STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265590	A. BUILDING _____ B. WING _____	C 01/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONROE MANOR	200 SOUTH ST PARIS, MO 65275

(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

Shari Embree | Administrator | 2/11/25

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 facility failed to ensure staff monitored and provided hand hygiene for one resident (Resident #6), in a review of ten sampled residents. Resident #6 had diagnosis of dementia and was incontinent of bowel and bladder. The resident wandered and continually placed his/her hands in his/her pants and fondled his/her genitalia. Resident #6 touched multiple items on the unit including a resident's meal tray, food items, drinking glasses, and a water pitcher	F 880		

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F 880	Continued From page 2 on a medication cart without appropriate hand hygiene. The facility census was 80. Review of the undated facility policy, Hand Hygiene, showed the following: -When to use soap and water: -When hands are visibly dirty or visibly soiled with blood or other body fluids; -Before eating and after using the restroom; -After approximately 10 uses of Alcohol-based hand gel or hands feel tacky from use hand gel; -When to use alcohol-based hand gel: -Before and after resident contact; -After body fluid exposure or contact with other inanimate objects. 1. Review of Resident #6's undated face sheet showed the following: -He/She admitted to the facility on 12/04/2024; -He/She had diagnoses of Alzheimer's disease, unspecified, (progressive and debilitating disease that caused severe cognitive decline and affected ability to function in daily life) and Alzheimer's disease with early onset (diagnosed before the age of 65). Review of the resident's progress notes showed staff documented the following: -12/06/24 at 12:30 P.M., the resident was up ambulating in the unit, was incontinent of bowel and bladder, wandered in and out of other resident's rooms and grabbed other resident's belongings and carried them around; -12/07/24 at 2:08 A.M., the resident needed frequent continuous redirection, wandered in and out of other resident's rooms taking things and was incontinent of bowel and bladder functions; -12/07/24 at 11:29 A.M., the resident was up wandering in the dining room, was difficult to	F 880		

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F 880	Continued From page 3	F 880		

redirect from taking other resident's lunch items;
-12/09/24 at 3:35 P.M., the resident was up wandering around the dining room, living room and hallway; had hands in his/her pants constantly touching genitals, removed food from other residents during meal time and resident must be observed closely.

Review of the resident's Admission Minimum Data Set (MDS), a federally mandated assessment instrument, completed by facility staff, dated 12/11/2024, showed the following:
-His/Her cognition was severely impaired;
-The resident had daily behaviors not directed toward others (e.g. physical symptoms such as scratching self, pacing, rummaging, public sexual acts, or throwing or smearing food or bodily waste);
-The resident wandered daily;
-The resident was dependent on staff for hygiene;
-The resident was frequently incontinent of bowel and bladder;
-The resident was independent with mobility and walking.

Review of the resident's progress notes showed staff documented the following:
-On 12/17/24 at 10:13 A.M., the resident exhibited behaviors such as feces on hands and wandering into other residents' rooms;
-On 12/18/24 at 6:13 P.M., the resident exhibited behaviors including wandering, attempting to go into open rooms and pick up items, constantly having his/her hand in his/her pants touching genitals, and required one on one supervision.

Review of the resident's care plan, revised 12/20/2024, showed the following:
-The resident wears a carpenter's apron at times

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F 880	Continued From page 4	F 880		

for distraction from keeping his/her hands in his/her pants related to Alzheimer's;
-He/She has socially inappropriate/disruptive behavior symptoms as evidenced by going into other resident's rooms, often puts his/her hands in pants touching genitals. Attempt to divert behavior by one on one conversation, walk with resident up and down halls, provide toileting, drinks, snacks, sensory items, magazine, book, TV, music; Dress in clothing that is difficult to remove;
-Provide toileting assistance at least every two hours and as needed (PRN).
-There were no interventions in the care plan to address the resident's hand hygiene related to the resident's behavior of continually touching his/her genitals.

Review of the resident's progress notes showed staff documented the following:
-On 12/23/24 at 6:11 P.M., the resident wandering into other residents' rooms and around noon, wandered into a resident's room and sat down and began eating that resident's lunch. Apron, belt, and jeans have not been successful in keeping the resident's hand out of his/her pants and fondling genitals;
-On 12/24/20 at 5:46 P.M., the resident continued to wander into other residents' rooms (opened and closed doors), picking up items that do not belong to him/her; wearing the jeans, belt, and apron do not prevent the resident from keeping the resident's hand out of his/her pants and fondling genitals; incontinent of bowel and bladder; difficult to toilet;
-On 12/30/24 at 2:55 P.M., he resident continued to wander into other residents' rooms; continues to have his/her hand down his/her pants fondling genitals; took food from other resident's trays at

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F 880	Continued From page 5 mealtime and staff must observe closely; -On 12/31/24 at 6:49 P.M., the resident continued to wander, go into other residents' rooms and take items, continues to have his/her hands in his/her pants fondling genitals; -On 01/06/25 at 6:39 P.M., the resident continued to wander into other residents' rooms and pick up items; continues to put hands in pants and fondles genitals despite any attempts to prevent; -On 01/07/25 at 6:50 P.M., the resident wandered with feces on his/her hand, the resident threw feces across the floor. Continued to wander with hand down his/her pants fondling genitals and into other residents' rooms picking up random objects. Observation of the resident on 01/13/25 showed the following: -At 2:30 P.M., the resident wandered around the unit, wearing jeans and a carpenter belt with his/her hand down his/her pants fondling his/her genitals. No staff redirected the resident or intervened to provide hand hygiene; -At 2:39 P.M., the resident grabbed Resident #4's stuffed animal and put it in his/her mouth; -At 2:40 P.M., staff handed Resident #4 his/her stuffed animal back without cleaning it first and did not assist Resident #6 with hand hygiene; -At 3:00 P.M., the resident walked on the unit with his/her hands in his/her pants, walking up behind Resident #10 and touched Resident #10's shoulders. Housekeeper C observed this and consoled Resident #10 as he/she appeared afraid, but did not wash Resident #6's hands or alert care staff that Resident #6's hands needed to be washed. Resident #6 continued to walk with his/her hands in his/her pants, removed his hand, touched bread in a sack on a dining room table and then touched a bag of bread near the coffee	F 880		

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F 880	Continued From page 6 pot. No staff redirected the resident or intervened to provide hand hygiene. Observation of the resident on 01/14/25 at 10:20 A.M., showed he/she wandered up and down the hall with his/her hand down his/her pants. He/She walked up to the medication cart near the nurse's station, and picked up a pitcher of water. Certified Medication Technician (CMT) E removed the pitcher from the resident's hand and placed it back on the medication cart without cleaning or replacing the water pitcher. CMT E did not assist the resident to provide hand hygiene and CMT E did not perform hand hygiene after touching the same water pitcher. 2. During an interview on 01/13/2025 at 4:10 P.M., Resident #1 said the following: -Due to Resident #6's behaviors, including having his/her hands in his/her pants and then putting his/her hands all over the glasses and silverware on the tables at meal times, he just tried to stay in his/her room and has meals delivered to his/her room; -Resident #6 came into his/her room, sat down in his/her chair and stuck his/her fingers into his/her food while he/she was eating; he/she did not like that because he/she knew where Resident #6's hands had been; -Resident #6 always has his/her hands down the front of his/her pants. 3. During an interview on 01/13/2025 at 6:15 P.M., CMT D said it was very difficult keeping things sanitized after Resident #6 had his/her hands down his/her pants and then touched things. During an interview on 01/14/2025 at 10:05 A.M.,	F 880		

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F 880	Continued From page 7 CMT E said the following: -He/She could not always watch Resident #6; -Resident #6 touched himself/herself inappropriately; -If he/she was not constantly watching Resident #6, he/she went into other resident's rooms, picked things up and carried them away. During an interview on 01/14/2025 at 10:20 A.M., CMT F said Resident #6 kept his/her hands down his/her pants and constantly touched things. It was hard to keep things sanitized. During an interview on 1/13/2025 at 2:15 P.M. and 6:15 P.M., Licensed Practical Nurse (LPN) B said he/she had difficulty with meal prep and service due to Resident #6 picking up drinks (glasses for all of the residents), from the tables or going in other resident rooms and eating their food. Resident #6's hands may be dirty from having his/her hands in his/her pants and staff do not always catch what he/she has touched. Other residents see it and this upsets them. During an interview on 01/13/25 at 5:55 P.M., 01/13/25 at 6:30 P.M. and 01/14/25 at 7:00 P.M., the Director of Nurse (DON) said they tried to educate staff about hand sanitizing and keeping the resident's hands clean after having touched his/her genitals. During an email communication on 01/30/2025 at 5:21 P.M., the DON said the following: -Staff should be cleaning up the area and the resident after the resident urinates or defecates; -Staff should be sanitizing high touch areas frequently throughout the day; -There should be no time when the resident urinates or defecates that the staff are not	F 880		

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F 880	Continued From page 8 immediately taking him/her to the bathroom to clean him/her up and wash his/her hands. MO246694	F 880		

Missouri Department of Health and Senior Services

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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	A4086		

Missouri Department of Health and Senior Services

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Shari Embree	Administrator	2/11/25

PLAN OF CORRECTION		
Provider/Supplier Name:	Monroe Manor	
Street Address, City, Zip:	200 South Street, Paris, MO 65275	
Date of Survey:	1/14/2025	
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
F880	Monroe Manor will ensure staff monitor and provide hand hygiene for all residents. DON will review ICPC policy to ensure up to date, including the hand hygiene policy. Wipes and/or hand sanitizer will be provided to all residents to ensure hand hygiene is completed before and after meals, and after toileting. Staff will be provided hand sanitizer to carry with them for resident use. For resident #6, a 30-day discharge notice was given on 2/11/25 as facility cannot meet the needs of the resident and provide effective infection control. Until time of discharge, an additional staff member will assist with serving meals and an additional staff member will be present during meals to assist with supervision; the kitchenette in the dining room of Special Needs Unit will remain free of items on top of the kitchenette when meals are completed with the exception of the microwave and a covered toaster; coveralls have been purchased with agreeance from DPOA to be worn by the resident to prevent hands reaching inside the brief; this intervention has been successful. Monroe Manor will ensure proper infection control practices. This will be implemented and monitored outside of mealtimes for this resident and all other residents. An in-service with all staff will be completed on 2/13/2025 to review hand hygiene policy and plan of correction. Nursing staff were educated with an in-service on 2/11/2025 infection control prevention in relation to resident's touching items prior to hand hygiene. This practice will be monitored by the Director of Nursing weekly for four weeks, monthly for four months, and quarterly for four quarters. This deficiency will be discussed at the daily QA meeting on 2/20/2025 and also at the Quarterly QA meeting on April 8, 2025.	2/20/2025
A4086	Refer to F880	2/20/2025

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