Resident #97's Quarterly MDS, dated [DATE] showed:</p> <p>- Cognitive skills intact;</p> <p>- Independent with toilet use;</p> <p>- Required supervision or touch assistance with dressing and transfers;</p> <p>- Diagnoses included chronic obstructive pulmonary disease (COPD, obstruction of air flow that interferes with normal breathing), unsteadiness on feet.</p> <p>(continued on next page)</p>		

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<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51166</p> <p>Based on observation, interview, and record review, the facility failed to ensure staff obtained physicians' orders and assess residents for safe administration of medication to be kept at the bedside for two of the 24 sampled residents (Resident #41 and #46). The facility census was 116.</p> <p>Review of the facility's policy for Resident Self-Administration of Medication, dated [DATE], showed:</p> <ul style="list-style-type: none"> -It is the policy of this facility to support each resident's right to self-administer medication. A resident may only self-administer medications after the facility's interdisciplinary team has determined which medications may be self-administered safely. -The results of the interdisciplinary team assessment are recorded on the Medication Self-Administration Assessment Form, which is placed in the resident's medical record. -Upon notification of the use of bedside medication by the resident, the medication nurse records the self-administration on the MAR. -The following conditions are met for bedside storage to occur: <ul style="list-style-type: none"> a. The manner of storage prevents access by other residents. Lockable drawers or cabinets are required only if locked storage is ineffective. b. The medications provided to the resident for bedside storage are kept in the containers dispensed by the provider pharmacy. -All nurses and aides are required to report to the charge nurse on duty any medication found at the bedside not authorized for bedside storage. -The care plan must reflect resident self-administration and storage arrangements for such medications. <p>1. Review of Resident #41's Quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated [DATE], showed:</p> <ul style="list-style-type: none"> -Resident is cognitively intact. -Diagnoses included: cancer, urinary tract blockage, and high blood pressure, -Resident is independent with most activities of daily living (ADL's) but requires supervision for walking. <p>Review of resident's care plan, dated [DATE], showed the care plan did not reflect the resident's ability to administer his/her own medications and did not reflect the resident's ability to keep medications at bedside.</p> <p>(continued on next page)</p>		

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<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's physician order sheet (POS), dated [DATE] through [DATE], showed no physician's order for eye drops; did not have a physician's order to self-administer the medication or an order to keep it at bedside.</p> <p>Observation and interview on [DATE] at 09:35 A.M. showed an unexpired bottle of eye drops at the residents bedside. When resident was asked about the eye drops, he/she put them out of sight and said it is a secret.</p> <p>50980</p> <p>2. Review of Resident #76's Admission Minimum Data Set (MDS), dated [DATE], showed:</p> <ul style="list-style-type: none"> - Cognitive skills intact; - Dependent on staff for toileting hygiene, showering, upper/lower body dressing, personal hygiene, mobility and transfers (Hoyer with two person assist); - Diagnoses included anemia (blood disorder), hypertension (high blood pressure), orthostatic hypotension (sudden blood pressure drop), GERD (Gastroesophageal reflux disease, stomach disorder), renal insufficiency (kidney function disorder), diabetes (chronic insufficiency of insulin production), hyperlipidemia (high cholesterol), anxiety disorder (mental health condition) and depression (long lasting low mood mental health condition); <p>Review of the resident's physician order sheet (POS), dated through [DATE] showed:</p> <ul style="list-style-type: none"> - Order for Artificial Tears Ophthalmic Solution - instill 1 drop in both eyes every 8 hours as needed; - Did not have a physician's order to self-administer Artificial Tears Ophthalmic Solution or Zinc Oxide paste; - No order to keep medications at bedside; <p>Observation of Resident's room on [DATE] at 8:10 A.M., showed one bottle Artificial Tears Ophthalmic Solution and one tube of Zinc Oxide on the residents bedside table next to the bed.</p> <p>During an interview on [DATE] at 2:20 P.M., CMT A (Certified Medication Tech) said residents should not have medicine at the bedside. He/She had no recollection of any residents being able to self-administer medications at this facility and that residents cannot bring any medications from home without turning them over to staff so they can administer as needed per orders.</p> <p>Review of the resident's care plan, dated [DATE], showed the resident did not have the ability to administer his/her own medications and did not reflect the resident's ability to keep medications at bedside.</p> <p>During an interview on [DATE] 11:37 A.M., LPN B said he/she checked the resident's chart and did not see an assessment for the resident to self-administer medications.</p> <p>(continued on next page)</p>

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31102</p> <p>Based on observation, interview, and record review, the facility failed to provide acceptable accommodation of needs when staff did not provide an escort for physician appointments and failed to honor the resident's preference for paper chux (disposable bed pads) for one of the 24 sampled residents, Resident #24. Additionally, the facility failed to ensure staff provided activities for a resident who was visually impaired, (Resident #419). The facility census was 116.</p> <p>Review of the facility's policy for accommodation of needs, dated 9/1/21, showed, in part:- The facility will treat each resident with respect and dignity and will evaluate and make reasonable accommodations for the individual need and preferences of a resident, except when the health and safety of the individual or other residents would be endangered;</p> <ul style="list-style-type: none"> - The facility will make reasonable accommodations to individualize the resident's physical environment including their personal bathroom and bedroom and the common living areas within the facility; - Facility staff shall make efforts to reasonably accommodate the needs and preferences of the resident as they make use of their physical environment; - Based on individual needs and preferences, the facility will assist the resident in maintaining and/or achieving independent functioning, dignity, and well being to the extent possible. <p>1. Review of Resident #24's Quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 8/22/24 showed:- Cognitive skills intact;</p> <ul style="list-style-type: none"> - Lower extremities impaired on both sides; - Required assistance from staff for set up and clean up with eating, oral care and personal hygiene; - Dependent on the assistance from staff for toilet use and showers; - Required partial to moderate assistance of staff for dressing his/her upper body; - Required substantial to maximal assistance of staff for dressing the lower extremities; - Had a urinary catheter (sterile tube inserted into the lower abdomen to drain urine); - Had a colostomy (a surgical operation in which a piece of the colon is diverted to an artificial opening in the abdominal wall so as to bypass a damaged part of the colon); - Diagnoses included paraplegia (paralysis characterized by motor or sensory loss in the lower limbs and trunk), anxiety, muscle weakness, chronic pain, high blood pressure and neurogenic bladder (a dysfunction that results from interference with the normal nerve pathways associated with urination); <p>(continued on next page)</p>

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- Had one non - injury fall.</p> <p>Review of the resident's care plan, revised 8/25/24, showed:</p> <p>- The resident had an actual fall on 6/6/24. Therapy to evaluate and treat. For no apparent injury, determine and address causative factors of the fall;</p> <p>- The resident required the use of a full body lift for transfers. A draw sheet can be used in bed to help position resident in bed. Ensure resident is in the center of the full body lift pad before beginning transfers. Ensure the full body lift legs are adequately spread for increased base of support;</p> <p>- The resident's rights are guaranteed by the Federal 1987 Nursing Home Reform Law. The law requires Skilled Nursing Facilities to promote and protect the rights of each resident, placing emphasis on individual preferences, dignity and self - determination. The resident has the right to accept and/or refuse any medication, treatment, recommendation, or services that are offered;</p> <p>- The resident has the right to complain and present grievances to staff and others including the Ombudsman (a person who investigates, reports on and helps settle complaints) and State agency without fear of reprisal. The resident has the right to expect the facility to resolve grievances promptly;</p> <p>- The resident has the right to make independent informed choices. Request reasonable accommodation of needs and preferences;</p> <p>- The resident has an activities of daily living (ADL) self-care performance deficit related to paraplegic. The resident required the use of the mechanical lift with two staff for assistance for transfers. The resident required total assistance to turn and reposition in bed. The resident required limited /extensive assistance by staff to dress. The resident required set up with eating, personal hygiene and oral care. The resident required total assistance for toileting;</p> <p>- The resident had an ADL self - care performance deficit related to paraplegic. The resident is totally dependent for transfers.</p> <p>- The resident has an ostomy. Assist resident with ostomy change. Provide dignity during ostomy care;</p> <p>- The resident has the potential for pressure ulcer related to obesity and refused to get out of bed. Wound to midline gluteal (buttock) cleft has been resolved. New wound to left posterior (back) thigh. Treatment orders in place. 8/14/24 - wound to coccyx (the small bone at the bottom of the spine) noted on 8/8/24. Treatment orders obtained. The resident refused to see Wound Care Plus and wants to see [NAME] Wound clinic. Referral sent. Educate the resident /family/caregivers as to causes of skin breakdown; including: ambulating/mobility, good nutrition and frequent repositioning. If the resident refuses treatment, confer with the resident, interdisciplinary team (IDT) and family to determine why and try alternative methods to gain compliance. Document alternative methods;</p> <p>(continued on next page)</p>		

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- The resident has chronic pain. Administer analgesia as ordered. Anticipate the resident's need for pain relief and respond immediately to any complaint of pain. Identify and record previous pain history and management of the pain and impact on function. Identify previous responses to analgesia including pain relief, side effects and impact on function;</p> <p>- The resident had a Suprapubic (catheter surgically inserted through the wall of the abdomen). Provide catheter care every shift.</p> <p>Review of the resident's wound care orders, dated 9/13/24 showed:</p> <ul style="list-style-type: none"> - Encourage frequent offloading and repositioning to avoid prolonged pressure to the area; - Use only paper chux pads. Avoid cloth or plastic pads; - Resident should have a care attendant or Certified Nurse Aide (CNA) with him/her for all appointments. <p>Review of the resident's wound care outpatient progress notes, dated 10/22/24 showed, in part:</p> <ul style="list-style-type: none"> - Impression and plan: resident has a chronic open wound to coccyx, right posterior thigh and left buttock/posterior thigh. Wounds stable without signs or symptoms of infection; - Encourage frequent offloading and repositioning to avoid prolonged pressure to the area; - Use only paper chux pads. Avoid cloth or plastic pads; - Resident should have a care attendant or Certified Nurse Aide (CNA) with him/her for all appointments. <p>Review of the resident's medical chart showed he/she did not have a physician's order for an escort to accompany the resident to his/her physician appointments and did not have an order for paper chux.</p> <p>During an interview on 10/22/24 at 1:49 P.M., the Social Services Director said:</p> <ul style="list-style-type: none"> - If a resident needed to have an escort for a physician's appointment, they would send a CNA; - He/she did not know who determined if a resident required an escort; - It was not her department's job to schedule appointments or schedule transportation for the residents. The nurse's schedule the appointments and the receptionist sets up the transportation. <p>During an interview on 10/23/24 at 9:44 A.M., Licensed Practical Nurse (LPN) A said:</p> <ul style="list-style-type: none"> - He/she sets up the resident's appointments, puts it on the calendar and fills out the transfer form and gives it to the receptionist who sets up the transportation; - If a resident missed an appointment, it would be re-scheduled; <p>(continued on next page)</p>		

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> - It was medically necessary, then they would send a CNA with the resident to their physician's appointment; - It depends if Resident #24 would require an escort. If Resident #24 was going to a wound appointment, where he/she would need physical assistance, then they would send an escort. If Resident #24 was just going to a consult, would not send an escort; - If there was a physician's order for Resident #24 to have an escort, then he/she should have one; - He/she did not know what a paper chux was. The chux they use are plastic and cotton. <p>During an interview on 10/23/24 at 6:15 P.M., the Director of Nursing (DON) said:</p> <ul style="list-style-type: none"> - They did not have any residents with a physician's order for an escort to appointments. Resident #24 is alert and oriented and has an electric wheelchair; - Resident #24 does not have a physician's order for paper chux, it's just his/her preference. <p>During an interview on 10/29/24 at 10:54 A.M., LPN D said:</p> <ul style="list-style-type: none"> - They generally send an escort with all of the resident to their appointments, usually a CNA; - The facility has paper chux. <p>During an interview on 11/1/24 at 11:11 A.M., Resident #24 said:</p> <ul style="list-style-type: none"> - He/she did not like to go out in public very often because he/she had social anxiety; - When he/she had to go to a physician's appointment by him/herself, he/she worried about his/her colostomy bag either exploding or needing to be emptied or having to empty his/her drainage bag; - A lot of the public restrooms are not big enough for him/her to get into with his/ her electric wheelchair and turn around to empty his/her colostomy bag or drainage bag; - He/she was at a physician's appointment when his/her foot slipped off the foot rest of the electric wheelchair. A pregnant lady attempted to put it back on the foot rest but could not do it. A security man helped put his/her foot back on the foot rest; - His/her electric wheelchair had a seat belt and he/she could unfasten it. If he/she tried to lean forward to put his/her feet back on the foot rest, it would not be safe to do so; - The resident is paralyzed from the chest down. He/she can move his/her head and arms but unable to move his/her trunk or lower extremity; - He/she weighed 340 pounds and if he/she would lean forward, not only would he/she fall face first but also worried about the electric wheelchair tipping over on him/her; <p>(continued on next page)</p>		

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- It made him/her very nervous and anxious when he/she had to go to physician appointments by him/herself;</p> <p>- The wound physician wrote an order for him/her to have paper chux and an escort, but the DON said it was not an order.</p> <p>51166</p> <p>2. Review of the Resident #419's face sheet dated 10/12/24, showed:</p> <p>- Resident was admitted to the facility on [DATE].</p> <p>-Diagnoses included heart disease, diabetes, anxiety, shortness of breath, legal blindness, high blood pressure;</p> <p>-Resident was cognitively intact.</p> <p>Activities evaluation, dated 10/15/24, provided by the facility showed the resident had interest in family/friend visits, education programs/activities, reading/writing, talking books, movies/TV, and music/talk radio.</p> <p>Review of the resident's daily participation record for the month of October provided by the facility staff showed: The resident participated in the following activities during the month of October- the resident participated daily from 10/14 to 10/22 in crossword/wordsearch, daily bread/chronicles, puzzles, and television.</p> <p>During an interview and observation on 10/21/24 10:24 A.M. showed resident #419 sitting in wheelchair with the TV off. Resident said he/she doesn't participate in activities because of blindness. Resident states he/she cannot figure out TV and asked staff to turn on the TV but the staff could not get the TV to work. Resident said he/she had not been offered any other activities other than audio books.</p> <p>Interview and observation on 10/23/24 at 08:24 A.M. showed resident sitting on bed with the TV off. Resident stated he/she still cannot figure out how to get the TV to the desired channels.</p> <p>Interview and observation on 10/23/24 at 02:49 P.M. showed resident in their room, sitting in his/her wheelchair with the TV off. Resident states he/she has not been to the puzzle activities due to his/her arthritis in his/her hands and blindness. Resident states he/she does not do coloring or crosswords and not been any of the coffee/chat activities.</p> <p>During an interview on 10/23/24 at 6:15 P.M., the Administrator said:</p> <p>-She expects staff to go with residents who have blindness to activities and base the options for the resident's activities offerings on the resident's preferences and the facility will accommodate the resident.</p> <p>-Participation in activities, such as crosswords, is counted as active when a resident gets the item or activity they want, and it depends on what the resident wants to do.</p> <p>(continued on next page)</p>		

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-It should be documented whenever a resident participates in an activity or when the resident refuses.</p> <p>-Staff should help a resident turn on the TV if the resident is unable to.</p> <p>-She would expect resident's activities assessments to reflect their wishes and needs. The assessment should be completed upon admission and annually.</p> <p>MO242006</p>		

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<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to organize and participate in resident/family groups in the facility.</p> <p>31102</p> <p>Based on observation, interview and record review, the facility failed to consider concerns and recommendations of the resident council members and failed to communicate with the council regarding concerns as reported by nine of the ten residents who attended the group meeting. This had the potential to affect all the residents in the facility. The facility census was 116.</p> <p>Review of the facility's policy for resident and family grievances, revised 9/1/21 showed, in part:</p> <ul style="list-style-type: none"> - It is the policy of this facility to support each resident's and family member's right to voice grievances without discrimination, reprisal or fear of discrimination or reprisal; - Community Administrator has been designated as the Grievance Official; - The Grievance Official is responsible for overseeing the grievance process; receiving and tracking grievances through to their conclusion; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances; issuing written grievance decisions to the resident, and coordinating with state and federal agencies as necessary in light of specific allegations; - Grievances may be voiced in the following forums: verbal complaint to a staff member or Grievance Official; written complaint to a staff member or Grievance Official; written complaint to an outside party; verbal complaint during resident or family council meetings; via the company toll free Customer Service Line (if applicable); - A grievance may be filed anonymously; - Forward the grievance form to the Grievance Official as soon as practicable; - The Grievance Official will take steps to resolve the grievance, and record information about the grievance and those actions, on the grievance form; - Steps to resolve the grievance may involve forwarding the grievance to the appropriate department manager for follow up; - All staff involved in the grievance investigation or resolution should make prompt efforts to resolve the grievance and return the grievance form to the Grievance Official; - The Grievance Official, or designee will kept the resident appropriately apprised of progress towards resolution of the grievances; <p>(continued on next page)</p>		

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<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- In accordance with the resident's right to obtain a written decision regarding his/her grievance, the Grievance Official will issue a written decision on the grievance to the resident or representative at the conclusion of the investigation. The written decision will include at a minimum: the date the grievance was received; the steps taken to investigate the grievance; a summary of the pertinent findings or conclusions regarding the resident's concerns; a statement as to whether the grievance was confirmed or not confirmed; any corrective action taken or to be taken by the facility as a result of the grievance; the date the written decision was issued.</p> <p>1. Review of the resident council minutes, dated 7/29/24 at 2:10 P.M., showed:</p> <p>- New business: issue - door codes. Action taken - changed all door / new cameras. Person responsible - Maintenance and the Administrator. Issue- smoke break/temperature. Action taken - water near smoker's door. Sign hung up for temperature. Person responsible - Social Services and the Administrator. Issue - Courtyard cleaned. Action taken - cleaning and trimming and adding mulch. Person responsible - Maintenance.</p> <p>Review of the resident council minutes, dated 8/26/24 at 10:30 A.M., showed:</p> <p>- Old business - door codes. Changed all the door codes. Put up new cameras. Smoke break/temperature and water near the smoker's door. Temperature notice hung up at doors. Courtyard cleaning - maintenance started trimming bushes and dead stems, laying new mulch;</p> <p>- New business - issue - mixing up clothes and giving other clothes that are not theirs. Person responsible - Laundry. Issue - housekeeping cleans rooms half way. Person responsible - housekeeping. Issue - Certified Nurse Aides (CNAs) on phones and not answering call lights. Person responsible - nursing. Issue: smokers having to find someone to smoke them on breaks but when going out to smoke, there are plenty outside already sitting and smoking. Person responsible - nursing.</p> <p>Review of the resident council minutes, dated 8/26/24 at 10:30 A.M., showed:</p> <p>- Old business - housekeeping missing days cleaning rooms during the week and weekends. Reported missing clothes - housekeeper manager found them and gave them to the right owner. CNAs on phones during shifts - nursing had an in-service meeting about being on their phones;</p> <p>- New business - Issue - the 200 hall smells from other room. Person responsible - housekeeping and nursing. Issue - aides not giving fresh ice water every two hours. Person responsible - nursing.</p> <p>The resident council notes did not address if the residents still felt it was an issue or if it had been resolved.</p> <p>2. During a group interview on 10/21/24 at 11:08 A.M., the residents said:- They took notes at their resident council meetings, but when they have their follow up meeting the next month, the staff read the old business but no one tells them how the issue was resolved or if the residents still felt it was an issue. Nine of the ten residents who attended the group meeting did not feel like there was any follow up or if there was still an issue;</p> <p>(continued on next page)</p>		

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<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- It's just a run around answer. If you ask a staff member about a grievance or concern about something, they tell you they are too busy and to fill out a grievance, so you still don't know anything.</p> <p>During an interview on 10/23/24 at 10:01 A.M., the Activity Director said:</p> <ul style="list-style-type: none"> - He/she has been in the position for two years; - The resident council meets once a month at the end of the month; - If a resident voiced a complaint during the meeting, it would be written up as a grievance and given to the appropriate department. They have so many days to go and discuss it with that resident and a copy is turned in to Social Services; - The issue is discussed at the next meeting and the residents are asked if the issue has been resolved or not; - If the resident said the issue was still unresolved, the appropriate management would go directly to the meeting and talk to the residents; - If the issue cannot be resolved, then it is taken to the Administrator. <p>During an interview on 10/23/24 at 6:15 P.M., the Director of Nursing (DON) said the Activity Director writes out the grievance and Social Services would pass it out to the correct department affected. They should follow up with the resident(s) or address it with the whole resident council as a group.</p>

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51166</p> <p>Based on observation and interviews, the facility failed to ensure the residents right to a safe, clean, comfortable and homelike environment when staff failed to maintain the walls, hallways, ceilings, floors and failed to ensure residents had clean bed linens. The facility census was 116.</p> <p>Review of the facility policy, Safe and Homelike Environment, dated 9/1/21, showed:</p> <ul style="list-style-type: none"> -The facility will provide a safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. -The facility will create and maintain, to the extent possible, a homelike environment that emphasizes the institutional character of the setting. -Housekeeping and maintenance services will be provided as necessary to maintain a sanitary, orderly, and comfortable environment. -The facility will maintain bed and bath linens that are clean and in good condition. -The facility will provide and maintain adequate and comfortable lighting levels in all areas. <p>Review of the Daily Cleaning sheets showed staff should do the following:</p> <ul style="list-style-type: none"> -Empty trash and clean waste receptacle inside and out. Replace liner. -Damp wipe surfaces. Utilize a neutral disinfectant or all-purpose cleaner for all areas. Be sure to wipe down all hi touch areas, such as telephones, doorknobs, and light switches. -Dust high surface areas - Above bed lights and blinds. -Stock supplies- soap, paper towels, toilet tissue. -Clean and wipe down toilet surfaces. -Dust mop under all furniture, behind doors, and move any items possible. -Damp mop using a properly diluted cleaner and mop along the edges and into the corners, then cut into the middle using a figure eight pattern. <p>1. Observations on 10/20/24 starting at 7:57 A.M., 10/21/24 beginning at 9:31 A.M., and on 10/23/24 beginning at 07:59 A.M. showed:</p> <ul style="list-style-type: none"> - room [ROOM NUMBER] had bed linens with brown spots and the floor was covered with dirt and debris. <p>(continued on next page)</p>

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> - room [ROOM NUMBER] had patches on walls that had not been painted and the walls had no decorations. - Paint chipping and peeling on ceiling in the hallway next to room [ROOM NUMBER]. - Dead bugs in light fixtures on 300 hall. - Partly patched hole (approximately 10 inches in diameter) in the ceiling need of repair and paint in facility entryway in front of receptionist desk. - Un-patched hole outside of room [ROOM NUMBER]. - room [ROOM NUMBER] walls were bare, with no decorations. - Crumbs on floor in sitting area next to room [ROOM NUMBER]. <p>46706</p> <p>2. Observation on 10/20/24 at 09:13 A.M. showed resident room [ROOM NUMBER] B, bed linen with multiple brown spots the size of quarters on the bottom sheet;</p> <p>Observation on 10/20/24 at 2:44 P.M. showed:</p> <ul style="list-style-type: none"> -Resident room [ROOM NUMBER] B, the bed linen with multiple black and yellow spots the size of grapefruits, on the bottom sheet; -The bottom sheet was covered in dirt and debris. <p>Observation on 10/22/24 at 03:16 A.M. showed resident room [ROOM NUMBER] B, the bed linen with multiple brown spots the size of quarters on the bottom sheet;</p> <p>Observation on 10/22/24 at 04:46 A.M. showed:</p> <ul style="list-style-type: none"> -Resident room [ROOM NUMBER] B, the bed linen with multiple black and yellow spots the size of grapefruits, on the bottom sheet; -The bottom sheet was covered in dirt and debris. <p>During an interview on 10/22/24 at 05:33 A.M., Certified Nurses Aide (CNA) E said:</p> <ul style="list-style-type: none"> -The resident sheets should be changed at least once a week or when needed; -The CNA's are responsible for ensuring the resident's soiled or stained sheets are changed; -There should not be debris in resident beds; -He/she did not notice the sheets were stained and needed changed. <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 10/22/24 at 1:15 P.M., the Director of Nursing (DON) said:</p> <ul style="list-style-type: none"> -He/she would expect the CNA's to change out dirty linens if they saw them: -The CNAs are responsible for ensuring the residents have clean linens. <p>During an interview on 10/23/24 at 10:01 A.M., the housekeeping and laundry supervisor stated there is a rotating schedule with extra cleaning duties daily for each housekeeper. He/she stated that on the weekends, housekeepers do basic cleanings. He/she said they have been cleaning gnats out of drains in certain rooms.</p> <p>During an interview on 10/23/24 at 2:19 P.M., the maintenance supervisor stated that he/she is responsible for patching holes and painting. He/she stated he/she is aware the facility has areas in need of patching and painting.</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** 46706</p> <p>Based on observation, interview, and record review, the facility failed to ensure that dependent residents who were unable to carry out activities of daily living (ADLs) received the necessary services to maintain good personal hygiene. This affected five of the 24 sampled residents (Resident #1, #6, #24, #75 and #97), when staff did not provide complete perineal care for two residents (Resident #6 and #75) and when staff did not provide showers at least twice a week for three residents (Resident #1, #24 and #97).The facility census was 116.</p> <p>Review of the facility's Perineal Care policy, revised, 9/1/21, showed in part:</p> <ul style="list-style-type: none"> -It is the practice of this facility to provide perineal care to all incontinent residents as need to promote cleanliness, comfort, prevent infection and prevent skin breakdown; -Female: Separate the resident's skin folds with one hand and cleanse perineum, wiping front to back; -Repeat on opposite side using a new disposable wipe; -Clean the urethral opening with a new wipe with each stroke; -Turn the resident on their side, using a new wipe with each cleansing motion, cleaning all areas urine or feces have touched; -Males: Cleanse urethral opening, in a circular motion, working outward, -Cleaning all areas urine or feces have touched. <p>1. Review of Resident #6's Quarterly Minimum Data Sets (MDS, a federally mandated assessment completed by facility staff), dated 8/5/24, showed:</p> <ul style="list-style-type: none"> -No cognitive impairment; -Upper extremity impairment on both sides of the body; -Dependent on staff for bed mobility; -Verbal cues and touching assistance for personal and oral hygiene; -Incontinent of bowel and bladder; -Diagnoses included, Schizophrenia (a mental illness that affects a person's thoughts, feelings, and behaviors), anxiety, respiratory failure and diabetes mellitus (a disease that occurs when the body doesn't produce enough insulin or can't use insulin properly). <p>Review of the Resident's care plan revised, 8/5/24, showed:</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>-The resident is dependent on staff for meeting emotional and physical needs related to cognitive and physical deficits;</p> <p>-The resident has an Activities of Daily Living (ADL) self care performance deficit related to weakness and decondition;</p> <p>-The resident requires extensive assist of two staff for toileting and bathing;</p> <p>-The resident has bowel and bladder incontinence;</p> <p>-Clean perineal area with each incontinent episode.</p> <p>Observation on 10/21/24, at 04:08 A.M., showed:</p> <p>-Certified Nurses Aide (CNA) C and CNA E entered the resident's room;</p> <p>- CNA E removed the sheet from the resident;</p> <p>- CNA C wiped down each side of the groin with a new wipe each time;</p> <p>- CNA C wiped across the abdominal fold with a new wipe;</p> <p>- CNA C did not wipe down the center and did not separate and clean all the perineal folds;</p> <p>- CNA C and CNA E turned the resident onto his/her side;</p> <p>- CNA C used a new wipe and cleaned the rectal area;</p> <p>- CNA C did not separate and clean all the perineal folds.</p> <p>During an interview on 10/21/24 at 5:22 A.M. CNA C said:</p> <p>-He/She did not separate and clean all the perineal folds when he/she provided peri care to the resident;</p> <p>-When doing peri are all areas that urine or feces have touched should be separated and cleaned.</p> <p>2. Review of Resident #75's Annual MDS dated [DATE], showed:</p> <p>-No cognitive impairment;</p> <p>-Upper and lower extremity impairment on one side of the body;</p> <p>-Dependent on staff for bed mobility;</p> <p>-Dependent on staff for personal hygiene and showers;</p> <p>-Incontinent of bowel and bladder;</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>-Dependent on staff for toileting;</p> <p>-Diagnoses included, stroke, seizure disorder, high blood pressure and anxiety.</p> <p>A review of the Resident's care plan revised, 9/20/24, showed:</p> <p>-The resident has an ADL self-care performance deficit related to hemiplegia and stroke;</p> <p>-The resident is dependent on staff for toileting and transfers;</p> <p>-The resident has bowel incontinence;</p> <p>-Clean perineal area with each incontinent episode.</p> <p>Observation on 10/21/24, at 05:10 A.M., showed:</p> <p>-CNA C and CNA E entered the resident's room;</p> <p>- CNA E removed the resident's brief;</p> <p>- CNA C wiped down each side of the groin with a new wipe each time;</p> <p>- CNA C wiped across the abdominal fold with a new wipe;</p> <p>- CNA C did not cleanse the urethral opening, in a circular motion, working outward;</p> <p>- CNA C did not separate and clean all the perineal folds.</p> <p>- CNA C and CNA E turned the resident onto his/her side;</p> <p>- CNA C used a new wipe and cleaned the rectal area;</p> <p>- CNA C did not separate and clean all the perineal folds.</p> <p>During an interview on 10/21/24 at 5:22 A.M. CNA C said:</p> <p>-He/She did not cleanse the urethra (urinary opening) opening, in a circular motion, working outward;</p> <p>-He/She did not separate and clean all the perineal folds when he/she provided peri care to the resident;</p> <p>-When doing peri care all areas that urine or feces have touched should be separated and cleaned.</p> <p>During an interview on 10/21/24 at 5:24 A.M. CNA E said:</p> <p>-Staff should separate and clean all the perineal folds when providing peri care to an incontinent resident;</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>-When cleaning a male resident, the area of the urethral opening should be cleansed in a circular motion, working outward.</p> <p>During an interview on 10/21/24 at 7:14 A.M. Licensed Practical Nurse (LPN) D said:</p> <p>-Staff should separate and clean all the perineal folds when providing peri care to an incontinent resident;</p> <p>-When cleaning a male resident, the area of the urethral opening should be cleansed in a circular motion, working outward;</p> <p>-When doing peri are all areas that urine or feces have touched should be separated and cleaned.</p> <p>During an interview on 10/23/24 at 6:15 P.M., the Director of Nursing (DON) and Administrator said:</p> <p>-He/She expects staff to separate and cleanse all areas that urine or feces have touched when providing incontinent care to residents;</p> <p>-He/She expects staff to cleanse the area of the urethral opening in a circular motion, working outward on male residents;</p> <p>-When doing peri are all areas that urine or feces have touched should be separated and cleaned.</p> <p>- The Administrator concurred with the DON.</p> <p>31102</p> <p>3. Review of the facility's policy for activities of daily living (ADL's), revised 9/1/21, showed, in part:</p> <p>- The facility will ensure a resident's abilities in ADL's do not deteriorate unless deterioration is unavoidable;</p> <p>- This included the resident's ability to bathe, dress and groom;</p> <p>- A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming and personal and oral hygiene.</p> <p>4. Review of Resident #1's shower sheets, dated August 2024 showed the resident had four showers out of 9 opportunities for showers.</p> <p>Review of the resident's Quarterly MDS, dated [DATE] showed:</p> <p>- Cognitive skills moderately impaired;</p> <p>- Upper and lower extremities impaired on both sides;</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265857	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER Liberty Health and Wellness		STREET ADDRESS, CITY, STATE, ZIP CODE 2201 Glenn Hendren Dr Liberty, MO 64068	

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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>	<ul style="list-style-type: none"> - Dependent on the assistance of staff for showers, transfers, dressing, personal hygiene and oral care; - Occasionally incontinent of urine; - Frequently incontinent of bowel; - Diagnoses included cerebral palsy (CP, a group of neurological disorders that appear in infancy or early childhood and permanently affect body movement and muscle coordination) and anxiety. <p>Review of the resident's care plan, revised 9/4/24 showed:</p> <ul style="list-style-type: none"> - The resident had an activities of daily living (ADL) self care performance deficit. Provide a sponge bath when a full bath or shower cannot be completed. The resident is totally dependent on the assistance of two staff to provide showers twice weekly and as needed. <p>Review of the resident's shower sheets, dated September 2024 showed the resident had three showers out of nine opportunities for showers.</p> <p>Review of the resident's shower sheets, dated October 2024 showed the resident had three showers out of six opportunities for showers.</p> <p>Observation and interview on 10/20/24 at 9:07 A.M., showed:</p> <ul style="list-style-type: none"> - The resident was in bed and his/her hair looked greasy; - The resident said he/she felt better after being cleaned up. <p>5. Review of Resident #97's Quarterly MDS, dated [DATE] showed:</p> <ul style="list-style-type: none"> - Cognitive skills intact; - Required substantial to maximal assistance with showers; - Required supervision or touch assistance with dressing and transfers; - Always continent of bowel and bladder; - Diagnoses included chronic obstructive pulmonary disease (COPD, obstruction of air flow that interferes with normal breathing) and unsteadiness on feet. <p>Review of the resident's care plan, revised 8/6/24 showed:</p> <ul style="list-style-type: none"> - The resident had the potential for and ADL self - care performance deficit related to COPD. The resident required limited/extensive assistance by one staff with showering twice weekly and as needed. <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 resident's shower sheets, dated August 2024 showed the resident had two showers out of nine opportunities for showers;</p> <ul style="list-style-type: none"> - The resident refused showers four times; - The shower sheets did not indicate if make showers were offered. <p>Review of the resident's shower sheets, dated September 2024 showed the resident had two showers out of nine opportunities for showers;</p> <ul style="list-style-type: none"> - The resident refused showers twice and was out of the facility for one shower; - The shower sheets did not indicate if make up showers were offered. <p>Review of the resident's shower sheets, dated October 2024 showed the resident had one shower out of six opportunities for showers;</p> <ul style="list-style-type: none"> - The resident refused showers three times; - The shower sheets did not indicate if make up showers were offered. <p>During an interview on 10/20/24 the resident said:</p> <ul style="list-style-type: none"> - Last week was the first time the staff offered him/her a shower twice in a week; - He/she refused showers frequently because he/she did not feel safe; - He/she had talked to the charge nurses and they said they would get it resolved; - A charge nurse said he/she would sit outside the shower room door and not let anyone go in until the resident had completed his/her shower. <p>6. Review of Resident #24's Quarterly MDS, dated [DATE] showed:</p> <ul style="list-style-type: none"> - Cognitive skills intact; - Lower extremities impaired on both sides; - Dependent on the assistance of staff for showers and toilet use; - Had a Suprapubic catheter (catheter which enters the bladder through the lower abdomen); - Diagnoses included paraplegia (a chronic condition that causes partial or complete paralysis in the lower half of the body, including both legs), neurogenic bladder (a dysfunction that results from interference with the normal nerve pathways associated with urination), anxiety and chronic pain. <p>Review of the resident's care plan, revised 8/25/24 showed the resident's desired personal care routine was for showers twice weekly during the day time.</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>Review of the resident's shower sheets, dated August 2024 showed the resident had five showers out of nine opportunities for showers.</p> <p>Review of the resident's shower sheets, dated September 2024 showed the resident had three showers out of nine opportunities for showers;</p> <ul style="list-style-type: none"> - The resident refused one shower; - The shower sheets did not indicate if make up showers were offered. <p>Review of the resident's shower sheets, dated October 2024 showed the resident had four showers out of six opportunities for showers;</p> <ul style="list-style-type: none"> - The resident refused one shower; - The shower sheets did not indicate if make up showers were offered. <p>During an interview on 10/23/24 at 7:24 A.M., CNA D said:- He/she worked as the shower aide;</p> <ul style="list-style-type: none"> - He/she did not hardly ever get pulled to the floor anymore; - For the last two weeks they have had a shower aide for the top 100 hall and a shower aide for the 200 and 300 hall; - For the last two weeks, he/she has worked on the bottom 100 hall doing showers; - Resident #97 does not take showers very often because he/she said he/she does not have clean clothes to wear. There was an incident where the shower curtain was pulled and a staff member knocked and opened the door and it upset the resident, even though the staff member could not see anything. The resident now says he/she is afraid to take a shower. <p>During an interview on 10/29/24 at 10:54 A.M., Licensed Practical Nurse (LPN) D said, in the past they have had problems getting showers completed but they are are getting them done now.</p> <p>During an interview on 10/30/24 at 2:32 P.M., Certified Nurse Aide (CNA) C said Resident #24 has complained about not getting his/her shower twice weekly.</p> <p>During an interview on 10/30/24 at 3:19 P.M., CNA B said:</p> <ul style="list-style-type: none"> - Resident #24 has complained about not getting his/her shower twice weekly; - There was a resident on the top 100 who has complained about not getting their showers twice weekly but he/she could not remember who it was. <p>During an interview on 10/23/24 at 6:15 P.M., the DON said residents should receive their showers per their preference.</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide activities to meet all resident's needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51166</p> <p>Based on observation, interview, and record review, the facility failed to provide meaningful activities for five of the 24 sampled residents (Residents #55, #419, #95, #8 and #76). The facility census was 116.</p> <p>Review of the facility's policy, Activities, dated 9/21/21, showed:</p> <p>-It is the policy of this facility to provide an ongoing program to support residents in their choice of activities based on their comprehensive assessment, care plan, and preferences.</p> <p>-Facility-sponsored group and individual activities and independent activities will be designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident.</p> <p>-Activities are considered any endeavor, other than routine Activities of Daily Living (ADLs), in which the resident participates, that is intended to enhance his or her sense of well-being and to promote or enhance physical, cognitive or emotional health.</p> <p>-Each resident's interest and needs will be assessed on a routine basis.</p> <p>-Activities will be designed with the intent to:</p> <ol style="list-style-type: none"> a. Enhance the resident's sense of well-being, belonging, and usefulness. b. Promote or enhance physical activity. c. Promote or enhance cognition. d. Promote or enhance emotional health. e. Promote self-esteem, dignity, pleasure, comfort, education, creativity, success, and independence. f. Reflect resident's interests and age. g. Reflect cultural and religious interests of the residents. h. Reflect choices of the residents. <p>-Activities may be conducted in different ways:</p> <ol style="list-style-type: none"> a. One-to-One Programs. b. Person Appropriate - activities relevant to the specific needs, interests, culture, background, etc. for the resident they are developed for. <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>c. Program of Activities - to include a combination of large and small groups, one-to-one, and self-directed as the resident desires to attend.</p> <p>-Residents are encouraged, not mandated to participate in scheduled activities.</p> <p>1. Review of the Quarterly Minimum Data Set for Resident #55 (MDS: A federally mandated assessment tool completed by facility staff), dated 7/19/24, showed:</p> <p>-Resident has moderately impaired cognition.</p> <p>-Diagnoses include high blood pressure, kidney failure, diabetes, anxiety, and lung disease.</p> <p>-Resident requires supervision to maximal assistance with activities of daily living (ADL's).</p> <p>-No preferences for activities listed.</p> <p>Review of the Resident's Daily Participation Record for the month of October provided by facility showed the resident participated in the following activities during the month of October:</p> <p>-Crossword/word search, daily bread/chronicles, puzzles, reading, and television.</p> <p>Activities Evaluation, dated 7/12/23, provided by facility showed resident prefers cooking/baking, religious activities, parties/social events, movies/TV, and music/talk radio.</p> <p>Interview and observation on 10/23/24 02:32 P.M. showed resident lying in bed, watching television. Resident states he/she does not like the activities the facility offers and has not done any reading or participate in an activity for weeks. He/she would like to do sudoku puzzles, but he says the facility has not provided that option.</p> <p>2. Review of Resident #419's face sheet dated 10/12/24, showed:</p> <p>-Resident was admitted to the facility on [DATE].</p> <p>-Diagnoses included heart disease, diabetes, anxiety, shortness of breath, legal blindness, high blood pressure, under active thyroid, and blood clotting disorder.</p> <p>-Resident was cognitively intact.</p> <p>Review of the Resident's Daily Participation Record for the month of October provided by the facility showed the resident participated in the following activities during the month of October from 10/14 to 10/22 showed:</p> <p>-Everyday the resident participated in crossword/word search, daily bread/chronicles, puzzles, and television.</p> <p>Review of the Activities evaluation, dated 10/15/24, provided by the facility showed resident has interest in family/friend visits, education programs/activities, reading/writing, talking books, movies/TV, and music/talk radio.</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview and observation on 10/21/24 10:24 A.M. showed Resident #419 was sitting in his/her room in wheelchair with the TV off. Resident said he/she doesn't participate in activities because of blindness. Resident states he/she cannot figure out TV and had asked staff to turn on the TV but the staff could not get the TV to work either. The resident said he/she has not been offered any other activities other than audio books.</p> <p>During an interview and observation on 10/23/24 at 08:24 A.M. showed Resident was sitting on bed with the TV off. Resident stated he/she still cannot figure out how to get the TV to the desired channels.</p> <p>During an Interview and observation on 10/23/24 at 02:49 P.M. showed resident sitting in his/her wheelchair with the TV off. Resident states he/she has not been to the puzzle activities due to his/her arthritis in his/her hands and blindness. Resident states he/she does not do coloring or crosswords and had not been to any of the coffee/chat activities.</p> <p>3. Review of Resident #95's Quarterly MDS, dated [DATE], showed:</p> <ul style="list-style-type: none"> -Resident was cognitively intact. -Resident is independent with most ADL's but requires supervision for some activities such as walking. -Diagnoses include seizure disorder, depression, and cancer. <p>Review of the Resident's Daily Participation Record for the month of October provided by facility showed the resident participated in the daily activities during the month of October.</p> <ul style="list-style-type: none"> -The daily activities included: adult coloring, crossword/word search, daily bread/chronicles, puzzles, reading, smoking, and television. <p>Review of the Activities Evaluation, dated 2/23/23, provided by facility showed resident prefers arts/crafts, beauty/barber, cooking/baking, exercise/sports, family/friend visits, parties/social events, pet visits, reading/writing, bingo, knit/crochet, movies/TV, music/talk radio.</p> <p>During an Interview and observation on 10/21/24 at 10:38 A.M. showed: Resident in room, watching TV. Resident said he/she would like to have activities he/she can participate in because all he/she does is smoke and watch TV. Resident said he/she is so bored and frustrated that there isn't anything to do. He/she said people have talked to her/him about preferences but there is no follow through from the facility.</p> <p>During an interview on 10/23/24 at 04:50 P.M., resident said he/she has never participated in coffee/chit chat or coloring activities.</p> <p>During an interview on 10/23/24 at 11:00 A.M., the activities director said assessments on each resident are done to determine activity preferences. Sensory activities, card games, reminiscing, and painting nails are activities for residents who prefer to stay in their room. He/she said 1:1's are done 2-3 times each week for 15 minutes.</p> <p>(continued on next page)</p>

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NAME OF PROVIDER OR SUPPLIER Liberty Health and Wellness		STREET ADDRESS, CITY, STATE, ZIP CODE 2201 Glenn Hendren Dr Liberty, MO 64068	
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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 10/23/24 at 6:15 P.M., the Administrator said:</p> <ul style="list-style-type: none"> -She expects staff to go with residents who have blindness to activities and base the options for the resident's activities offerings on the resident's preferences and the facility will accommodate the resident. -Participation in activities, such as crosswords, is counted as active when a resident gets the item or activity they want, and it depends on what the resident wants to do. -It should be documented whenever a resident participates in an activity or when the resident refuses. -Staff should help a resident turn on the TV if the resident is unable to. -She would expect resident's activities assessments to reflect their wishes and needs. The assessment should be completed upon admission and annually. <p>50980</p> <p>4. Review of Resident #76's admission Minimum Data Set (MDS), dated [DATE], showed:</p> <ul style="list-style-type: none"> - Cognitive skills intact; - Diagnoses included anemia (blood disorder), hypertension (high blood pressure), orthostatic hypotension (sudden blood pressure drop), GERD (Gastroesophageal reflux disease, stomach disorder), renal insufficiency (kidney function disorder), diabetes (chronic insufficiency of insulin production), hyperlipidemia (high cholesterol), anxiety disorder (mental health condition) and depression (long lasting low mood mental health condition); - Activity preferences for all categories are very important except for group activities and outside religious services; - No staff assessment of daily and activity preferences was conducted with resident in the MDS tool. <p>Review of resident's care plan, dated 8/9/24, directed staff to establish and record the resident's prior level of activity involvement and interests by talking with the resident, caregivers, and family on admission and as necessary.</p> <p>Review of resident's electronic medical record showed no documentation an activity assessment had been completed for the resident.</p> <p>During an interview on 10/22/24 at 15:15 P.M., Activities Supervisor said:</p> <ul style="list-style-type: none"> - Activity assessments are done on all residents in the MDS unless they do a more intensive activity assessment tool which is much more involved filed in the resident's electronic record when completed; <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Liberty Health and Wellness		STREET ADDRESS, CITY, STATE, ZIP CODE 2201 Glenn Hendren Dr Liberty, MO 64068	

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- When questioned about resident #76 not having a completed activity assessment she said they don't complete those if they do the more involved activity assessment using their alternate activity assessment tool.</p> <p>51626</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** 46706</p> <p>Based on observation, interview, and record review, the facility failed to ensure the environment for three of 24 sampled residents (Resident #6, #23 and #75) was free from accident hazards when call lights were not in reach for Residents #6, #23, #75. The facility census was 116.</p> <p>Review of the facility's Call Lights: Accessibility and Timely Response, dated 9/1/21, showed in part:</p> <ul style="list-style-type: none"> -The purpose of this policy is to be adequately equipped with a call light at each resident's bedside to allow the resident to call for assistance; -All staff will be educated on the proper use of resident call lights and ensuring resident access to the call light; -With each interaction in the resident's room, staff will ensure the call light is within reach of the resident and secured when needed. <p>1. Review of Resident #6's Quarterly Minimum Data Sets (MDS, a federally mandated assessment completed by facility staff),dated 8/5/24, showed:</p> <ul style="list-style-type: none"> -No cognitive impairment; -Upper extremity impairment on both sides of the body; -Dependent on staff for bed mobility; -Verbal cues and touching assistance for personal and oral hygiene; -Incontinent of bowel and bladder; -Dependent on staff for toileting; <p>-Diagnoses included, Schizophrenia (a mental illness that affects a person's thoughts, feelings, and behaviors), anxiety, respiratory failure and diabetes mellitus (a disease that occurs when the body doesn't produce enough insulin or can't use insulin properly).</p> <p>Review of the Resident's care plan revised, 8/5/24, showed:</p> <ul style="list-style-type: none"> -The resident has an Activities of Daily Living (ADL) self care performance deficit related to weakness and deconditioning; -The resident requires extensive assist of two staff for toileting and transfers; - Staff are to ensure the resident's call light is within reach; <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>-The resident needs a safe environment with a working and reachable call light.</p> <p>Observation on 10/20/24, at 11:55 A.M., showed:</p> <p>-The resident was in bed yelling for staff;</p> <p>-The resident's call light was on the floor under the resident's bed;</p> <p>-The resident could not reach his/her call light.</p> <p>Observation on 10/21/24 at 04:54 A.M., showed:</p> <p>-The resident was in bed with his/her eyes open;</p> <p>-The resident's call light was on the floor out of reach of the resident;</p> <p>-Certified Nurses Aide (CNA) C and CNA E entered the residents room;</p> <p>-CNA C and CNA E left the resident's room with out putting the resident's call light within reach.</p> <p>During an interview on 10/21/24 at 5:22 A.M. CNA C said:</p> <p>-He/she did not realize the resident's call light was not within reach;</p> <p>-He/she should ensure the resident's call light is in place every time he/she is in the resident's room.</p> <p>2. Review of Resident #23's Significant Change MDS dated [DATE], showed:</p> <p>-Severe cognitive impairment;</p> <p>-Upper extremity impairment on both sides of the body;</p> <p>-Dependent on staff for bed mobility;</p> <p>-Dependent on staff for personal hygiene and showers;</p> <p>-Incontinent of bowel and bladder;</p> <p>-Dependent on staff for toileting and showers;</p> <p>-Diagnoses included, dementia, diabetes mellitus and high blood pressure.</p> <p>Review of the Resident's care plan revised, 9/29/24, showed:</p> <p>-The resident has a self care performance deficit;</p> <p>-The resident is dependent on staff for ADL's and toileting;</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>-The resident requires extensive assistance with bed mobility;</p> <p>-The resident is at risk for falls;</p> <p>- Staff are to ensure the resident's call light is within reach.</p> <p>Observation on 10/20/24 at 09:52 A.M., showed:</p> <p>-The resident was in bed with his/her eyes closed;</p> <p>-The resident's call light was under his/her bed;</p> <p>-The resident's call light was out of the resident's reach.</p> <p>3. Review of Resident #75's Annual MDS, dated [DATE], showed:</p> <p>-No cognitive impairment;</p> <p>-Upper and lower extremity impairment on one side of the body;</p> <p>-Dependent on staff for bed mobility;</p> <p>-Dependent on staff for personal hygiene and showers;</p> <p>-Incontinent of bowel and bladder;</p> <p>-Dependent on staff for toileting;</p> <p>-Diagnoses included, stroke, seizure disorder, high blood pressure and anxiety.</p> <p>A review of the Resident's care plan revised, 9/20/24, showed:</p> <p>-The resident has an ADL self-care performance deficit related to hemiplegia and stroke;</p> <p>-The resident is dependent on staff for toileting and transfers;</p> <p>-The resident is dependent on staff for bed mobility;</p> <p>- Staff are to ensure the resident's call light is within reach.</p> <p>Observation on 10/20/24 at 11:23 A.M., showed:</p> <p>-The resident was in bed watching TV;</p> <p>-The resident's call light was on the floor under the resident's bed;</p> <p>-The resident could not reach his/her call light.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Liberty Health and Wellness		STREET ADDRESS, CITY, STATE, ZIP CODE 2201 Glenn Hendren Dr Liberty, MO 64068	

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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>Observation on 10/21/24 at 05:10 A.M., showed:</p> <ul style="list-style-type: none"> -The resident was in bed with his/he eyes closed; -The resident's call light was on the floor out of reach of the resident. <p>During an interview on 10/21/24 at 5:24 A.M. CNA E said:</p> <ul style="list-style-type: none"> -He/she did not realize the resident's call light was not within reach; -Sometimes the resident knocks the call light on the floor; -The staff should ensure the resident's call light is within reach. <p>During an interview on 10/21/24 at 7:14 A.M. Licensed Practical Nurse (LPN) D said:</p> <ul style="list-style-type: none"> -Call lights should be within reach of every resident; -Call lights should not be on the floor or under a resident's bed; -Call lights should be easily accessible to the residents; <p>-He/she expects the CNAs to check and make sure the call light is within reach of the resident every time they are in a residents room.</p> <p>During an interview on 10/23/24 at 6:15 P.M., the Director of Nursing (DON) said:</p> <ul style="list-style-type: none"> -He/She expects the call lights to be easily accessible to the residents; -He/she expects the staff to ensure each resident's call light is within reach every time they enter a residents room. <p>During an interview on 10/23/24 at 6:15 P.M., the Administrator concurred with the DON.</p> <p>4. Observation on 10/22/24 at 11:22 A.M., The call light cord had been shortened to two inches in the restroom in room [ROOM NUMBER].</p> <p>During an interview on 10/22/24 at 11:22 A.M., the Regional Maintenance Supervisor said the residents needed to be able to reach the call light cord in the restroom and it needed to be replaced.</p>

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31102</p> <p>Based on observation, interview and record review, the facility failed to ensure the residents had fresh water at bedside that was easily accessible and failed to date the Styrofoam cups used for fresh water. This affected three of the 24 sampled residents, (Resident #69, #85 and #97). The facility census was 116.</p> <p>Review of the facility's policy for assisted nutrition and hydration, revised 9/1/21, showed, in part:</p> <ul style="list-style-type: none"> - Residents within the facility will maintain adequate parameters of nutritional and hydration status, to the extent possible, to ensure each resident is able to maintain the highest practicable level of well-being; - the facility will provide nutritional and hydration care and services to each resident, consistent with the resident's comprehensive assessment; - Based on the resident's comprehensive assessment, the facility will ensure each resident is offered sufficient fluid intake to maintain proper hydration and health. <p>1. Review of Resident #69's Quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 10/4/24 showed:- Cognitive skills intact;</p> <ul style="list-style-type: none"> - Required the assistance of staff with set up and clean up for eating and oral hygiene; - Diagnoses included chronic obstructive pulmonary disease (COPD, obstruction of air flow that interferes with normal breathing), congestive heart failure (CHF, accumulation of fluid in the lungs and other parts of the body), diabetes mellitus, anxiety and muscle weakness. <p>Review of the resident's care plan, revised 10/8/24 showed the resident had potential nutritional problems. Provide and serve diet as ordered. Regular diet with thin liquids.</p> <p>Review of the resident's physician order sheet (POS), dated October 2024 showed an order date: 1/16/24 - regular diet, regular texture and regular/thin liquids.</p> <p>Observation and interview on 10/20/24 at 9:40 A.M., showed:- A staff member entered the resident's room and got him/her fresh ice water in Styrofoam cup, which did not have a date on it;</p> <ul style="list-style-type: none"> - The resident stated the Styrofoam cup had been sitting on his/her dresser for three weeks; - The resident said that the staff do not pass fresh ice water every shift and he/she wished they would pass it every shift; - The staff used to date the Styrofoam cups but they quit doing that a long time ago. <p>2. Review of Resident #85's Quarterly MDS, dated [DATE] showed:- Cognitive skills intact;</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- Required the assistance of staff with set up and clean up for eating;</p> <p>- Diagnoses included COPD, seizure disorder, anxiety, and depression.</p> <p>Review of the resident's care plan, revised 9/5/24 showed the resident had potential nutritional problems related to anxiety and depression. Provide and serve diet as ordered. Regular diet with thin liquids.</p> <p>Review of the resident's POS, dated October 2024 showed an order date: 3/1/24 - regular diet, regular texture and regular/thin liquids.</p> <p>Observation and interview on 10/20/24 at 10:21 A.M., showed:</p> <p>- The resident said the staff do not pass fresh ice water every shift;</p> <p>- He/she would like to have it every shift;</p> <p>- The staff passed fresh ice water this morning, but he/she was guessing because State was in the building;</p> <p>- The staff do not change the Styrofoam cups out very often;</p> <p>- The Styrofoam cup did not have a date on it.</p> <p>3. Review of Resident #97's Quarterly MDS, dated [DATE] showed:</p> <p>- Cognitive skills intact;</p> <p>- Required the assistance of staff with set up and clean up for eating;</p> <p>- Diagnoses included COPD and unsteadiness on feet.</p> <p>Review of the resident's care plan, revised 8/6/24 showed:</p> <p>- The resident had potential nutritional problems related to COPD;</p> <p>- Provide and serve diet as ordered. Regular diet with thin liquids.</p> <p>Review of the resident's POS, dated October 2024 showed an order date: 4/26/24 - regular diet, regular texture and regular/thin liquids.</p> <p>Observation and interview with Resident #97 on 10/20/24 at 11:02 A.M., showed:</p> <p>- The staff do not always pass fresh ice water every shift;</p> <p>- He/she would like to have fresh ice every shift;</p> <p>- He/she had his/her own water bottles;</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- The Styrofoam cups are not dated so there's no way of knowing how long they have been there.</p> <p>During an interview on 10/23/24 at 9:44 A.M., Licensed Practical Nurse (LPN) A said:</p> <p>- Fresh ice water should be passed out on every shift;</p> <p>- The Styrofoam cups should be changed out every day on the day shift and should be dated.</p> <p>During an interview on 10/30/24 at 2:32 P.M., Certified Nurse Aide (CNA) C said;- Fresh water and ice should be passed out at least once per shift and if a resident asked for more;</p> <p>- He/she did not know how often the Styrofoam cups should be changed out but they should be dated when they are changed.</p> <p>During an interview on 10/30/24 at 3:19 P.M., CNA B said;</p> <p>- Fresh ice and water should be passed out once a day;</p> <p>- He/she thought the Styrofoam cups should be changed out on the night shift and they should be dated when changed out.</p> <p>During an interview on 10/23/24 at 6:15 P.M., the Director of Nursing (DON) said:</p> <p>- Fresh ice and water should be passed out to residents every shift;</p> <p>-The staff should date the Styrofoam cups when used.</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46706</p> <p>Based on observation, interview, and record review the facility failed to ensure staff provided proper respiratory care for four of the 24 sampled residents (Resident #74, #85, #97 and #103) when staff failed to effectively clean oxygen concentrator filters. The facility census was 116.</p> <p>A review of the facility's Oxygen Administration Policy, dated 9/1/21, showed in part:</p> <ul style="list-style-type: none"> -Oxygen is administered to residents who need it; -Oxygen is administered under the orders of a physician; -Cleaning and care of equipment shall be in accordance with facility policies for such equipment; -The policy did not address the cleaning of the concentrator filters. <p>1. Review of Resident #74's Quarterly Minimum Data Sets (MDS, a federally mandated assessment completed by facility staff), dated 10/18/24, showed:</p> <ul style="list-style-type: none"> -No cognitive impairment; -Supervision of staff for toileting and bathing; -The resident is on oxygen therapy; <p>-Diagnoses included, cancer, asthma (a disease of the lungs that causes the airways to narrow and become inflamed, making it difficult to breath) and respiratory failure.</p> <p>Review of the Resident's care plan, revised, 10/21/24, showed:</p> <ul style="list-style-type: none"> -The resident has an ADL self care performance deficit; -The resident requires supervision with ADLs; -The resident is on oxygen therapy; -Adminster oxygen as ordered. <p>Review of the resident's physician's order sheet (POS) dated October 2024, showed:</p> <ul style="list-style-type: none"> - Order date: 7/12/24 - Oxygen at 5 (LPM) liters per minute (NC) per nasal cannula continuously every shift; - Order date: 7/12/24 - Change oxygen tubing, humidifier bottle and plastic holding bag for oxygen tubing as needed; <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- Order date: 7/18/24 - Change oxygen tubing, humidifier bottle and plastic holding bag for oxygen every Thursday on night shift;</p> <p>-No order to clean the concentrator filter was found.</p> <p>Observation on 10/20/24 at 09:33 A.M.,showed:</p> <p>- Resident in bed with oxygen in place at 5L/NC;</p> <p>- The filter on the oxygen concentrator was thick with built up dust.</p> <p>2. Review of Resident #103's Quarterly MDS dated [DATE], showed:</p> <p>-No cognitive impairment;</p> <p>-Supervision of staff for toileting and bathing;</p> <p>-The resident is on oxygen therapy;</p> <p>-Diagnoses included, asthma (a disease of the lungs that causes the airways to narrow and become inflamed, making it difficult to breath), respiratory failure and anxiety.</p> <p>Review of the Resident's care plan, revised, 10/4/24, showed:</p> <p>-The resident has an ADL self care performance deficit;</p> <p>-The resident requires supervision with ADLs;</p> <p>-The resident is on oxygen therapy;</p> <p>-Adminster oxygen as ordered.</p> <p>Review of the resident's POS dated October 2024, showed:</p> <p>- Order date: 10/13/24 - Change oxygen tubing, humidifier bottle and plastic holding bag for oxygen tubing as needed;</p> <p>- Order date: 10/14/24 - Oxygen at 2 LPM/ NC continuously every shift;</p> <p>- Order date: 10/17/24 - Change oxygen tubing, humidifier bottle and plastic holding bag for oxygen every Thursday on night shift;</p> <p>-No order to clean the concentrator filter was found.</p> <p>Observation on 10/20/24 at 10:18 A.M.,showed:</p> <p>- Resident in a chair with oxygen in place at 2L/NC;</p> <p>(continued on next page)</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- The filter on the oxygen concentrator was thick with built up dust.</p> <p>During an interview on 10/21/24 at 5:05 A.M., Certified Nurses Aide (CNA) E said</p> <p>- The night shift CNA's are responsible for dating and changing the oxygen tubing, dating and filling humidifier bottles and cleaning the filters on the concentrator weekly;</p> <p>- He/She does not clean filters on oxygen concentrators;</p> <p>- He/She does not know how to clean and change filters;</p> <p>- Filters on the oxygen concentrators should be clean and free from dust.</p> <p>During an interview on 10/21/24 at 5:12 A.M., CNA C said:</p> <p>-He/She tells the nurse if he/she notices the oxygen tubing is out dated, if the humidifier bottle is empty and if the filter on the oxygen concentrator needs cleaned;</p> <p>- He/She had not noticed anything wrong with the residents' oxygen;</p> <p>- Filters on the oxygen concentrators should be clean and free from dust.</p> <p>During an interview on 10/21/24 at 12:44 P.M., Licensed Practical Nurse (LPN) D said:</p> <p>- The CNA's change the oxygen tubing, change and fill and date the humidifier bottles and clean the filters every week on Thursday nights;</p> <p>- The filters on the oxygen concentrators should not be dirty and caked with dust.</p> <p>31102</p> <p>3. Review of Resident #85's Quarterly MDS, dated [DATE] showed:</p> <p>- Cognitive skills intact;</p> <p>- Diagnoses included chronic obstructive pulmonary disease (COPD, obstruction of air flow that interferes with normal breathing), seizure disorder, anxiety, respiratory failure and depression.</p> <p>Review of the resident's care plan, revised 9/5/24 showed:</p> <p>- The resident is on oxygen therapy;</p> <p>- Oxygen settings: oxygen (O2) via nasal cannula (NC).</p> <p>Review of the resident's POS, dated October 2024 showed:</p> <p>- Order date: 3/1/24 - change oxygen tubing, humidifier bottle and plastic holding bag for oxygen tubing as needed;</p> <p>(continued on next page)</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- Order date: 3/1/24 - change oxygen tubing, humidifier bottle and plastic holding bag for oxygen tubing every night shift every Thursday related to COPD and respiratory failure;</p> <p>- Order date: 3/1/24 - Oxygen at two liters per nasal cannula (2L/NC) continuously. Monitor O2 every shift related to COPD and respiratory failure.</p> <p>Observation on 10/20/24 at 10:06 A.M., showed:</p> <ul style="list-style-type: none"> - The resident had oxygen on at 3L/NC; - The filters on both side of the oxygen concentrator were covered in gray lint. <p>4. Review of Resident #97's Quarterly MDS, dated [DATE] showed:</p> <ul style="list-style-type: none"> - Cognitive skills intact; - Diagnoses included COPD and unsteadiness on feet. <p>Review of the resident's care plan, revised 8/6/24 showed the resident was on oxygen therapy for COPD. Administer oxygen as ordered.</p> <p>Review of the resident's POS, dated October 2024 showed;- Order date: 10/17/24 - change oxygen tubing, humidifier bottle and plastic holding bag for oxygen tubing as needed related to COPD;</p> <ul style="list-style-type: none"> - Order date: 10/17/24 - change oxygen tubing, humidifier bottle and plastic holding bag for oxygen tubing every night shift every Thursday related to COPD; - Order date: 10/17/24 - Oxygen at 5L/NC continuously. Monitor O2 every shift related to COPD. <p>Observation on 10/20/24 at 10:47 A.M., showed:</p> <ul style="list-style-type: none"> - The resident had oxygen on at 2:/NC; - The filters on both sides of the oxygen concentrator were covered in gray lint. <p>During an interview on 10/23/24 at 6:15 P.M., the Director of Nursing (DON) and Administrator said:</p> <ul style="list-style-type: none"> -The filters on the oxygen concentrators should be cleaned at least monthly; -He/She would not expect the filters on the oxygen concentrators to be caked with dust and dirt. - During an interview on 10/23/24 at 6:15 P.M., the Administrator concurred with the DON.

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>31102</p> <p>Based on observations, interviews and record review, the facility failed to ensure staff administered medications with a medication rate of less than five percent (%). Staff made six medication errors out of 26 opportunities for error, which resulted in an error rate of 23.08%. This affected four of the 24 sampled residents, (Resident #8, #11, #28 and #42). The facility census was 116.</p> <p>Review of the facility's policy for medication administration, revised 9/1/22 showed, in part:</p> <ul style="list-style-type: none"> - Medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or infection; - Review medication administration record (MAR) to identify medication to be administered; - Compare medication source (bubble pack (packaging in which a product is sealed between a cardboard backing and clear plastic cover), vial, etc.) with MAR to verify resident name, medication name, form, dose, route, and time; - Observe resident consumption of medication. <p>Review of the facility's policy for administering topical medication, revised October 2010, showed, in part:</p> <ul style="list-style-type: none"> - The purpose of this procedure is to provide guidelines for the safe administration of topical medications; - Trans-dermal patches - clean and dry a selected area that is approved for application of the patch. Rotate sites with each new application, if possible; - Remove old patch; - Apply to the skin pressing firmly for approximately ten seconds. <p>1. Review of Resident #28's physician order sheet (POS), dated October 2024 showed:</p> <ul style="list-style-type: none"> - Start date: 10/2/24 - Glycolax powder, give 17 grams by mouth in the morning for constipation. Mix 17 grams in 4 - 8 ounces of fluids daily. Hold for loose stools; - Start date: 8/20/24 - Pulmicort inhalation suspension 0.25 milligrams (mg.)/2 milliliters (ml.), one inhalation, inhale orally twice daily for chronic obstructive pulmonary disease (COPD, obstruction of air flow that interferes with normal breathing); - Start date: 8/20/24 - Lidocaine external patch, apply to lower back topically in the morning for pain. The order did not specify what strength to use; <p>(continued on next page)</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- Did not have a physician's order for Albuterol sulfate inhalation aerosol solution.</p> <p>Review of the resident's medication administration record (MAR), dated October 2024 showed:</p> <p>- Pulmicort inhalation suspension 0.25 mg./2 ml., one inhalation, inhale orally twice daily for COPD. Certified Medication Technician (CMT) A documented it was administered on 10/23/24;</p> <p>- Lidocaine external patch, apply to lower back topically in the morning for pain. CMT documented the Lidocaine patch was administered on 10/21/24 and 10/22/24. CMT A documented the Lidocaine patch was administered on 10/23/24;</p> <p>- Glycolax powder, give 17 grams by mouth in the morning for constipation. Mix 17 grams in 4 - 8 (oz.) ounces of fluids daily. Hold for loose stools;</p> <p>- Albuterol sulfate inhalation aerosol solution, 108 micrograms (mcg.), inhale two inhalations orally every six hours as needed for shortness of air or COPD. Staff did not document that it had been administered.</p> <p>Observation and interview on 10/23/24 at 9:02 A.M., showed:</p> <p>- CMT A mixed the Glycolax powder in 5 oz. of water;</p> <p>- The resident rated his/her back/hip pain a 12 on a scale of 0 (no pain) to 10 (worse pain he/she ever had);</p> <p>- CMT A removed the old Lidocaine patch, dated 10/20/24, from the resident's lower back and applied the new one and dated it;</p> <p>- CMT A handed the resident his/her Albuterol Sulfate inhaler. The resident shook the inhaler and attempted to administer a dose but was unable to press down hard enough to get the medicine to come out. CMT A had the resident hold the inhaler up to his/her mouth and CMT A pressed down and gave the resident one inhalation;</p> <p>- CMT A left the cup of Glycolax on the resident's over the bed table and CMT A left the room;</p> <p>- The resident was in his/her wheelchair and propelled him/herself out of the room into the hallway and left the cup of Glycolax on the over bed table;</p> <p>- CMT A said the inhaler was new to him/her and he/she could not find an order for it. He/she thought it was used as needed and the order was discontinued on 10/23/24. He/she should have had the resident administer two sprays. It looked like the resident's Lidocaine patch had not been changed since 10/20/24, since that's what the patch was dated. He/she should not have left the medicine at bedside.</p> <p>During an interview on 10/23/24 at 6:15 P.M., the Director of Nursing (DON) said:</p> <p>- Medications should not be left at bedside to be taken later;</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Liberty Health and Wellness		STREET ADDRESS, CITY, STATE, ZIP CODE 2201 Glenn Hendren Dr Liberty, MO 64068	
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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- The Lidocaine patch should have been removed and a new one applied;</p> <p>- If the medication was discontinued on 10/23/24, it would stay on the orders until midnight, but it would depend how the order was written.</p> <p>46706</p> <p>2. Review of manufacturer guidelines for Advair Diskus 250/50 mcg dated, December 2021, showed:</p> <p>-Rinse mouth with water without swallowing after each dose;</p> <p>-This will help lessen the chance of getting a yeast infection in your mouth and throat.</p> <p>Review of Resident #8's POS, dated October 2024, showed:</p> <p>- Start date: 8/23/24 - Advair Diskus 250/50 micrograms (mcg) per inhalation, give one inhalation every 12 hours for Chronic Obstructive Pulmonary Disease (COPD, lung disease that makes it difficult to breathe).</p> <p>Review of the resident's MAR, dated October 2024, showed Advair Diskus 250/50 mcg per inhalation, give one inhalation every 12 hours for COPD.</p> <p>Observation and interview on 10/21/24 at 7:25 A.M., showed:</p> <p>- Certified Medication Technician (CMT) A administered one inhalation to the resident;</p> <p>- The resident did not rinse his/her mouth after the medication was given;</p> <p>- CMT A said he/she should have instructed the resident to rinse his/her mouth after the medication was given.</p> <p>3. Review of manufacturer guidelines for Artificial Tears dated 1/9/23, showed:</p> <p>-Tilt head back and look up;</p> <p>-Pull down lower eyelid and create pocket;</p> <p>-Administer drop into pocket of eyelid;</p> <p>-Apply gentle pressure to the inner corner of the eye for two minutes.</p> <p>Review of Resident #11's POS, dated October 2024, showed a start date of 10/9/24 - Artificial Tears, give one drop both eyes, four times a day for dry eye.</p> <p>Review of the resident's MAR, dated October 2024, showed Artificial Tears, give one drop both eyes, four times a day for dry eye.</p> <p>Observation and interview on 10/23/24 at 8:32 A.M., showed:</p> <p>(continued on next page)</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-CMT C administered one eye drop to the resident's left eye and wiped the resident's face with a kleenex;</p> <p>-CMT C administered one eye drop to the resident's right eye;</p> <p>-CMT C did not apply pressure for two minutes to the inner corner of the resident's left eye after administering the medication;</p> <p>-CMT C did not apply pressure for two minutes to the inner corner of the resident's right eye after administering the medication;</p> <p>-CMT C said he/she should have applied pressure for two minutes to the inner corner of the resident's right eye and the resident's left eye after administering the medication.</p> <p>4. Review of manufacturer guidelines for Fluticasone Propionate nasal spray, dated March, 2016, showed, in part:</p> <ul style="list-style-type: none"> - Shake the bottle gently; - Blow your nose to clear the nostrils; - Close one side of the nostril. Tilt your head forward slightly and carefully insert the nasal applicator into the other nostril; - Repeat in the other nostril. <p>Review of Resident #42's POS, dated October 2024, showed Start date: 6/8/23 - Fluticasone Propionate Suspension (used to treat allergies) 50 mcg, spray two sprays in each nostril, in the morning for allergies.</p> <p>Review of the resident's MAR, dated October 2024, showed Fluticasone Propionate Suspension 50 mcg, spray two sprays in each nostril, in the morning for allergies.</p> <p>Observation and interview on 10/23/24 at 8:48 A.M., showed:</p> <ul style="list-style-type: none"> -CMT C administered two sprays in the resident's left nostril; -CMT C administered two sprays in the resident's right nostril; -CMT C did not close one side of the nostril while giving two sprays in the resident's left nostril; -CMT C did not close one side of the nostril while giving two sprays in the resident's right nostril; -CMT C said she/she should have closed one side of the nostril while giving two sprays in the resident's right nostril; <p>(continued on next page)</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-CMT C said he/she should have closed one side of the nostril while giving two sprays in the resident's left nostril.</p> <p>During an interview on 10/23/24 at 6:15 P.M., the Director of Nursing (DON) said:</p> <ul style="list-style-type: none"> - Medications should be given as ordered by the physician; - The manufacturer guidelines should be followed when giving Fluticasone Propionate Suspension, Artificial Tears and Advair. 		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>50980</p> <p>Based on observation, interview and record review, the facility failed to store medications in a locked storage area to ensure medications were inaccessible to unauthorized staff and residents when medications were left at bedside in a resident's room unattended (Resident #76), and failed to discard expired medications for two residents (Resident #83 and #107) and failed to discard an expired bottle of house stock eye drops, and an expired house stock tube of Insta-glucose. Additionally, medications were not properly labeled for a resident when the label was faded and unreadable (Resident #76). This affected three out of 24 sampled residents. The facility census was 116.</p> <p>Review of facility policy, Resident Self-Administration of Medication, dated 9/1/2021, showed in part:</p> <ul style="list-style-type: none"> - Upon notification of the use of bedside medication by the resident, the medication nurse records the self-administration on the Medication Administration Record (MAR). - All nurses and aides are required to report to the charge nurse on duty any medications found at the bedside not authorized for bedside storage. Unauthorized medications are given to the charge nurse for return to the family or responsible party. - The care plan must reflect resident self-administration and storage arrangements for such medications; <p>Review of facility policy, Medication Administration, revised 9/1/22, showed in part:</p> <ul style="list-style-type: none"> - Policy Explanation and Compliance Guidelines: Compare medication source (bubble pack, vial, etc.) with MAR to verify resident name, medication name, form, dose, route, and time. Identify expiration date; <p>Review of facility policy, Administering Topical Medications, undated, showed in part:</p> <ul style="list-style-type: none"> - Check the label on the medication and confirm the medication name and dose with the MAR; - Check the expiration date on the medication. Return any expired medications to the pharmacy; <p>Review of facility policy, Administration of Eye Drops or Ointments, undated, showed in part:</p> <ul style="list-style-type: none"> - Verify orders and labeling prior to administration: Make sure the medication is labeled for ophthalmic use; - Compare the label with the order to verify correct medication, dose, route, and time of administration; <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- Store medication according to label instructions, in applicable, separating medication from those of other residents;</p> <p>Review of facility policy, Nasal Spray Administration, undated, showed in part:</p> <p>- Make sure the medication is labeled for use in the nose and has not expired;</p> <p>- Compare the label with the order to verify correct medication, dose, route, and time of administration. Verify the resident is not allergic to the medication;</p> <p>Review of facility policy, Medication Storage, dated 9/1/21, showed in part:</p> <p>- It is the policy of this facility to ensure all medications housed on our premises will be stored in the pharmacy and/or medication rooms according to the manufacture's recommendations and sufficient to ensure proper sanitation, temperature, light, ventilation, moisture control, segregation, and security;</p> <p>- General Guidelines: All drugs and biologicals will be stored in locked compartments (i.e., medication carts, cabinets, drawers, refrigerators, medication rooms) under proper temperature controls.</p> <p>- Unused Medications: The pharmacy and all medication rooms are routinely inspected by the consultant pharmacist for discontinued, outdated, defective, or deteriorated medications with worn, illegible, or missing labels. These medications are destroyed.</p> <p>Review of policy, storage of medications, undated, showed:</p> <p>-An unattended medication cart must remain locked at all times. In the event the nurse is distracted from task of passing medications by some unforeseen occurrence, the cart must be locked before leaving it, or secured in a locked medication room.</p> <p>1. Review of Resident #76's admission Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 8/6/24, showed:</p> <p>- Cognitive skills intact;</p> <p>- Dependent on staff for all ADLS (Activities of daily living)</p> <p>- Diagnoses included anemia (blood disorder), hypertension (high blood pressure), orthostatic hypotension (sudden blood pressure drop), GERD (Gastroesophageal reflux disease, stomach disorder), renal insufficiency (kidney function disorder), diabetes (chronic insufficiency of insulin production), hyperlipidemia (high cholesterol), anxiety disorder (mental health condition) and depression (long lasting low mood mental health condition)</p> <p>Observation of Resident room on 10/21/24 at 8:10 A.M.; showed:</p> <p>- The resident was not present in the room and no staff were present;</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- On the bedside table there was a 4oz bottle of Zinc Oxide paste with no patient label, 2.5 oz bottle of Antifungal Ointment with no patient label, 6 oz bottle of hair and skin spray cleanser with no patient label, 2 oz bottle of Genteal Tears liquid drops with no patient label, and one 4-6oz clear bottle unlabeled containing an unknown green viscous fluid;</p> <p>During an interview on 10/22/24 at 2:20 P.M., CMT (A) stated:</p> <p>- Had been working at the facility for one year;</p> <p>- Residents should not have medicines at their bedside and had no recollection of any patients being able to self-administer medications at this facility and that residents cannot bring any medications from home without turning them over to staff so they can administer as needed per orders;</p> <p>- If they were to see an unlabeled bottle containing a suspected medicine they would confiscate it immediately and bring it to the attention to the charge nurse for further action;</p> <p>46706</p> <p>3. Observation of the medication storage room on 100 hall, on 10/23/24 at 10:37 A.M., showed:</p> <p>- A bottle of house stock lubricating eye drops with an expiration date of 11/1/21;</p> <p>- A bottle of Eliquis 5 milligrams (mg) (used to reduce the risk of stroke and blood clots) for Resident #83 with an expiration date of 9/21/24;</p> <p>- A bottle of Losartan 25 mg (used to treat high blood pressure) for resident #83 with an expiration date of 9/21/24;</p> <p>- A bottle of Donepezil 5 mg (used to treat memory loss and confusion) for resident #83 with an expiration date of September 2024;</p> <p>- A bottle of Carbamazepine 100 mg (used to treat certain types of seizures and mental illness) for Resident #107 with an expiration date of 11/1/21.</p> <p>During an interview on 10/23/24 at 10:51 A.M., Licensed Practical Nurse (LPN) F said:</p> <p>-There should not be expired medications in the medication storage room;</p> <p>-The Director of Nursing (DON) removes the expired medications from the medication storage room.</p> <p>31102</p> <p>4. Observation and interview on 10/23/24 at 8:47 A.M. of the 200 hall nurse's medication cart showed;- An unopened tube of Insta-glucose, (used to treat low blood sugars), expired 3/23;</p> <p>- One opened tube of Mupirocin ointment 2% (an antibiotic used to treat skin infections) with a label that had totally faded away;</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- LPN C said he/she thought the DON checked the medication carts but was not for sure. Someone had thrown the Mupirocin box away. It should have a label that could be read.</p> <p>5. Observation and interview on 10/23/24 at 10:23 A.M., of the 200 hall and 300 hall medication room located on the 300 hall showed:</p> <ul style="list-style-type: none"> - An opened vial of Tuberculin purified protein derivative, dated 9/1/24. The box said to discard opened vial after 30 days; - The DON said she checked the the temperature on the refrigerators every day and does an audit every Monday on the medication carts and the medication rooms. 		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>50980</p> <p>Based on observation, record review, and interviews, the facility failed to store, prepare and serve food in accordance to professional standards of food service safety when staff failed to adhere to hairnet requirements in the kitchen, failed to cover three light fixtures in the kitchen overhead, failed to ensure all areas of the kitchen remained clean, and failed to cover food trays on carts as they were transported through the facility. The facility census was 116.</p> <p>1. Review of facility policy, Dietary Employee Personal Hygiene, revised 9/1/2022, showed in part:</p> <ul style="list-style-type: none"> - Hair Restraints: All dietary staff must wear hair restraints (e.g. hairnet, and/or beard restraint) to prevent hair from contacting food; <p>Review of facility policy, Sanitation Inspection, dated 9/1/21, showed in part:</p> <ul style="list-style-type: none"> -It is the policy of this facility, as part of the department's sanitation program, to conduct inspections to ensure food service areas are clean, sanitary and in compliance with applicable state and federal regulations: - All food service areas shall be kept clean, sanitary, free from litter, rubbish and protected from rodents, roaches, flies and other insects. - Daily: Food service staff shall inspect refrigerators/coolers, freezers, storage area temperatures, and dishwasher temperatures daily; -Weekly: The dietary manager shall inspect all food service areas weekly to ensure the areas are clean and comply with sanitation and food service regulations; <p>Review of facility policy, Record of Food Temperatures, dated 9/1/2021, showed in part:</p> <ul style="list-style-type: none"> - Food containers will be kept covered to retain heat and prevent environmental contaminants from entering the food; <p>Observation in the kitchen on 10/20/24 at 8:40 A.M, showed:</p> <ul style="list-style-type: none"> - Two visitors walked through the kitchen without hair nets and without staff intervention; - Clean pot rack in front of refrigerator has multiple pages of water damaged documents covered in a mold like substance hanging on the corner of the rack; - Three light fixtures in kitchen overhead have no safety covers over florescent light bulbs; - Old food debris observed on four refrigerator metal rack grates; - Sahara burst machine drip tray has congealed liquid in the tray; <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 - Some</p>	<ul style="list-style-type: none"> - Drink spout from Sahara burst machine lying on the ground behind machine with trash debris near it; - Paint on ceiling puckered and chipping off; - Dust hanging from oven fire suppression system over food preparation area; - Heavy dirt located on the back of the stove wall; <p>Observation of the dining room on 10/20/24 at 12:42 P.M., showed:</p> <ul style="list-style-type: none"> - Carts with food trays leaving the kitchen without a cover over the cart. Food items on cart have individual covers and loose lids on top of plates of food. The food trays are open to the air and foot traffic as they are transported down the halls. Food items in the cart are not isolated from other residents walking down the hall when the cart is left unattended as staff delivers trays to rooms; <p>Observation of the kitchen on 10/21/24, showed:</p> <ul style="list-style-type: none"> - 10:08 A.M. Dietary Aide A working in the kitchen without a hairnet; - 10:18 A.M. Dietary [NAME] A wearing hairnet which only covered 50% of his/her hair; <p>Observation of the kitchen on 10/23/24 at 3:29 P.M., showed:</p> <ul style="list-style-type: none"> - Dietary Aide A working in the kitchen without a hairnet; <p>Interview on 10/20/24 at 8:45 A.M., Dietary [NAME] A stated:</p> <ul style="list-style-type: none"> - Visitors do not normally walk through the kitchen without hairnets, they are required at all times; - When asked and shown mold like substance on refrigerator rack grating he/she said they weren't sure why that was there since they have just deep cleaned that area recently, they thought someone must have spilled something on the grating; <p>Interview on 10/23/24 at 9:15 A.M, Dietary Manager (DM) and Dietician stated:</p> <ul style="list-style-type: none"> - The facility felt that having food shells and plastic wrap over food on the hall food carts satisfied the requirement for having food covered when transporting through the facility; - Lights out and covers for the fixtures have been ordered through maintenance and they are awaiting parts, but the lights should be normally covered and not exposed; - Deep cleaning in the kitchen is done by kitchen staff twice a month and as needed for areas that need the attention, more if required by the DM; <p>During an interview on 10-24-24 at 7:10 P.M. the Administrator said;</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 - Some</p>	<p>-It is the expectation that meals are served promptly and that they are covered.</p> <p>-Anyone in the kitchen is to have a hair net on.</p>