

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/16/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265326	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/24/2024
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NAME OF PROVIDER OR SUPPLIER REPUBLIC NURSING & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 901 EAST HWY 174 REPUBLIC, MO 65738
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(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
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F 580 SS=D	<p>Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15)</p> <p>§483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-</p> <p>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p>	F 580		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE CNHA	(X6) DATE 8-21-24
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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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F 580	<p>Continued From page 1</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to notify the physician of a change in resident condition and abnormal laboratory results in a timely manner for one resident (Resident #1). The facility census was 94.</p> <p>Review of the facility policy titled, "Condition Change, Resident (Observing, Recording, and Reporting)," dated March 2015, showed staff are to observe, record, and report any condition change to the attending physician so that proper treatment can be implemented.</p> <p>Review of the facility policy titled, "Lab Reporting Guidelines," dated March 2015, showed the following information:</p> <ul style="list-style-type: none"> -Nurse will document resident name and lab ordered in the 24-hour report book and the date it is to be drawn; -Nurse will notify the physician of lab results via fax and follow up call (within twelve hours for routine labs and within one hour for statim (STAT - as soon as possible) labs); -Nurse will document on the lab report that the physician has been notified to include how they 	F 580			

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F 580	<p>Continued From page 2 are notified, when, and nurse signature.</p> <p>1. Review of Resident #1's face sheet (basic information sheet) showed the following information:</p> <ul style="list-style-type: none"> -Admission date of 06/05/24; -Diagnoses included congestive heart failure (CHF - chronic condition where the heart does not pump blood as well as it should), atrial fibrillation (irregular heart rate), high blood pressure, fibromyalgia (disorder that causes pain and tenderness throughout the body), chronic kidney disease (gradual loss of kidney function over time), and chronic pain. <p>Review of the resident's Minimum Data Sheet (MDS - a federally mandated assessment tool completed by facility staff), dated 06/11/24, showed the following:</p> <ul style="list-style-type: none"> -Cognitively intact; -Utilized a wheelchair for mobility assistance; -Required partial to moderate assistance with dressing, toileting, and personal hygiene; -Required set up and clean-up assistance for eating and oral hygiene; -Required supervision to touching assistance with bed mobility and transfers; -Dependent on staff for wheelchair mobility. <p>Review of resident's Physical Therapy Evaluation, dated 06/11/24, showed the following:</p> <ul style="list-style-type: none"> -Supervision or touching assistance needed for lying to sitting and sitting to standing; -Partial to moderate assistance needed with chair to bed transfer and toilet transfer; -Supervision or touching assistance needed to 	F 580			

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F 580	<p>Continued From page 3</p> <p>walk ten feet; -Partial to moderate assistance needed to wheel wheelchair fifty feet with two turns.</p> <p>Review of resident's Occupational Therapy Evaluation, dated 06/11/24, showed the following:</p> <p>-Set-up or clean-up assistance needed for eating, oral hygiene, personal hygiene, and upper body dressing; -Partial to moderate assistance needed with toilet hygiene and lower body dressing; -Substantial or maximum assistance needed with showering.</p> <p>Review of the resident's progress note dated 06/16/24, at 2:10 P.M., showed Licensed Practical Nurse (LPN) A documented a condition note for the resident. Resident had issues with fibromyalgia noted that day. Resident's arms have twitching on the right and the resident states there is some arm discomfort. Resident unable to stand and required total lift transfer. Resident incontinent of urine and stool, and stated he/she was not able to get up to toilet. Resident unable to feed self. Staff assisted resident with the meal. Resident ate very little and said he/she was not hungry. Resident expressed pain on movement out of bed. Four staff assisted with incontinent care and used of Hoyer lift (mechanical lift for residents who cannot bear weight) with transfer. Registered Nurse (RN) supervisor exam completed and call placed to family to update. (The nurse did not document notification of the resident's physician for the change of condition.)</p> <p>Review of the resident's progress note dated 06/17/24, at 1:52 P.M., showed LPN B documented resident lying in bed moaning this</p>	F 580			

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F 580	<p>Continued From page 4</p> <p>morning. Staff administered oxycodone (pain medication) and applied Bio freeze (topical pain relief). Resident complained of hurting all over. Therapy assisted resident out of bed at 10:45 A.M. Resident assisted back to bed and continued to moan and complain of pain. Resident stated he/she was full prior to eating lunch. Resident assisted with lunch and started to feed self, but arms noted to be weak and dropping from tray onto self. No signs or symptoms of distress noted at this time. (Staff did not document notification of the resident's physician for the change of condition.)</p> <p>Review of the resident's progress note dated 06/17/24, at 9:30 P.M., showed LPN C documented the resident roused to verbal stimuli and was able to answer simple questions. The resident then falls back asleep. Resident unable to feed self due to weakness and tremors of upper extremities. Resident refused evening meal and drank minimal fluids with staff assist. Resident was incontinent of bowel and bladder. Resident complained of all over generalized pain with stated relief from pain medication. (Staff did not document notification of the resident's physician for the change in condition.)</p> <p>Review of the resident's progress note dated 06/17/24, at 11:25 P.M., showed the Director of Nursing (DON) documented resident dependent on nursing staff for all cares and recently incontinent of bowel and bladder. (Staff did not document notification of the resident's physician.)</p> <p>Review of the resident's June 2024 Physician Order Report showed an order, dated 06/17/24, for complete blood count with differential (CBC - blood test that measures number of blood cells</p>	F 580			

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F 580	<p>Continued From page 5</p> <p>and platelets, including different types of white blood cells) and a basic metabolic panel (BMP - blood test that provides information about chemical balances and metabolism in the body).</p> <p>Review of the resident's laboratory results report, dated 06/17/24, showed the following:</p> <ul style="list-style-type: none"> -Lab completed a blood draw on 06/17/24, at 6:15 A.M., for a CBC, BMP, and PT/INR; -Findings reported to the facility on 6/17/24, at 5:50 P.M.; -Elevated potassium 5.8 milliequivalent/Liter (mEq/L) (normal range 3.5-5.3 mEq/L); -Elevated blood urea nitrogen (BUN) 72 milligram/deciliter (mg/dL) (normal range 7-25 mg/dL); -Elevated creatinine 4.3 mg/dL (normal range 0.6-1.2 mg/dL); -Decreased GFR (indicates how well kidneys are function) level (define)10 mL/min (milliliter/minute) (normal range is greater than 60 mL/min). <p>(The findings did not contain a nurse signature identifying physician notification of the abnormal labs.)</p> <p>During an interview on 07/24/24, at 11:55 A.M., a Lab Company Staff said labs were ordered for the resident on 06/17/24. The results for the labs were sent to the facility on 06/17/24, at 6:40 P.M.</p> <p>Review of the resident's progress note dated 06/18/24, at 9:28 A.M., showed RN E documented resident family verbalized concern for possible urinary tract infection (UTI - infection in part of the urinary system).</p> <p>Review of the resident's progress note dated</p>	F 580			

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F 580	<p>Continued From page 6</p> <p>06/18/24, at 10:53 A.M., showed RN E documented nurse practitioner (NP) notified of family request for urinalysis (test of the urine) and new order received to obtain urine sample per family request.</p> <p>Review of the resident's June 2024 Physician Order Report showed the following:</p> <ul style="list-style-type: none"> -An order, dated 06/18/24, to obtain a urine sample via straight catheter (hollow tube placed in bladder to drain urine), for a diagnosis of difficulty in walking; -An order, dated 06/18/24, for Hoyer lift for transfers. <p>Review of the resident's care plan, last reviewed/revise on 07/15/24, showed on 06/18/24 staff updated the care plan to show the resident unable to bear weight for transfers.</p> <p>Review of resident's Physical Therapy Discharge, dated 06/19/24, showed the following:</p> <ul style="list-style-type: none"> -Substantial to maximum assistance needed for lying to sitting; -Dependent for sitting to standing, chair to bed transfer and toilet transfer. <p>Review of resident's Occupational Therapy Discharge, dated 06/19/24, showed the following:</p> <ul style="list-style-type: none"> -Set-up or clean-up assistance with eating; -Partial to moderate assistance needed for oral hygiene -Substantial or maximum assistance needed with toilet hygiene, upper body dressing, and showering; -Dependent for lower body dressing. 	F 580			

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F 580	Continued From page 7 Review of the resident's progress note dated 06/19/24, at 12:00 A.M., showed RN E documented urine sample obtained. Resident's urine was yellow, cloudy, and had a foul odor. Review of the resident's progress note dated 06/19/24, at 2:38 P.M., showed RN E documented resident seen by NP. Last lab results seen and showed possible renal failure (condition in which kidneys lose the ability to remove waste and fluids from the body). Staff received new order to send resident to hospital (three days after staff identified the change in condition and two days after staff received abnormal labs for the resident). Review of resident's hospital after visit summary, dated 07/02/24, showed diagnoses of UTI, severe sepsis with septic shock (condition in which body responds improperly to an infection), bacteremia (bacteria in the blood), acute kidney injury (condition where kidneys are suddenly not able to filter waste products from the blood), acute encephalopathy (condition that causes brain dysfunction). During interviews on 07/22/24, at 1:35 P.M., and on 07/24/24, at 11:51 A.M., LPN B said the following: -He/She would obtain vital signs, assess the resident, document findings, and notify the physician and family for any change in a resident condition; -The resident required increased assistance from staff and had an increase in pain and weakness sometime after admission to facility; -The family was aware of resident's change in	F 580			

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F 580	<p>Continued From page 8</p> <p>condition;</p> <ul style="list-style-type: none"> -He/She does not know if the physician was notified; -He/She should have notified the physician for the resident's change in condition, but can not recall if he/she did; -Lab results are faxed to medical records office and are placed in a box for nurse retrieval; -Administration staff are responsible for placing lab results in box; -Nurses should check for lab results once per shift; -Laboratory calls facility to report abnormal results; -Nurses should call abnormal labs in to the physician. <p>During an interview on 07/24/24, at 11:24 A.M., the resident's NP said the following:</p> <ul style="list-style-type: none"> -He/She will order STAT labs for acute concerns; -He/She was onsite at the facility on 06/19/24 and reviewed lab work that indicated the resident was in renal failure; -He/She did not recall the date of the lab work he/she reviewed; -He/She had the resident sent to the hospital for evaluation; -He/She did not recall being notified of any significant change in the resident's condition or concerns with lab results prior to being onsite 06/19/24; -The facility should notify him/her or the physician immediately of any significant changes in a resident's condition; -Routinely ordered labs should be reviewed by the facility for any urgent concerns and contact the NP or physician immediately if there are concerns. 	F 580			

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F 580	<p>Continued From page 9</p> <p>During interviews on 07/22/24, at 2:19 P.M. and 3:38 P.M., LPN A said the following:</p> <ul style="list-style-type: none"> -He/she would assess the resident, obtain vital signs, call the physician for orders, and contact family for a change in resident condition; -He/She observed a change in the resident's condition, obtained vital signs, and notified the RN supervisor and the residents family; -He/She did not contact the physician due to normal vital signs and comments made by family and supervisor. <p>During an interview on 07/22/24, at 3:54 P.M., RN H said the following:</p> <ul style="list-style-type: none"> -Changes in condition should be reported to the charge nurse immediately; -Changes in condition should be reported to the physician immediately by the charge nurse and documented in the nurses notes. <p>During an interview on 07/24/24, at 11:03 A.M., LPN F said the following:</p> <ul style="list-style-type: none"> -Abnormal findings such as a change in vital signs, functional status, or mentation would indicate a change in condition; -He/She would obtain vital signs, document, and notify physician, family, and RN supervisor for any change in resident condition; -Lab results are faxed to facility and nurses and physicians can view them online; -Lab calls facility for critical results; -Guidelines of abnormal lab values are posted at the nurses' station which shows the nurse when to contact the physician; -He/She would call the physician for critical lab 	F 580			

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F 580	<p>Continued From page 10 results;</p> <ul style="list-style-type: none"> -Facility policy is to notify physician of abnormal lab results. <p>During an interview on 07/24/24, at 11:23 A.M., LPN D said the following:</p> <ul style="list-style-type: none"> -Change in condition should include any changes from the resident's baseline; -He/She would obtain vital signs, gather information on current labs, vitals, medications, notify physician, and document findings and any orders; -Nurses report lab values to the physician via email or online; -Lab calls facility for critically high or low lab values; -Facility policy is to notify physician as soon as possible of lab results. <p>During an interview on 07/24/24, at 12:56 P.M., the Assistant Director of Nursing (ADON) said the following:</p> <ul style="list-style-type: none"> -Lab results are received to medical records and can also be viewed online; -Nursing staff are to check each shift for received lab results; -Nursing staff are to review received labs for any immediate concerns and notify the physician if concerns are noted; -The physician is to be notified of any changes in condition immediately by the charge nurse or abnormal labs and documented in the progress notes. <p>During an interview on 07/24/24, at 12:20 P.M., the DON said the following:</p>	F 580			

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F 580	Continued From page 11 -Nurses should conduct an assessment and notify the physician and family for any change in resident condition. -A change of condition could include increased fatigue, change in functional abilities, and new onset of weakness. -Lab results are faxed to the front office. -He/she expects nurses to check for lab results. -Nurses should immediately notify physician of critical lab results. -There is no set procedure for lab results. -There is no facility policy related to labs. During an interview on 07/24/24, at 12:32 P.M., the Administrator said the following: -Resident changes in condition are to be reported to the physician immediately by the charge nurse and documented in the progress notes; -Lab results are received to the front office fax and are checked multiple times daily by nursing staff; -The physician is to be notified in a timely manner of any abnormal lab results by the charge nurse.	F 580			
F 880 SS=D	MO00239092 Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §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	F 880			

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F 880	Continued From page 12 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 §483.70(e) 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, 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	F 880			

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F 880	<p>Continued From page 13</p> <p>contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§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 use appropriate infection control measures to prevent or reduce the risk of spreading bacteria or other infectious causing contaminants when staff failed to provide a clean barrier for supplies, failed to appropriately wash hands, and failed to appropriately utilize personal protective equipment for one resident (Resident #2) during wound care and one resident (Resident #3) during blood sugar checks and insulin administration. The facility census was 94.</p> <p>1. Review of the facility's policy and procedure for "Wound Care and Treatment," dated March 2015, showed the following:</p> <p>-Medications should be for one designated resident only except for large volume liquids. These may be poured into a cup to take to the bedside;</p>	F 880			

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F 880	<p>Continued From page 14</p> <ul style="list-style-type: none"> -Set-up supplies on a clean surface at bedside. Cover the surface with a clean, impervious barrier prior to setting supplies down. Supplies are never placed on the bed. -Place soiled scissors on one corner of the setup, not touching any other supplies. -Clean scissors with 60 seconds of contact with alcohol and place on clean corner of setup. <p>Review of Resident #2's face sheet (a document that gives a resident's information at a quick glance) showed the following:</p> <ul style="list-style-type: none"> -Admission date of 04/02/13; -Diagnoses included diabetes mellitus (condition where blood sugar is too high), cerebrovascular accident (damage to the brain due to interruption of blood supply), right sided hemiplegia (paralysis), and high blood pressure. <p>Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated assessment tool completed by facility staff), dated 04/13/24, showed the following:</p> <ul style="list-style-type: none"> -Difficulty communicating; -Total dependence for mobility, transfers, toileting, and dressing; -Required moderate staff assistance with eating; -Resident had a pressure ulcer. <p>Review of the resident's July 2024 Physician Order Sheet (POS) showed an order, dated 07/11/24, to clean left ischial (rounded bone that extends from the curved bone that makes up the bottom of the pelvis) wound with wound cleanser, pat dry, apply medifil 11 particles (wound dressing) ¼" thick to wound surface (do not pack tightly; allow for expansion of particles) cover with</p>	F 880			

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F 880	<p>Continued From page 15</p> <p>non-adherent dressing and then foam dressing every three days and as needed.</p> <p>Review of the resident's care plan, dated 07/18/24, showed the following:</p> <ul style="list-style-type: none"> -Resident has an open area on his/her buttocks. -Staff should ensure good infection control measures and personal protective equipment (PPE) are used with resident. -Resident had history of pressure ulcers and is at risk for additional skin impairments. <p>Observation on 07/22/24, at 10:32 A.M., showed the following:</p> <ul style="list-style-type: none"> -Licensed Practical Nurse (LPN) B obtained supplies from the treatment cart and entered the resident's room to provide wound care. -LPN B placed the wound care supplies, including wound cleanser bottle, bandage, gauze, wound medication, and scissors, on resident's bed without a barrier (possibly contaminating supplies or resident's bed with infectious organisms). -LPN B washed his/her hands and placed gloves. The LPN did not don a gown. -The LPN provided wound care to resident and then removed his/her gloves and picked supplies up from the bed and placed them on resident's dresser. -LPN B washed hands and then picked supplies up from the dresser and placed wound cleanser and scissors on top of treatment cart without cleaning them (possibly contaminating treatment cart or other residents with infectious organisms). -LPN B then pushed treatment cart to the nurses' station and walked away leaving scissors and wound cleanser on top of cart. 	F 880			

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F 880	<p>Continued From page 16</p> <p>2. Review of Resident #3's face sheet showed the following:</p> <ul style="list-style-type: none"> -Admission date of 04/04/24; -Diagnoses included diabetes mellitus, chronic kidney disease (gradual loss of kidney function), and congestive heart failure (CHF - condition where heart doesn't pump blood as well as it should). <p>Review of the resident's quarterly MDS, dated 04/29/24, showed the following:</p> <ul style="list-style-type: none"> -Moderate cognitive impairment; -Required substantial to maximum staff assistance with dressing, transfers, and bed mobility; -Required moderate staff assistance with eating; -Received insulin injections. <p>Review of the resident's care plan, dated 07/11/24, showed staff did not care plan related to the resident's diabetes diagnosis.</p> <p>Review of the resident's July 2024 POS showed the following:</p> <ul style="list-style-type: none"> -An order, dated 04/15/24, for accucheck (machine used to check blood sugar level) three times a day before meals; -An order, dated 06/18/24, for Novolog Flex Pen insulin (medication used to lower blood sugar) per sliding scale. If blood sugar was less than 70 milligrams/deciliter (mg/dL) call the physician; if blood sugar was 120 mg/dL to 160 mg/dL, give one unit of insulin; if blood sugar was 161 mg/dL to 200 mg/dL, give two units of insulin; if blood sugar was 201 mg/dL to 240 mg/dL, give three units of insulin; if blood sugar is 241 mg/dL to 280 	F 880			

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F 880	<p>Continued From page 17</p> <p>mg/dL, give four units of insulin; if blood sugar is 281 mg/dL to 320 mg/dL, give five units of insulin; if blood sugar was 321 mg/dL to 360 mg/dL, give six units of insulin; if blood sugar was greater than 360 mg/dL, call physician.</p> <p>Observation of blood glucose testing and medication administration on 07/22/24, at 10:53 A.M., showed the following:</p> <ul style="list-style-type: none"> -LPN G prepared the resident's supplies for a blood glucose reading at the medication cart located at the nurses' station. -The LPN entered the resident's room after he/she applied gloves and gathered supplies. The LPN placed all supplies on the resident's blanket (potentially contaminating supplies and resident belongings). -The LPN pierced the resident's finger with a lancet and placed the used lancet on the resident's bed. The LPN applied blood to test strip. The LPN placed the glucometer (machine used to test blood sugar) with test strip inserted on the resident's bed. -The LPN covered resident, gathered supplies from bed, turned room light off, and walked to the nurses' station while wearing used gloves. -LPN G placed the glucometer and a test strip containing blood on the medication cart without a barrier (potentially allowing the cart to encounter infectious organisms). -The LPN removed his/her used gloves, sanitized his/her hands, and cleaned the glucometer. The LPN did not clean the medication cart where the used glucometer was placed. -The LPN checked orders for insulin and obtained and prepared the resident's insulin pen from the medication cart. -The LPN entered the resident's room with gloves 	F 880			

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F 880	<p>Continued From page 18</p> <p>on and placed the insulin pen on the bed (causing possible contamination of resident belongings or medication). The LPN administered the medication and placed the pen down on the resident's bedding.</p> <p>-LPN G covered resident and gathered used pen from bed, turned off the room light and walked to nurse station while wearing used gloves. The LPN obtained medication cart keys from his/her pocket, unlocked the medication cart, opened the drawer, and obtained an alcohol wipe with used gloves on. LPN G cleansed the insulin pen with the alcohol wipe, removed a clean glucometer from a cup on cart, and placed insulin pen and glucometer in the cart drawer while still wearing the same gloves used for resident care. (LPN G's used gloves had possibly contaminated all items touched after leaving the residents room with infectious organisms.)</p> <p>-The nurse then removed gloves and went to wash hands.</p> <p>3. During an interview on 07/22/24, at 1:35 P.M., LPN B said the following:</p> <p>-Staff should place wound care supplies on a clean table in resident room;</p> <p>-He/She used a barrier for wound supplies sometimes;</p> <p>-He/She did not think of using a barrier while providing wound care on Resident #2;</p> <p>-Nurses should clean scissors between resident care;</p> <p>-He/She did not think to clean scissors with Resident #2, but cleaned them later;</p> <p>-Staff should dispose of used gloves and wash hands prior to leaving resident room.</p> <p>4. During an interview on 07/22/24, at 2:19 P.M.,</p>	F 880			

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F 880	<p>Continued From page 19</p> <p>LPN A said the following:</p> <ul style="list-style-type: none"> -Nurses should place wound care supplies and glucometer on a barrier in resident rooms; -He/She would not place any supplies down on a resident bed; -Staff should clean scissors with a bleach wipe between residents; -Staff should not wear gloves out of room after resident care. <p>5. During an interview on 07/22/24, at 3:00 P.M., the Assistant Director of Nursing (ADON) said the following:</p> <ul style="list-style-type: none"> -Supplies should be on a clean bedside table or field and not placed on a resident bed; -Staff should sanitize supplies used by multiple residents before and after use; -Staff should dispose of used gloves and perform hand hygiene; -Staff should not wear used gloves out of resident room. <p>6. During an interview on 07/22/24, at 3:00 P.M., the Director of Nursing (DON) said the following:</p> <ul style="list-style-type: none"> -It is not acceptable to place supplies on a resident's bed; -Staff should disinfect supplies used by multiple residents. <p>7. During an interview on 07/24/24, at 12:32 P.M., the Administrator said the following:</p> <ul style="list-style-type: none"> -Staff are expected to follow appropriate infection control procedures; -He was unsure of the specifics; -The ADON is in charge of infection prevention. 	F 880			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/16/2024
FORM APPROVED
OMB NO. 0938-0391

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F 880	Continued From page 20 MO00239092	F 880			

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13684	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/24/2024
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A4086	<p>19 CSR 30-85.042(77) Infection Control/Communicable Disease</p> <p>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</p> <p>This regulation is not met as evidenced by: Class II</p> <p>1. Please refer to F880.</p> <p>MO00239092</p>	A4086		
A4087	<p>19 CSR 30-85.042(78) Dr Notification-Change in Condition</p> <p>In the event of accident, injury, or significant change in the resident's condition, facility staff shall notify the resident's physician in accordance with the facility's emergency treatment policies which have been approved by the supervising physician. I/II</p> <p>This regulation is not met as evidenced by: Class II</p> <p>1. Please refer to F580.</p> <p>MO00239092</p>	A4087	<p><i>Administrator</i></p>	<p>8-21-24</p>

Missouri Department of Health and Senior Services
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

PLAN OF CORRECTION

Provider/Supplier Name:	Republic Nursing & Rehab	
Street Address, City, Zip:	801 East Hwy 174 Republic, Mo.65738	
Date of Survey:	07/24/2024	
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
	<p>This Plan of Correction ("POC") is submitted as required under State and Federal Law. The submission of this POC does not constitute an admission on the part of Republic Nursing & Rehab (the "Facility") as to the accuracy of the surveyors' findings, nor the conclusions drawn there from. The facility's submission of this POC does not constitute an admission on the part of the Facility that the findings cited are accurate, that the scope and severity regarding the deficiencies cited are correctly applied.</p> <p>This POC is intended to constitute the Facility's credible letter alleging compliance. Compliance has been and will be achieved no later than the last completion date identified in the POC. Compliance will be maintained as provided in the Plan of Corrections on/by 9/7/24.</p>	Completed on 9/7/24 and ongoing.
F-580	<p>The Facility will continue to notify physician of a change in condition and abnormal laboratory results in a timely manner.</p> <ol style="list-style-type: none"> 1. Resident #1, all current and future admitted residents that have a condition change/abnormal values, the physician will be notified in a timely manner. 2. The DON/Designee will in-service all nurses on notifying the physician if residents have a condition change and/or abnormal lab results in a timely manner before 9/7/24. This in-service will be done at least annually and during new hire orientation. 3. The DON/Designee will review the activity report in matrix prior to stand-up meeting Mon-Fri. for any documentation of a condition change or abnormal lab values. 4. The Medical Records/Designee will review Lab reports on a daily basis (Mon-Fri) to ensure the Physician was notified of any abnormal lab values. 5. All findings will be discussed during QAPI Meeting. 	Completed on 9/7/24 and ongoing.
F-880	The Facility will continue to use appropriate infection control measures to prevent or reduce the risk of spreading bacteria or other infectious causing contaminants.	Completed on 9/7/24 and ongoing.

