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	265363	A. BUILDING _____ B. WING _____	09/27/2024

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F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the	F 550		

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

Administrator 10/15/24

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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exercise of his or her rights as required under this subpart.
This REQUIREMENT is not met as evidenced by:
Based on observation, interview, and record review, the facility failed to ensure staff treated residents with dignity and respect by leaving one resident (Residents #39) out of one sampled resident with his/her genitalia exposed to the public. The facility census was 47.

Review of the facility's policy titled, "Dignity," revised February 2021, showed:
- Each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being. Level of satisfaction with life, and feelings of self-worth and self-esteem;
- Residents are treated with dignity and respect at all times;
- Staff promote, maintain, and protect resident privacy, including bodily privacy during assistance with personal care and during treatment procedures;
- Demeaning practices and standards of care that compromise dignity are prohibited. Staff are expected to promote dignity and assist residents.

Review of Resident #39's medical record showed:
- Admission date of 07/05/24;
- Diagnoses of diabetes mellitus (DM - a condition that affects the way the body processes blood sugar), acquired absence of left leg below knee, bladder-neck obstruction (a blockage that slows or stops urine flow out of the bladder), hydronephrosis (a condition of the urinary tract where one or both kidneys swell), peripheral vascular disease (PVD - a condition that causes partial or complete obstruction of blood flow),

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unspecified sequelae of cerebral infarction (unspecified condition result of a stroke), retention of urine, lack of coordination, muscle weakness and abnormal posture.

Review of the resident's admission Minimum Data Set (MDS - a federally mandated assessment instrument completed by the facility staff), dated 07/16/24, showed:
- Cognition intact;
- No behaviors;
- Indwelling catheter (a tube inserted into the bladder to drain urine), always incontinent of bowel;
- Impairment on one side of the upper and lower extremity;
- Substantial/maximal assistance for toileting hygiene;
- Partial/Moderate assistance for shower/bathe self, upper and lower body dressing, and personal hygiene;
- Supervision or touching assistance for roll left and right, sit to lying, lying to sitting on bedside.

Observations of the resident on 09/26/24, showed:
- At 12:58 P.M.-1:04 P.M., the resident lay in the bed closest to the door with his/her genitalia visible from the hall, the resident's privacy curtain open, and multiple residents walked in the hall past the room;
- At 1:00 P.M., Certified Nursing Assistant (CNA) G entered the room, talked to the resident, and exited the room with the resident's genitalia visible from the hall and the resident's privacy curtain open;
- At 1:02 P.M., CNA G walked past the resident's room, pointed at the resident, and said, "I didn't forget about you." Resident's genitalia visible from

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the hall and the resident's privacy curtain open;
- At 1:03 P.M., the Director of Nursing (DON) and an unidentified staff member walked past the resident's room with the resident's genitalia visible from the hall and the resident's privacy curtain open;
- At 1:04 P.M., CNA G entered the room, exited the room, the resident covered him/herself with a gown so his/her genitalia was no longer exposed, and the resident's privacy curtain open;
- At 1:18 P.M.-1:25 P.M., the resident lay in bed closest to the door with his/her genitalia visible from the hall and the resident's privacy curtain open;
- At 1:22 P.M., CNA J walked past the resident's room with the resident's genitalia visible from the hall, the resident's privacy curtain open, turned his/her head towards the resident's room, and continued walking and entered the shower room;
- At 1:25 P.M., CNA F entered the residents' room, pulled the privacy curtain around the end of the resident's bed, and educated the resident he/she needed to cover up his/her bottom area;
- At 2:55 P.M.-2:59 P.M., the resident lay in bed with his/her genitalia visible from the hall, the resident's privacy curtain open, the resident's roommate in the room, and the window curtain was open with the room visible to the parking lot;
- At 3:00 P.M.-3:15 P.M., the resident lay in bed with his/her genitalia and buttocks visible from the hall, the resident's privacy curtain open, and the window curtain was open with the room visible to the parking lot;
- At 3:15 P.M., CNA F entered the resident's room, the resident lay in bed with his/her genitalia visible from the hall, and pulled the privacy curtains around the resident's bed.

During an interview on 09/26/24 at 3:15 P.M.,

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F 550	Continued From page 4 CNA F said if the resident was in bed with his/her private areas exposed, CNA F would pull the privacy curtain and ask the resident to cover up if they could. If the resident didn't want to cover up, he/she would make sure the resident had his/her call light, pull the privacy curtains closed, pull the window curtain closed if needed, and/or shut the door. If a resident is in the hall or public area, he/she would try to cover or block the exposed area, ask someone to get a towel or blanket to cover the resident, and ask the resident to cover up or see if they would go to his/her room for more privacy. During an interview on 09/27/24 at 10:45 A.M., the DON said staff should educate and assist residents in maintaining their privacy when they were found exposed. However, Resident #39 had lived alone and didn't like to wear clothes. She doesn't think the window was see through from the outside, but not for she wasn't for sure. She didn't always look into the resident rooms when she walked down the hall so she probably didn't always see if Resident #39 was exposed. During an interview on 09/27/24 at 11:00 A.M., the Administrator said the resident could be unclothed in his/her room, but staff should educate and try to ensure the resident wasn't visible to others. The resident liked the door open and didn't like the curtain pulled completely due to being in bed and wanted to see what was going on in the hall.	F 550		
F 582 SS=D	Medicaid/Medicare Coverage/Liability Notice CFR(s): 483.10(g)(17)(18)(i)-(v) §483.10(g)(17) The facility must-- (i) Inform each Medicaid-eligible resident, in	F 582		

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writing, at the time of admission to the nursing facility and when the resident becomes eligible for Medicaid of-
(A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged;
(B) Those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and
(ii) Inform each Medicaid-eligible resident when changes are made to the items and services specified in §483.10(g)(17)(i)(A) and (B) of this section.

§483.10(g)(18) The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare/ Medicaid or by the facility's per diem rate.
(i) Where changes in coverage are made to items and services covered by Medicare and/or by the Medicaid State plan, the facility must provide notice to residents of the change as soon as is reasonably possible.
(ii) Where changes are made to charges for other items and services that the facility offers, the facility must inform the resident in writing at least 60 days prior to implementation of the change.
(iii) If a resident dies or is hospitalized or is transferred and does not return to the facility, the facility must refund to the resident, resident representative, or estate, as applicable, any deposit or charges already paid, less the facility's per diem rate, for the days the resident actually resided or reserved or retained a bed in the

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facility, regardless of any minimum stay or discharge notice requirements.
(iv) The facility must refund to the resident or resident representative any and all refunds due the resident within 30 days from the resident's date of discharge from the facility.
(v) The terms of an admission contract by or on behalf of an individual seeking admission to the facility must not conflict with the requirements of these regulations.
This REQUIREMENT is not met as evidenced by:
Based on interview and record review, the facility failed to issue a Skilled Nursing Facility Advanced Beneficiary Notice (SNF ABN) to the resident and/or the resident's representative in writing at least two days before discharge from skilled services. This notice informs the beneficiary about potential non-coverage and the option to continue services with the beneficiary accepting the financial liability for those services. This practice affected two residents (Residents #20 and #43) out of three sampled residents. The facility census was 47.

The facility did not provide a policy regarding the SNF ABN.

1. Review of Resident #20's medical record showed:
- Medicare Part A skilled services started on 05/07/24, and ended on 06/02/24;
- The facility initiated the discharge from Medicare Part A Services with the resident's benefit days not exhausted and the resident remained in the facility;
- Notice of Medicare Non-Coverage (NOMNC) form, dated 05/31/24, was provided;
- No documentation of the SNF ABN form was

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F 582	Continued From page 7 issued to the resident and/or the resident's representative. 2. Review of Resident #43's medical record showed: - Medicare Part A skilled services started on 08/14/24, and ended on 08/30/24; - The facility initiated the discharge from Medicare Part A Services with the resident's benefit days not exhausted and the resident remained in the facility; - NOMNC form, dated 08/27/24, was provided; - No documentation of the SNF ABN form was issued to the resident and/or the resident's representative. During an interview on 09/25/24 at 4:48 P.M., the Social Services Director (SSD) said he/she never completed the SNF ABN and did not know when to use the form. During an interview on 09/27/24 at 11:45 A.M., the Administrator said he was not aware the SNF ABN form had to be completed if a Notice of Medicare Non-Coverage (NOMNC) was provided. He would expect the residents to be issued a NOMNC and SNF ABN prior to a Medicare Part A discharge.	F 582		
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to document an accurate	F 641		

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Minimum Data Set (MDS - a federally mandated assessment completed by facility staff) for three residents (Residents #16, #29 and #39) out of 12 sampled residents. The facility's census was 47.

Review of the facility's policy titled, "Resident Assessments," revised October 2023, showed:
- The resident assessment coordinator is responsible for ensuring the interdisciplinary team conducts timely and appropriate resident assessments;
- Information in the MDS assessments will consistently reflect information in the progress notes, plans of care and resident observations/interviews.

1. Review of Resident #16's medical record showed:
- Admission date of 11/01/21;
- Diagnoses of cerebral infarction (a stroke), tremor (involuntary, rhythmic shaking or trembling that can affect one or more parts of the body), and cognitive communication deficit;
- No side rail assessment;
- Nurse's notes, dated 02/01/24-09/27/24, showed no documentation of side rails.

Review of the resident's quarterly MDS, dated 07/16/24, showed:
- Resident used side rail restraint daily;
- The facility failed to code the resident's MDS accurately.

Observations on 09/25/24 at 8:35 A.M., and 09/27/24 at 9:45 A.M., showed the resident lay in bed with no side rails on the bed.

During an interview on 09/25/24 at 1:20 P.M., Certified Nurse Assistant (CNA) F said Resident

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#16 never had side rails on his/her bed.

2. Review of Resident #29's medical record showed:
- Admission date of 08/15/24;
- Diagnosis of atrial fibrillation (an irregular heart rate);
- An order for Plavix (an antiplatelet medication) 75 milligram (mg) by mouth daily, dated 08/16/24;
- No documentation of an anticoagulant medication received.

Review of the resident's admission MDS, dated 09/03/24, showed:
- An antiplatelet and anticoagulant indicated;
- The facility failed to code the resident's MDS accurately.

Review of the resident's care plan, dated 09/03/24, showed;
- The resident received anticoagulant therapy, Plavix, related to atrial fibrillation;
- The facility failed to care plan the Plavix accurately.

3. Review of Resident #39's medical record showed:
- Admission date of 07/05/24;
- Diagnoses of unspecified sequelae (related to another disease) of cerebral infarction and diabetes mellitus (DM - a condition that affects the way the body processes the blood sugar);
- No documentation for a diagnosis of anxiety (persistent worry and fear about everyday situations);
- An order for paroxetine (an antidepressant medication) 20 mg by mouth daily for anxiety, dated 07/05/24;
- An order for Humalog (a type of insulin) per

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sliding scale subcutaneously (SQ - injection under the skin) before meals for diabetes, dated 07/05/24;
- An order for Lantus (a type of insulin) 10 units SQ at hours of sleep for diabetes, dated 07/05/24;
- An order for Remeron (an antidepressant medication) 15 mg by mouth daily for depression, dated 07/16/24.

Review of the Medication Administration Record, July 2024, showed:
- Lantus 10 units SQ at bedtime administered 07/05/24-07/16/24;
- Humalog per sliding scale before meals administered 07/05/24-07/16/24.

Review of the admission MDS, dated 07/16/24, showed:
- Admission date of 07/05/24;
- Zero injections received during the last seven days or since admission.
- Insulin not administered during the last seven days or since admission;
- Antianxiety administered;
- No antidepressant administered;
- No diagnosis of anxiety or depression;
- The facility failed to code the resident's MDS accurately.

The resident's care plan, revised 09/19/24, showed:
- Antianxiety medication use addressed without non-pharmacological interventions;
- Antidepressant medication use not addressed.

During an interview on 09/27/24 at 10:30 A.M., the MDS Coordinator said whoever completed the admission, linked the diagnosis with the

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F 641	Continued From page 11 medications. The Director of Nursing (DON) looked behind to ensure the correct diagnosis was linked with the correct medications. The MDS should be accurate and reflect if a resident was on certain medications, had certain diagnosis, or had any restraints, which included side rails. Plavix should be documented as an antiplatelet on the MDS. During an interview on 09/27/24 at 11:15 A.M., the DON said MDS's should be accurate to include a resident's diagnosis, medications, and restraints. Plavix should be documented as an antiplatelet on the MDS. During an interview on 09/27/24 at 11:25 A.M., the Administrator said it was his expectation that MDS's would be documented with accurate information.	F 641		
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 to follow physician's orders for four residents (Residents #7, #16, #17 and #29) out of four sampled residents when the facility failed to ensure medications were available to administer to the residents. The facility also failed to ensure medications were administered within the prescribed time frame for two residents (Residents #25 and #41) out of nine sampled	F 658		

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residents. The facility census was 47.

Review of facility policy titled, "Administering Medication," revised April 2019, showed:
- Medications are administered in accordance with prescriber orders, including any required time frame;
- Medications are administered within one hour of their prescribed time, unless otherwise specified or liberal medication passes;
- The policy didn't address the time frame for ordering of medication refills.

1. Review of Resident #7's Physician Order Sheet (POS), dated September 2024, showed:
- Diagnosis of anxiety (persistent worry and fear about everyday situations);
- An order for buspirone (antianxiety medication) 7.5 milligram (mg) one via gastrostomy (g-tube - a tube placed in the stomach for nutrition and medication administration) two times a day, dated 06/04/24, with a hold date of 09/24/24 at 10:05 A.M., due to awaiting medication from the pharmacy.

Review of the resident's Medication Administration Record (MAR), dated September 2024, showed:
- Buspirone 7.5 mg two times a day related to anxiety disorder, dated 06/04/24, with a hold date of 09/24/24-09/26/24;
- Five doses of the buspirone missed out of five opportunities on 09/24/24-09/26/24.

Review of the resident's Nurse's Notes, dated 09/24/24 at 10:06 A.M., showed buspirone 7.5 mg placed on hold per the physician due to the facility not receiving the medication from the pharmacy.

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2. Review of Resident #16's medical record showed:
- Diagnoses of major depressive disorder (long-term loss of pleasure or interest in life) and glaucoma (a disease affecting eye pressure and causing gradual loss of vision).

Review of the resident's POS, dated September 2024, showed:
- An order for fluoxetine (an antidepressant) 5 milliliters (ml) by mouth one time a day, dated 06/04/24, on hold 09/24/24;
- An order for Xalatan Ophthalmic Solution (medication used to treat glaucoma) 0.005% instill one drop in both eyes at bedtime for glaucoma, dated 06/03/24, on hold 09/25/24.

Review of the resident's MAR, dated September 2024, showed:
- Fluoxetine 5 ml by mouth one time a day, on hold awaiting from the pharmacy, dated 09/24/24;
- Two doses of the fluoxetine missed out of two opportunities on 09/24/24-09/25/24;
- Xalatan Ophthalmic Solution 0.005% instill one drop in both eyes at bedtime for glaucoma, on hold awaiting from pharmacy from 09/25/24-09/29/24, dated 09/25/24;
- Two doses of the Xalatan missed out of two opportunities on 09/25/24-09/26/24.

Review of the resident's Nurse's Note, dated 09/25/24, showed:
- At 5:07 P.M., a new order per the physician to hold the eye drops until the Xalatan was received from the pharmacy.

3. Review of Resident #17's medical record showed:

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- Diagnosis of hemiplegia (loss of strength or paralysis on one side of the body).

Review of the resident's POS, dated September 2024, showed:
- An order for hydrocodone-acetaminophen (an opioid pain medication) 5-325 mg by mouth four times a day for pain, dated 06/18/24;
- An order for hydrocodone-acetaminophen 5-325 mg by mouth four times a day for pain, on hold from 09/25/24 at 8:48 A.M.-09/30/24 at 8:47 A.M., awaiting from the pharmacy, dated 09/25/24 at 7:32 P.M.;
- An order to resume hydrocodone-acetaminophen 5-325 mg by mouth four times a day for pain, dated 09/25/24 at 4:40 P.M., due to the medication was pulled from the emergency medication kit (E-Kit).

Review of the resident's MAR, dated September 2024, showed:
- Hydrocodone-acetaminophen 5-325 mg by mouth four times a day for pain, on hold date of 09/25/24 at 8:48 A.M.-09/25/24 at 04:20 P.M.;
- Four doses of the hydrocodone-acetaminophen missed out of four opportunities on 09/24/24-09/25/24.

Review of the resident's Nurses Notes showed:
- On 09/24/2024 at 7:32 P.M., hydrocodone-acetaminophen 5-325 mg by mouth four times a day for pain. Medication on hold awaiting from the pharmacy;
- On 09/24/2024 at 11:59 P.M., hydrocodone-acetaminophen 5-325 by mouth four times a day for pain. Medication out of stock, reorder had been sent to the pharmacy;
- On 09/25/2024 at 5:05 A.M., hydrocodone-acetaminophen 5-325 mg by mouth

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four times a day for pain. Medication out of stock, request had been sent to the pharmacy, not filled as of 09/25/24 at 5:00 A.M.;
- On 09/25/2024 at 8:46 A.M., new order from the physician to hold hydrocodone-acetaminophen 5-325 mg until received from the pharmacy. All parties made aware.

During an interview on 09/26/24 at 4:09 P.M., Resident #17 said he/she had not been able to get his/her pain medicine for a couple of days. He/She had pain to his/her back and just all over, and was told by the staff that the physician was out and they were unable to get the medicine filled until he/she got back.

4. Review of Resident #25's medical record showed:
- Diagnoses of diabetes mellitus (DM - a condition that affects the way the body processes blood sugar), anxiety disorder, polyneuropathy (a sudden and severe kidney infection), and chronic kidney disease (CKD - a condition in which the kidneys are damaged and cannot filter blood as well as they should).

Review of the resident's POS, dated September 2024, showed:
- An order for insulin glargine inject 30 units subcutaneously (an injection under the skin) at bedtime related to type two diabetes mellitus without complications, dated 09/12/24.

Review of the resident's MAR, dated 09/16/24-09/23/24, showed:
- Insulin glargine inject 30 unit subcutaneously at bedtime related to type 2 diabetes mellitus without complications, dated 09/12/24;
- On 09/16/24, 8:00 P.M., scheduled insulin

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glargine administered on 09/16/24 at 11:19 P.M.;
- On 09/20/24, 8:00 P.M., scheduled insulin glargine administered on 09/21/24 at 3:27 A.M.;
- On 09/21/24, 8:00 P.M., scheduled insulin glargine administered on 09/22/24 at 4:23 A.M.;
- On 09/22/24, 8:00 P.M., scheduled insulin glargine administered on 09/23/24 at 3:26 A.M.;
- On 09/23/24, 8:00 P.M., scheduled insulin glargine administered on 09/24/24 at 3:55 A.M.;
- Five doses of insulin glargine not administered as ordered out of eight opportunities on 09/16/24, and 09/20/24-09/23/24.

During an interview on 09/26/24 at 3:40 P.M., Resident # 25 said the staff sometimes woke him/her up to give the insulin glargine after his/her bedtime.

5. Review of Resident #29's medical record showed:
- Diagnoses of edema, atrial fibrillation (an irregular heart rate) and insomnia (difficulty sleeping).

Review of the resident's POS, dated September 2024, showed:
- An order for furosemide (a diuretic medication) 40 mg by mouth daily, dated 09/12/24, on hold 09/26/24-09/30/24, medication was out;
- An order for trazodone (an antidepressant medication) 50 mg by mouth one time a day, dated 08/26/24, and hold on 09/23/24-09/25/24 due to awaiting from the pharmacy.

Review of the resident's MAR, dated September 2024, showed:
- Furosemide 40 mg by mouth daily, on hold 09/26/24-09/30/24, awaiting from the pharmacy;
- One dose of furosemide missed out of one

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opportunity on 09/26/24, medication not in the building;
- Two doses of trazodone missed out of two opportunities on 09/23/24-09/24/24.

Review of the resident's Nurse's Notes, showed:
- On 09/25/24, a new order per the physician to hold the furosemide until it was received from the pharmacy;
- On 09/23/24, trazodone 50 mg unavailable from the pharmacy, placed on hold per the physician until it came in from the pharmacy.

6. Review of Resident #41's medical record showed:
- Diagnoses of malignant neoplasm of esophagus (throat cancer), adult failure to thrive, unspecified severe protein-calorie malnutrition, and acute gastritis (inflammation of the lining of the stomach) with bleeding.

Review of the resident's POS, dated September 2024, showed;
- An order for TwoCal HN Oral Liquid (a nutritional supplement) give 237 ml via g-tube four times a day related to unspecified severe protein-calorie malnutrition. May use Osmolite 1.5 (a nutritional supplement) if TwoCal HN was unavailable, dated 09/16/24;
- An order to flush the g-tube with 237 ml water one time a day related to unspecified severe protein-calorie malnutrition, dated 09/17/24;
- An order to check the residual (the fluid remaining in the stomach) with each g-tube feeding. If residual greater than 250 ml, hold for two hours, recheck, and if less than 125 ml, resume feeding, four times a day related to unspecified severe protein-calorie malnutrition, dated 09/16/24;

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- An order to flush the g-tube with 237 ml water five times a day - four times a day with feedings and once in the morning, related to unspecified severe protein-calorie malnutrition, dated 09/16/24.

Review of the resident's MAR, dated 09/16/24-09/24/24, showed:
- TwoCal HN Oral Liquid give 237 ml via g-tube four times a day related to unspecified severe protein-calorie malnutrition, dated 09/16/24;
- On 09/21/24 at 9:00 P.M., scheduled TwoCal HN Oral Liquid feeding administered on 09/22/24 at 4:24 A.M.;
- On 09/22/24 at 9:00 P.M., scheduled TwoCal HN Oral Liquid feeding administered on 09/23/24 at 3:27 A.M.;
- On 09/23/24 at 9:00 P.M., scheduled TwoCal HN Oral Liquid feeding administered on 09/24/24 at 5:51 A.M.;
- Three doses of TwoCal HN not administered as ordered out of 36 opportunities on 09/22/24-09/24/24;
- An order to check the residual with each g-tube feeding. If residual greater than 250 ml, hold for two hours, recheck, and if less than 125 ml, resume feeding, four times a day related to unspecified severe protein-calorie malnutrition, dated 09/16/24;
- On 09/21/24 at 9:00 P.M., scheduled residual check completed on 09/22/24 at 4:24 A.M.;
- On 09/22/24 at 9:00 P.M., scheduled residual check completed on 09/23/24 at 3:28 A.M.;
- On 09/23/24 at 5:00 P.M., scheduled residual check showed no documentation of completion;
- On 09/23/24 at 9:00 P.M., scheduled residual check completed on 09/24/24 at 1:44 A.M.;
- Four residual checks not completed as ordered out of 36 opportunities on 09/21/24-09/23/24;

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- Flush the g-tube with 237 ml water five times a day - four times a day with feedings and once in the morning, related to unspecified severe protein-calorie malnutrition, dated 09/16/24;
- On 09/20/24 at 9:00 P.M., scheduled flush administered on 09/21/24 at 2:48 AM;
- On 09/21/24 at 9:00 P.M., scheduled flush administered on 09/22/24 at 4:26 A.M.;
- On 09/22/24 at 6:00 A.M., scheduled flush no documentation of administration;
- On 09/22/24 at 9:00 P.M., scheduled flush administered on 09/23/24 at 3:28 A.M.;
- On 09/23/24 at 6:00 A.M., scheduled flush administered on 09/24/24 at 4:33 A.M.;
- On 09/23/24 at 5:00 P.M., scheduled flush showed no documentation of completion;
- On 09/23/24 at 9:00 P.M., scheduled flush administered on 09/24/24 at 1:44 A.M.;
- On 09/24/24 at 6:00 A.M., scheduled flush administered on 09/24/24 at 9:24 A.M.
- Eight g-tube flushes not completed as ordered out of 45 opportunities on 09/20/24-09/23/24.

Observations and interview of the resident on 09/24/24, showed:
- At 11:46 A.M., the resident said the nurses didn't give his/her g-tube feedings on time;
- At 12:00 P.M.-1:05 P.M., the g-tube feeding, residual check, and the flush not offered or completed;
- At 1:53 P.M., the resident lay in bed and said the noon g-tube feeding was never done for the 12:00 P.M., scheduled feeding. He/She said the staff needed to come on and do it because he/she was tired of waiting;
- At 2:26 P.M., Licensed Practical Nurse (LPN) I stood with medication/treatment cart outside of the resident's room, pulled one carton of TwoCal HN from the cart, and put on an isolation gown

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and gloves from the Enhanced Barrier Precautions (EBP) container outside room. LPN I said the resident didn't want to get his/her feeding at noon, so nurses just held it and asked him/her again later, since he/she was already so skinny. LPN I placed the TwoCal HN carton back in the cart and walked down the hall toward the nurse's station;
- At 2:29 P.M., LPN I returned to the cart outside the resident's room, said he/she had already administered the TwoCal HN g-tube feeding, the residual check, and the flush to the resident at 12:30 P.M., and forgot to complete the documentation. He/She documented the g-tube feeding about 10 minutes ago. LPN I entered the residents's room and told the resident his/her next feeding was at 5:00 P.M.

During an interview of 09/25/24 at 9:59 A.M., Registered Nurse (RN) A said if a tube feeding was administered late, he/she would call the doctor and see if they wanted to go ahead and give it and write an order for that particular time.

During an interview on 09/26/24 at 10:26 A.M., Certified Medication Technician CMT (H) said the A.M. medications should be given between 7 A.M.-10 A.M. If it was later, he/she would not give the medications until it was discussed with the charge nurse or the Director of Nursing (DON).

During an Interview on 09/26/24 at 1:38 P.M., the DON said the A.M., medications should be given between 8 A.M.-10 A.M.

During an interview on 09/27/24 at 10:30 A.M., LPN B said he/she passed medications on 09/24/24, due to both CMT's had called in.

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He/She did not generally pass medications and he/she was very slow since not familiar with the medication cart. The medications were late because of that and they should be administered within the correct time frame.

During an interview on 09/27/24 at 10:43 A.M., RN A said the medication cards had a place on them that alerts staff when the medications should be reordered. It was the responsibility of the CMT's and the nursing staff passing the medications to reorder the medications. The residents should not run out of medications.

During an interview on 09/27/24 at 10:30 A.M., LPN C said medications needed to be ordered by 2:00 P.M., each day to allow the pharmacy time to get the medication delivered. Residents should not go without their medications. Medications should be given at their scheduled times.

During an interview on 09/27/24 at 11:15 A.M., the DON said medications should be administered within the ordered time frame. If they were late, the physician should be called and follow what was then ordered.

During an interview on 09/27/24 at 11:15 P.M., the Administrator said he would expect resident medications to be available in the facility and be administered in the ordered time frame.

During an interview on 10/02/24 at 11:35 A.M., the DON said when she was told about Resident #17 being out of his/her pain medication and not being able to get it filled until the physician returned, she had the staff to pull the medication from the E-Kit. The medications should be reordered when they were down to the last line on

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F 658	Continued From page 22 the medication card. Residents should not go out with their medications.	F 658		
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to assess, care plan and monitor for efficacy for the use of a wheelchair seatbelt for one resident (Resident #26) out of one sampled resident. The facility census was 47. The facility did not provide a seatbelt policy. 1. Review of Resident #26's medical record showed: - Admission date 02/07/23; - Diagnoses of cerebral palsy (a congenital disorder of movement, muscle tone, or posture due to abnormal brain development), muscle spasm, psychosis (a mental disorder characterized by disconnection from reality) not due to a substance or known physiological condition, and convulsions (sudden, irregular movement of a limb or of the body); - No documentation of an assessment for the use of a seatbelt.	F 689		

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Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated assessment instrument completed by the facility staff), dated 09/24/24, showed:
- Cognition intact;
- Impairment on both sides of upper and lower extremities;
- Partial/Moderate assistance for eating;
- Dependent for oral hygiene, toileting hygiene, shower/bathe self, upper and lower body dressing, personal hygiene, roll left and right, sit to lying, lying to sit on side of bed, chair/bed-to-chair transfer;
- Not attempted due to medical condition or safety concerns: sit to stand, walk 10 feet;
- Use of motorized wheelchair or scooter;
- Always incontinent of bowel and bladder;
- Physical restraints not used in bed;
- Physical restraints not used in chair or out of bed.

Review of the resident's Fall Risk evaluation, dated 09/23/24, showed:
- Intermittent confusion;
- Ambulation - chair bound, required restraints;
- Elimination status - assistance with elimination;
- Considered high risk for potential falls.

Review of the resident's care plan, dated 08/20/24, showed:
- Potential for falls related to poor safety awareness;
- Required staff assistance with mobility. Resident able to operate own battery-operated wheelchair, but often fell asleep and needed assistance to destination point;
- Did not address the use of the seatbelt.

Observations of the resident showed:

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F 689	Continued From page 24 - On 09/24/24 at 11:23 P.M., the resident sat in a battery-operated wheelchair with the seatbelt buckled below the waist and attached to the wheelchair; - On 09/26/24 at 11:11 A.M., the resident was transferred from the bed to the battery-operated wheelchair via a Hoyer (a device used to transfer a resident from one surface to another) lift by Certified Nurse Assistant (CNA) G and CNA F. The seatbelt was buckled below the resident's waist by CNA F; - On 09/26/24 at 3:26 P.M., CNA E asked the resident if he/she could unbuckle the seatbelt on the battery-operated wheelchair. The resident unbuckled the seatbelt without difficulty. During an interview on 09/27/24 at 10:30 A.M., the MDS Coordinator said there should be an assessment completed for seatbelt use on an battery-operated wheelchair. The nurses were responsible for the assessments. He/She believed the assessments should be completed quarterly, and the care plan should reflect the use of a seatbelt. During an interview on 09/27/24 at 11:15 A.M., the Director of Nursing (DON) said she was responsible for screening the residents for seatbelt or restraint use quarterly. She didn't think about Resident #26's seatbelt because the resident could remove it. The care plan should reflect the use of a seatbelt. During an interview on 09/27/24 at 11:15 A.M., the Administrator said he would expect assessments for seatbelts to be completed.	F 689		
F 690 SS=D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3)	F 690		

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	265363	A. BUILDING _____ B. WING _____	09/27/2024

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§483.25(e) Incontinence.
§483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain.

§483.25(e)(2)For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that-
(i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary;
(ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and
(iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.

§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.
This REQUIREMENT is not met as evidenced by:
Based on observation, interview and record review, the facility failed to ensure a urinary

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indwelling catheter (a tube inserted into the bladder to drain urine) drainage bag was kept off the floor for two residents (Residents #29 and #39) out of two sampled residents. The facility census was 47.

Review of the facility policy titled, "Urinary Catheter Care," revised August 2022, showed;
- Be sure the catheter tubing and drainage bag are kept off the floor.

1. Review of Resident #29's medical record showed:
- Admitted on 08/15/24;
- Diagnosis of neurogenic bladder (lack of bladder control due to a brain, spinal cord or nerve problem).

Review of the resident's Physician Order Sheet (POS), dated September 2024, showed:
- An order for Foley (a type of indwelling catheter) catheter care every shift, dated 08/16/24;
- An order to change the Foley Catheter, 16 French (Fr - the measurement used to measure sizes of urinary catheters) 30 cubic centimeter (cc) balloon monthly on the 16th using sterile technique on night shift, dated 09/09/24.

Review of the resident's care plan, dated 09/03/24, showed:
- Resident had an indwelling catheter related to neurogenic bladder.

Review of the resident's admission Minimum Data Set (MDS - a federally mandated process for clinical assessment of all residents in certified nursing homes), dated 08/22/24 showed:
- The resident had an indwelling catheter.

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Observation on 09/24/25 at 11:30 A.M., showed the resident sat in a wheelchair with staff pushing the wheelchair from the hall and across the dining room to the table for lunch. The resident's catheter drainage bag hung from the wheelchair with the bottom of the bag touching the floor and drug the floor while pushed in the wheelchair. The catheter drainage bag was covered with a dignity bag with an open bottom and didn't cover the bag fully.

Observation on 09/24/25 at 11:37 A.M., and 12:06 P.M., showed the resident sat in a wheelchair at the dining room table and the bottom of the catheter drainage bag touched the floor. The catheter drainage bag was covered with a dignity bag with an open bottom and didn't cover the bag fully.

2. Review of Resident #39's medical record showed:
- Date of admission of 07/05/24;
- Diagnoses of bladder neck obstruction (a blockage in the neck of the bladder) and unspecified hydronephorsis (a condition that occurs when urine builds up in the kidney, causing it to swell and stretch).

Review of the resident's POS dated September 2024, showed:
- An order to change the Foley catheter 16 Fr 30 cc balloon monthly on the 25th using sterile technique on night shift every month for urine retention, dated 09/25/24;
- An order if catheter changed as needed (PRN), then not to be changed again until the following month on that date due to risk for infection, dated 09/25/24;
- An order to may irrigate catheter with 60

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F 690	Continued From page 28 milliliters (ml) of water as needed every 24 hours for Foley catheter care, dated 08/05/24; - An order for Foley catheter care every shift, dated 07/05/24. Review of the resident's care plan, revised 09/19/24, showed: - Need to irrigate the Foley catheter as needed due to obstruction not addressed; - Catheter care not addressed. Observation on 09/26/24 at 9:12 A.M., showed: - The resident lay in bed with the bed in the low position and the catheter drainage bag hooked on the bed frame. The bottom of catheter drainage bag touched the floor. During an interview on 09/27/24 at 10:45 A.M., Licensed Practical Nurse (LPN) C and Registered Nurse (RN) A said catheter drainage bags should never touch the floor. If they were found touching the floor, they should be immediately fixed. During an interview on 09/27/24 at 10:55 A.M., Certified Nurse Assistant (CNA) D said catheter drainage bags should not touch the floor. During an interview on 09/27/24 at 11:15 A.M., the Director of Nursing (DON) said a catheter, including the drainage bag and tubing, should not touch the bag. During an interview on 09/27/24 at 11:25 A.M. the Administrator said catheters should not touch the floor.	F 690		
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 29 §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, the facility failed to maintain infection control practices during disinfection of a facility glucometer (a device for measuring the concentration of glucose in the blood) used for glucose (the main type of sugar in the blood) monitoring for three residents (Residents #22, #25 and #31) out of three sampled residents. The facility failed to maintain proper infection control practices during catheter (a tube inserted into the bladder to drain urine) care for one resident (Resident #39) out of one sampled resident. The

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facility census was 47.

The facility did not provide a policy on cleaning and disinfecting the glucometer.

Review of the PDI Super Sani Cloths Manufacturer's Disinfection Directions showed:
- If present, use a wipe to remove visible soil prior to disinfecting;
- Unfold a clean wipe and thoroughly wet the surface;
- Allow the treated surface to remain wet for two minutes;
- Allow to air dry;
- Dispose of the wipe after a single use.

Review of the facility's policy titled, "Handwashing/Hand Hygiene," revised October 2023, showed:
- Hand hygiene is indicated: immediately before touching a resident; before performing an aseptic task (for example, placing an indwelling device or handling an invasive medical device); after contact with blood, body fluids, or contaminated surfaces; after touching a resident; after touching the resident's environment; before moving from work on a soiled body site to a clean body site on the same resident; immediately after glove removal;
- The use of gloves does not replace hand washing/hand hygiene.

The facility did not provide a catheter care policy.

1. Observation of the blood glucose monitoring on 09/26/24, showed:
- At 11:17 A.M., Licensed Practical Nurse (LPN) C performed blood glucose monitoring with the facility glucometer for Resident #25;

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- At 11:19 A.M., LPN C wiped down the glucometer with a PDI Super Sani Cloth and placed it on a clean paper plate to air dry. The glucometer did not remain wet for two minutes;
- At 11:30 A.M., LPN C wiped down the same facility glucometer with a PDI Super Sani Cloth and placed it on a clean paper plate to air dry. LPN C performed blood glucose monitoring for Resident #22;
- At 11:33 A.M., LPN C wiped down the glucometer with a PDI Super Sani Cloth and placed it on a clean paper plate to air dry. The glucometer did not remain wet for two minutes;
- At 11:37 A.M., LPN C performed blood glucose monitoring for Resident #31 using the same facility glucometer;
- At 11:39 A.M., LPN C wiped down the glucometer with a PDI Super Sani Cloth and placed it on a clean paper plate to air dry;
- LPN C failed to disinfect the facility glucometer by allowing it to remain wet for two minutes between each resident use.

During an interview on 09/26/24 at 11:41 A.M., LPN C said he/she was told to wipe the glucometer down with the wipe and allow it to air dry for two minutes between each resident use.

During an interview on 09/26/24 at 11:50 A.M., Registered Nurse (RN) A said the glucometer should be wiped down and remain wet for two minutes, then allowed to air dry between each resident use. He/She usually wiped it down, wrapped it in a clean PDI Sani Cloth, allowed it to sit for the two minutes, and then air dry.

During an interview on 09/26/24 at 11:54 A.M., the Director of Nursing (DON) said she would expect staff to clean and disinfect the glucometer

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making sure it remained wet for two minutes and then let it air dry.

2. Observation of catheter care for Resident #39 on 09/26/24 at 9:12 A.M., showed:
- Certified Nursing Assistant (CNA) D and CNA G performed hand hygiene and put on gloves;
- CNA G cleaned the catheter tubing with a twisting motion approximately two inches down the tubing, folded the washcloth, cleaned the tubing up toward the insertion site with a twisting motion, and did not pull the foreskin on the penis back to access the insertion point;
- CNA G did not perform hand hygiene and without changing gloves, CNA G touched the resident's blanket and the resident to assist him/her to turn to the side;
- CNA D removed gloves, performed hand hygiene, exited the room to retrieve supplies, returned to the doorway, and handed CNA G an incontinent pad through the privacy curtain;
- CNA G did not perform hand hygiene and without changing gloves, CNA G placed the incontinent pad under the resident, touched the resident to roll to the side, touched the blanket, touched the foot board of the bed;
- CNA G changed gloves and without performing hand hygiene, CNA G retrieved a container from the shared bathroom, set the container on the floor, emptied the catheter drainage bag into the container, emptied the container into the toilet, placed the soiled container on the back of the toilet with two clean rolls of toilet paper, removed the gloves, did not perform hand hygiene, gathered bags of trash and soiled linens, touched the inside doorknob of the room, walked to the barrel in the hall, touched the barrel lid, placed the soiled linen in the barrel, replaced the lid, took the trash to the barrel on another hall, touched

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the barrel lid, and performed hand hygiene.

During an interview on 09/27/24 at 8:35 A.M., CNA G said for catheter care on a male, clean the top of the catheter tube starting at the penis down the catheter. If the resident was uncircumcised, pull the foreskin back, clean the tube from the penis down the tube and then put the foreskin back in place. Change gloves and wash hands if gloves were soiled, and before touching anything else. Remove gloves and wash hands or sanitize when care was complete.

During an interview on 09/27/24 at 10:45 A.M., LPN C said for incontinent care, perform hand hygiene before care, put on gloves, use one cloth per wipe, remove the dirty items, change gloves, and wash hands, put on clean items, remove gloves, and wash hands. For catheter care, clean from the top of the catheter and go down. Should clean the entire area of the tube and go straight down the tube.

During an interview on 09/27/24 at 10:45 A.M., Registered Nurse (RN) A said if the resident was not circumcised, pull the foreskin back, clean down the catheter tube and put the foreskin back in place.

During an interview on 09/27/24 at 11:15 A.M., the DON said for incontinent care, wash hands, go in the room, and put on gloves. Wash hands and change gloves between dirty and clean tasks, before handling personal effects and wash hands before exiting the room. For catheter care on an uncircumcised resident, pull back the foreskin, clean straight down the catheter, not back and forth, and put the foreskin back.

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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, F689, and F690.	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 This regulation Is not met as evidenced by: Class II Refer to F880.	A4086		
A8008	19 CSR 30-88.010(8) Informed Services/Charges - Alz Disclosure Prior to or at the time of admission and during his or her stay in the facility, each resident and/or his or her next of kin, legally authorized representative or designee shall be fully informed, in writing, of services available in the facility and	A8008		

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A8008	Continued From page 1 of related charges, including any charges for services not covered by the facility's basic per diem rate or federal or state programs. Information shall include procedures to be followed by the facility in cases of medical emergency, including transfer agreements and costs. All residents who receive treatment in an Alzheimer's special care program or unit and their next of kin, legally authorized representatives or designees shall be given a copy of the Alzheimer's Special Care Services Disclosure Form at the time of admission. Residents also shall be informed of services outside the facility which may reasonably be made available to the resident and of any reasonable estimate of any foreseeable costs connected with those services. II/III This regulation is not met as evidenced by: Class III Refer to F582.	A8008		
A8030	19 CSR 30-88.010(29) Dignity/Privacy Each resident shall be treated with consideration, respect, and full recognition of his or her dignity and individuality, including privacy in treatment and care of his or her personal needs. All persons, other than the attending physician, the facility personnel necessary for any treatment or personal care, or the department or Department of Mental Health staff, as appropriate, shall be excluded from observing the resident during any time of examination, treatment, or care unless consent has been given by the resident. II/III This regulation is not met as evidenced by: Class III	A8030		

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A8030	Continued From page 2 Refer to F550.	A8030		

PLAN OF CORRECTION

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Date of Survey:	09/27/2024

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	

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 Riverways 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 facility 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.	
F550	**Resident Rights/Exercise of Rights** **CFR(s): 483.10(a)(1)(2)(b)(1)(2)** The facility will ensure staff treat residents with dignity and respect by ensuring all residents, including Resident #39, will not have his/her genitalia exposed to the public. On 9/30/2024 and dates thereafter, and dates thereafter, the Administrator, Director of Nursing (DON) and/or designee educated all facility staff to ensure each	10/28/2024

	F550 continued... resident's rights for dignity and respect be followed throughout their scheduled shifts each day. The Administrator/DON and/or designee will monitor compliance during facility rounds 3-5 times per week for two weeks; weekly for 4 weeks; then randomly thereafter. Any noncompliant issues will be addressed and corrected at the time it is 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.	
F582	**Medicaid/Medicare Coverage/Liability Notice CFR(s): 483.10(g)(17)(18)(i)-(v)** The facility will issue a Skilled Nursing Facility Advanced Beneficiary Notice (SNF ABN) to the resident and/or the resident's representative in writing at least two days before discharge from skilled services. This notice informs the beneficiary about potential non-coverage and the option to continue services with the beneficiary accepting the financial liability for those services, for all facility residents going forward. On 10/14/2024, the Social Service Designee (SSD) was educated by a company Administrator, regarding completing and notifying residents and/or responsible party, in the proper timeframe, at least two calendar days before services are to end, using the Skilled Nursing Facility Advanced Beneficiary Notice (SNFABN) form. The SSD will log each resident that is assessed to end skilled services coverage to ensure the proper notification is submitted (NOMNC and SNF ABN). To monitor compliance, the Admin. or designee will review the NOMNC and SNF ABN log each week for 6	10/28/2024

	F582 continued.... weeks in Morning QA Meetings, then randomly thereafter and will correct practices as needed. Any noncompliant issues will be addressed and corrected at the time it is 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.	
F641	**Accuracy of Assessments** **CFR(s): 483.20(g)** The facility will document an accurate Minimum Data Set (MDS - a federally mandated assessment completed by facility staff) for Residents #16, #29 and #39, and all other residents as they are scheduled. The facility completed an accurate MDS for Residents #6, #29, and #39. On 9/30/2024, the Regional MDS Nurse educated the DON and MDS Coordinator regarding accurately completing a MDS for all resident. The DON or RN designee will monitor the accuracy of the MDS, weekly when signing the MDS. Any noncompliant issues will be addressed and corrected at the time it is 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.	10/28/2024

F658	**Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)** The facility will follow physician's orders for Residents #7, #16, #17 and #29 and for all other residents. The facility will ensure medications are available to administer to the residents. The facility will also ensure medications are administered within the prescribed time frame for Residents #25 and #41 and all other residents. On 9/10/24, all licensed staff and CMT's were educated regarding following physician orders, ensuring medications are available to administer to the residents, and ensuring medications are administered within the prescribed time frame Education to staff regarding 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. Director of Nursing or designee will review Medication Administration Record (MAR) 5 days per week for 4 weeks and weekly thereafter for administration compliance including availability from pharmacy and administering meds the physician prescribed timeframe. Administrator will review/audit weekly for review. The DON or designee will monitor medication administration passes 2-3 times per week for 2 weeks then randomly thereafter until compliance is met. Any noncompliant issues will be addressed and corrected at the time it is 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.	10/28/24
F689	**Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)** The facility will assess, care plan and monitor for efficacy for the use of a wheelchair seatbelt for Resident #26 and all other residents.	10/28/2024

	F689 continued... On 9/30/24 and dates thereafter, all licensed staff and MDS Coordinator were educated by the DON, regarding assessing, care planning, and monitoring for efficacy for the use of a wheelchair seatbelt for Resident #26 and all other residents. The DON and/or designee will monitor compliance for wheelchair seatbelt, during facility rounds 3-5 times per week for four weeks; then weekly thereafter. The MDS Coordinator or designee will assess the need for wheelchair seatbelts for Resident #26 and any other residents with such physician order, at least quarterly and ensure a care plan is completed for the their use. Any noncompliant issues will be addressed and corrected at the time it is 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.	
F690	**Bowel/Bladder Incontinence, Catheter, UTI** **CFR(s): 483.25(e)(1)-(3)** The facility will ensure a urinary indwelling catheter (a tube inserted into the bladder to drain urine) drainage bag is kept off the floor for Residents #29 and #39, and all other residents with urinary indwelling catheters. On 9/30/24 and dates thereafter, the DON educated the nursing staff regarding maintaining proper positioning and placement of the indwelling urinary catheter tubing and drainage bags. Staff will make certain the urinary drainage bag and catheter tubing does not touch the floor and will be placed	10/28/2024

	F690 continued... in privacy bags to ensure and promote the resident's dignity. To monitor compliance, the Administrator, DON, or designee will monitor compliance for proper indwelling catheter tubing and catheter drain bag placement, during facility clinical rounds 5 times per week for four weeks; then randomly thereafter, for all resident with indwelling foley catheters. Any noncompliant issues will be addressed and corrected at the time it is 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.	
F880	**Infection Prevention & Control** **CFR(s): 483.80(a)(1)(2)(4)(e)(f)** The facility will maintain infection control practices during disinfection of a facility glucometer (a device for measuring the concentration of glucose in the blood) used for glucose (the main type of sugar in the blood) monitoring for Residents #22, #25 and #31, and all other residents receiving blood glucose testing. The facility will maintain proper infection control practices during catheter (a tube inserted into the bladder to drain urine) care for Resident #39 and all other residents with catheters. On 9/30/24 and dates thereafter, the DON educated the nursing staff regarding proper foley catheter care and infection control practices during disinfection of a facility glucometer monitoring. By 10/10/24, the Director of Nursing (DON) or designee completed Catheter Care Competencies for all facility nursing staff. Individual training was performed and documented, at that time, for any staff member who did not	10/28/24

	F880 continued... understand the facility policy regarding Indwelling Foley Catheter Care. By 10/28/24, the DON or designee will complete competencies for licensed staff regarding proper infection control practices during disinfection of a facility glucometer monitoring. The DON or designee will observe licensed staff complete glucose testing with monitor cleaning 1-2 times per week for 2 weeks then randomly thereafter until compliance is met. The DON or designee will observe indwelling foley catheter care 1-2 times per week for 2 weeks then randomly thereafter until compliance is met. Any noncompliant issues will be addressed and corrected at the time it is observed. The facility will follow the PDI Super Sani Cloths Manufacturer's Disinfection Directions as shown: - If present, use a wipe to remove visible soil prior to disinfecting; - Unfold a clean wipe and thoroughly wet the surface; - Allow the treated surface to remain wet for two minutes; - Allow to air dry; - Dispose of the wipe after a single use. 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.	

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.

PLAN OF CORRECTION

Provider/Supplier Name:	**RIVERWAYS MANOR**
Street Address, City, Zip:	**403 WATERCRESS ROAD, VAN BUREN, MO 63965**
Date of Survey:	**04/06/2023**

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A4075	19 CSR 30-85.042(66) Nursing Care per Res Condition Refer to F658, F689, F690	10/28/24
A4086	19 CSR 30-85.042(77) Infection Control/Communicable Disease Refer to F880	10/28/24
A8008	19 CSR 30-88.010(8) Informed Services/Charges - Alz Disclosure Refer to F582	10/28/24
A8030	19 CSR 30-88.010(29) Dignity/Privacy Refer to F550	10/28/24

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