STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	31890	A. BUILDING: _____ B. WING _____	R-C 10/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARHURST OF LEBANON ASSISTED LIVIN	842 LYNN STREET LEBANON, MO 65536

(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) COMPLETE DATE
A4778	19 CSR 30-86.047(37) Appropriate Action & Notification In case of behaviors that present a reasonable likelihood of serious harm to himself or herself or others, serious illness, significant change in condition, injury or death, staff shall take appropriate action and shall promptly attempt to contact the person listed in the resident ' s record as the legally authorized representative, designee or placement authority. The facility shall contact the attending physician or designee and notify the local coroner or medical examiner immediately upon the death of any resident of the facility prior to transferring the deceased resident to a funeral home. I/II This regulation is not met as evidenced by: Class II Based on interview and record review, facility staff failed to take appropriate action and promptly attempt to contact the person listed in the resident's record as the legally authorized representative for a change of condition when staff failed to notify one resident's (Resident #1) family when staff noted a large blister on the resident's right heel. The facility census was 59. Review showed the facility did not provide a policy regarding notifications with changes of condition. 1. Review of Resident #1's face sheet (basic information sheet) showed the following: -Admission date of 11/09/23; -Diagnoses included vascular dementia (a general term describing problems with reasoning, planning, judgment, memory and other thought processes caused by brain damage from	A4778		

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CEDARHURST OF LEBANON ASSISTED LIVIN(	842 LYNN STREET LEBANON, MO 65536

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A4778	Continued From page 1	A4778		

impaired blood flow to your brain);
-A Power of Attorney (POA) listed for health care.

Review of the resident's physician order, dated 10/01/24 at 10:00 P.M., showed staff to clean the right heel with wound cleanser, cover with foam dressing, and change two times weekly by the hospice nurse. Staff to keep pressure relieving boots on while in bed.

Review of the resident's nursing note dated 10/01/24, at 10:45 P.M., showed the following:

-A large blister was discovered covering the resident's right heel;
-Staff notified hospice;
-The hospice nurse came to evaluate the resident's right heel;
-The Director of Nursing (DON) was notified;
-A new order received was follows to clean right heel with wound cleanser, pat dry, cover with foam dressing, change twice a week by hospice nurse. Staff to keep pressure relieving boots on when in bed. Left heel noted to be "boggy" but no visible breakdown observed;
-Staff instructed to keep heel protectors on and turn every two hours when in bed. Staff to apply only loose fitting footwear when out of bed.
(Staff did not document notification of the resident's POA of the blister).

Review of the resident's nursing note dated 10/02/24, at 11:15 A.M., showed the following:

-Staff spoke with a family member regarding the blister to resident's right heel and treatment plan;
-The family member reported the family was not notified by hospice last night regarding the blister;
-Staff discussed with the family member the causes of skin break down on heels could be

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A4778	Continued From page 2	A4778		

from multiple factors in the resident's health, diet, and decreased mobility.

During an interview on 10/23/24, at 2:37 P.M., Level One Medication Aide (LIMA) B said for a change of condition, including a wound or sore, he/she would report it to the charge nurse. The charge nurse makes the family notifications.

During an interview on 10/23/24, at 2:11 P.M., Licensed Practical Nurse (LPN) A said the following:

-On 10/01/24, a hospice nurse came to the facility;
-The hospice nurse brought a dressing and applied it to the resident's right heel;
-The resident did not have an open wound on either heel;
-The blister was raised;
-LPN A Instructed staff about the resident's treatment and heel protectors and documented the same in the staff report book;
-No one called the resident's family/POA that night;
-Family would be notified with a change of condition like a health decline;
-LPN A asked the Director of Nursing if he/she should call the resident's family so late and the DON said either her or the hospice nurse would call in the morning.

During an interview on 10/23/24, at 4:19 P.M., the Hospice Nurse said the following:

-He/She reviewed the hospice nurse's documentation from 10/01/24;
-The hospice nurse did not document the POA was notified;
-On 10/03/24, he/she notified the POA about the

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A4778	Continued From page 3 blister and the treatment ordered; -Typically the family would be notified by the next day; -He/She recalled on 10/02/24, about dinner time, he/she spoke with the resident's POA on an unofficial visit and the POA wanted to look at the blister. During interviews on 10/23/24, at 11:11 A.M. and 4:10 P.M., the DON said the following: -The charge nurse notifies the family of a change of condition; -If the resident has hospice, then hospice will update the family and let the facility know; -The onset date of the resident's blister was 10/01/24; -On 10/01/24, hospice came to the facility and started the resident's treatment; -On 10/02/24, a family member said the POA was not notified of the resident's blister; -There is no documentation in the resident's record that hospice or staff notified the POA; -On 10/02/24, she found out hospice did not notify the POA; -It's hospice responsibility to notify the POA. MO00243116	A4778		

PLAN OF CORRECTION

Provider/Supplier Name:	Cedarhurst Senior Living (Assisted Living & Memory Care)
Street Address, City, Zip:	842 Lynn St. Lebanon, Mo 65536
Date of Survey:	10/23/2024

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
A4778	All Staff Monthly Inservice covered change of Condition- (Skin Issues/Falls/Incidents)	10/30/2024
	-When to notify and who to notify (POA)	
	-Discussed when a resident is on hospice, we have	
	protective oversight of every resident and it is our responsibility	
	to notify legally authorized representative, designee or placement authority not hospice or outside providers when there	
	is a change in condition. Notification should happen immediately regardless of time of day followed by documentation of notification in residents EHR.	
A4778	DON or delegated person will follow up on documentation after incidents to ensure both POA and PCP are notified.	10/31/2024
A4778	Managers Meeting	10/31/2024
	-reviewed with all managers policy and procedures of change in	
	Condition (Skin Issues/Falls/Incidents)	
	-reviewed with all managers Progress Note documentation policy and procedures.	
A4778	All Staff Monthly Inservice covered Progress Note documentation policy and procedures	11/22/2024
	Covered this topic at both times with staff @ 7:20am & 2:30pm	
A4778	Progress Note Documentation policy & Change in Condition posted in both nursing stations for review as needed	11/22/2024
	Change in Condition covering topics such as Skin Issues, Falls, Incidents)	
A4778	Change in Condition and Documentation Process covered in all new hire orientation (on-going)	11/1/2024
A4778	Quarterly -All Staff Inservice covering Change of Condition and Documentation process will be conducted for continuing education	1/1/2025-12/31-2025

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