STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265209	A. BUILDING _____ B. WING _____	10/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW MADRID LIVING CENTER	1050 DAWSON ROAD NEW MADRID, MO 63869

(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 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 interview and record review, the facility failed to accurately code the Minimum Data Set (MDS - a federally mandated assessment instrument completed by facility staff) for two residents (Residents #10 and #28) out of 15 sampled residents. The facility census was 59. The facility did not provide a policy. 1. Review of Resident #10's medical record showed: - An admission date of 09/23/24; - Diagnoses of dementia (a disorder marked by memory loss, personality changes, and impaired reasoning that interferes with daily functioning), traumatic subdural hemorrhage (brain bleed affecting the body and how it works), seizure (a burst of uncontrolled electrical activity between brain cells that causes temporary abnormalities in muscle tone or movements like stiffness, twitching or limpness, behaviors, sensations, or states of awareness), aphasia (loss of ability to understand or express speech caused by brain damage), gastroesophageal reflux disease (GERD - stomach acid being forced back into the throat region), anxiety (persistent worry and fear about everyday situations), major depressive disorder (MDD - long-term loss of pleasure or interest in life), and osteoporosis (a condition causing loss of bone mass, predisposing a person to fractures); - An order for famotidine (used to treat acid	F 641		

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

Administrator — 10/25/2024

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 641	Continued From page 1	F 641		

reflux) 40 milligrams (mg) twice a day by mouth for GERD, dated 09/23/24;
- An order for raloxifene (used to treat osteoporosis) 60 mg once a day by mouth for osteoporosis, dated 09/23/24;
- No order for hypoglycemic (medications used to lower blood sugar) and antipsychotic (psychiatric medication used to treat psychosis) medications.
- A care plan, dated 10/02/24, addressed dementia;

Review of the resident's admission MDS, dated 09/27/24, showed:
- Diagnoses of GERD, osteoporosis, and dementia not documented;
- Received hypoglycemic and antipsychotic medications on a routine basis.

2. Review of Resident #28's medical record showed:
- An admission date of 04/23/21;
- Diagnoses of dementia, bradycardia (slow heart rate), depression, hemiplegia (paralysis of one side of the body) and hemiparesis (lack of sensation of one side of body) following a stroke affecting the right side, anxiety, type 2 diabetes mellitus (abnormal blood sugar), MDD, and GERD;
- An order for pantoprazole (used to treat acid reflux) 20 mg once a day for GERD, dated 01/21/22;
- No order for an antipsychotic medication;
- A care plan, dated 08/01/24, addressed dementia;

Review of the resident's quarterly MDS, dated 07/29/24, showed:
- Diagnoses of bradycardia, GERD, dementia, anxiety, and stroke not documented;

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F 641	Continued From page 2 - Received antipsychotic medication on a routine basis. During an interview on 10/10/24 at 9:25 A.M., the MDS Coordinator said he/she completed the MDS assessments. The residents' information was gathered from the charts, electronic records, and staff. During an interview on 10/10/24 at 10:21 A.M., the Director of Nursing (DON) said the MDS Coordinator used the Resident Assessment Instrument (RAI) manual to complete the MDS assessments. During an interview on 10/10/24 at 11:00 A.M., the DON and Administrator said they would expect the MDS to accurately reflect the resident's current condition.	F 641		
F 880 SS=D	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	F 880		

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F 880	Continued From page 3	F 880		

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, 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.

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F 880	Continued From page 4	F 880		

§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 proper infection control practices for two residents (Residents #10 and #30) out of two sampled residents. This deficient practice had the potential to affect all residents in the facility. The facility's census was 59.

Review of facility policy titled, "Enhanced Barrier Precautions (EBP) to Infection Control Guidance," dated March 2024, showed:
- Use of gloves and gown are required when conducting high-contact care activities to residents with indwelling medical devices.

Review of the facility's policy titled, "SARS-CoV-2 (Covid-19) For Long Term Care Facilities," dated 05/15/23, showed:
- The strategies the Centers for Disease Control (CDC) recommends to prevent the spread of SARS-CoV-2 in long term care communities are the same strategies used every day to detect and prevent the spread of other respiratory viruses;
- Keep residents and employees informed by describing what actions the facility takes to protect them;
- Ensure facility employees are educated, trained, and have practiced the appropriate use of

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F 880	Continued From page 5	F 880		

personal protective equipment (PPE) prior to caring for a resident;
- Post signage regarding donning (putting on) and doffing (taking off) of PPE;
- Healthcare personnel who enter the room of a patient with suspected or confirmed SARS-CoV-2 infection should adhere to Standard Precautions and use a N95 particulate respirator, gown, gloves, and eye protection;
-While not recommended, residents who are on transmission based precautions (TBP) or quarantine can still receive visitors. In these cases, visits should occur in the resident's room and the resident should wear a well-fitting facemask (if tolerated). Before visiting residents, who are on TBP or quarantine, visitors should be made aware of the potential risk of visiting and precautions necessary in order to visit the resident. Visitors should adhere to the core principles of infection prevention and wear appropriate PPE.

1. Review of Resident #10's medical record showed:
- Admission date of 09/23/24;
- Diagnoses of traumatic subdural hemorrhage (a type of bleeding near the brain that can happen after a head injury), dementia (a loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life), malnutrition (a lack of sufficient nutrients in the body), and dysphagia (difficulty swallowing foods or liquids);
- Physician Order Sheet (POS), dated 09/10/24-10/10/24, showed an order for Jevity 1.5 Cal (a type of tube feeding formula) bolus feeding of 10 ounces every four hours, dated 10/02/24;
- Care Plan, last revised 10/02/24, showed EBP for the resident related to a gastrostomy tube (a

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F 880	Continued From page 6	F 880		

tube inserted through the abdomen that brings nutrition, medications, and fluid directly to the stomach).

Observation on 10/09/24 at 11:35 A.M., showed Licensed Practical Nurse (LPN) C failed to put on a gown prior to entering Resident #10's room to administer medication and feeding through the resident's gastrostomy tube.

During an interview on 10/09/24 at 1:32 P.M., LPN C said EPBs were required for residents with gastrostomy tubes. Gloves and gowns were to be worn.

During an interview on 10/10/24 at 11:00 A.M., the Director of Nursing (DON) said she would expect staff to use EBP per CDC guidelines when performing care on residents with an indwelling device, wound, or a transmissible organism.

2. Review of Resident #30's medical record showed the resident tested positive for Covid-19 on 09/30/24, and placed on Covid-19 isolation precautions in a private room.

Observations on 10/08/24 at 10:45 A.M., and 11:12 A.M., showed the resident's door was open and the resident sat unmasked in a wheelchair inside the room.

Observations on 10/08/24 at 11:25 A.M., and 11:27 A.M., showed Certified Nurse Assistant (CNA) A wore a N95 mask, entered through the resident's opened door without putting on a gown or gloves, failed to close the door, and failed to change the N95 mask and to close the resident's door when he/she exited the room.

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F 880	Continued From page 7 Observation on 10/09/24 on 12:01 P.M., showed the resident's s room door was opened. The resident sat up in bed unmasked and eating. Observation on 10/09/24 at 12:11 P.M., showed CNA B entered the resident's room with an isolation gown and N95 mask on but failed to put on gloves. CNA B exited the resident's room with the meal tray and left the door open. CNA B failed to change N95 masks and to close the resident's door upon exiting the resident's room. Observation on 10/09/24 at 1:20 P.M., showed the resident's door was open with one staff in the room wearing appropriate PPE. The unmasked resident visited with two visitors with N95 masks on in the room but without gowns and gloves and the door open. During an interview on 10/08/24 at 1:40 P.M., CNA A said he/she did not know the resident was on Covid-19 precautions since the door was open. If the door was closed, then he/she would have looked at the door or the name tag beside the door to see if the resident was on precautions. During an interview on 10/10/24 at 11:00 A.M., the DON and Administrator said they expected staff to follow the CDC guidelines for isolation precautions.	F 880		

Missouri Department of Health and Senior Services

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	04952	A. BUILDING: _____ B. WING _____	10/10/2024

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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		
A4108	19 CSR 30-85.042(98)(B) Clinical Records - assessment/interventions Facilities shall ensure that the clinical record contains sufficient information to- (B) Reflect the initial and ongoing assessments and interventions by each discipline involved in the care and treatment of the resident; and II/III This regulation is not met as evidenced by: Class III. Refer to F641.	A4108		

Missouri Department of Health and Senior Services
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Tom Myers — Administrator — 10/25/2024

PLAN OF CORRECTION

Provider/Supplier Name:	New Madrid Living Center
Street Address, City, Zip:	1050 Dawson Road New Madrid, MO 63869
Date of Survey:	October 10, 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 (POC) is submitted as required under State and Federal Law. The submission of this POC does not constitute an admission on the part of New Madrid Living Center as the accuracy of the surveyor's findings, for the conclusion drawn there from. The facility that the findings cited are accurate, that the scope and severity regarding the deficiencies sited are correctly applied. The POC is intended to constitute the facility's credible letter alleging compliance. Compliance has been and will be achieved no later than the last completed date identified in the POC. Compliance will be maintained as provided in the Plan of Correction.	
F641 (D)	Facility will have accurate MDS assessments to reflect resident's status and diagnosis. Resident # 10 and resident #28 and all other affected residents have the correct diagnosis listed on their MDS assessments. MDS coordinator was inserviced on 10/25/2024 regarding the importance of accuracy of MDS and diagnosis on assessments. DON will audit 2 MDS assessments weekly x 3 months for diagnosis accuracy. All results will be reported at QA&A committee	11/24/2024
F880 (D)	The facility must provide establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and help prevent the transmission of communicable diseases and infections. Resident #10 and all other affected residents on enhanced barrier precautions require use of gown and gloves when conducting	11/24/2024

	high contact care activities due to having indwelling medical devices. Staff will wear the appropriate PPE while caring for resident #30 and all other affected residents positive with SARS-CoV-2(Covid-19) virus. This includes when staff enters upon the room of affected resident. All staff will be inserviced by Director of Nursing regarding Enhance Barrier Precautions (EBP), including the definition, which resident is on EBP precautions, and when to use EBP precautions. All staff will be inserviced by Director of Nursing regarding airborne diseases requiring isolation precautions, including Covid-19. DON will audit correct usage of EBP precautions on 3 affected residents weekly x 3 months. All results will be reported to QA&A 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.

PLAN OF CORRECTION

Provider/Supplier Name:	New Madrid Livng Center
Street Address, City, Zip:	1050 Dawson Road New Madrid, MO 63869
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A4086	The facility must provide establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and help prevent the transmission of communicable diseases and infections. Resident #10 and all other affected residents on enhanced barrier precautions require use of gown and gloves when conducting high contact care activities due to having indwelling medical devices. Staff will wear the appropriate PPE while caring for resident #30 and all other affected residents positive with SARS-CoV-2(Covid-19) virus. This includes when staff enters upon the room of affected resident. All staff will be inserviced by Director of Nursing regarding Enhance Barrier Precautions (EBP), including the definition, which resident is on EBP precautions, and when to use EBP precautions.	11/24/2024

	All staff will be inserviced by Director of Nursing regarding airborne diseases requiring isolation precautions, including Covid-19. DON will audit correct usage of EBP precautions on 3 affected residents weekly x 3 months. All results will be reported to QA&A committee Refer to F880	
A4108	Facility will have accurate MDS assessments to reflect resident's status and diagnosis. Resident # 10 and resident #28 and all other affected residents have the correct diagnosis listed on their MDS assessments. MDS coordinator was inserviced on 10/24/2024 regarding the importance of accuracy of MDS and diagnosis on assessments. DON will audit 2 MDS assessments weekly x 3 months for diagnosis accuracy. All results will be reported at QA&A committee Refer to F641	11/24/2024

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.