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	265442	A. BUILDING _____ B. WING _____	C 04/18/2025

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F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to follow physician orders regarding a medication for one resident (Resident #68) that received dialysis (a treatment that filters waste and excess fluid from the blood when the kidneys can no longer do so) out of one sampled resident. The facility also failed to follow oxygen orders for two residents (Residents #14 and #24) out of two sampled residents. The facility census was 70. Review of the facility's policy titled, "Medication and Treatment Orders," revised July 2016, showed: - Medications shall be administered only upon the written order of a person duly licensed and authorized to prescribe such medications in this state; - Orders for medications must include: name and strength of the drug; number of doses, start and stop dates, and/or specific duration of therapy; route of administration; clinical condition or symptoms for which the medication is prescribed; any interim follow-up requirements (pending culture and sensitivity reports, repeat labs, therapeutic medication monitoring, etc.). Review of the facility's policy titled, "Oxygen Administration," revised October 2010, showed: - Verify that there is a physician's order for this	F 658		

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

Tammy Lou Sary | Administrator | 05/09/2025

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.

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procedure. Review physician's orders of the facility protocol for oxygen administration;
- Turn on oxygen. Unless otherwise ordered, start the flow of oxygen at the rate of 2 to 3 liters per minute;
- Observe the resident upon setup and periodically thereafter to be sure oxygen is being tolerated;
- Notify the supervisor if the resident refuses the procedure;
- Report other information in accordance with facility policy and professional standards of practice.

1. Review of Resident #14's medical record showed:
- Admission date of 06/21/24;
- Diagnoses of depression, chronic obstructive pulmonary disease (COPD - a chronic, progressive lung disease that makes it difficult to breathe), anemia (condition where the blood doesn't have enough healthy red blood cells or enough hemoglobin, a protein that carries oxygen), heart failure (condition that develops when the heart doesn't pump enough blood for the body's needs), hypertension (high blood pressure, multidrug resistant organism (MDROs - bacteria that have become resistant to certain antibiotics), pneumonia (lung infection causing inflammation and swelling in the air sacs of the lungs). type 2 diabetes mellitus (when the body cannot use insulin correctly and sugar builds up in the blood), and anxiety (feeling of fear, dread, and uneasiness).

Review of the resident's Physician Order Sheet (POS), dated April 2025, showed:
- An order for oxygen at 2 liters per minute (L/min) per nasal cannula (a tube delivering

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oxygen to a person's nose) continuously, every shift related to COPD, dated 08/25/24;
- An order to change the oxygen tubing and humidifier at bedtime every Sunday night shift, dated 08/25/24.

Observations of the resident showed:
- On 04/15/25 at 10:45 A.M., 04/17/25 at 1:40 P.M., and 04/18/25 at 11:45 A.M., the resident lay in bed with oxygen on at 3 L/min per a nasal cannula and the oxygen tubing and humidifier dated 04/13/25.

During an interview on 04/15/25 at 10:55 A.M., Resident #14 said he/she didn't know the oxygen was on at 3 L/min. It should be on 2 L/min.

2. Review of Resident #24's medical record showed:
- Admission date of 04/09/24;
- Diagnoses of malignant neoplasm of colon (a cancerous tumor or growth in the colon), type II diabetes mellitus with hyperglycemia, atelectasis, (a condition where all or part of a lung collapses, meaning it loses its volume and air), acquired hemolytic anemia (caused by factors outside the red blood cell, such as antibodies from an autoimmune disorder, burns, or medications), anxiety disorder, chronic kidney disease, stage 3, (moderate loss of kidney function, where the kidneys are not filtering waste and fluids effectively), COPD, essential hypertension, atrial fibrillation (an irregular heart rhythm, and major depressive disorder (MDD - mental health condition characterized by persistent sadness, loss of interest, and difficulty functioning in daily life).

Review of the resident's POS, dated April 2025,

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showed:
- An order for oxygen at 2.5 L/min per nasal cannula continuously, every shift related to chronic obstructive pulmonary disease, dated 06/21/24;
- An order to change the oxygen tubing and humidifier at bedtime every Sunday night shift, dated 06/21/24.

Observations of the resident showed:
- On 04/15/25 at 11:10 A.M., and 04/17/25 at 1:50 P.M., the resident sat in a wheelchair in the hallway with oxygen on at 3 L/min per nasal cannula. The oxygen tubing was stretched from oxygen concentrator at the resident's bedside in his/her room and the oxygen tubing and humidifier dated, 04/13/25;
- On 04/16/25 at 2:30 P.M., the resident lay in bed with oxygen on at 3 L/min per a nasal cannula and the oxygen tubing and humidifier dated 04/13/25.

During an interview on 04/16/25 at 11:55 A.M., Resident #24 said he/she didn't know the oxygen rate was increased to 3 L/min from 2.5 L/min which was what he/she thought was on the physician orders.

During an interview on 04/18/25 at 02:00 P.M., the DON and the Administrator said they would expect residents' oxygen to be at the rate the physician ordered.

3. Review of Resident #68's April 2025 showed:
- Admission date of 03/28/25;
- Diagnoses of end stage renal disease, (a condition where the kidneys have permanently stopped working), COPD, type II diabetes mellitus with hyperglycemia, anemia in chronic kidney

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disease, transient cerebral ischemic attack (when the blood supply to part of the brain is briefly blocked), essential primary hypertension, atrial fibrillation, depression (common mental health condition that causes a persistent feeling of sadness and changes in how you think, sleep, eat and act), emphysema (chronic lung disease that causes permanent damage to the air sacs in the lungs), and syncope (a sudden, temporary loss of consciousness due to decreased blood flow to the brain) and collapse;
- An order for dialysis three times a week, dated 03/28/25;
- An order for sodium polystyrene sulfonate (medication to treat high levels of potassium in the blood) powder one packet by mouth one time a day for hyperkalemia (high potassium levels in the blood), dated 03/29/25.

Review of the resident's Medication Administration Records (MAR), dated March and April 2025, showed:
- An order for sodium polystyrene sulfonate powder one packet by mouth one time a day for hyperkalemia, dated 03/29/25;
- The sodium polystyrene sulfonate powder one packet daily not administered 03/31/25, 04/01/25, 04/02/25, 04/03/25, 04/06/25, 04/07/25, 04/08/25, 04/13/25, 04/14/25, 04/15/25, and 04/17/25;
- A total of 12 missed opportunities out of 20 opportunities for the sodium polystyrene sulfonate oral powder one packet to be administered as ordered.

Review of the resident's medical record showed:
- No documentation the physician was notified the resident's sodium polystyrene sulfonate powder was not administered daily as ordered for 03/29/25 - 04/17/25.

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F 658	Continued From page 5 Observation on 04/18/25 at 9:00 A.M., of the resident's medication administration showed: - Certified Medication Technician (CMT) D did not administer the resident's sodium polystyrene sulfonate oral powder one packet by mouth one time a day. During an interview on 04/17/25 at 9:15 A..M., CMT D said he/she wasn't able to find Resident #68's sodium polystyrene sulfonate oral powder packets in the medication cart or in the medication room. The sodium polystyrene sulfonate oral powder was ordered from the pharmacy on 03/28/25. He/She normally worked evenings and the medication was given in the mornings. CMT D spoke with CMT E about where staff kept the resident's sodium polystyrene sulfonate oral powder and was told by CMT E the medication was sent to the facility by the hospital when the resident was discharged to the facility on 03/28/25. The hospital sent the powder and staff were unsure how to measure how much powder to administer to the resident. Resident #68 had not received the medication since he/she was admitted to the facility. During an interview on 04/17/25 at 3:30 P.M., the Director of Nursing Director of Nursing (DON) and the Administrator said that they would expect physician orders to be followed as written. They would expect staff to notify them, the pharmacy, and the physician if orders were not understood.	F 658		
F 760 SS=D	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant	F 760		

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F 760	Continued From page 6	F 760		

medication errors.
This REQUIREMENT is not met as evidenced by:
Based on observation, interview, and record review, the facility failed to ensure one resident (Resident #68) was free from significant medication errors when staff failed to administer medications as ordered by the physician. The facility census was 70.

Review of the facility's policy titled, "Medication and Treatment Orders," revised July 2016, showed:
- Medications shall be administered only upon the written order of a person duly licensed and authorized to prescribe such medications in this state;
- Orders for medications must include: name and strength of the drug; number of doses, start and stop dates, and/or specific duration of therapy; route of administration; clinical condition or symptoms for which the medication is prescribed; any interim follow-up requirements (pending culture and sensitivity reports, repeat labs, therapeutic medication monitoring, etc.).

1. Review of Resident #68's April 2025 Physician Order Sheet (POS) showed:
- Admission date of 03/28/25;
- Diagnoses of end stage renal disease, (a condition where the kidneys have permanently stopped working), (COPD - a chronic, progressive lung disease that makes it difficult to breathe), type II diabetes mellitus type 2 diabetes mellitus (when the body cannot use insulin correctly and sugar builds up in the blood) with hyperglycemia, anemia (condition where the blood doesn't have enough healthy red blood cells or enough hemoglobin, a protein that carries

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oxygen) in chronic kidney disease, transient cerebral ischemic attack (when the blood supply to part of the brain is briefly blocked), essential primary hypertension (high blood pressure), atrial fibrillation (an irregular heart rate), depression (common mental health condition that causes a persistent feeling of sadness and changes in how you think, sleep, eat and act), emphysema (chronic lung disease that causes permanent damage to the air sacs in the lungs), and syncope (a sudden, temporary loss of consciousness due to decreased blood flow to the brain) and collapse;
- An order for dialysis (a treatment that filters waste and excess fluid from the blood when the kidneys can no longer do so) three times a week, dated 03/28/25;
- An order for sodium polystyrene sulfonate (a medication to treat high levels of potassium in the blood) powder one packet by mouth one time a day for hyperkalemia (high potassium levels in the blood), dated 03/29/25.

Review of the resident's Medication Administration Records (MAR), dated March and April 2025, showed:
- An order for sodium polystyrene sulfonate powder one packet by mouth one time a day for hyperkalemia, dated 03/29/25;
- The sodium polystyrene sulfonate powder one packet daily not administered 03/31/25, 04/01/25, 04/02/25, 04/03/25, 04/06/25, 04/07/25, 04/08/25, 04/13/25, 04/14/25, 04/15/25, and 04/17/25;
- A total of 12 missed opportunities out of 20 opportunities for the sodium polystyrene sulfonate oral powder one packet to be administered as ordered.

Review of the resident's medical record showed:

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- No documentation the physician was notified the resident's sodium polystyrene sulfonate powder was not administered daily as ordered for 03/29/25 - 04/17/25.

Observation on 04/17/25 at 9:00 A.M., of the resident's medication administration showed:
- Certified Medication Technician (CMT) D did not administer the resident's sodium polystyrene sulfonate oral powder one packet by mouth one time a day.

During an interview on 04/17/25 at 9:15 A..M., CMT D said he/she wasn't able to find Resident #68's sodium polystyrene sulfonate oral powder packets in the medication cart or in the medication room. The sodium polystyrene sulfonate oral powder was ordered from the pharmacy on 03/28/25. He/She normally worked evenings and the medication was given in the mornings. CMT D spoke with CMT E about where staff kept the resident's sodium polystyrene sulfonate oral powder and was told by CMT E the medication was sent to the facility by the hospital when the resident was discharged to the facility on 03/28/25. The hospital sent the powder and staff were unsure how to measure how much powder to administer to the resident. Resident #68 had not received the medication since he/she was admitted to the facility.

During an interview on 04/17/25 at 3:30 P.M., the Director of Nursing Director of Nursing (DON) and the Administrator said that they would expect physician orders to be followed as written. They would expect staff to notify them, the pharmacy, and the physician if orders were not understood.

During an interview on 04/25/25 at 12:03 P.M.,

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F 760	Continued From page 9 Pharmacist G said the resident's discharge orders were received on 03/29/25. Documentation at the pharmacy showed there was a note on the resident's discharge order that the pharmacy didn't have the sodium polystyrene sulfonate powder and would need a physician order for the liquid form and an end date which wasn't on the powder form order. Typically the pharmacy would call the facility and speak to a charge nurse and explain if changes were needed. There was no documentation on who called the facility from the pharmacy to notify of the changes needed. During an interview on 04/28/25 at 1:33 P.M., Registered Nurse (RN) F from the dialysis center said all dialysis patient's labs were obtained monthly then sent to an outside lab in another state so the results were received back in a day or two later. RN F said the resident's monthly labs were obtained on 04/10/25, and the final results came back to the dialysis center on 04/12/25. RN F notified the dialysis medical director and the nurse practitioner of the lab results and received order to call the facility to send the resident to the emergency room. During an interview on 04/28/25 at 4:50 P.M., the facility Medical Director said Resident #68 had an elevated potassium level was due to non-compliance with going to his/her scheduled dialysis treatments as ordered. It was uncommon for dialysis patients to take medications to lower potassium to the dialysis treatments maintained the normal potassium levels.	F 760		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)	F 880		

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F 880	Continued From page 10 §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation,	F 880		

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depending upon the infectious agent or organism involved, and
(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.
(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and
(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.

§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.

§483.80(e) Linens.
Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.

§483.80(f) Annual review.
The facility will conduct an annual review of its IPCP and update their program, as necessary.
This REQUIREMENT is not met as evidenced by:
Based on observation, interview, and record review, facility staff failed to wear gloves when administering insulin for two residents (Residents #7, and #49) out of two sampled residents and one resident (Resident #22) out of the sample. The facility also failed to maintain appropriate infection control practices by not following enhanced barrier precautions (EBP) and by not performing proper hand hygiene and glove changing techniques during wound care and catheter care for two residents (Residents #38 and #61) out of sampled residents. The facility's

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census was 70.

Review of the facility's policy titled, "Enhanced Barrier Precautions," not dated, showed:
- Enhanced barrier precautions will be initiated for residents with any of the following: wounds (e.g., chronic wounds such as pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and chronic stasis ulcers) and/or indwelling/implanted medical devices (e.g., central lines, ports, urinary catheters, feeding tubes, tracheostomy/ventilator tubes) even if the resident is not known to be infected or colonized with a multi-drug resistant organism (MDRO);
- Personal protective equipment (PPE) for EBP is only necessary when performing high-contact care activities and may not need to be put on prior to entering the resident's room;
- High-contact resident care activities include: dressing, bathing, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use (central lines, urinary catheters, feeding tubes, tracheostomy/ventilator tubes), wound care;
- EBP should be used for the duration of the affected resident's stay in the facility or until resolution of the wound or discontinuation of the indwelling medical device that placed them at higher risk.

Review of the facility's policy titled, "Handwashing/Hand Hygiene," revised October 2023, showed:
- Single use disposable gloves should be used prior to: before aseptic procedures; when anticipating contact with blood or body fluids; when in contact with a resident, or the equipment or environment of a resident, who is on contact precautions;

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	265442	A. BUILDING _____ B. WING _____	C 04/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR, THE	2071 BARRON RD POPLAR BLUFF, MO 63901

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 880	Continued From page 13	F 880		

- The use of gloves does not replace hand washing/hand hygiene.

1. Review of Resident #7's April 2025 Physician Order Sheet (POS) showed:
- An admission date of 12/30/24;
- An order for insulin lispro (a fast acting insulin) inject subcutaneously (injection under the skin) before meals per sliding scale for 151-200=3 units, 201-250=5 units, 251-300=7 units, 301-350=9 units, 351-400=11 units, 401-450=13 units, 451-500=15 units, and 501 to notify physician, dated 12/30/24;

Observation on 04/17/25 at 10:41 A.M., of the resident's insulin administration showed:
- Licensed Practical Nurse (LPN) A performed hand hygiene and did not put on gloves;
- LPN A administered the resident's insulin lispro subcutaneously to the right;
- LPN A performed hand hygiene.

2. Review of Resident #22's April 2025 POS showed:
- An admission date of 03/31/23;
- An order for insulin aspart (a rapid-acting insulin) inject 29 units subcutaneously before meals and inject as per sliding scale for 60-150=0 unit, 151-200=2 units, 201-250=4 units, 251-300=6 units, 301-350=8 units, 351-400=10 units , 401-450=12 units, 451-500=14 units , 501-999 notify physician if over 500, dated 03/31/23.

Observation 04/17/25 at 10:51 A.M., of the resident's insulin administration showed:
- LPN A performed hand hygiene and did not put on gloves;
- LPN A administered the resident's insulin aspart

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F 880	Continued From page 14	F 880		

subcutaneously to the left abdomen
- LPN A performed hand hygiene.

3. Review of Resident #38's April 2025 POS showed:
- An admission date of 02/17/25;
- An order to apply Medihoney (type of wound treatment) to the right buttock wound bed then cover with bordered foam dressing daily, dated 04/01/25.

Observation on 04/17/25 at 9:21 A.M., of the resident's wound care showed:
- EBP signage on the mailbox by the resident's door;
- LPN A and Certified Nurse Aide (CNA) B entered the room, did not put on a gown, performed hand hygiene, and put on gloves;
- CNA B placed the resident on his/her right side;
- LPN A cleansed the right buttock wound with wound cleanser-soaked gauze, did not change gloves, and did not perform hand hygiene;
- LPN A applied Medihoney to the wound bed and covered with a bordered foam dressing;
- LPN A changed gloves and did not perform hand hygiene;;
- LPN A cleansed the resident's catheter tubing from the insertion site outward using a cleansing wipe;
- LPN A removed the gloves and performed hand hygiene.

4. Review of Resident #49's April 2025 POS showed:
- An admission date of 05/24/24;
- An order for insulin aspart inject 7 unit subcutaneously before meals, dated 05/24/24;
- An order for insulin aspart inject subcutaneously before meals and at bedtime per sliding scale for

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F 880	Continued From page 15	F 880		

151-200=3 units, 201-250=5 units, 251-300=7 units, 301-350=9 units, 351-400=11 units, 401-450=13 units, 451-500=15 units, and 501 or greater to notify the physician or go to the emergency room, dated 05/24/24.

Observation on 04/17/25 at 10:44 A.M., of the resident's insulin administration showed:
-LPN A performed hand hygiene and did not put on gloves;
- LPN A administered the resident's the resident's insulin aspart subcutaneously to the right abdomen;
- LPN A performed hand hygiene.

During an interview on 04/17/25 at 11:00 A.M., LPN A said he/she didn't wear gloves when administering insulin subcutaneously.

5. Review of Resident #61's April 2025 POS showed:
- An admission date of 04/03/25;
- An order to cleanse the gluteal cleft (the horizontal skin crease that forms below the buttocks, separating the upper thigh from the buttocks) wound with wound cleanser, apply Santyl (a type of wound treatment) nickel thick to the wound bed and cover with bordered foam dressing daily, dated 04/10/25;
- An order to cleanse the left heel wound with facility wound cleanser of choice, apply Santyl to the wound bed, cover with non-bordered foam dressing and secure with Kerlix (a type of dressing) and tape, dated 04/17/25.

Observation 04/17/25 at 1:00 P.M., of the resident's wound care showed:
- EBP signage on the mailbox by the resident's door;

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F 880	Continued From page 16 - LPN A and CNA C entered the room, did not put on a gown, performed hand hygiene, and put on gloves; - CNA C positioned the resident on his/her left side; - LPN A cleansed the gluteal fold wound with saline-soaked gauze, did not change gloves, and did not perform hand hygiene; - LPN A applied Santyl to the wound bed and covered with a bordered foam dressing; - LPN A removed the glove from his/her right hand, did not remove the glove from his/her left hand, and did not perform hand hygiene; - CNA C positioned the resident on his/her back; - CNA C held the resident's leg up for the wound care; - LPN A removed the dressing from the left heel wound with the gloved left hand; - LPN A did not perform hand hygiene, did not change the glove to the left hand, and put on new glove to the right hand; - LPN A cleaned the left heel wound with saline-soaked gauze, did not change gloves, and did not perform hand hygiene; - LPN A applied Santyl to the left wound wound bed, covered with a non-bordered foam dressing, wrapped with Kerlix, and taped; - LPN A and CNA C removed the gloves and performed hand hygiene. During an interview on 04/18/25 at 1:28 P.M., LPN A said EBP should be used for residents with wounds or indwelling devices and gloves and gown should be worn during wound care and catheter care. During an interview on 04/18/25 at 2:40 P.M., the Administrator and Director of Nursing (DON) said that they would expect staff to use EBP during	F 880		

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F 880	Continued From page 17 high-contact resident care. During an interview on 04/17/25 at 2:35 P.M., the DON said that she would expect staff to wear gloves with insulin injections or coming in contact with any bodily fluids.	F 880		

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00683	A. BUILDING: _____ B. WING _____	C 04/18/2025

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A4054	19 CSR 30-85.042(45) Written Orders; Restraints No medication, treatment, or diet shall be given without a written order from a person lawfully authorized to prescribe such and the order shall be followed. No restraint shall be applied except as provided in 13 CSR 15-18.010, Resident Rights. I/II This regulation is not met as evidenced by: Class II Refer to F760.	A4054		
A4075	19 CSR 30-85.042(66) Nursing Care per Res Condition Each resident shall receive personal attention and nursing care in accordance with his/her condition and consistent with current acceptable nursing practice. I/II This regulation is not met as evidenced by: Class II. Refer to F658.	A4075		
A4086	19 CSR 30-85.042(77) Infection Control/Communicable Disease Residents shall be cared for by using acceptable infection control procedures to prevent the spread of infection. The facility shall make a report to the division within seven (7) days if a resident is diagnosed as having a communicable disease, as determined by the Missouri Department of Health and listed in the Code of State Regulations pertaining to communicable diseases, specifically 19 CSR 20-20.020, as amended. I/II	A4086		

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A4086	Continued From page 1 This regulation is not met as evidenced by: Class II. Refer to F880.	A4086		

PLAN OF CORRECTION

Provider/Supplier Name:	**The Manor**
Street Address, City, Zip:	**2071 Barron Rd. Poplar Bluff, MO 63901**
Date of Survey:	**04/18/2025**

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	265442

ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
	This plan of correction is submitted as required under the State Law. The submission of this plan does not constitute an admission on the part of **The Manor** as to the accuracy of the surveyor's findings or the conclusions drawn therefrom. The plan of correction does not constitute an admission on the part of **The Manor** that the findings cited are accurate, that the scope and severity regarding any of the deficiencies cited are correctly applied. The facility submits this plan of correction with the intention that it be inadmissible by any third party in any civil action or criminal action against the facility or any employee, agent, officer, director or shareholder of the facility. Any changes to the facility policies and procedures should be considered to be subsequent remedial measures as that employed in Rule 407 of the Federal Rules of Evidence and should be inadmissible in any proceeding on that basis. Please accept this plan of correction with completion dates as our written credible allegation of compliance.	

F658 **SS=D**	**Services Provided Meet Professional Standards** **CFR(s): 483.21(b)(3)(i)** The facility will assess and follow physician's orders for Resident #68 and all other residents in the facility. The facility will follow oxygen orders for Resident #14 and #24, and all other residents with oxygen orders. Medications and oxygen will be administered only upon the written order of a person duly licensed and authorized to prescribe such medications. Orders for medication will include name and strength of the drug; number of doses, start and stop dates, and /or specific duration of therapy; route of administration; clinical condition or symptoms for which the medication is prescribed; and any interim follow-up requirements. On **4/18/2025**, licensed staff were re-educated, by the DON or designee regarding administering medications for Resident #68; and administering oxygen at the correct liter prescribed by the physician, for Residents #14 and #24, and for all residents in the facility. On **4/18/2025**, licensed and certified staff were re-educated regarding administering medications and treatments for Resident #68, #14, #24, and all residents in the facility. Medication and treatment orders shall be consistent with principles of safe and effective order writing and medications shall be administered only upon the written orders of physician and to contact the resident's Physician and/or consulting Pharmacy for clarification of order if question. To monitor compliance, the Director of Nursing (DON) or designee will review Medication Administration Record (MAR) 5 days per week for 4 weeks and weekly thereafter. Administrator will review/audit weekly for review. To monitor compliance, the Director of Nursing (DON) will observe correct oxygen settings for all residents with orders, during facility rounds 3-5 days per week for 4 weeks; then weekly for two (2) weeks; then randomly thereafter. Administrator will review/audit weekly for review.	**5/20/2025**

	F658 continued... Any noncompliant issues will be addressed and corrected at the time they are observed. Any non-compliance issues will be brought to the attention of the Administrator and reviewed in the monthly QA Meeting for 3 months; including education, re-education, and disciplinary processes recommended by the QA Committee as needed.	

	Residents are free of Significant Medication Errors **CFR(s): 483.45(f)(2)** The facility will assess and follow physician's orders for Resident #68 and all other residents in the facility. Medications will be administered only upon the written order of a person duly licensed and authorized to prescribe such medications. Orders for medication will include name and strength of the drug; number o does, start and stop dates, and /or specific duration of therapy; route of administration; clinical condition or symptoms for which the medication is prescribed' any interim follow-up requirements. On **4/18/2025,** licensed staff were re-educated regarding administering medications for Resident #68,and all residents in the facility. Medication and treatment orders shall be consistent with principles of safe and effective order writing and medications shall be administered only upon the written orders of physician.	
F760 **SS=D**	Director of Nursing (DON) or designee will review Medication Administration Records (MAR) 5 days per week for 4 weeks and weekly thereafter. Administrator will review/audit weekly for review. Any noncompliant issues will be addressed and corrected at the time they are observed. Any non-compliance issues will be brought to the attention of the Administrator and reviewed in the monthly QA Meeting for 3 months; including education, re-education, and disciplinary processes recommended by the QA Committee as needed.	**5/20/2025**

F880 **SS=D**	**Infection Prevention & Control** **CFR(s): 483.80(a)(1)(2)(4)(e)(f)** The facility will maintain proper infection control practices during catheter care for Resident #38 and #61, wound care Residents #38, and #61, and all other residents of the facility if applicable. The facility will ensure proper enhanced barrier precautions (EBP) are utilized for Residents #38, and #61 and all others identified to require such precautions. The facility will use proper gloving during insulin administration for resident #7 and Resident # 49 and all other residents of the facility if applicable. On **4/18/2025**, DON educated all staff on proper infection control practices including proper gloving technique. On **05/09/2025**, the Administrator /DON/ designee educated all staff on facility p/p for Enhanced Barrier Precautions (EBP). On **05/02/2025**, the DON/Infection Preventionist (IP) or designee will review residents to determine the need for EBP, ensure proper signage, and PPE are utilized. To monitor compliance the DON/IP will observe infection control practices during facility rounds and insulin administration times; 3-5 times per week for 4 weeks; then at least once weekly thereafter to ensure PPE is correctly worn for residents requiring EBP. Any noncompliant issues will be addressed and corrected at the time they are observed. Any non-compliance issues will be brought to the attention of the Administrator and reviewed in the monthly QA Meeting for 3 months; including education, re-education, and disciplinary processes recommended by the QA Committee as needed.	**5/20/2025**

The Administrator signing and dating the first page of the CMS-2S67/State Form is indicating their approval of the plan of correction being submitted on this form.

A4054	**19 CSR 30-85.04(45)** **Written Orders; Restraints** **Class II** The facility will assess and follow physician's orders for Resident #68 and all other residents in the facility. The facility will follow oxygen orders for Resident #14 and #24, and all other residents with oxygen orders. **Refer to F658**	**5/20/2025**
A4075	**19 CSR 30-85.042(66)** **Nursing Care per Res Condition** **Class II** The facility will assess and follow physician's orders for Resident #68 and all other residents in the facility. Medications will be administered only upon the written order of a person duly licensed and authorized to prescribe such medications. Orders for medication will include name and strength of the drug; number o does, start and stop dates, and /or specific duration of therapy; route of administration; clinical condition or symptoms for which the medication is prescribed' any interim follow-up requirements. **Refer to F760**	**5/20/2025**
A4086	**19 CSR 30-85.042(77)** **Infectiou Prevention & Control** **Class I/II** The facility will ensure proper enhanced barrier precautions (EBP) are utilized for Residents #38, and #61 and all others identified to require such precautions. The facility will use proper gloving during insulin administration for resident #7 and Resident # 49 and all other residents of the facility if applicable. The facility will maintain proper infection control practices during catheter care for Resident #38 and #61, wound care Residents #38, and #61, and all other residents of the facility if applicable. **Refer to F880**	**5/20/2025**

The Administrator signing and dating the first page of the CMS-2567/State Form is indicating their approval of the plan of correction being submitted on this form.