STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265873	A. Building B. Wing	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Union Nursing	1080 Marie Lane Union, MO 63084

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review facility staff failed to notify residents the different alternate food options available and failed to provide alternative meals for residents which accommodated the residents' preferences for eight residents (Resident #2, #9, #10, #27, #32, #48, #52, and #54) out of 13 sampled residents. This had the potential to affect all residents. The facility census was 46. 1. Review of the facility's Alternates and Meal Substitutions policy, undated, showed alternates shall be available for all meals for residents who dislike the menu items. For breakfast an alternate shall be available for the entree, and at lunch and dinner, an alternate shall be available for the entree and vegetable. These may be offered in the form of a posted alternate, a selective menu, or an always available menu. Alternate choices must be nutritionally consistent with the item it is replacing. Review of the resident council minutes, dated June 2025 and August 2025, showed the council addressed the following dietary concerns: -07/08/25: Running out of food/alternates. Alternates and not just leftovers from yesterday;-08/12/25: Alternates more than peanut butter and jelly sandwiches. 2. Observations on 08/25/25 through 08/28/25 during survey, showed the available food alternates were not displayed in the dining room, in resident rooms, or on the facility's weekly menu. 3. Review of Resident #2's quarterly minimal data set (MDS), a federally mandated assessment tool, dated 08/21/25, showed staff assessed the resident as cognitively intact. During an interview on 08/26/25 at 12:30 P.M., the resident said he/she does not know what alternate food options are available. The resident said he/she cannot read the menu, and staff does not ask him/her about alternate food options. The resident said if/she does not like what is served for a meal, he/she just goes back to his/her room and does not eat the meal.4. Review of Resident #9's quarterly MDS, dated [DATE], showed staff assessed the resident as cognitively intact.During an interview on 08/21/25 at 11:48 A.M., the resident said there are no choices for meals, you eat what they serve you. The resident said there use to be options posted at the dining room, not sure why it's not any longer. The resident said it would be nice to know if we have options at meals.5. Review of Resident #10's quarterly MDS, dated [DATE], showed staff assessed the resident as cognitively intact.During an interview on 08/26/25 at 12:18 P.M., the resident said he/she always eats in his/her room and gets a room tray. The resident said he/she does not know what types of alternate food options are available and staff do not ask him/her. The resident said he/she just gets what is on the menu and if he/she does not like what is being served, the only option he/she has is a peanut butter and jelly sandwich. The resident said he/she would like to have some additional food alternates because he/she is a picky eater and would like for staff to ask about alternates before the menu food item is served. 6. Review of Resident #27's quarterly MDS, dated [DATE], showed staff assessed the resident as cognitively intact.During an interview on 08/27/25 at 8:50 A.M., the resident said the only alternate food options he/she knows about is peanut butter and jelly sandwiches or chicken noodle soup. The resident said he/she would like to have more alternate food options. The resident said last week, he/she requested a peanut butter and jelly sandwich as an alternate, but no one came back to bring it, so he/she just didn't eat for that meal. 7. Review of Resident #32's Annual MDS, dated [DATE], showed staff (continued on next page)

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

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

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F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	assessed the resident as cognitively intact. During an interview on 8/27/25 at 3:35 P.M., the resident said resident council meetings are always about food, and it is the number one problem the residents have with the facility. He/She said staff do not ask the resident what they want for meals. He/She said the meal alternatives used to be posted next to the menu in the dining room, but it is not posted anymore. He/She said if the residents are new, they do not have a way to know about the alternatives. He/She said the only alternative for meals are soup, a peanut butter and jelly sandwich or possibly leftovers, but they are not made aware if there are any left. He/She said, in reference to meals, they are small things, but they mean a lot to them. He/She said the residents bring meal complaints up every month and they don't get an answer or made aware of a plan.8. Review of Resident #48's annual MDS, dated [DATE], showed staff assessed the resident as cognitively intact.During an interview on 08/28/25 at 12:46 P.M., the resident said the facility used to have alternate food options hanging on the dining room wall, but they are no longer posted and is not sure why. The resident said he/she would like to have another meal option posted on the weekly menus and additional food alternates. 9. Review of Resident #52's quarterly MDS, dated [DATE], showed staff assessed the resident as cognitively intact.During an interview on 08/28/25 at 12:43 P.M., the resident said the roast beef that was served for lunch was horrible and the green beans had no flavor. The resident said the only two alternate food options he/she knows about is peanut butter and jelly sandwiches or chicken noodle soup. The resident said he/she would like additional alternate food options and said staff does not ask him/her about alternate food options. Observation on 08/28/25 at 12:48 P.M., showed the residents plate with roast beef and green beansObservation showed Dietary Aid (DA) D asked the resident if lunch was ok and the resident said not really. Observation showed an DA D told the resident I am sorry to hear that and walked away from the resident. During an interview on 08/28/25 at 1:25 P.M., DA D said if a resident wants a food alternate from what is being served from the menu, the resident will let staff know and staff will list the alternate on the resident's meal card. DA D said the alternate food options available for residents are peanut butter and jelly sandwiches, soup, leftovers from the night before, or cereal for a breakfast alternate. DA D said he/she thought the resident would have let him/her know if he/she wanted an alternate food item. 10. Review of Resident #54's Annual MDS, dated [DATE], showed staff assessed the resident as cognitively intact.During an interview on 08/25/25 at 11:17 A.M., the resident said he/she eats in their room and does not get options. The resident said, If there were alternatives, how would I know what they are, it's not posted anywhere, and no one asks me. He/She said you just get what they have.11. During an interview on 08/28/25 at 1:23 P.M., the Dietary Manager (DM) said alternate food options include leftovers from the day prior, peanut butter and jelly or ham sandwich, grilled cheese or ham/cheese, or three different soups. The DM said the resident would not receive an alternate until the resident told staff they didn't want the meal being served. During an interview on 08/28/25 at 3:13 P.M., Certified Nursing Assistant (CNA) E said alternate food options include peanut butter and jelly sandwiches, soup, leftovers, or cereal. CNA E said staff do not ask residents if they want alternates and alternates are only provided if a resident asks for it. During an interview on 08/28/25 at 3:21 P.M., the Assistant Director of Nursing (ADON) said residents always have alternate food options available, including leftovers, chicken noodle soup, and peanut butter and jelly sandwiches. The ADON said sometimes they can have vegetable beef or tomato soup and sometimes grill cheese sandwiches depending on whether the kitchen has these items in stock. The ADON said he/she thought alternate food options were posted in the dining room, but he/she has not looked in a while and not sure if they are still posted. The ADON said staff does not ask residents if they want an alternate food item and the resident would need to ask for the alternate but believes that residents are aware of all the food alternate options available. During an interview on 08/28/25 at 4:20 P.M., the Director of Nursing (DON) said residents have alternate food options. The DON said they used to have the alternate food options posted on the wall but does not know if they are still posted. The DON said he/she does not know how alternate food options are planned and that would be a question for the (continued on next page)

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F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	DM. During an interview on 08/28/25 at 12:30 P.M., the Administrator said there are alternatives for residents to have at meals, they can have leftovers, a sandwiches or soup. He/She said the alternatives use to be posted in the dining room, is not sure why they are not any longer. The administrator said most residents know they have these options but agreed residents who don't come to the dining room may not know. The administrator said the dietary manager is working on a menu plan to include more alternatives/choices to send to the Dietician because it needs to be cleared by him/her first.

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F 0569 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death. Based on interview and record review, facility staff failed to refund resident funds within 30 days of discharge from the facility for 12 discharged residents (Resident #62, #63, #64, #65, #66, #67, #68, #69, #70, #71, #72, and #73). The facility census was 46.1.Review of the facility's-maintained Accounts Receivable Report, dated 08/26/25, showed 12 discharged residents with personal funds held in the facility operating account: Resident Amount Held in Operating Account discharge date #62 $282.00 01/25/25#63 $8,280.00 05/05/25#64 $228.45 07/17/24#65 $534.00 05/16/25#66 $7,015.00 07/09/25#67 $2,090.00 07/07/25#68 $282.00 03/14/25#69 $15,576.00 03/30/25#70 $264.00 07/27/25#71 $252.15 12/24/23#72 $564.00 06/30/25#73 $108.00 06/02/25Total $35,475.60During an interview on 08/27/25 at 2:55 P.M., the corporate Business Office Manager (BOM) said he/she has been serving as the interim BOM for the facility over the past month or so. The corporate BOM said he/she would expect for the Accounts Receivable Report to be reviewed by the BOM monthly. The corporate BOM said he/she would expect for a refund to be entered with 14 days of a resident discharging and not returning, and would expect for the discharged resident to be paid out within 30 days from the date of discharge. The corporate BOM said he/she is not sure why the previous BOM did not issue refunds to the discharged residents within 30 days of discharge. During an interview on 08/27/25 at 3:20 P.M., the administrator said the facility has not had a BOM for a couple of months. The administrator said he/she does not know a lot about the Accounts Receivable Report and still learning the requirements. The administrator said he/she is not sure why the previous BOM did not issue refunds to the discharged residents within 30 days of discharge.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, facility staff failed to develop and implement a comprehensive person-centered care plan to reflect the care needs for four residents (Resident #4, #33, #54, and #55) out of 13 sampled residents. The facility census was 46.1. Review of the facility policy Resident Assessment Instrument (RAI) Policy, dated 04/14/25, showed the facility will adhere to all Center for Medicare & Medicaid Services (CMS) regulations which are considered the definitive source in completion of the RAI process. This includes coding the Minimum Data Set (MDS) with accuracy, and the development of the comprehensive care plan.2. Review of Resident #4's admission MDS, a federally mandated assessment, dated 02/26/25, showed staff assessed the resident as follows:-Cognitively intact;-Resident not assessed for mood;-Resident assessed as no behaviors.Review of the resident's Physician Order Sheet (POS) dated August 2025, showed staff are directed to monitor behaviors for the following:-Anxiety;-Agitation;-Delusions;-Hallucinations;-Psychosis;-Aggression.Review of the resident's care plan, dated 07/11/25, showed the plan did not contain direction on the documentation or monitor of the resident's behaviors.3. Review of Resident #33's admission MDS, dated [DATE], showed staff assessed the resident as follows:-Severe cognitive impairment;-Has an indwelling catheter (tube inserted int the urinary tract to drain urine form the bladder);-At risk for pressure ulcers/injuries. Review of the resident's care plan, dated 07/16/25, showed the record did not contain documentation of the resident's catheter. 4. Review of Resident #54's Annual MDS, dated [DATE], showed staff assessed the resident as follows:-Cognitively intact;-Has an ostomy (a surgically created opening in the abdominal wall that creates a new pathway for waste to exit the body);-At risk for developing pressure ulcers/injuries.Review of the resident's care plan, dated 07/18/25, showed the record did not contain documentation or interventions of the resident's ostomy.During an interview on 08/28/25 at 10:00 A.M., the resident said he/she has an ostomy and does all his/her own care. 5. Review of Resident #55's admission MDS, dated [DATE], showed staff assessed the resident as follows:-Cognitively intact;- At risk for developing pressure ulcers/injuries;-Has a catheter. Review of the residents treatment administration record (TAR), date [DATE], showed a wound treatments in place for the left great toe, left second toe, and left medial foot. Review of the resident's care plan, undated, showed the record did not contain documentation of the resident's catheter or wound. 6. During an interview 08/28/25 at 3:37 P.M., the Care Plan Coordinator said he/she is responsible for comprehensive care plans. LPN F said he/she does the MDS in their electronic medical record (EMR), and that triggers a care plan automatically from that information. LPN F said the EMR also automatically puts the date of review. LPN F does not look at the care plan after this process to adjust anything. LPN F said he/she would expect resident's behaviors, ostomy and catheters to all be care planned. LPN F said he/she does not know why they are not on there.During an interview 08/28/25 at 4:41P.M., the Director of Nursing (DON) said the residents MDS information is what gets put on their care plans. The DON said catheter, ostomy's and behaviors are things that should be on care plans. The DON said he/she was not aware the residents care plans were not updated with this information.During an interview on 08/28/25 at 4:38 P.M., the Administrator said resident care plans aren't put in the system until 14 days after admission. She would expect catheters, ostomy's and resident behaviors to all be on the residents care plan. The administrator said LPN F has only been at the facility since the end of March and is working on care plans.

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on observation, interview and record review, the facility staff failed to ensure prepared food items were served at a safe and appetizing temperature when the facility staff failed to maintain the internal temperatures of hot food items at 120 degrees Fahrenheit (F) or higher upon service to residents who ate in their rooms. The facility census was 46.1. Review of the facility's Assistance with Meals policy, revised July 2017, showed the policy directed staff to hold foods at a temperature of 136 degrees or above until served. Review showed the policy did not contain guidance on food temperatures upon delivery to residents. Review of the facility's resident council meeting minutes showed:-Attendees on 06/10/25 listed cold food as an issue;-Attendees on 07/08/25 listed veggies cold, coffee cold, and raw breakfast meats as issues;-Attendees on 08/12/25 listed cold plates and food as issues. Observation on 08/26/25 at 12:45 P.M., showed a service cart next to the steam table contained a large stack of plates which were being used for the resident's noon meal. Observation showed the Dietary Manager (DM) removed plates from a plate warmer and placed them on the service cart when the large stack of plates was depleted.Observation on 08/26/25 at 1:04 P.M., showed a test tray delivered along with four resident room trays was left at the nurse station.Observation on 08/26/25 at 1:18 P.M., showed the delivered test tray contained a barbecued pork sandwich and corn. The temperature of the pork measured 99 degrees F and the temperature of the corn measured 100 degrees F with a calibrated digital thermometer.During an interview on 08/28/25 at 1:25 P.M., the DM said food should be served at 140 or higher and 100 degrees would not be acceptable. The DM said he/she was aware of resident complaints and kitchen staff had been working on a solution. The DM said there was a plate warmer but staff did not always use it because sometimes the plates were too hot. The DM said kitchen staff delivered the meal cart to the nurse station but he/she did not know how long it took for trays to be delivered to residentsDuring an interview on 08/28/25 at 3:00 P.M., the administrator said the DM is responsible for making sure food was served hot. The administrator said hot food should be served at 130 to 135 degrees and 99 or 100 degrees was not acceptable. The administrator said staff had been working on food temperatures since staff know it's been an issue. The administrator said he/she did not realize kitchen staff were allowing warmed plates to cool before using.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, facility staff failed to utilize personal protective equipment (PPE) for two (Resident #33, and #55) out of three sampled residents on enhanced barrier precautions (EBP) while performing care. Failed to perform appropriate hand hygiene and glove changes in a manner to prevent or reduce the spread of bacteria and other infection causing organisms during perineal care for two (Resident #29 and #61) out of two sampled residents. The facility census was 46.1. Review of the Facility's Dry/Clean Dressing policy, revised on 09/2013, showed: -Clean bedside stand. Establish a clean field;-Wash and dry hands thoroughly;-Put on clean gloves. Loosen tape and remove soiled dressing;-Pull glove over dressing and discard into plastic biohazard bag;-Wash and dry hands thoroughly;-Put on clean gloves;-Cleanse the wound with ordered cleanser. If using gauze, use clean gauze for each cleansing stroke. Cleanse from least contaminated area to the most contaminated area (usually from center outward).Review of the Facility's Skills Check Suprapubic Catheter Care, undated, showed:-Wash hands and apply gloves;-Secure catheter site with non-dominant hand. Cleanse catheter from insertion site down catheter away from body;-Use a new clean area of wipe/wash cloth with each swipe down catheter, up to two times per wipe/wash cloth. Review of the Facility's EBP policy, revised 12/12/2023, showed implement EBP (use of gown and gloves) during high-contact resident care activities for residents at increased risk of multidrug-resistant organisms (MDRO) (e.g., residents with wounds or indwelling medical device)) for the prevention of transmission:-Residents with any of the following: Wounds (e.g., chronic wounds such as pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and chronic venous stasis ulcers) and/or indwelling medical devices (e.g., central lines, hemodialysis catheters, urinary catheters, feeding tubes, tracheostomy/ventilator tubes) even if the resident is not known to be infected or colonized with a MDRO;-High-contact resident care activities include providing hygiene, changing briefs of assisting with toileting, device care or use (urinary catheters), and wound care (any skin opening requiring a dressing);-EBP should be followed outside the resident's room when performing transfers and assisting during bathing in a shared/common shower room;-EBP should be used for the duration of the affected resident's stay in the facility or until the wound heals or indwelling device is removed.Review of the Centers for Disease Control (CDC) website, https://www.cdc.gov/hicpac/workgroup/EnhancedBarrierPrecautions.html article, Consideration for Use of Enhanced Barrier Precautions in Skilled Nursing Facilities, dated June 2021, showed:-Facilities should develop a method to identify residents with wounds or indwelling medical devices, and post clear signage outside of resident rooms indicating the type of PPE required and defining high risk resident care activities;-Gowns and gloves should be available outside of each resident room, and alcohol-based hand rub should be available for every resident room (ideally both inside and outside of the room).2. Review of Resident #33's admission Minimal Data Set (MDS), a federally mandated assessment tool, dated 07/23/25, showed staff assessed the resident as:-Moderate cognitive impairment;-At risk for developing pressure ulcers/injuries;-Has an open lesion.Observation on 08/27/2025 at 11:38 A.M., showed the Assistant Director of Nursing (ADON) entered the resident's room to perform wound care. Observation showed the ADON did not put on a gown before he/she provided wound care.During an interview on 08/27/2025 at 11:38 A.M., the ADON said the resident is on EBP for his/her wounds and catheter.During an interview on 08/28/2025 at 3:34 P.M., the ADON said it is his/her expectation staff use PPE with a resident who is on EBP. He/She said residents with indwelling devices, catheters and wounds should be on EBP, and staff should wear gowns and gloves when providing direct care. He/She said he/she did not wear PPE when performing the residents wound care because he/she forgot.3. Review of Resident #55's admission MDS, dated [DATE], showed staff assessed the resident as:-Cognitively intact;-At risk for developing pressure ulcers/injuries;-Has a catheter.Observation 08/28/25 at 9:40 A.M., showed (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Registered Nurse (RN) A prepped the supplies for catheter care in the hallway outside the facility shower room door. He/She removed gauze from the package with his/her bare hands and placed it in a clear cup. He/She applied gloves and gathered supplies and entered the facility shower room to perform catheter care on the resident. He/She continued to wear the same soiled gloves and adjusted the resident's shirt and cleansed the resident's catheter tube with the gauze. Observation showed the RN did not put on a gown before he/she provided catheter care. Observation on 08/28/25 at 9:54 A.M., showed RN A entered the facility shower room to provide wound care to the resident. Observation showed the RN removed the resident's sock with his/her bare hands, and did not perform hand hygiene before he/she put on gloves. The RN removed the resident's wound bandage and with the same soiled gloves, cleansed the wound. Observation showed the RN did not put on a gown before he/she provided wound care. During an interview on 08/28/2025 at 11:43 A.M., RN A said staff should perform hand hygiene and apply gloves before touching supplies and before performing wound and catheter care. He/She said hand hygiene and gloves changes should be done between all clean and dirty tasks. He/She said he/she wasn't in his/her normal element because he/she usually does the resident's catheter care in the resident's room, so he/she missed steps. RN A said he/she recognized, after performing wound and catheter care, that he/she had forgot to put on a gown. He/She said he/she usually does care in the resident's room where PPE is readily available, and he/she forgot to wear gown. He/She said the resident is on EBP and any residents on EBP require staff to wear a gown and gloves while performing direct patient care. He/She said this resident has a catheter and a wound so a gown and gloves should be worn.During an interview on 08/28/2025 at 3:34 P.M., the ADON said he/she expects staff to wear gloves when touching wound care supplies like gauze. He/She said he/she expects staff to remove dressing and then remove gloves and clean hands before reapplying gloves. He/She expects staff to remove gloves after cleaning the wound and perform hand hygiene before proving the wound treatments or ointments. He/She said hand hygiene and glove changes, help prevent cross contamination and the spread of germs.During an interview on 08/28/2025 at 4:13 P.M., the Director of Nursing (DON) said staff should handle supplies with clean gloves. He/She said he/she expects staff to perform hand hygiene and apply gloves before removing the suprapubic catheter bandage, before removing the residents dressing and cleaning the wound. He/She said he/she expects staff to change gloves and perform hand hygiene before moving on to applying ointments. He/She said hand hygiene and glove changes are important to prevent the spread of infections. He/She said himself/herself and the ADON are responsible for educating staff. He/She said staff have been educated on catheter care and hand hygiene, yearly and during in-services. The DON said residents with indwelling devices, catheters, and wounds that require a dressing, should be on EBP. He/She said he/she expects staff to wear a gown and gloves when performing high contact care like wound care and catheter care. He/She said it is important for gowns and gloves to be worn during care for those residents on EBP because it helps prevent the spread of infections. He/She said himself/herself and the ADON are responsible for educating staff on EBP. He/She said staff have been educated during verbal in-services. He/She said he/she was not aware nurses were not wearing PPE during wound and catheter care.During an interview on 08/28/2025 at 4:43 P.M., the Administrator said he/she expects staff to wear gloves when handling supplies. Staff should perform hand hygiene and apply gloves before removing dressings, during catheter care and wound care. He/She said staff are the expected to remove their gloves, perform hand hygiene and replace their gloves before cleaning the wound or catheter. Then clean his/her hands and replace gloves before providing the treatment. He/She said staff are educated on hand hygiene, gloves changes, wound and catheter care yearly and during in-services that are provided by the ADON and DON. The Administrator said a resident with a wound and a catheter should be on EBP. He/She expects staff to wear a gown and gloves during personal care, wound care and catheter care. He/She said the ADON and DON are responsible for educating staff on the EBP and the importance of PPE. He/She has been here for four months, and believes the education was done for EBP. He/She said he/she was not aware nurses (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265873	A. Building B. Wing	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Union Nursing	1080 Marie Lane Union, MO 63084

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

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	were not using PPE for EBP residents during care. He/She said not wearing PPE can put residents are risk for cross contamination and the spreading of infections.4. Review of the Facility's Standard Precautions policy, revised 12/2007, showed:-Standard precautions shall apply to the care of all residents in all situations regardless of suspected or confirmed presence of infectious diseases;-Hands shall be washed with soap and water after direct contact or indirect contact; -In the absence if visibly soiling of hands, alcohol-based hand rubs are preferred for hand hygiene;-Wash hands after removing gloves;-Wear gloves (clean, non-sterile) when you anticipate direct contact with blood, bodily fluids, mucous membranes, non-intact skin, and other potentially infected material;-Change gloves, as necessary, during care of a resident to prevent cross-contamination from one body site to another (when moving from a dirty site to a clean one);-Remove gloves promptly after use, before touching non-contaminated items and environmental surfaces, and before going to another resident and wash hands immediately to avoid transfer of microorganisms to other residents or environments.5. Review of Resident #29's admission MDS, dated [DATE], showed staff assessed the resident as follows:-Cognitively intact;-Dependent on staff for toileting, and bathing;-Always incontinent of bowel and bladder. Observation on 08/28/25 at 12:45 P.M., showed Certified Nurse Aide (CNA) E transferred Resident #29 to his/her bed. CNA E did not wash or sanitize his/her hands before he/she applied gloves, removed the resident's urine-soaked brief, performed perineal care, placed a clean brief, covered the resident with a sheet and blanket, handed the resident his/her glasses, then patted the resident on the head with his/her soiled gloves. The CNA bagged up the trash, removed his/her gloves and did not wash his/her hands before he/she left the resident's.6. Review of Resident #61's Entry MDS, showed an admission date of 08/26/25.Observation on 08/28/2025 at 1:23 P.M., showed CNA B and CNA C entered the resident's room to provide perineal care. CNA C transferred the residents from his/her wheelchair to his/her bed, removed the resident's pants, opened his/her brief and then tucked the brief under the resident's bottom. With the same soiled gloves, CNA C cleansed the resident's groin with the same portion of the wipe. He/She removed his/her gloves, applied clean gloves and helped move the resident to his/her right side. CNA C cleansed the resident's back side, placed the clean brief under the resident and applied barrier cream on the resident's back side with the same soiled gloves on. CNA C removed his/her left glove and replaced it with a new glove and did not perform hand hygiene or replace the right-hand glove. CNA C moved the resident to his/her back and CNA C applied barrier cream and powder. CNA C removed his/her left glove and replaced it with a new glove and did not perform hand hygiene or replace the right-hand glove. CNA C secured the brief, positioned the resident in bed, and placed his/her cover before he/she removed his/her gloves.7. During an interview on 08/28/2025 at 4:37 P.M., CNA C said when performing perineal care, staff should use one wash cloth to clean the resident from front to back, folding the rag with each swipe of the skin. He/She said staff should change gloves when moving from a clean to dirty area and should wash hands or sanitize every time they remove their gloves to prevent the spread of infections. He/She said typically they remove both gloves and not just one, but since he/she didn't use the other hand to provide care, he/she didn't feel the need to change both gloves. He/She is not sure why did/she did not perform hand hygiene on the one hand. He/She said he/she usually changes both gloves when he/she moved from cleaning the residents front side to cleaning the residents back side and after applying barrier cream but forgot to during observation.During an interview on 08/28/2025 at 4:13 P.M., the Director of Nursing (DON) said when performing perineal care, he/she expects staff to only change gloves when they are visibly soiled, when moving from cleaning the residents front side to the residents back side. He/She said he/she expects staff to clean the resident from front to back, turning the wipe with each swipe or two to keep the area clean. He/She said the ADON and himself/herself and responsible for educating staff on the proper way to perform perineal care and hand hygiene practices. Her/She staff have been educated on perineal care and hand hygiene yearly and during in-services. During an interview on 08/28/2025 at 4:43 P.M., the Administrator said he/she expects staff to change gloves and perform hand hygiene between clean and dirty tasks. He/She said (continued on next page)

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