

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 26A469	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/07/2025
NAME OF PROVIDER OR SUPPLIER Pemiscot County Memorial Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 946 E Reed Street Hayti, MO 63851	

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 0570</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Assure the security of all personal funds of residents deposited with the facility.</p> <p>45872</p> <p>Based on interview and record review, the facility failed to maintain the surety bond (a purchased bond for security of residents' personal funds) for at least one and one-half times the average monthly balance of the residents' personal funds for the last 12 consecutive months from January 2024 through December 2024. The facility census was 18.</p> <p>Review of the facility's policy titled, Notice of Rights and Rules, revised May 2019, showed:</p> <ul style="list-style-type: none"> - It is the policy of the facility to protect the residents' personal funds in such a manner to acknowledge and respect resident's rights; - The policy did not address a surety bond required for at least one and one-half times the average monthly balance of the residents' personal funds for the last 12 consecutive months. <p>Review of the residents' personal funds account for the last 12 consecutive months from January 2024 through December 2024 showed:</p> <ul style="list-style-type: none"> - The facility's approved bond amount equaled \$35,000.00; - The average monthly balance of the residents' personal funds equaled \$30,696.22; - An average monthly balance of \$30,696.22 rounded to the nearest thousand equaled \$31,000.00, at one and one-half times would equal the required bond amount of at least \$46,500.00. <p>During an interview on 02/07/25 at 3:31 P.M., the Revenue Cycle Director (RCD) said he/she was not aware the surety bond needed to be one and one-half times greater than the average balance of the resident trust account.</p> <p>During an interview on 02/07/25 at 4:33 P.M., the Administrator said he would expect the surety bond to be one and one-half times greater than the average balance of the resident trust account.</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26904</p> <p>Based on interview and record review, the facility failed to obtain a physician's order for a code status (the type of treatment a person would or would not receive if their heart or breathing were to stop) for three residents (Residents #15, #69, and #169) out of eight sampled residents and five residents (Residents #2, #9, #11, #13, and #14) outside the sample. The facility census was 18.</p> <p>Review of the facility's policy titled, Do Not Resuscitate (DNR - will not use cardiopulmonary resuscitation (CPR - a lifesaving technique used in emergencies in which someone's breathing or heartbeat has stopped)) Orders (DNRO), undated, showed:</p> <ul style="list-style-type: none"> - It is the policy of the facility to honor Do Not Resuscitate Orders in accordance to State and Federal regulations; - The absence of an order not to resuscitate executed pursuant to Section (s.) 401.45 does not preclude a physician from withholding or withdrawing CPR as otherwise permitted by law. Therefore, a properly completed physician's order in the chart should be honored. <p>1. Review of Resident #2's medical record showed:</p> <ul style="list-style-type: none"> - admitted on [DATE]; - Diagnoses of type II diabetes mellitus (DM - a condition that affects the way the body processes blood sugar), hypertension (high blood pressure), heart disease, and heart failure; - A green Full Code form not signed or dated by the physician and the resident or the resident representative. <p>Review of the resident's [DATE] Physician Order Sheet (POS) showed:</p> <ul style="list-style-type: none"> - No order for a code status. <p>2. Review of Resident #9's medical record showed:</p> <ul style="list-style-type: none"> - admitted on [DATE] - Diagnoses of DM, bipolar disorder (a mental disorder that causes unusual shifts in mood), depression (a serious medical illness that negatively affects how you feel, the way you think and how you act), and anxiety (persistent worry and fear about everyday situations); - A green Full Code form not signed or dated by the physician and the resident or the resident representative, with yes circled for CPR. <p>Review of the resident's [DATE] POS showed:</p> <p>(continued on next page)</p>		

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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Diagnoses of dementia, delusional disorder, anxiety, and major depressive disorder;</p> <p>- A green Full Code form not signed or dated by the physician and the resident or the resident representative.</p> <p>Review of the resident's [DATE] POS showed:</p> <p>- No order for a code status.</p> <p>7. Review of Resident #69's medical record showed:</p> <p>- admitted on [DATE];</p> <p>- Diagnoses of Alzheimer's disease (a disease that destroys memory and other important mental functions), anxiety disorder, insomnia (difficulty falling or staying asleep), and vascular dementia (brain damage caused by multiple strokes);</p> <p>- A green Full Code form not signed or dated by the physician and the resident or the resident representative.</p> <p>Review of the resident's [DATE] POS showed:</p> <p>- No order for a code status.</p> <p>8. Review of Resident #169's medical record showed:</p> <p>- admitted on [DATE];</p> <p>- Diagnoses of weakness, alcohol abuse, hypertension, and anxiety;</p> <p>- No form in the chart to show the resident's code status.</p> <p>Review of the resident's [DATE] POS showed:</p> <p>- No order for a code status.</p> <p>During an interview on [DATE] at 2:30 P.M., Licensed Practical Nurse (LPN) E said if there was a code status, the list of the code statuses were kept the nurses' station on a yellow form. There was also a form on the inside of the paper chart that indicated the code status.</p> <p>During an interview on [DATE] at 5:00 P.M., the Chief Nursing Officer (CNO) said there should be a physician's order for full code as well as a DNR code status on all residents.</p> <p>During an interview on [DATE] at 9:56 A.M., the Director of Nursing (DON) said a green form in the resident's paper chart indicated a CPR full code status. A red form indicated a DNR code status. There should be a physician's order for a resident's code status.</p> <p>45872</p> <p>(continued on next page)</p>		

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	48532

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<p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>26904</p> <p>Based on interview and record review, the facility failed to issue the Skilled Nursing Facility Advanced Beneficiary Notice (SNF ABN) forms, failed to properly document notification and obtain the legal representative's signature on the Notice of Medicare Non-Coverage (NOMNC) and SNF ABN forms, and failed to complete and notify in the proper timeframe, at least two calendar days before services were to end, for the SNF ABN for three residents (Residents #9, #20 and #69) out of three sampled residents. The facility census was 18.</p> <p>Review of the facility's policy titled, Resident Right - Medicaid/Medicare Coverage/Liability Notice, revised date 05/2019, showed:</p> <ul style="list-style-type: none"> - It is the policy of the facility to notify the resident and or legal representative of Medicaid/Medicare Coverage/Liability in such a manner to acknowledge and respect resident rights; - Inform each resident before, or at the time of admission, and periodically during the resident's stay, on services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate; - When changes in coverage are made to items and services covered by Medicare, the facility must provide notice to residents of the change as soon as is reasonably possible. <p>1. Review of Resident #9's medical record showed:</p> <ul style="list-style-type: none"> - The resident discharged from skilled Medicare services on 01/23/25, and remained in the facility; - No documentation the resident and/or the resident representative received a SNF ABN or NOMNC prior to the resident's skilled Medicare services ending; - The facility failed to provide the SNF ABN or NOMNC forms to the resident and/or the resident representative at least two calendar days before the skilled Medicare services ended. <p>2. Review of Resident #20's medical record showed:</p> <ul style="list-style-type: none"> - The resident discharged from skilled Medicare services on 12/31/24, and discharged home; - No documentation the resident and/or the representative received a NOMNC prior to the resident's skilled Medicare services ending; - The facility failed to provide the NOMNC form to the resident and/or the resident representative at least two calendar days before the skilled Medicare services ended. <p>3. Review of Resident #69's medical record showed:</p> <ul style="list-style-type: none"> - The resident discharged from skilled Medicare services on 10/28/24, and remained in the facility; <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 - Few</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** 45872</p> <p>Based on observation, interview, and record review, the facility failed to provide a safe, clean and comfortable homelike environment. This deficient practice had the potential to affect all residents in the facility. The facility census was 18.</p> <p>Review of the facility's policy titled, Homelike Environment, revised 05/20/19, showed:</p> <ul style="list-style-type: none"> - It is the policy of the facility to provide a safe, clean, comfortable homelike environment in such a manner to acknowledge and respect resident rights; - The resident has a right to a safe, clean, comfortable and homelike environment; - Housekeeping and maintenance services necessary to maintain a sanitary, orderly and comfortable interior. <p>1. Observations on 02/04/25 at 2:30 P.M., 02/05/25 at 9:30 A.M., and 02/06/25 at 9:48 A.M., showed:</p> <ul style="list-style-type: none"> - Two ceiling tiles with large brown stains located in the hallway near room [ROOM NUMBER]. <p>2. Observations on 02/04/25 at 3:24 P.M., 02/05/25 at 9:24 A.M., and 02/06/25 at 10:48 A.M., of room [ROOM NUMBER] showed:</p> <ul style="list-style-type: none"> - Three electrical devices plugged into a power adapter by the bed near the window; - Two dirty rolled up towels lay on the window sill. <p>During an interview on 02/04/25 at 3:27 P.M., the resident in room [ROOM NUMBER] said the two dirty towels on the window sill had been in the same spot since his/her admission in June 2024.</p> <p>3. Observations on 02/04/25 at 3:43 P.M., 02/05/25 at 2:41 P.M., and 02/06/25 at 10:52 A.M., of room [ROOM NUMBER] showed a dirty rolled up towel lay on the window sill.</p> <p>During an interview on 02/04/25 at 3:47 P.M., the resident in room [ROOM NUMBER] said there was a leak a few weeks ago due to the rain seeping in from the window and water running down onto the floor. A towel was placed on the window sill and had been there ever since.</p> <p>4. Observations on 02/04/25 at 10:21 A.M., and at 2:55 P.M., showed:</p> <ul style="list-style-type: none"> - Floor stains and scuff marks on the North, South, and [NAME] hallway floors; - Housekeeper A swept the North, South, and [NAME] resident hallways; - North, South, and [NAME] resident hallways not mopped. <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 - Few</p>	<p>5. Observation on 02/04/25 at 10:30 A.M., of room [ROOM NUMBER] showed:</p> <ul style="list-style-type: none"> - Several dark brown stains on two ceiling tiles; - A dark brown stain on a ceiling tile near the sprinkler head. <p>During an interview on 02/04/25 at 10:33 A.M., the resident in room [ROOM NUMBER] said the windows had leaked since he/she had been a resident in the facility.</p> <p>6. Observations on 02/05/25 at 10:32 A.M., 2:18 P.M., and 4:18 P.M., and on 02/06/25 at 8:24 A.M., showed:</p> <ul style="list-style-type: none"> - The [NAME] hall resident room floors not swept or mopped; - Floor stains and scuff marks on the North and South hallway floors; - North and South hallways not mopped. - Wet floor signs remained on the [NAME] hallway after floor had dried. <p>7. Observations on 02/05/25 at 11:03 A.M., and 02/06/25 at 8:56 A.M., of room [ROOM NUMBER] showed:</p> <ul style="list-style-type: none"> - No privacy curtains for the bed by the door and the bed by the window. <p>8. Observations on 02/06/25 at 12:19 P.M., and 12:59 P.M., showed:</p> <ul style="list-style-type: none"> - A mop bucket with dirty water and a dirty mop sat on the North hallway floor near the nurse's station not in use. <p>9. Observation on 02/06/25 at 12:21 P.M., of room [ROOM NUMBER] showed:</p> <ul style="list-style-type: none"> - The room was untidy; - Trash lay on the floor by the bed; - Visible trash in the waste basket with no liner by the bed; - The bed unmade with no pillow; - A foul odor throughout the room. - A family member cleaning and disinfecting the room. <p>During an interview on 02/06/25 at 12:26 P.M., the family member said he/she was not housekeeping, but wanted the room cleaned because his/her family member was to be admitted to the facility. He/She was going to clean the room because a resident had been in it a few days ago and was no longer at the facility.</p> <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 - Few</p>	<p>10. Observation on 02/06/25 at 12:39 P.M., of the Women's shower room showed:</p> <ul style="list-style-type: none"> - Soiled clothes lay on the floor near the toilet; - Soiled towels lay on the floor near the sink; - The head of the shower with a constant flow of water ran into the drain of the shower stall. <p>11. Observation on 02/07/25 at 8:04 A.M., of the front lobby showed:</p> <ul style="list-style-type: none"> - A buildup of visible insects and dirt inside a light cover near the front entrance exit sign; - A missing light cover on a four-bulb light fixture in the hallway near the main dining room. <p>12. Observation on 02/07/25 at 8:24 A.M., of room [ROOM NUMBER] showed:</p> <ul style="list-style-type: none"> - Several brown stains on two ceiling tiles outside the door in the hallway. <p>13. Observation on 02/07/25 at 8:29 A.M., of room [ROOM NUMBER] showed:</p> <ul style="list-style-type: none"> - Large brown stains on two ceiling tiles near the door by the bed by the door. <p>14. Observation on 02/07/25 at 8:32 A.M., of room [ROOM NUMBER] showed:</p> <ul style="list-style-type: none"> - A large brown stain on a ceiling tile near the window. <p>During an interview on 02/07/25, the resident in room [ROOM NUMBER] said the ceiling tile had been that way for a while and not from the recent rain.</p> <p>15. Observation on 02/07/25 at 8:32 A.M., of room [ROOM NUMBER] showed:</p> <ul style="list-style-type: none"> - A large brown stain on a ceiling tile near the window; - A large brown stain on a ceiling tile over the bed by the door. <p>During an interview on 02/06/25 at 11:14 A.M., the Maintenance Director said there was not a maintenance log for staff to write down repairs or environmental concerns. Staff uses a software program online to report any areas of concerns. The housekeeping department was contracted, but he/she would expect floors and hallways to be swept and mopped daily by the housekeeping staff. He/She said it was hard sometimes to order replacements to replace ceiling tiles and light coverings in a timely manner.</p> <p>During an interview on 02/06/25 at 12:38 P.M., Certified Nurse Assistant (CNA) B said housekeeping was short-staffed. Housekeeper A and Housekeeper B had been working on the nursing facility side of the building but had been called to the hospital side of the building to clean.</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26904</p> <p>Based on observation, interview, and record review, the facility failed to accurately code the Minimum Data Set (MDS), a federally mandated assessment instrument completed by the facility staff, for one resident (Resident #5) outside the eight sampled residents. The facility census was 18.</p> <p>Review of the facility's policy titled, Resident Assessment Instrument (RAI), revised on 05/2019 showed:</p> <ul style="list-style-type: none"> - It is the policy of the facility to adhere to the following procedures related to the proper documentation and utilization of a resident's Minimum Date Set (MDS - a mandatory comprehensive assessment required to be completed by facility staff) to ensure a comprehensive and accurate assessment of residents will be completed; - The assessment system will provide a comprehensive, accurate, and standardized assessment of each resident's functional capacities and assist staff to identify health problems for care plan development. <p>1. Review of Resident #5's medical record showed:</p> <ul style="list-style-type: none"> - An admitted [DATE]; - Diagnoses of dementia (a group of thinking an social symptoms that interferes with daily functioning), hypertension (high blood pressure), visual hallucinations (a perception of having seen something that was not there), and insomnia (difficulty falling or staying asleep). <p>Review of the resident's Physician Order Sheet (POS), dated February 2025, showed:</p> <ul style="list-style-type: none"> - No order for any antipsychotic (medications used to treat mental health conditions such as psychosis, schizophrenia, and bipolar disorder) medications. - An order for Remeron (an anti-depressant medication)15 milligram (mg) give two 7.5 mg tablets at 8 P.M., for visual hallucinations, dated 04/17/24. <p>Review of the resident's annual Minimum Data Set, dated dated [DATE], showed:</p> <ul style="list-style-type: none"> - The resident received a scheduled antipsychotic. <p>During an interview on 02/06/25 at 9:30 A.M., the MDS Coordinator said he/she thought the Remeron the resident received was an antipsychotic medication and marked it on the MDS as such.</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48532</p> <p>Based on interview and record review, the facility failed to follow blood glucose monitoring order times for one resident (Resident #2) out of two sampled residents and one resident (Resident #7) outside the sample. The facility census was 18.</p> <p>The facility did not provide a policy addressing following physician orders.</p> <p>1. Review of Resident #2's medical record showed:</p> <ul style="list-style-type: none"> - admitted on [DATE]; - Diagnoses of type 2 diabetes mellitus (DM - a condition that affects the way the body processes blood sugar), hypertension (high blood pressure), heart disease, and heart failure; - An order for blood glucose monitoring for before meals and bedtime, dated 12/23/24; - An order for Humalog (a fast acting insulin) FlexTouch Pen inject as per sliding scale: if blood sugar 70-100=0 units, 101-200=4 units, 201-300=6 units, 301-400=8 units, 401-500=10 units, greater than 500= call physician, dated 12/23/24. <p>Observation on 02/05/25 at 11: 45 A.M., showed Resident #2 ate lunch in in his/her room.</p> <p>Observation on 02/05/25 at 12:47 P.M., showed Licensed Practical Nurse (LPN) E performed the resident's blood glucose check after the resident finished eating his/her lunch. The resident's blood sugar was 144 with Humalog insulin 4 units ordered but LPN E did not administer the Humalog insulin.</p> <p>During an interview on 02/05/25 at 12:50 P.M., LPN E said Resident #2 required 2 units of sliding scale dose of Humalog. He/She would administer the insulin to the resident in a little bit.</p> <p>2. Review of Resident #7's medical record showed:</p> <ul style="list-style-type: none"> - admitted [DATE]; - Diagnoses of hypertension and diabetes mellitus; - An order for blood glucose monitoring for before meals and bedtime, dated 01/13/25; - An order for Fiasp (a rapid acting insulin) FlexTouch Pen inject as per sliding scale: if blood sugar 150-200=2 units; 201-250=4 units; 251-300=6 units; 301-350=8 units; 351-400=10 units, greater than 400 call physician, dated 6/29/24. <p>Observation on 02/05/25 at 11:37 A.M., showed Resident #7 ate lunch in the dining room.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 02/05/25 at 12:53 P.M., of LPN E performed the resident's blood glucose check Resident #7's blood glucose check after the resident finished eating his/her lunch. The resident's blood sugar was 166.</p> <p>During an interview on 02/07/25 at 2:20 P.M., the Chief Nursing Officer said the blood glucose monitoring orders for Residents #2 and #7 were to be completed before meals and at bedtime. Blood glucose should not be obtained directly after a meal. Staff should not administer sliding scale insulin after a resident meal. The sliding scale insulin should be administered 15-30 minutes before a meal. That was as early insulin should be administered.</p> <p>During an interview on 02/07/25 at 3:06 P.M., LPN E said blood sugars were checked at 6:30 A.M., 11:30 A.M., 4:30 P.M., and 9:00 P.M. The 11:30 A.M., blood sugar check was sometimes earlier depending on when the lunch trays were served. The sliding scale dose was usually given right after the blood sugar was taken.</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26904</p> <p>Based on observation, interview and record review, the facility staff failed to transfer one resident (Resident #69) from the chair to the bed during sleep out of one sampled resident who was identified as at risk for pressure ulcers (damage to the skin and/or underlying tissue as a result of pressure) and developed a facility acquired pressure ulcer. The facility census was 18.</p> <p>Review of the facility's policy titled, Treatment/Services to Prevent/Heal Pressure Ulcers, revision date May 2019, showed:</p> <ul style="list-style-type: none"> - The facility will ensure that based on the comprehensive assessment of the resident: A resident receives care, consistent with professional standards of practice to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable. <p>1. Review of Resident #69's quarterly Minimum Data Set (MDS - a federally mandated assessment instrument completed by the facility staff), dated 11/18/24, showed:</p> <ul style="list-style-type: none"> - admitted [DATE]; - Diagnoses of Alzheimer's disease (a disease that destroys memory and other important mental functions), anxiety disorder (a disorder characterized by feelings of worry, anxiety or fear that interferes with one's daily activities), insomnia (difficulty falling or staying asleep), and vascular dementia (brain damage caused by multiple strokes); - Severely cognitively impaired; - Impairment to both sides of the lower extremities; - Dependent upon staff for toileting, personal hygiene, and bathing; - Required substantial to maximal assistance for transfers; - Frequently incontinent of bowel and bladder; - At risk of developing pressure ulcers; - No pressure ulcers identified. <p>Review of the Physician's Order Sheet (POS), dated February 2025, showed:</p> <ul style="list-style-type: none"> - An order to clean the wound with wound cleanser, apply betadine (an antiseptic), polymem (a dressing that is soft and soaks up liquid easily) dressing and transparent (thin, semi-permeable sheets used to cover wounds and monitor healing) dressing every night and as needed, dated 01/14/25. <p>Review of the resident's medical record showed:</p> <p>(continued on next page)</p>

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- An order for the resident to be up in a Geri chair (a reclining chair on wheels) during all wake hours and in bed while sleeping, dated 12/10/24.</p> <p>Review of the resident's weekly wound assessments showed:</p> <p>- The resident developed a Stage 2 (a partial thickness skin loss) wound on 01/14/25, with measurements of 2 centimeter (cm), red tissue appearance with a 10 cm border with a clear wound edge appearance with no drainage;</p> <p>- On 01/21/25, Stage 2 1.5 cm x 0.3 cm surrounding 10 cm pink tissue, white wound edge appearance with no drainage;</p> <p>- On 01/28/25, Stage 3 (full-thickness tissue loss where subcutaneous fat is visible within the wound) 2 cm pink tissue with erythema (redness of the skin) and maceration (softening and breaking down of skin due to prolonged exposure to moisture) with no drainage.</p> <p>Review of the residents's Care Plan, revised January 2025, showed:</p> <p>- Resident at risk for a pressure ulcer, initiated on 08/07/24;</p> <p>- Interventions of position with pillows to maintain proper body alignment, provide incontinence care after incontinence episodes, assist to reposition/shift weight to relieve pressure, avoid skin to skin contact;</p> <p>- Resident has a wound on his/her coccyx (a small triangular bone at the base of the spine) area related to immobility and incontinence.</p> <p>Observations of the resident on 02/04/25, showed:</p> <p>- At 9:05 A.M., the resident sat at the nurses' station in a Geri chair with no pressure reducing device and repeating questions to staff;</p> <p>- At 11:43 A.M., the resident sat in the dining room in a Geri chair with no pressure reducing device and assisted with his/her meal;</p> <p>- At 12:35 P.M., the resident sat at the nurses' station in a Geri chair with no pressure reducing device and staff sat by his/her side;</p> <p>- At 4:00 P.M., the resident sat at the nurses' station in a Geri chair with no pressure reducing device and with eyes open.</p> <p>Observations of the resident on 02/05/25, showed:</p> <p>- At 8:05 A.M., 9:15 A.M., 10:45 A.M., 11:40 A.M., 2:35 P.M., and 4:00 P.M., the resident sat at the nurses' station in a reclined Geri chair with no pressure reducing device and with eyes closed;</p> <p>- At 12:00 P.M., the resident sat in the dining room in a Geri chair with no pressure reducing device, with eyes closed, and did not eat lunch meal;</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- The facility staff failed to transfer the resident from the Geri chair to the bed during sleep.</p> <p>Observations of the resident on 02/06/25, showed:</p> <p>- At 8:00 A.M., 9:00 A.M., 10:30 A.M., 1:30 P.M., 2:45 P.M., and 3:50 P.M., the resident sat at the nurses' station in a reclined Geri chair with no pressure reducing device and with eyes closed;</p> <p>- The facility staff failed to transfer the resident from the Geri chair to the bed during sleep.</p> <p>Observations of the resident on 02/07/25, showed:</p> <p>- At 7:40 A.M., the resident sat at the nurses' station in a Geri chair with no pressure reducing device and speaking with staff;</p> <p>- At 9:58 A.M., the resident sat at the nurses' station in a Geri chair with no pressure reducing device and the resident asked staff to take him/her to the restroom;</p> <p>- At 10:30 A.M., 1:30 P.M., and 3:00 P.M., the resident sat at the nurses' station in a Geri chair with no pressure reducing device;</p> <p>- At 11:50 A.M., the resident sat in the dining room in a Geri chair with no pressure reducing device and staff assisted the resident with the noon meal.</p> <p>During an interview on 02/05/25 at 8:45 A.M., the Director of Nursing (DON) said the resident had an order to sit up all day.</p> <p>During an interview on 02/07/25 at 2:00 P.M., the Chief Nursing Officer (CNO) said the staff should not allow the resident to sit in the Geri chair for long periods of time.</p> <p>During an interview on 02/07/25 at 2:30 P.M., the Physician said he/she was unaware the facility staff was keeping the resident up for long periods of time. The staff did not need to leave the resident in the Geri chair for more than two-three hours at a time. Sitting in the Geri chair was not good on the resident's wound.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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** 26904</p> <p>Based on observation, interview and record review the facility failed to provide a safe transfer for one resident (Resident #69) out of three sampled residents. The facility census was 18.</p> <p>Review of the facility's policy titled, Gait Belt Use, revised June 2021, showed:</p> <ul style="list-style-type: none"> - Gait/Transfer belts may be used based on individual needs assessment on minimal assist patients who meet the following criteria: Able to reliably weight bear; Non-bariatric (weight of less than 250 pounds); - Put the belt around the person's waist over his/her clothing with the buckle in front; - Be sure the belt is snug with just enough room to get two fingers under it; - If possible, the person should be encouraged to push down on the chair or bed, while you lean forward and grasp the belt on both sides; - Lift or move the person with your arm and leg muscles. do not use your back muscles; - Do not twist your body when you move or lift the person; - When you are done moving or walking with the person, remove the gait belt. <p>1. Review of Resident #69's medical record showed:</p> <ul style="list-style-type: none"> - admitted [DATE]; - Diagnoses of Alzheimer's disease (a disease that destroys memory and other important mental functions), anxiety disorder (a disorder characterized by feelings of worry, anxiety or fear that interferes with one's daily activities), insomnia (difficulty falling or staying asleep), and vascular dementia (brain damage caused by multiple strokes). <p>Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated assessment instrument completed by the facility staff), dated 11/18/24, showed:</p> <ul style="list-style-type: none"> - Severely cognitively impaired; - Impairment to both sides of the lower extremities; - Dependent upon staff for toileting, personal hygiene, and bathing; - Required substantial to maximal assistance for transfers. <p>Review of the resident's Care Plan, dated 02/04/25, showed:</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 - Few</p>	<ul style="list-style-type: none"> - The resident required assist of staff with activities of daily living (ADL's), incontinent care, and transfers; - Required two staff for transfers; - At risk for falls. <p>Observation on 02/07/25 at 9:58 A.M., showed:</p> <ul style="list-style-type: none"> - The resident sat in a Geri chair (a reclining chair on wheels) at the nurses' station; - Licensed Practical Nurse (LPN) E pushed the resident to his/her room and into the restroom; - Certified Nurse Aide (CNA) F entered the resident's room to assist with the transfer; - LPN E and CNA F did not apply a gait belt, transferred the resident by holding the resident under his/her arms in the armpit area, and by pulling on the top of his/her pants; - LPN E and CNA F transferred the resident from the Geri chair to the toilet; - LPN E left the room while the resident was on the toilet and CNA C entered the resident's room; - CNA G applied a gait belt and CNA F and CNA G transferred the resident from the toilet to the Geri chair. <p>During an interview on 02/07/25 at 3:05 P.M., CNA G said the resident was now considered a Hoyer lift (a mechanical lift) since he/she had declined. However, a gait belt could be used for toileting the resident.</p> <p>During an interview on 02/07/25 at 3:07 P.M., CNA F said staff should have applied a gait belt to the resident before transferring him/her.</p> <p>During an interview on 02/07/25 at 3:10 P.M., LPN E said he/she just forgot about putting the gait belt on the resident until after staff had already transferred the resident to the toilet.</p> <p>During an interview on 02/07/25 at 3:30 P.M., the Chief Nursing Officer (CNO) said the resident was probably a Hoyer lift transfer. However he/she could not be transferred that way to the toilet.</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>45872</p> <p>Based on interview and record review, the facility failed to ensure licensed nursing coverage for 24 hours a day to adequately provide resident care and meet resident needs. This had the potential to affect all residents who resided at the facility. The census was 18.</p> <p>The facility was notified of past non-compliance on 02/07/24. The facility hired licensed staff and a Director of Nurses. The deficiency was corrected on 01/07/25.</p> <p>Review of the facility's policy titled, Nursing Services, revised May 2019, showed;</p> <ul style="list-style-type: none"> - It is the policy of the facility to assure that there is sufficient nursing staff with appropriate competencies and skills sets to provide nursing and related services to meet the resident's needs safely and in a manner that promotes each resident's rights, physical, mental and psychological well- being; - The facility will provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with residential care plans: except when waived, and other personnel, including but not limited to nurse aides; - Except when waived, the facility must designate a charge nurse on each tour of duty; - The facility will ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for resident's needs, as identified through resident assessments, and described in the plan of care. <p>Review of the facility's Payroll Based Journal (PBJ - a record that tracks the hours worked by staff at a nursing home or long-term care facility) Staffing Report submitted for Quarter 4, July 1, 2024 - September 30, 2024, showed:</p> <ul style="list-style-type: none"> - Insufficient licensed nursing coverage 24 hours a day for 07/01/24 - 07/31/24; - Insufficient licensed nursing coverage 24 hours a day for 08/01/24 - 08/31/24; - Insufficient licensed nursing coverage 24 hours a day for 09/01/24 - 09/30/24; - Insufficient licensed nursing coverage 24 hours a day for 92 days out of 92 days. <p>During an interview on 02/07/25 at 1:28 P.M., the Chief Nurse Officer (CNO) said the concern with licensed nursing coverage was brought to her attention back in November 2024 when the facility was cited. She was not aware that there was not enough licensed nurse coverage on several days throughout the submitted quarter. There has been a lot of staff turnover and new staff have been hired. The facility hired a weekend RN to cover weekends and a new Director of Nursing (DON). A licensed practical nurse (LPN) had been hired for nights as well to meet this compliance.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 02/07/25 at 2:07 P.M., the Administrator said he was made aware of the staffing concern when it was brought to his attention in November 2024 when the facility was cited. Staff was hired to meet the licensed nurse staffing requirement needed for compliance.</p>

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>45872</p> <p>Based on interview and record review, the facility failed to provide a Registered Nurse (RN) for eight consecutive hours per day, seven days a week. This deficiency had the potential to affect all residents. The census was 18.</p> <p>The facility was notified of past non-compliance on 02/07/24. The facility hired licensed staff and a Director of Nurses. The deficiency was corrected on 01/07/25.</p> <p>Review of the facility's policy titled, Nursing Services, revised May 2019, showed;</p> <ul style="list-style-type: none"> - It is the policy of the facility to assure there is sufficient nursing staff with appropriate competencies and skills sets to provide nursing and related services to meet the resident's needs safely and in a manner that promotes each resident's rights, physical, mental and psychological well- being; - Except when waived, the facility must use the services of a RN for at least eight hours a day, seven days a week; - Except when waived, the facility must designate a RN to serve as the Director of Nursing (DON) on a full time basis. <p>Review of the facility's Payroll Based Journal (PBJ - a record that tracks the hours worked by staff at a nursing home or long-term care facility) Staffing Report, submitted for Quarter 4, July 1, 2024 - September 30, 2024, showed:</p> <ul style="list-style-type: none"> - No RN coverage for 07/01/24, and 07/04/24 - 07/31/24; - No RN coverage for 08/01/24 - 08/31/24; - No RN coverage for 09/01/-24 - 09/30/24; - No RN coverage for 90 days out of 92 days. <p>During an interview on 02/07/25 at 1:28 P.M., the Chief Nurse Officer (CNO) said the concern with RN coverage was brought to her attention back in November 2024. She was not aware there was no RN coverage on several days throughout the submitted quarter. There had been a lot of staff turnover and new staff had been hired. The facility hired a weekend RN to cover weekends and a new DON to ensure RN coverage eight hours a day to meet compliance.</p> <p>During an interview on 02/07/25 at 2:07 P.M., the Administrator said he was made aware of the staffing concern when it was brought to his attention in November 2024. A designated DON was hired for Monday - Friday and a weekend RN was hired to meet the RN staffing requirements needed for compliance.</p>		

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<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>45872</p> <p>Post nurse staffing information every day.</p> <p>Based on observation, interview, and record review, the facility staff failed to post the required daily nurse staffing information which included the total number of staff and the actual hours worked by both licensed and unlicensed nursing staff directly responsible for resident care, in a prominent location readily accessible to residents and visitors for four out of four days. The facility census was 18.</p> <p>Review of the facility's policy titled, Nursing Services - Nurse Staffing Information, revised November 2019, showed:</p> <ul style="list-style-type: none"> - It is the policy of the facility to make staffing information readily available in a readable format to residents and visitors at any given time; - The facility will post the nurse staffing data on a daily basis at the beginning of each shift; - Data must be posted in a clear and readable format and in a prominent place readily accessible to residents and visitors. <p>Observations on 02/04/at 9:37 A.M., 02/05/25 at 11:37 A.M., 02/06/25 at 3:36 A.M., and 02/07/25 09:40 A.M. , showed:</p> <ul style="list-style-type: none"> - Daily nurse staffing posted by the time clock located on the hospital side and not in the nursing home facility area; - No daily nurse staffing posted in a prominent place readily accessible to residents and visitors located inside the nursing home facility. <p>During an interview on 02/07/25 at 9:41 A.M., the Director of Nursing (DON) said the daily nurse staffing sheet was posted by the time clock on the hospital side of the building. It should be posted somewhere inside the nursing home facility area for residents and visitors to view.</p> <p>During an interview on 02/07/25 at 10:43 A.M., the Chief Nurse Officer (CNO) said the daily nurse staffing sheet was placed by the time clock on the hospital side of the building to ensure staff were filling out the time worked on his/her shift. She was not aware the daily nurse staffing sheet needed to be posted in a prominent area on the nursing home side of the building.</p>		

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NAME OF PROVIDER OR SUPPLIER Pemiscot County Memorial Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 946 E Reed Street Hayti, MO 63851	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26904</p> <p>Based on interview and record review, the facility failed to ensure an appropriate diagnosis for the use of a psychotropic (medications that affect a persons mental status) medication for one resident (Resident #69) out of five sampled residents and failed to monitor the drug regimen and follow up on a gradual dose reduction (GDR) recommendation for unnecessary medications by not ensuring the physician provided a rationale or response for psychotropic medications for one resident (Resident #9) outside the sample. The facility census was 18.</p> <p>Review of the facility's policy titled, Drug Regimen Free From Unnecessary Drugs, revised May 2019, showed:</p> <ul style="list-style-type: none"> - The intent of this policy is each resident's entire drug/medication regimen is managed and monitored to promote or maintain the resident's highest practical mental, physical, and psychological well-being; the facility implements GDR's and non-pharmacological interventions, unless contraindicated (not recommended), prior to initiating or instead of continuing psychotropic medication; and as needed (PRN) orders for psychotropic medications are only used when the medication is necessary and PRN use is limited; - Each resident's drug regimen must be free from unnecessary drugs. Any unnecessary drug is any drug when used: <ul style="list-style-type: none"> a. In excessive dose (including duplicate drug therapy); b. For excessive duration; c. Without adequate monitoring; d. Without adequate indications for its use; e. In the presence of adverse consequences which indicate the dose should be reduced or discontinued; f. Any combination of the reasons asked; - A psychotropic drug is any drug that effects brain activities associated with mental processes and behavior. These drugs include, but not limited to: <ul style="list-style-type: none"> a. Antipsychotic (treats psychosis - a mental illness or disorder that involves a disconnection from reality); b. Antidepressant (treats depression - a persistent feeling of sadness and loss of interest in activities); <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>c. Antianxiety (treats anxiety - a feeling of fear, dread and uneasiness that can be a normal response to stress);</p> <p>d. Hypnotic (something that makes you feel drowsy or in a trance);</p> <ul style="list-style-type: none"> - The policy did not address the physician providing a rationale and/or response for a GDR; - The policy did not address an appropriate diagnosis for a resident taking a psychotropic medication. <p>1. Review of Resident #9's February 2025 Physician's order sheet (POS), showed:</p> <ul style="list-style-type: none"> - Diagnoses of type 2 diabetes mellitus (DM - a condition that affects the way the body processes blood sugar), bipolar disorder (a mental disorder that causes unusual shifts in mood), depression (a serious medical illness that negatively affects how you feel, the way you think and how you act), and anxiety; - An order for trazodone (an antidepressant medication) 50 milligram (mg) one-half tablet 25 mg twice daily, dated 07/25/24; - An order for Remeron (an antidepressant medication) 15 mg by mouth at 8:00 P.M., dated 07/25/24; - An order for melatonin (medication used to regulate sleep) 3 mg at 8:00 P.M., dated 07/25/24. <p>Review of the resident's Pharmacy Consultant Report, dated 10/27/24, showed:</p> <ul style="list-style-type: none"> - A GDR recommendation for trazodone 25 mg at night HS; - A GDR recommendation for Remeron 15 mg at night; - A GDR recommendation for melatonin 3 mg at night; - The physician signed and dated on 10/29/24; - No documentation of a rationale and/or physician response; - The facility failed to follow up with a rationale and/or physician response. <p>During an interview on 02/07/25 at 11:18 A.M., the Director of Nursing (DON) said she had only been in her position at the facility for a couple of months. GDR recommendations should have a rationale documented and be signed and dated by the physician.</p> <p>During an interview on 02/07/25 at 3:28 P.M., the Chief Nursing Officer (CNO) said the facility should have followed up with the physician for a rationale on Resident #9's medications addressed for the GDR.</p> <p>2. Review of Resident #69's POS, dated February 2025, showed:</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- admitted [DATE];</p> <p>- Diagnoses of Alzheimer's disease (a disease that destroys memory and other important mental functions), anxiety disorder, insomnia (difficulty falling or staying asleep), and vascular dementia (brain damage caused by multiple strokes);</p> <p>- An order for Haldol (an antipsychotic medication) 2 mg by mouth at 8:00 P.M., for insomnia, dated 01/06/25;</p> <p>- The facility did not provide an appropriate diagnosis for the Haldol.</p> <p>During an interview on 02/06/25 at 10:00 A.M., the CNO said insomnia was not an appropriate diagnosis for Haldol, but that was the only diagnosis she could find for Resident #69's Haldol.</p> <p>During an interview on 02/07/25 at 2:45 P.M., the Physician said he/she knew insomnia was not a good diagnosis for the Haldol. However, Resident #69 did have some vascular dementia with some psychosis.</p> <p>45872</p>

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Dispose of garbage and refuse properly.</p> <p>45872</p> <p>Based on observation and interview, the facility failed to ensure the dumpsters were closed at all times and maintained to keep pest out and/or to keep the garbage contained in the dumpster. The facility census was 18.</p> <p>The facility did not provide a policy regarding the dumpsters.</p> <p>1. Observations on 02/04/25 at 2:15 P.M., of the outside dumpsters showed:</p> <ul style="list-style-type: none"> - Trash lids opened on dumpsters one, two, and three; - Several bags of exposed and opened trash bags and miscellaneous debris in dumpster one; - Furniture and shelving prevented closure in dumpster two; - A desk chair lay against dumpster three; - Several exposed bags of trash and miscellaneous debris in dumpster three; - A large opened bag of trash lay on the ground beside dumpster three. <p>2. Observation on 02/05/25 at 9:15 A.M., of the outside dumpsters showed:</p> <ul style="list-style-type: none"> - Trash lids opened on dumpster three; - A desk chair lay against the dumpster three; - Several exposed bags of trash and miscellaneous debris in dumpster three; - A large opened bag of trash lay on the ground beside the dumpster three. <p>3. Observation on 02/06/25 at 10:33 A.M., of the outside dumpsters showed:</p> <ul style="list-style-type: none"> - Trash lids open on dumpsters one and three; - A desk chair lay against dumpster three; - Several exposed bags of trash and miscellaneous debris in dumpster three; - A large opened bag of trash lay on the ground beside dumpster three. <p>4. Observation on 02/07/25 at 9:25 A.M., of the outside dumpsters showed:</p> <ul style="list-style-type: none"> - Trash lids opened on dumpster three; <p>(continued on next page)</p>

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- A desk chair lay against dumpster three;</p> <p>- Several exposed bags of trash and miscellaneous debris in dumpster three.</p> <p>During an interview on 02/06/25 at 11:14 A.M., the Maintenance Director said he/she would expect staff to pull down the dumpster lids after discarding trash and debris. There should be no trash or debris laying on the ground around the dumpsters.</p> <p>During an interview on 02/06/25 at 3:06 P.M., the Housekeeping Supervisor said all staff should close the dumpster lids after they were done taking out the trash.</p> <p>During an interview on 02/07/25 at 3:27 P.M., the Administrator said he would expect staff to pull down the dumpster lids after discarding trash and debris. There should be no trash or furniture by the dumpster or on the ground.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>26904</p> <p>Based on observation, interview, and record review, the facility failed to implement Enhance Barrier Precautions (EBP) during wound care for one resident (Resident #69) out of two sampled residents and failed to use proper glove changing and hand hygiene practices during point of care blood glucose monitoring for one resident (Resident #2) out of two sampled residents. The facility failed to implement an infection control program and a risk management process specific to Legionella (a serious type of pneumonia caused by Legionella bacteria) disease which had the potential to affect all residents, staff, and the public. The facility also failed to ensure laundry was processed in a way to limit the spread of infections. The facility census was 18.</p> <p>Review of the facility's policy titled, Enhanced Barrier Precautions, revised February 2025, showed:</p> <ul style="list-style-type: none"> - Enhanced barrier precautions are an infection control intervention designed to reduce the transmission of multi-drug resistant organisms (MDROs) in nursing homes; - EBPs expands upon Standard Precautions by requiring the use of gowns and gloves during specific high contact resident care activities for residents known to be colonized or infected with an MDRO as well as those at risk of MDRO acquisition. Residents on EBP are not restricted to their rooms and are not restricted from participating in group activities or therapy outside of their room; - High-contact resident care activities are activities that have been demonstrated to result in the transfer of MDROs to hands or clothing of healthcare personnel, even if blood and body fluid exposure is not anticipated. Examples of high-contact resident care activities requiring gown and glove use of residents on EBP include, but are not limited to: Dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, central lines, urinary catheter, feeding tube, tracheostomy/ventilator; Wound care: any skin opening requiring a dressing. <p>Review of the facility's policy titled, Hand Hygiene, last revised May 2022, showed:</p> <ul style="list-style-type: none"> - Hand hygiene is done to protect personnel, patients, residents, families, and visitors from the spread of infection; - Hand hygiene and antisepsis is to be done when hands are visibly soiled or may have come in contact with blood or bodily fluids; - In the absence of a true emergency, personnel should always wash their hands or use hand sanitizer: - Before or after having direct contact with patients/residents, even if gloves were used; - Before and after the use of all gloves, sterile and non-sterile, and protective equipment; <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - After situations during which microbial contamination of hands is likely to occur, especially those involving contact with mucous membranes, blood, bodily fluids, etc.; - After contact with inanimate objects, including medical equipment, in the immediate vicinity of the resident; - Gloves are not a substitute for hand hygiene. If the task requires gloves, perform hand hygiene; - Prior to donning gloves, before touching the resident or the environment; - Immediately after removing gloves; - In between a glove change. <p>Review of the facility's policy titled, Legionella Control, last revised September 2023, showed:</p> <ul style="list-style-type: none"> - The purpose of this policy is to provide guidelines to reduce the Legionella risk in the healthcare facility's water system and to prevent cases and outbreaks for Legionnaires' Disease; - Water supply is tested on a monthly basis by the Missouri Department of Natural Resources' water supplier, the local city Public Water System (PWS); - An annual Water Quality Report will be sent to the Risk Management Team yearly; - The Risk Management Team will include, the Administrator or Chief Executive Officer (CEO), the Maintenance Director, the Infection Preventionist (IP), the Chief Nursing Officer (CNO) and the Long-Term Care's Director of Nursing (DON); - The Risk Management Team will collaborate with the local city's PWS Director to oversee the process implementation as directed by external expert assistance according to Legionella Control Guidelines of the Missouri Department of Natural Resources. <p>The facility did not provide a policy regarding infection control practices in laundry services.</p> <p>1. Observation on 02/05/25 at 5:05 P.M., of Resident 69's wound care showed:</p> <ul style="list-style-type: none"> - EBP signage not posted outside of the resident's room; - Licensed Practical Nurse (LPN) E did not put on an isolation gown, entered the resident's room, performed hand hygiene, and put on gloves; - LPN E performed the resident's wound care; - LPN E removed the gloves, performed hand hygiene, and left the room after the resident's wound care was completed. <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 02/07/25 at 2:57 P.M., LPN E said he/she should have put a gown on before entering the resident's room. He/She was not aware of the isolation gown being needed for this resident until after the care had been completed.</p> <p>During an interview on 02/07/25 at 3:07 P.M., Certified Nurse Aide (CNA) F said the facility had not educated the staff on EBP, however he/she had worked at another facility and knew staff should be wearing gowns and gloves when caring for any residents with wounds.</p> <p>During an interview on 02/07/25 at 3:35 P.M., the CNO said the facility had not practiced the EBP.</p> <p>2. Observation on 02/06/25 at 11:23 A.M., of Resident #2's blood glucose monitoring showed:</p> <ul style="list-style-type: none"> - LPN E did not perform hand hygiene and put on gloves, and touched the doorknob to exit the room; - LPN E did not change gloves, did not perform hand hygiene, and touched a drawer of the medication cart; - LPN E did not change gloves, did not perform hand hygiene, and touched the doorknob to enter the room; - LPN E did not change gloves, did not perform hand hygiene, cleaned the resident's finger to obtain a blood sample for the glucose monitoring; - LPN E removed the gloves, did not perform hand hygiene, did not put on clean gloves, and obtained a second blood sample from the resident for the glucose monitoring; - LPN E performed hand hygiene and left the room. <p>During an interview on 02/07/25 at 1:25 P.M., LPN E said he/she should have taken the gloves off before leaving a room and performed hand hygiene before putting on clean gloves. Gloves should be put on any time contact with blood was possible.</p> <p>During an interview on 02/07/25 at 1:27 P.M., IP said hand washing should be done prior to putting on gloves. Hand hygiene should be done anytime staff enter or exit a room. Gloves should be worn anytime contact with bodily fluids was possible.</p> <p>During an interview on 02/07/25 at 1:52 P.M., the CNO said when obtaining a blood glucose from a resident, the nurse or Certified Medication Technician (CMT) should wash their hands, put on clean gloves, perform the procedure, remove dirty gloves and perform hand hygiene. If staff exit the room or touch anything with gloves on, they should remove the gloves before proceeding with the procedure. Staff should always put on gloves when possibly coming in contact with blood.</p> <p>3. During an interview on 02/06/25 at 11:20 A.M., the Maintenance Supervisor said he/she had no information on Legionella. The previous DON had the policy and the information regarding Legionella.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 02/06/25 at 11:51 A.M., the IP said the facility did not have measures in place to prevent the growth of Legionella and other opportunistic waterborne pathogens in the building water systems. It was discussed with the Administrator, CNO, DON and Maintenance Supervisor that Legionella did not need to be monitored and the facility pulled the policy on Legionella.</p> <p>During an interview on 02/07/25 at 01:18 P.M., the IP said the Medical Director, the previous DON, and the IP met and reviewed the Legionella policy and decided it wasn't an applicable policy to the facility at that time. Based on the population, statistics and data, the facility wouldn't benefit from implementation.</p> <p>4. During an observation on 02/06/25 at 10:09 A.M., showed the dirty laundry entered the same door as the clean linen exited the laundry room. Laundry Aide (LA) H said he/she only washed the residents' personal blankets and personal clothes, all other linens such as sheets and towels were laundered in the hospital side of the building. The dirty laundry came to the laundry room in a basket or a hamper that belonged to the resident. He/She wore gloves when separating the dirty laundry. Once the laundry was dried, staff either hung or folded the laundry and put it on the cart to take to the resident.</p> <p>During an interview on 02/07/25 1:21 P.M., the IP said he/she was not aware of any certain way the dirty linens and clean linens should enter and exit the laundry room.</p> <p>During an interview on 02/07/25 at 1:43 P.M., the CNO said she was not aware of how dirty and clean laundry needs to enter and exit the laundry room.</p> <p>48532</p>		

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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>45872</p> <p>Based on interview and record review, the facility failed to conduct at least twelve hours of nurse aide in-service for two Certified Nurse Assistants (CNA) (CNA C and CNA D) out of two nurse aides sampled. The facility census was 18.</p> <p>The facility did not provide a nurse aide in-service policy.</p> <p>Review of the Facility Assessment, revised 02/04/25, showed:</p> <ul style="list-style-type: none"> - Did not address the required 12-hour in-service training for nurse aides which included Dementia Care training and Resident Abuse Prevention training. <p>1. Review of CNA C's December 2023 - November 2024 in-service records showed:</p> <ul style="list-style-type: none"> - Hire date of 12/09/14; - CNA C attended a total of nine in-services; - No individual times documented for each in-service on the monthly in-service sheets; - No total time documented for CNA C's annual in-service trainings. <p>2. Review of CNA D's November 2023 - October 2024 in-service records, showed:</p> <ul style="list-style-type: none"> - Hire date of 11/11/21; - No documentation of in-service attendance. <p>During an interview on 02/07/25 at 1:12 P.M., the Director of Nursing (DON) said CNA's should have 12 hours of in-services annually. Abuse, neglect, and dementia management training should be topics covered and included in the training. There should be a time duration on each in-service given to staff. All staff were required to attend monthly in-services.</p> <p>During an interview on 02/07/25 at 1:25 P.M., the Chief Nurse Officer (CNO) said CNA's should have 12 hours of in-services annually. Abuse, neglect, and dementia management training should be topics covered and included in the training. There should be a time duration on each in-service given to show the required hours were documented for staff.</p>