STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265885	A. Building B. Wing	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Salem Care Center	1203 N Jackson Salem, MO 65560

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 09456 Based on observation, interview and record review, facility staff failed to provide a clean and homelike environment when staff failed to provide housekeeping and maintenance services to maintain a sanitary, orderly and comfortable environment. The facility census is 46. 1. Review of the facility's Environment/Homelike policy, undated, showed: -The facility will remain clean and sanitary; -The facility will maintain clutter and remove it if it poses a hazard; -Equipment will be in good repair; -The safety of the residents and staff will take precedence over resident choice. Review of the facility's Work Orders/Repairs policy, undated, showed: -To prioritize repairs, work orders are to be completed and forwarded to the maintenance director; -The maintenance director will review and address all work order concerns; -Any concerns the maintenance director cannot address will be brought to the administrator's attention immediately; -Repairs will be addressed in order of priority and emergency repairs will be given priority over another request. 2. Observation on 08/06/24 at 11:38 A.M., showed Resident #39's oxygen concentrator with dirt and food debris on top. The resident's light over his/her bed did not work, did not have a string attached and the night light did not work. The toilet leaked water and had a blanket around the base. The wall above and around the sink with extra plaster and scuffed in other places, and the corners of the bathroom black with debris. (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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 08/06/24 at 11:38 A.M., the resident said he/she told the staff about the lights and curtain three months ago and nothing has been done yet. He/She said he/she and his/her roommate would like the lights fixed. 3. Observation 08/06/24 at 11:38 A.M., showed Resident #13's privacy curtain with stains on the lower half. 4. Observation on 08/07/24 at 8:47 A.M., showed Resident #200's oxygen concentrator with dirt and debris on top of it. 5. Observation on 08/07/24 at 8:57 A.M. showed Resident #15's electric wheelchair foot pedals stained and the seat with a white stain. Observation showed the electronic lift base with dust, dirt and hair on it. During an interview on 08/08/24 at 02:50 P.M., the infection preventionist said equipment such as electronic lifts should be cleaned between residents by the nursing staff to decrease the spread of germs. 6. Observation on 08/06/24 at 11:06 A.M., showed the shower room on the 300-hall contained a large cart unlocked with drawers at various degrees of open exposing contents, a white plastic tote sat on the floor next to the cart with a hanger and personal care supplies, three pair of personal shoes, the trash can full of trash, two hangers hung from the shower knobs behind the large cart, the wall behind the scale stained with a red color, a pair of shoes sat on the floor under the portable cart, a plastic grey, bed side commode pan sat on the floor next to the shower area, a blue medical glove covered a pipe on the floor in front of the large cart, an empty wash basin on the floor next to the scale. Observation on 08/07/24 at 08:32 A.M., showed the shower room on the 300-hall contained a large cart unlocked with drawers at various degrees of open exposing contents, a white plastic tote sat on the floor next to the cart with a hanger and personal care supplies, three pair of personal shoes, two hangers hung from the shower knobs behind the large cart, the wall behind the scale stained with a red color, a plastic grey, bed side commode pan sat on the floor next to the shower area and an empty wash basin sat on the floor next to the scale. Observation on 08/08/24 at 08:36 A.M., showed the shower room on the 300-hall contained a large cart unlocked with drawers at various degrees of open exposing contents, a white plastic tote sat on the floor next to the cart with a hanger and personal care supplies, three pair of personal shoes, two hangers hung from the shower knobs behind the large cart, the wall behind the scale stained with a red color, a plastic grey, bed side commode pan sat on the floor next to the shower area and an empty wash basin sat on the floor next to the scale. During an interview on 08/08/24 at 09:52 A.M., Certified Nurse Aide (CNA) L said he/she is not sure who is responsible to clean the shower rooms but would not take a shower in the room as it is. He/She said the floors are dirty and only get mopped once per day. 7. Observation on 08/06/24 at 10:21 A.M., showed Resident #12's motorized wheelchair parked in the hallway next to room [ROOM NUMBER]. The wheelchair base contained dirt and debris. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	8. Observation on 08/06/24 at 10:26 A.M., showed Resident #43's bathroom with a red stain to the floor behind the toilet and an oxygen machine contained dust and debris. 9. Observation on 08/06/24 at 10:51 A.M., showed occupied room [ROOM NUMBER] window curtain partially torn. 10. Observation on 08/06/24 at 11:18 A.M., showed an air conditioner in the dining room with towels and bath blankets stacked under the unit. The baseboard peeled from the wall at the unit. Two ceiling lights did not contain a cover and 16 lights unlit. Observation on 08/07/24 at 11:55 A.M., showed an air conditioner in dining room with towels and bath blankets stacked under the unit. The baseboard peeled from the wall at the unit. Two ceiling lights did not contain a cover and 16 lights unlit. During an interview on 08/06/24 at 11:35 A.M., an unknown family member said the condition of the dining room air conditioner has not changed over the last year. He/She said the facility has a lot of maintenance type things that need addressed making it not the best looking place. 11. Observation on 08/06/24 at 11:24 A.M., showed the armrests on Resident #34's wheelchair torn and exposed foam. 12. Observation on 08/06/24 at 09:39 A.M., showed the entrance door glass panel with broken glass and two patio chairs with torn and bare cloth seats. Observation on 08/07/24 at 11:39 A.M., showed the entrance door glass panel with broken glass and two patio chairs with torn and bare cloth seats. Observation on 08/08/24 at 02:01 P.M., showed the entrance door glass panel with broken glass and two patio chairs with torn and bare cloth seats. 13. Observation on 08/08/24 at 08:28 A.M., showed a fly strip hung over Resident #12's bed contained flies. During an interview on 08/08/24 at 08:28 A.M., the resident said it was better to have the strip than to have the flies landing on him. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	14. During an interview on 08/09/24 at 08:39 A.M., the Maintenance Supervisor said fly strips are not used in resident rooms and is not sure who hung it up. There is an outside company that routinely cleans the oxygen machines but should be wiped down by housekeeping between those visits. He/She said anything that needs addressed in the facility that is mechanical would be maintenance responsibility and anything regarding cleaning would be the housekeeping staff. Currently there is not a housekeeping supervisor so the housekeepers are managed by the administrator. Staff are expected to complete work orders for things such as loose brakes, torn armrests etc. He/She said there is not a schedule to check wheelchairs for needed repairs or issues but if informed would need to order parts to replace them. In the mean-time staff would use bandage tape until the parts come in. He/She said that hoyer lifts are cleaned by the nursing staff unless the machine would need to come to maintenance for hair build up on the wheels or other maintenance issues. The issues with the building such as paint needs, floor repairs, door window repairs, stuck doors, and the dining room air conditioner are in a plan to correct but he/she has been trying to help two other facilities as well as this one. During an interview on 08/09/24 at 10:11 A.M., the Director of Nursing (DON) said staff are expected to complete work orders when they notice that something needs repaired or potentially unsafe and give to the maintenance or place in his/her box. Oxygen concentrators can be wiped down by the nursing staff if noticed to be dirty or removed if issues with functioning and complete a work order. There is a wheelchair cleaning schedule for the nightshift to use to ensure wheelchairs are kept clean as part of their assignments, but floor staff can wipe down a wheelchair if needed and mechanical lifts should be cleaned by the aids between each resident to prevent cross contamination (spread of germs) and infection control. The DON said he/she is not involved in the cleaning of the shower rooms but would expect staff to keep it clean when finished using it. He/She said he/she believes the nursing staff have a time management issue and does not feel things are getting done as they should. During an interview on 08/09/24 at 10:46 A.M., the administrator said environmental cleaning includes daily pulling trash and spot cleaning. He/She said that deep cleaning is completed on a rotation quarterly by housekeeping staff. Currently the facility does not have a housekeeping supervisor and is being overseen by the social service director. Fly strips should not be used in a resident room and was not aware it was being used or where it came from. Anything needing repairs such as curtains, leaky faucets, light bulbs, door issues would be put on a work order for maintenance to address and prioritize. He/She said anything that would potentially cost more would need sent to the home office for approval before can begin. The Administrator said there is not a formal plan to improve the facility and fix up issues but would like to go room-to-room and update it before moving to another area. 43327

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F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from the wrongful use of the resident's belongings or money. 40424 Based on interview and record review, facility staff failed to prevent the misappropriation of one resident's (Resident #4) debit card which was used without authorization of the resident. The debit card was used between the dates of 05/06/24 and 06/26/24 with total charges to the card of $755.00. The facility census was 46. The Administrator was notified on 08/09/24 of Past Non-Compliance which occurred on 07/09/24. On 07/09/24, the Administrator identified Certified Nurse Aid (CNA) M misappropriated resident funds. Upon discovery staff suspended the employee, conducted an investigation, notified appropriate parities, educated staff and terminated the CNA. Staff corrected the deficient practice on 07/15/24. 1. Review of the facility's policy Abuse, Prevention and Prohibition Policy, dated 11/2018, showed staff were directed as follows: -Social Services will educated the resident on how to report suspected occurrences, explaining how to report, the need to report, and the facilities response to the allegations; -Should a specific employee be suspected of or have allegations made of misappropriation, the facility will follow the investigative protocol set for in this policy; -The facility will educate staff on the policy and procedure for prevention of misappropriation of resident property and of investigation reporting and staff responsibility. 2. Review of Resident #4's Quarterly Minimum Data Set (MDS), a federally mandated assessment tool, dated 06/26/24, showed facility staff assessed the resident as follows: -Cognitively intact; -Diagnosis of cancer Renal failure, Stroke, Urinary Trach Infection, and Manic Depression. Review of the facility's investigation, dated 07/09/24, showed facility staff were informed by the resident of several withdrawals were made from the resident's bank account in the name of CNA M. The resident did not authorize the transactions. Review showed the facility attempted to contact CNA M. The police department notified and a report of the misappropriation filed. The investigating officer issued a warrant for arrest. CNA M was suspended pending the results of the investigation and terminated by the facility on 07/15/24. All responsible parties were notified. Facility staff in-serviced on 07/08/24 related to misappropriation of resident property. Review of the resident's bank statement, from 04/01/24 through 07/15/24, showed the money transfers from the residents bank account to CNA M's finacial service application on: -05/06/24, $25.00; -05/08/24, $30.00; (continued on next page)

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F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-05/21/24, $50.00; -05/24/24, $50.00; -05/26/24, $50.00; -05/29/24, $25.00; -06/05/24, $50.00; -06/07/24, $50.00; -06/08/24, $50.00; -06/11/24, $50.00; -06/11/24, $25.00; -06/13/24, $50.00; -06/14/24, $50.00; -06/23/24, $50.00; -06/24/24, $25.00; -06/25/24, $50.00; -06/25/24, $50.00; Total amount withdrawn $755.00 During an interview on 08/07/24 at 10:37 A.M., Registered Nurse (RN) N said he/she was not aware of the misuse of the resident's debit card until after it occurred. He/She said they were in serviced about not using resident debit or credit cards and how to avoid this happening again. During an interview on 08/07/24 at 10:45 A.M., CNA E said he/she did not witness the theft or hear about it until after staff were in-serviced regarding the theft. During an interview on 08/07/24 11:00 A.M., the resident said when they learned their balance was dropping they became suspicious but trusted the staff. He/She confronted CNA M, but the staff would not talk to them. He/She then told administration who immediately took action to help. During an interview on 08/08/24 at 9:00 A.M., CNA O said he/she has been educated what to do if a resident reports theft or missing property and did not know about the incident until after the in-service about using resident debit or credit cards. (continued on next page)

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F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 08/08/24 9:20 A.M., Certified Medication Technician (CMT) P said they had received an in-service about taking resident money or cards. Staff are to have two witnesses and a signed agreement if they purchase something for the resident now using the resident's money. During an interview on 08/09/24 at 10:11 A.M., the Director of Nursing (DON) said he/she became aware of the theft when the administrator did. The resident's bank account was reviewed and they were able to determine CNA M had misappropriated the residents debit card. The DON said they attempted multiple time to contact CNA M and when they reached CNA M, he/she would not come in to talk with us, but denied taking the money. During an interview on 08/09/24 at 11:08 A.M., the administrator said he/she became aware of the theft when another staff member told them. The resident's bank statement was reviewed and the identified staff CNA M. The administrator said CNA M was terminated. He/She said the local police department was also made aware and are investigating. All facility staff were in-serviced regarding using resident's debit cards. MO00238732

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 43327 Based on observation, interview and record review, facility staff failed to keep the environment free of accident hazards when staff failed to keep chemicals and razors behind locked doors and inaccessible to residents. The facility census was 46. 1. Review of the facility's hazardous storage policy, undated, showed hazardous items must be stored behind locked doors. Items include but not limited to razors, scissors, cleaning chemicals, toe-nail clippers, and etc. 2. Observation on 08/06/24 at 11:06 A.M. and 2:53 P.M., showed the 300 hall shower room unlocked and unattended. Observation showed a large, unlocked cart and a large grey unlocked cabinet contained loose razors and a bag of ice melt chemical on the floor. Observation showed multiple unlabeled bottles, cans and tubes of shampoo, deodorant and soap sat on the top of the unlocked cart, the sink and the handrail in the shower stall. Observation showeeds several staff and resident's passed by the shower room. Observation on 08/07/24 at 08:32 A.M., showed the 300 hall shower room unlocked and unattended. Observation showed a large, unlocked cart and a large grey unlocked cabinet contained loose razors and a bag of ice melt chemical on the floor. Observation showed multiple unlabeled bottles, cans and tubes of shampoo, deodorant and soap sat on the top of the unlocked cart, the sink and the handrail in the shower stall. Observation showeeds several staff and resident's passed by the shower room. Observation on 08/08/24 at 08:36 A.M., showed the 300 hall shower room unlocked and unattended. Observation showed a large, unlocked cart and a large grey unlocked cabinet contained loose razors and a bag of ice melt chemical on the floor. Observation showed multiple unlabeled bottles, cans and tubes of shampoo, deodorant and soap sat on the top of the unlocked cart, the sink and the handrail in the shower stall. Observation showeeds several staff and resident's passed by the shower room. 3. Observation on 08/07/24 at 08:09 A.M. 02:33 P.M., showed the 300 hall beauty shop/shower room unlocked and unattended. Observation showed a purple top container of disinfectant chemical wipes sat on a wheelchair accessible shelf. Staff and resident's passed by the room. 4. During an interview on 08/08/24 at 09:52 A.M., Certified Nurse Aide (CNA) L said razors and chemicals should not be stored in the shower room because a resident could wander in here and get hurt. He/She said there are residents at the facility that wander and could go in the shower rooms and get hurt if the chemicals and razors are stored in there. He/She said he/she is not usually the one that gives showers so he/she is not sure why the items were in the room or who is responsible to keep them locked up. CNA L does not know if there are locks for the cabinets and carts kept in the shower rooms. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 08/09/24 at 08:39 A.M., the Maintenance Director said the ice melt was kept in the shower room because it was being used to calibrate the scale (stored in the shower room). He/She said there are residents that wander and could go in there and get hurt but didn't really think about it. Nursing and housekeeping would take care of the other items. The department Heads do quality assurance rounds daily to assess rooms for cleanliness, needed repairs and overall room and resident needs. During an interview on 08/09/24 at 10:11 A.M., the Director of Nursing (DON) said he/she is not involved in the cleaning of the shower rooms but feels there should not be chemicals, sharps or anything that could hurt a resident stored in there. He/She was not aware the storage cart and the cabinet did not lock. The DON said the ice melt bag was kept in the shower room to calibrate the scale but probably should have been locked up. During an interview on 08/09/24 at 10:46 A.M., the administrator said hazardous chemicals, sharp items, incontinence products and extra linens should not be stored in the shower rooms unless in the locked cabinet. He/She was not aware the locks were missing from the cabinet and said have replaced them on multiple occasions. The administrator said the ice melt is considered a hazardous chemical and should be locked up and out of resident access and did not know it was in the shower room.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47193 Based on observation, interview, and record review, facility staff failed to destroy medications in a timely manner for ten current residents (Resident #1, #2, #12, #16, #20, #34, #35, #39, 43, and #44) and discharged residents (Resident #300, #301, #302, and #303). Staff failed to discard expired medications from one of one over the counter medication storage cabinet and two of two medication carts. The facility census was 46. 1. Review of the facility's Medication and Storage policy, revised November 2013, showed: -No discontinued, outdated, or deteriorated medications should be available for use in the facility. All medications are destroyed per policy; -Expired medications are to be removed from areas medication carts prior to or at the time of expiration; -Medications will be stored in accordance with manufacturer guidance and not to exceed expiration dates unless a shortened shelf-life once opened. Review of the facility's Destruction and Disposal of Medications policy, revised November 2013, showed non-unit dose drugs not qualifying for return to the issuing pharmacy and drugs left by residents discharged for m the facility shall be destroyed. 2. Observation on 08/06/24 at 9:47 A.M., showed Certified Medication technician (CMT) Q stood in the medication storage room holding a large black trash bag of medications. Interview on 08/06/24 at 9:48 A.M., CMT Q said he/she was removing medications he/she found under the cabinet to take to the DON's office to be destroyed. He/She said there are more medications under the cabinet that needed to also be destroyed. He/She said they are either discharged residents or discontinued medications. 3. Observation on 08/06/24 at 10:15 A.M., showed the large black trash bag contained the following discontinued medications: -Five tablets of Potassium chloride extended release (Supplement) 20 milliequivalents (mEq) with an order date of 02/24/24 for Resident #2; -Two capsules of Omeprazole (Antacid) 20 milligrams (mg) with an order date of 12/11/23 for Resident #12; -Two tablets of furosemide (Lasix) 40 mg with an order date of 04/07/24 for Resident #20; -Two Capsules of hydroxyzine (Antihistamine) 25 mg with an order date of 04/26/23 for Resident #34; (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Nine tablets of metformin (anti-diabetic) 1000 mg with an order date of 12/28/23 for Resident #35; -Seven capsules of duloxetine (anti-depressant) 60 mg with an order date of 11/16/23 for Resident #39; -21 tablets of simvastatin (high cholesterol) 80 mg with an order date of 11/27/23 for Resident #43; -Two tablets of metoprolol (high cholesterol) 100 mg with an order date of 02/23/24 for Resident #44; -15 tablets of buspirone (anti-anxiety) 1000 mg with an order date of 02/05/24 for Resident #300; -Three tablets of potassium chloride 28 [NAME] with an order date of 01/27/24 for Resident #301; -25 tablets of furosemide 20 mg with an order date of 02/20/24 for Resident #302. 4. Observation on 08/06/24 at 10:25 A.M., showed a large brown box contained various discontinued and discharged resident medications, including medication cards, and rolled clear prefilled medication pill packs. Observation on 08/06/24 at 10:25 A.M., showed a large brown box contained a medication card with three capsules of gabapentin (Anticonvulsant and Nerve pain medication) 100 mg with an order date of 11/27/23 for Resident #1. Observation on 08/06/24 at 10:25 A.M., showed a large brown box contained a medication card with fifteen capsules of hydroxyurea (Chemotherapy) 500 mg with an order date of 02/20/24 for Resident #302. The box contained a yellow sticker that said, Hazardous Drug Warning. 5. Observation on 08/06/24 at 10:35 A.M., showed the storage cabinet contained a folded medication card with five tablets of midodrine (anti-diarrhea) 2 (mg) with an order date of 04/26/23 for Resident #16. Observation on 08/06/24 at 10:35 A.M., showed the storage cabinet contained a folded medication card with 16 tablets of midodrine (for low blood pressure) 5 mg with an order date of 09/19/23 for Resident #303. 6. During an interview on 08/06/24 at 11:05 A.M., CMT Q said the medication room is maintained by all CMT's and nursing staff. He/She said there is not a specific staff member in charge. He/She said he/she is not sure what policy says about discarding medications. He/She said he/she has been placing all discontinued medications or discharged resident medications in the cabinet in the medication room. He/She said whoever has time is supposed to dispose of the medications. He/She said he/she believes they have had a major issue with keeping up with disposing of medications ever since the facility switched over to prefilled sealed pill packs. He/She said staff have not had time to dispose of medications on a regular basis. (continued on next page)

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	265885	A. Building B. Wing	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Salem Care Center	1203 N Jackson Salem, MO 65560

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 08/08/24 at 1:25 P.M., Registered nurse (RN) N said it is his/her expectation that nursing staff and CMT's discard medications the same day that medications are discontinued or residents are discharged . He/She said it is the responsibility of whoever is on the cart at the time. He/She said he/she knew there were medications that needed to be discarded but he/she was not sure why there were so many. During an interview on 08/08/24 at 1:28 P.M., Licensed practical nurse (LPN) R said the medications in the medication storage room were the medications of the residents who discharged or medications that were discontinued. He/She said they did not have a process in place before. He/She said medications should be discarded the same day that they are discontinued or residents are discharged . He/She said moving forward nursing staff plan to dispose of medications as they are discontinued or the resident is discharged . During an interview on 08/09/24 at 8:15 A.M., the Director of Nursing said the medications found in the medication storage room were discharged residents, discontinued medications or medications received during admission. He/She said it is his/her expectation that her CMT's or nurses dispose of discontinued or discharged resident medications right away. He/She said was unaware that it was backed up and he/she is not sure how or why it happened. He/She said he/she is responsible for auditing the medication storage room the nurse and CMT's are responsible for maintain them. During an interview on 08/09/24 at 8:32 A.M., the Administrator said it is his/her expectation that nurses are destroying discontinued and discharged resident medications as soon as possible. He/She said the DON is responsible for maintaining the medication room. He/She said he/she expects the DON to monitor the medication storage room at least once weekly if not more. He/She said he/she was not aware that staff were not destroying medications in a timely manner and said he/she is not sure why they were storing discontinued and discharged resident medications in the medication room. 7. Observation on 08/06/24 at 9:55 A.M., showed cabinet in the medication storage room contained the following: -One bottle of travel ease meclizine (Antihistamine) 25 mg with an expiration date of 6/24; -One bottle of oyster shell calcium (supplement) 500 mg with an expiration date of 7/24; -Two bottles of Thera-m high potency multi-vit (dietary supplement) with an expiration date of 4/24; -One bottle of thiamine vit b-1 (dietary supplement) 100 mg with an expiration date of 7/24. 8. Observation on 08/06/24 at 10:42 A.M., showed the 100/200 hall medication cart contained: -One bottle of ferrous gluconate 240 mg with an expiration date of 3/24; -One bottle of oyster shell calcium 500 mg with an expiration date of 7/24. 9. Observation on 08/06/24 at 11:01 A.M., showed the 300-hall medication cart contained: -One bottle of ferrous gluconate 240 mg with an expiration date of 3/24; (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-One bottle of thiamin vit b-1 100 mg with an expiration date of 5/24; -Two bottle of oyster shell calcium 500 mg with an expiration date of 7/24; -One bottle of meclizine 25 mg with an expiration date of 6/24; -One bottle of thiamin vit b-1 100 mg with an expiration date of 7/24. 10. During an interview on 08/06/24 at 11:05 A.M., CMT Q said the facility buys large bottles of over the counter (OTC) medications and they use them to refill the smaller bottles in the medication carts. He/She said he/she believes some of the medications bottle do not have accurate expiration dates on them due to the bottles being refilled. He/She said he/she is not sure how they could accurately keep track of when the refilled bottles would be expired. He/She said expired medications should not being given because they may not be effective. He/She said whoever is passing medications on the cart is responsible for the cart and making sure there are not expired medications. During an interview on 08/08/24 at 1:25 P.M., RN N said it is the responsibility of the nurse or CMT on the medication cart to check the cart for expired medications. He/She said it should be done daily on their shift. He/She said expired medications should not be given to residents because the medication may not be effective. He/She said it is the nurses responsibility to check the medication room for expired medications. He/She said the medication room should be checked at the beginning of every month. During an interview on 08/08/24 at 1:28 P.M., LPN R said it is the responsibility of the CMT's to check the expiration dates of all OTC medications in their cart daily on their shift. He/She said CMT's should be checking expiration dates as they pass them and any time they restock their cart. He/She said it is his/her expectation that the OTC medications in the medication storage room are check weekly with restocking and also once monthly. During an interview on 08/09/24 at 8:15 A.M., the Director of Nursing said it is the responsibility of the nurses and CMT's to maintain medication carts and the medication storage room, including disposing of expired medications. He/She expects CMT's and nurses to check the medication carts daily on their shift as well as checking them during their weekly changeover. He/She said changeover occurs weekly usually in the evenings on Thursdays when pharmacy brings the new medication pill packs. He/She expects staff to look over OTC medications at that time and pull and destroy any expired medications. He/She was not aware there were expired medications in the medication storage room or in medication carts. He/She said he/she is responsible for auditing the medication storage room and medication carts and the nurse and CMT's are responsible for maintain them. During an interview on 08/09/24 at 8:32 A.M., the Administrator said the DON is responsible for maintaining the medication room and medication carts. He/She said he/she expects the DON to monitor the medication storage room and carts for expired medications at least once weekly if not more. He/She said he/she was not aware that there were expired medications in the medication storage room or medication carts.

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45564 Based on observation, interview and record review, facility staff failed to serve pureed food in accordance with the nutritionally calculated recipes and menus. Facility staff failed to ensure meal substitutions were reviewed by the facility's dietitian or other clinically qualified nutrition professional for nutritional adequacy. The census was 46. 1. Review of The facility's Pureed Foods instructions, dated [DATE], which were posted on the wall in the food prep area showed staff were instructed to puree: -Three ounces of cooked entrees with ,d+[DATE] slice of bread and broth, beginning with ,d+[DATE] cup of liquid and adding liquid until product is correct consistency; -One half cup of side dishes of potato, rice and noodles with milk or melted margarine and adding liquid until product is correct consistency; -One regular diet serving of pastries such as cakes or pies with fruit juice or milk, beginning with ,d+[DATE] cup of liquid and adding liquid until product is correct consistency. Review showed the instructions did not include instruction on how to puree bread. Review of the facility's Pureed Food Preparation policy, undated, showed: -Each menu cycle will be reviewed to ensure there is a pureed recipe for each item to be served; -Standardized recipes will be used to prepare all pureed foods; -Recipes will not use water to thin pureed foods. Observation on [DATE] at 11:23 A.M., showed [NAME] C added four slices of bread, an unmeasured amount of water and two, four ounce scoops of gumbo to a food prcessor. [NAME] C pureed the items, poured the pureed items in a pan and placed the pan on the steam table. Observation on [DATE] at 11:30 A.M., showed [NAME] C added 2 #8 scoops (four ounces) of white rice, four slices of bread and an unmeasured amount of water to a food processor bowl. [NAME] C pureed the items, poured the pureed items in a pan and placed the pan on the steam table. Observation on [DATE] at 11:37 A.M., showed [NAME] C removed two pieces of garlic bread from the serving line. [NAME] C added the garlic bread, four slices of bread and an unmeasured amount of water to a food processor bowl. [NAME] C pureed the items, poured the pureed items in a pan and placed the pan on the steam table. (continued on next page)

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observation on [DATE] at 11:45 A.M., showed [NAME] C added two #8 scoops of peach cobbler, an unmeasured amount of milk and three slices of bread to a food prcessor bowl. [NAME] C pureed the items, poured the items into two dessert cups, covered the cups with plastic and placed them in the refrigerator. Observation on [DATE] at 12:42 P.M., showed [NAME] C served pureed rice, gumbo and bread to a resident. During an interview on [DATE] at 11:50 A.M., [NAME] C said he/she used bread and water when making purees because there was not a recipe. [NAME] C said he/she used the size of the dessert cup and did not measure the dessert serving size but he/she guessed the dessert serving was a hair over a half cup. During an interview on [DATE] at 12:08 P.M., the DM said kitchen staff did not have recipes for the meal of the month. The DM said kitchen staff puree everything with bread or thickener or milk. The DM said staff should use the puree guidance that was posted on the wall if there was not a standarized puree recipe. During an interview on [DATE] at 1:35 P.M., the administrator said the DM was responsible for ensuring kitchen staff prepared meals according to recipes. The administrator said bread should not be added to every puree item. 2. Review of the facility's Registered Dietician policy, undated showed the Registered Dietician (RD) will: -Assist in the development and planning of regular and therapeutic diets; -Assist the diet department in reviewing and maintaining the appropriate quality of meal preparation and menus. Review of the facility's Week At a Glance menu for Week 4, Day 24 showed staff were instructed to serve three ounces of garlic herbed pork loin, four ounces of candied yams, eight ounces of tossed salad, a #6 (5. 33 ounces) dip of blueberry cobbler and eight ounces of beverage. Observation on [DATE] during the noon meal showed staff served four ounces of gumbo, which consisted of sausage and onion, four ounces of white rice, one slice of garlic bread, four ounces of peach cobbler and eight ounces of beverage. Observation showed the residents were overserved the entree by one ounce, underserved the dessert by one and one third ounces and did not receive a salad. During an interview on [DATE] at 12:02 P.M., [NAME] S said the noon meal was the resident's meal of the month so there were not standardized recipes or portions in the book. During an interview on [DATE] at 12:08 P.M., the DM said kitchen staff did not have recipes for meal of the month. The DM said the RD did not approve the noon meal and the RD did not know what residents get for meal of the month since he/she did not have a substitution log. The DM said when serving meal of the month kitchen staff use portion sizes for similar recipe items. The DM said he/she directed the four ounce portion sizes and did not think about the salad. (continued on next page)

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on [DATE] at 11:39 A.M., the Dietary Manager said kitchen staff did not have a substitution log. The DM said the RD did not review the resident Meal of the Month menus. The DM said During an interview on [DATE] at 12:43 P.M., the RD said he/she had not watched kitchen staff prepare pureed items. The RD said he/she did not the resident choice meal prior to the meal and he/she would expect gumbo to have vegetables. The RD said he/she would not consider sausage and onion an acceptable gumbo. The RD said he/she usually reviewed substitutions if they were written down and if they were not written he/she assumed staff were serving the menu as displayed. During an interview on [DATE] at 1:35 P.M., the administrator said the DM was responsible for making sure the RD had reviewed substitutions. The administrator said he/she did not know residents were served meals that had not been review by the RD.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 45564 Based on observation, interview and record review, facility staff failed sanitize kitchen wares in a manner to prevent contamination. Facility staff failed to ensure the dish machine was operating according to manufacturer's instructions in a manner adequate to prevent cross contamination of kitchen wares. The facility census was 46. 1. Review of the facility's Steps to Clean and Sanitize in a 3-Compartment Sink policy, undated, showed staff were directed to: -Clean items in the first sink; -Rinse items in the second sink; -Sanitize items in the third sink. Read the label for time and temperature requirements for the sanitizer you are using. Review of the sanitizer directions for use showed: -Thoroughly wash equipment and utensils in hot detergent solution; -Rinse utensils and equipment thoroughly with potable water; -Sanitize equipment and utensils by immersion in a use solution of one ounce of this product per four gallons of water (200-400 parts per million (ppm) active solution) for at least 60 seconds at a temperature of 75 degrees Fahrenheit (F); -For equipment and utensils too large to sanitize by immersion use a soultion of 200-400 ppm by rinsing, spraying or swabbing until visibly wet. Observation on 08/06/24 at 10:36 A.M., showed a signed posted above the sanitizer sink which instructed staff to soak items in sanitizer for 30 seconds. Observation on 08/06/24 at 10:30 A.M., showed [NAME] C washed a large pan and a food processor blade and bowl. Observation showed [NAME] C dipped the items in sanitizer, rinsed the items under running water and placed them on the drain board. [NAME] C then washed a measuring cup, a metal pitcher and a large plastic pitcher. [NAME] C dipped the items in sanitizer, rinsed the items under running water and placed them on the drain board. Observation showed [NAME] C washed and rinsed a large pot and placed the pot in the sanitizer. Observation showed the pot was not fully immersed in the sanitizer. [NAME] C removed the pot from the sanitizer, rinsed the pot under running water and placed the pot on the drain board. Observation on 08/06/24 at 10:40 A.M., showed [NAME] C tested the sanitizer using a paper test strip. Observation showed the test strip indicated the sanitizer concentration was 100 ppm. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Observation on 08/06/24 at 11:32 A.M., showed [NAME] C hand washed a food processor bowl, lid and blade. [NAME] C rinsed the items and placed them in the sanitizer sink. [NAME] C washed and rinsed a large metal pot by hand and placed the pot in the sanitizer sink. [NAME] C then removed the food processor parts and rinsed them under running water. Observation showed the large pot was not fully submerged in the sanitizer. Observation on 08/06/24 at 11:40 A.M., showed [NAME] C swirled a large metal pot around in the sanitizer sink. [NAME] C removed the pot, rinsed it under running water and placed it on the drain board. [NAME] C then washed and a food processor blade, bowl and lid and placed the parts in the sanitizer sink. [NAME] C washed a spatula and knife and placed them in the sanitizer sink. [NAME] C then rinsed the food processor parts, the spatula and the knife under running water. [NAME] C place the items on the drain board. During an interview on 08/06/24 at 10:40 A.M., [NAME] C said the test strip should indicate at least 200 ppm. [NAME] C said the sanitizer was at 200 ppm about 90 minutes prior. [NAME] C said he/she washes and rinses kitchen wares before soaking in sanitizer for 30 seconds. [NAME] C said he/she always rinses items when they are removed from sanitizer. [NAME] C said items should be fully covered with sanitizer solution. During an interview on 08/06/24 at 10:15 A.M., the Dietary Manager (DM) said staff should follow the sanitizer label instructions when sanitizing kitchen items. The DM said he/she was not sure of the required soak time for the sanitizer. During an interview on 08/08/24 at 1:35 P.M., the administrator said the DM was responsible for making sure staff used the sanitizer correctly. The administrator said he/she did not know the sanitizer soak time so he/she would look at the sign above the sink. The administrator said he/she did not know if items should be rinsed when removed from sanitizer. 2. Review of the dish machine low temperature sanitizer directions for use showed: -A solution of 100 ppm available chlorine may be used in the sanitizing solution if a chlorine test kit is available; -Solutions containing an initial concentration of 100 ppm available chlorine must be tested and adjusted periodically to ensure that the available chlorine does not drop below 50 ppm. Review of the dish machine instruction label showed wash and rinse temperatures should be greater than 130 degrees Fahrenheit (F). Review of the dishwasher 180 degree F temperature test strip instructions showed if the color bar has turned bright orange, the dishwasher is maintaining the proper temperature. Review of the facility's August 2024 Dishwasher Temperature Log showed staff directly involved in the dishwasher process were instructed to log dishwasher temperatures. Review showed four different staff members made entries on the log. Review showed all staff members entered zero for wash temperature, 100 for rinse temperature and 100 for test strip. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Observation on 08/06/24 at 10:10 A.M., showed Dietary Aide (DA) D removed a rack of clean kitchen wares from the dish machine. Observation on 08/06/24 at 10:12 A.M., showed DA D placed a load of soiled kitchen wares in the dish machine. DA D used a 180-degree F indicator test strip to verify the low temperature dish machine function. Observation showed the test strip did not turn orange, which indicated the water temperature did not reach 180 degrees F. Observation on 08/06/24 at 10:14 A.M., showed the DM used a 180-degree F indicator test strip to verify dish machine function. Observation showed the test strip did not turn orange. Observation showed there were quaternary solution test strips available at the dish machine but there were not chlorine test strips available. During an interview on 08/06/24 at 10:15 A.M., DA D said the dish machine should run about 160 degrees F. DA D said he documented 100 on the temperature log but he/she did not know why. DA D said he/she never told the DM the temperature test strips did not work. During an interview on 08/06/24 at 10:20 A.M., the DM said the test strip should turn orange but he/she did no know why it did not. The DM said kitchen staff had been using the temperature test strips for about two months. The DM said the facility's vendor told him/her they no longer carried chlorine test strips. The DM said the dish machine temperature should be between 130 and 160 degrees F. The DM said he/she did not know what staff was recording on the temperature log sheet and the temperatures were probably not correct. During an interview on 08/08/24 at 1:35 P.M., the administrator said the DM was responsible for making sure staff used the dish machine correctly. The administrator said he/she did not know kitchen staff were not using the correct test strips for the dish machine.

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F 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. 09456 Based on interview and record review, facility staff failed to electronically submit to Centers for Medicare and Medicaid Services (CMS), a complete and accurate direct care staffing information to the Payroll Based Journal (PBJ) data from January 1, 2024 through March 31, 2024. The facility census was 46. 1. Review of the facility's policies showed the facility did not provide a PBJ policy. 2. Review of the CMS PBJ Staffing Data Report, dated 08/01/24, showed the report did not contain a report for the period of January 1, 2024 through March 31, 2024. During an interview on 08/09/24 at 11:14 A.M., the Administrator said it is the responsibility of the corporate office to submit PBJ data. He/She said the office staff did not report even when informed of the need. During an interview on 08/12/24 at 11:03 A.M., the Corporate PBJ staff said he/she was under the impression that since the facility was not Medicare Certified during that reporting period that submission was not required. He/She said there was some miscommunication between the facility and the corporate staff on the need to submit the data. The submission of the PBJ data is currently the responsibility of the corporate office. 40424 43327

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43327 Based on observation, interview and record review, facility staff failed to develop, implement and educate on an enhanced barrier precautions (EBP) system for four (Resident #12, #17, #38, and #200) of four sampled residents when facility staff failed to post signage or other system to alert staff of resident's who required EBP and place appropriate personal protective equipment (PPE) in close proximity. The facility census was 46. 1. Review of the facility's policies showed staff did not provide a policy for EBP. 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 #12's Quarterly Minimum Data Set (MDS), a federally mandated assessment tool, dated 06/19/24, showed staff assessed the resident as: -Cognitively intact; -Always incontinent of bowel and bladder with an external urinary catheter in use; -One unhealed unhealed stage IV pressure (loss of skin and tissue exposing bone, cartilage, and/or tendon) wound present on admission; -Received pressure ulcer care included non-surgical dressing and ointment or medications other than to feet; -Diagnosis of diabetes and quadriplegia. Observation on 08/06/24 at 10:21 A.M., showed the resident room did not contain a EBP sign or PPE located outside the resident room. Observation on 08/07/24 at 09:29 A.M., showed the resident room did not contain a EBP sign or PPE located outside the resident room. Observation on 08/07/24 at 1:52 P.M., showed Registered Nurse (RN) H provided wound care to the resident and did not wear a gown. The door to the room did not contain a EBP sign or PPE located outside the resident room. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265885	A. Building B. Wing	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Salem Care Center	1203 N Jackson Salem, MO 65560

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Observation on 08/08/24 at 08:28 A.M., showed the resident room did not contain a EBP sign or PPE located outside the resident room. During an interview on 08/08/24 at 08:28 A.M., the resident said staff do not wear a gown when providing wound care, transfers or toileting assistance. Observation on 08/08/24 at 11:05 A.M., showed Certified Nurse Aide (CNA) E and CNA F provided incontinent care and transferred the resident and did not wear a gown. the resident room did not contain a EBP sign or PPE located outside the resident room. During an interview on 08/08/24 at 11:22 A.M., CNA E said he/she has not had any education regarding EBP or told of any residents who may need EBP. He/She did not wear a gown because the resident is not contagious. During an interview on 08/09/24 at 09:59 A.M., RN H said staff only wear a gown during treatments and care when the resident has an infection. He/She said he/she is not aware of any curent residents who would need the extra precautions because none of them have been swabbed to rule out an infection. RN said he/she has not been trained on EBP. 3. Review of Resident #17's Quarterly MDS, dated [DATE], showed staff assessed the resident as: -Cognitively intact; -Open lesion other than ulcer, rash or cut with application of ointment other than to feet; -Diagnosis of diabetes, stroke and low iron. Observation on 08/06/24 at 10:41 A.M., showed the resident room did not contain a EBP sign or PPE located outside the resident room. A bandage covered the resident's left foot, ankle and lower leg. Observation on 08/07/24 at 03:25 P.M., showed the resident room did not contain a EBP sign or PPE located outside the resident room. A bandage covered the resident's left foot, ankle and lower leg. Observation on 08/07/24 at 03:28 P.M., showed CNA G and CNA J transfered the resident to bed and provide incontinence care without a gown on. Observation showed a bandage covered the resident's left foot, ankle and lower leg. The resident room did not contain a EBP sign or PPE located outside the resident room. During an interview on 08/07/24 at 03:38 P.M., CNA J said he/she was not informed of any issues with the resident that would require him/her to wear a gown. He/She is not aware of any current resident that requires extra PPE and has not been educated on EBP and is unsure what EBP means. Observation on 08/08/24 at 08:16 A.M., showed the resident left foot, ankle and lower leg with a bandage. The resident room did not contain a EBP sign or PPE located outside the resident room. During an interview on 08/08/24 at 08:16 A.M., the resident said staff do not wear a gown when providing wound care, transfers or toileting assistance. (continued on next page)

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