STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265621	A. BUILDING _____ B. WING _____	C 04/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVINGSTON MANOR CARE CENTER	939 EAST BIRCH CHILLICOTHE, MO 64601

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

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

Christina Redmond LNHA 4/25/2025

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

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F 880	Continued From page 1 (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 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 facilty staff failed to maintain standard infection control precautions when staff did not perform hand hygiene with glove changes during wound care for two residents (Resident #1 and #2). Additionally, staff did not wear a personal protective gown when assisting with wound care for Resident #2 when the resident was on Enhanced Barrier Precautions (EBP). The facility did not have gowns near or outside of the resident rooms. The facility did not obtain a	F 880		

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F 880	Continued From page 2	F 880		

physicians order to implement EBP when Resident #1 and #2 had wounds. This deficient practice affected two of two sampled residents. The facility census was 33.

Review of the facility policy titled, "Hand Hygiene," dated 1/1/24 showed:
- Staff will perform hand hygiene when indicated, using proper technique consistent with accepted standards of Practice;
- The use of gloves does not replace hand hygiene;
- Perform hand hygiene prior to putting on gloves, and immediately after removing gloves.

Review of the facility policy titled, "Infection Prevention and Control Program," dated 1/124 showed:
- Hand hygiene shall be performed in accordance with our facility's established hand hygiene procedures;
- All staff shall use personal protective equipment (PPE) according to established facility policy.

Review of the facility policy titled, "Enhanced Barrier Precautions," dated 3/23/24 showed:
- EBP refers to an infection control intervention designed to reduce the transmission of multi-drug-resistant organisms that employs targeted gown and glove use during high contact resident care activities;
- Make gowns and gloves available immediately near or outside of the resident's room;
- High contact resident care activities include wound care;
- The facility staff with obtain a physician's order when a resident is placed on EBP precautions.

1. Review of Resident #1's admission Minimum

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F 880	Continued From page 3	F 880		

Data Set (MDS, a federally mandated assessment completed by the facility staff), dated 3/12/25 showed:
- He/She had a Brief Interview for Mental status score of 10, indicating moderate cognitive impairment;
- Diagnoses included: Heart Failure (HF), urinary tract infection (UTI), stroke, and anxiety;
- He/She was dependent on the staff to toilet, get dressed and shower;
- He/She was at risk for the development of pressure ulcers;
- He/She did not have any pressure ulcers.

Review of the resident's comprehensive care plan dated 3/8/25 showed the resident's wounds were not addressed.

Review of the Physicians Order Sheet (POS) dated 4/2025 showed:
- 3/24/25 Left 1st toe, cleanse the area with wound cleanser (WC), apply silver sulfadiazine (a wound treatment to promote healing) and calcium alginate, cover with a non stick pad, wrap in kerlix (a gauze that is wrapped around the area) and an elastic bandage. Change every Monday, Wednesday and Friday;
- 3/24/25 Left toes, apply anti-fungal powder in between each toe before wrapping in kerlix and elastic bandage;
- 3/24/25 Left and right heels, apply betadine (a liquid that cleans) and foam to both heals, cover with a border gauze dressing one time daily;
- The orders did not include an order for EBP.

Observation on 4/5/25 at 11:0 A.M. showed:
- There was no PPE cart in or near the resident's room;
- There was no signage in or near the resident's

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F 880	Continued From page 4	F 880		

room indicating staff were to adhere to EBP precautions;
- Licensed Practical Nurse (LPN) A and Certified Nurse Aide (CNA) A entered the resident's room;
- LPN A pushed the treatment cart into the room;
- CNA A did not wash his/her hands prior to putting on gloves;
- LPN A washed his/her hands and put on gloves;
- LPN A pushed his/her glasses up on his/her face with his/her gloved fingers and the finger of the gloves touched his/her side of nose;
- CNA A lifted the resident's leg up and LPN A began cutting the dressing from the resident's right foot;
- LPN A removed the dressing and grabbed cleaning gauze pads from the top of the cart with the same gloves on;
- LPN A opened the cart and dug through it to get the wound cleanser with the same gloves on;
- LPN A cleaned the resident's open wound with the same gloves on;
- LPN A removed the used gloved and put on clean ones, he/she did not perform hand hygiene before putting on clean gloves;
- LPN A applied the ordered treatment and replaced the dressing to the resident's right foot;
- CNA A set the resident's right foot down and lifted the resident's left foot;
- LPN A removed the dressing from the resident's left foot, cleaned the wounds with wound cleanser and did not put on clean gloves;
- LPN A touched his/her nostril area of his/her nose with his/her gloved right hand;
- LPN A placed a clean dressing to the reisdent's wounds and did not change his/her gloves;
- LPN A pushed his/her glasses up onto his/her face wearing the same gloves;
- LPN A then took off the used gloves and washed his/her hands before exiting the room;

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F 880	Continued From page 5 - CNA A removed his/her PPE and did not was his/her hands before leaving the resident's room. During an interview on 4/5/25 at 11:17 A.M. CNA A said: - He/She did not know the staff were supposed to adhere to EBP precautions; - He/She had not received educations regarding EBP; - He/She put a protective gown on because LPN A told him/her to; - He/She knew he/she was supposed to wash his/her hands when entering and exiting the resident's room. During an interview on 4/5/25 at 11:27 A.M. LPN A said: - The staff were supposed to adhere to EBP precautions because the resident had a wound; - He/She should have washed his/her hands upon entering and exiting the reisdent's room; - HE/She should have changed his/her gloves and performed hand hygiene before putting on clean gloves prior to cleaning the reisdent's wounds, and prior to completing the wound treatment; - He/She should have changed his/her gloves and performed hand hygiene when he/she touched his/her face and nostrils; - He/She should not have dug in the treatment cart with contaminated gloves on. 2. Review of Resident #2's quarterly MDS dated 3/16/25 showed: - He/She had a BIMS score of 15, indicating no cognitive impairment; - Diagnoses included: multi-drug resistant organism and anxiety; - The resident was dependent on staff assistance	F 880		

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F 880	Continued From page 6	F 880		

to toilet, get dressed and bathe;
- The resident was at risk for the development of pressure ulcers;
- The resident had one stage 4 (a pressure ulcer with exposed tendons and bone), and six stage 2 (pressure ulcer characterized by the top layer of skin opened).

The reisdent's wound care plan dated 1/30/25 showed:
- The staff were supposed to complete wound treatments as ordered by the physician;
- Resident was to be monitored for signs and symptoms of infection;
- The resident's care plan did not address EBP.

Review of the resident's POS dated 4/2025 showed:
- 4/4/25 Cleanse the area with Vashe cleanser (wound cleanser), apply betadine to the edges of the wound, calcium alginate with silver to the wound bed, cover with a foam border dressing. Change three times per week on Monday, Wednesday and Friday;
- There was no order for EBP.

Observation on 4/5/25 at 9:54 A.M. showed:
- There was no PPE cart in or near the resident's room;
- There was no signage in or near the resident's room indicating EBP precautions;
- LPN A placed the resident's treatment items on top of the treatment cart;
- LPN A put on a protective gown and entered the resident's room with the treatment cart;
- CNA A entered the resident's room and did not put on a protective gown;
- LPN A and CNA A did not wash their hands upon entering the residents room;

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F 880	Continued From page 7 - Both staff put on gloves; - CNA A rolled the resident's to his/her side; - LPN A removed the old dressing from the resident's wound; - LPN A pushed his/her glasses up onto his/her nose with the back of his/her gloved hand; - LPN A did not change his/her gloves after touching his/her glasses; - LPN A cleaned the resident's wound and did not change his/her gloves; - LPN A applied a new wound dressing with his/her contaminated gloves; - LPN A took his/her dirty gloves off and put on clean gloves, LPN A did not perform hand hygiene with the glove change; - LPN A touched his/her face and nostril with his/her gloved fingers; - LPN A dug through his/her pocket and pulled out a pen; - LPN A wrote the date on the resident's wound dressing; - LPN A and CNA A removed his/her gloves and left the residents room with out performing hand hygiene. 3. During an interview on 4/5/25 at 11:52 A.M. the Director of Nursing (DON) said: - She expected all staff to wear protective gowns when they are assisting with wound care; - She expected hand hygiene to be completed between glove changes; - She expected staff to wash their hands when entering a resident's room and exiting; - She expected staff to change their gloves and perform hand hygiene when they have touched their face, nostril, and glasses; - She expected staff to change their gloves and perform hand hygiene when they remove an old wound dressing, again when cleaning the wound,	F 880		

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F 880	Continued From page 8 again when applying a new treatment and dressing, and if visibly soiled; - Staff should not dig in their pockets or the treatment cart with gloved hands; she expects staff to have all of the materials needed for the treatment prepared and easily accessible; - There should be a PPE cart in or near the resident's room, so that staff have easy access to PPE; - There should by signage in or near the resident's room to alert staff the resident's was receiving EBP precautions; - She expected EBP to be care planned and a physician's order obtained. MO252238	F 880		

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	20099	A. BUILDING: _____ B. WING _____	C 04/05/2025

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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 MO252238	A4086		

PLAN OF CORRECTION

Provider/Supplier Name:	Livingston Manor Care Center
Street Address, City, Zip:	939 E Birch Drive, Chillicothe, MO 64601
Date of Survey:	4/5/2025

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	265621

ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
F880 A4086	Infection Prevention and Control	5/6/2025
	Corrective Action(s) taken for the resident(s) found to have been affected include:	
	Resident #1 – EBP order obtained from primary care physician. EBP signage placed outside of resident's room. EBP cart containing PPE placed outside of resident's room. The Care Plan updated to include Wound Care and EBP.	
	Resident #2 – Physician Orders received for EBP. Care Plan updated to include EBP. EBP signage is placed near resident's door. EBP cart placed outside resident's door.	
	Identification of other resident(s) having potential to be affected:	
	All residents have the potential to be affected.	
	Action(s) taken/systems(s) put into place to reduce the risk of future occurrence:	
	All staff educated by DON/Designee on hand hygiene policy, proper hand washing, enhanced barrier precautions and EBP Policy.	
	Licensed Nursing Staff educated on need for EBP signage, carts and physician orders as indicated by DON/Designee.	
	MDS/Care Plan Coordinator educated by DON/Designee on updating/implementing EBP into MDS/Care Plan on indicated residents at time of EBP being ordered.	
	Initial Audit of residents on EBP by DON/Designee to validate physician orders received for EBP and care plan updated to include EBP. DON/Designee will audit bi-monthly for 2 months then quarterly with any deficient practice being corrected immediately.	

	How the facility plans to monitor its performance to make sure that solutions are sustained:	
	DON/Designee will audit random competency checks for proper hand hygiene during wound care 2 times a week for 4 weeks, one time a week for 4 weeks with any deficient practices being corrected immediately.	
	Infection Preventionist/Designee will audit placement of signage and EBP carts outside of resident rooms as indicated twice weekly for 4 weeks then weekly for weeks with any deficient practice being corrected immediately.	
	Audit findings will be discussed by the QA committee and monitoring will be adjusted as determined by the QA committee.	
	The QA Committee will review this plan of correction until such time substantial compliance has been met as determined by the QA committee.	

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.