STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265246	A. BUILDING _____ B. WING _____	08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHADY OAKS HEALTHCARE CENTER	335 BUSINESS ROUTE 63 THAYER, MO 65791

(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 584 SS=D	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and	F 584		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	Administrator	8/23/24

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265246	A. BUILDING _____ B. WING _____	08/01/2024

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SHADY OAKS HEALTHCARE CENTER	335 BUSINESS ROUTE 63 THAYER, MO 65791

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F 584	Continued From page 1 §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to provide a safe, clean and comfortable homelike environment. This deficient practice had the potential to affect all residents in the facility. The facility census was 64. Review of the facility's policy titled, "Homelike Environment," revised February 2021, showed: - Residents are provided with a safe, clean, comfortable and homelike environment and encouraged to use their personal belongings to the extent possible; - Staff provides person-centered care that emphasizes the residents' comfort, independence and personal needs and preferences; - The facility staff and management maximizes, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting which includes a clean, sanitary and orderly environment with personalized furniture and room arrangements. 1. Observations made on 07/29/24 at 8:23 A.M., 07/30/24 at 8:43 A.M. and at 07/31/24 at 8:10 A.M., of the library located next to the kitchen, showed two soiled blankets with dirt, debris and several dead flies laid on the bottom ledges of the left and right-side windows. 2. Observations made on 07/29/24 at 12:59 P.M., 07/30/24 at 9:27 A.M. and 07/31/24 at 11:14 A.M., of the assisted feeding dining room area, showed: - A buildup of dirt, debris and several dead flies on the right-side window ledge facing designated	F 584		

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	265246	A. BUILDING _____ B. WING _____	08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHADY OAKS HEALTHCARE CENTER	335 BUSINESS ROUTE 63 THAYER, MO 65791

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F 584	Continued From page 2	F 584		

smoke area;
- A buildup of cob webs and dirt on the left and right-side windows facing the outside designated smoking area;
- A buildup of dirt on the left and right-side windows of the door leading outside to the picnic table.

During an interview 08/01/24 at 9:59 A.M., Housekeeper A said window ledges and windows are cleaned on a regular basis. Anything on the outside of the facility is done by someone else and not housekeeping.

During an interview 08/01/24 at 10:03 A.M., Housekeeper B said window ledges and windows are cleaned on a weekly basis. Outside cleaning of the facility, such as cleaning windows is done by maintenance. He/she gets together with maintenance in the Spring and assists with outside cleaning to help out.

During an interview 08/01/24 at 2:52 P.M., the Maintenance Supervisor (MS) said the facility's outside window cleaning is the responsibility of the maintenance department. MS checks the outside windows weekly. Housekeeping department helps with outside window cleaning as well.

During an interview on 08/01/24 at 2:58 P.M., the Administrator said he/she would expect windows to be free of dirt buildup and cobwebs. Window cleaning should be the responsibility of housekeeping department for the inside of facility and the maintenance department for the outside of facility. Maintenance and housekeeping departments get together twice a year and cleans the outside facility windows.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265246	A. BUILDING _____ B. WING _____	08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHADY OAKS HEALTHCARE CENTER	335 BUSINESS ROUTE 63 THAYER, MO 65791

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F 584	Continued From page 3 3. Observations made on 07/30/24 at 2:07 P.M., of the secured unit shower room, showed: - A buildup of black grime approximately 16 inches up the wall and in the corners where the walls meet and four cracked 4 x 4 tiles; - A buildup of black grime approximately one foot (ft) up the wall on the left and right side of the shower walls; - A red rubber hose extending from the shower arm with a metal clamp attached near the sprayer end; - A buildup of dust and debris on the 12 x 12 exhaust fan over the toilet; - A large area of a brown dried substance under the sink area. During an interview on 7/30/24 at 9:55 A.M., Housekeeper (HS) A said the housekeeping department is contracted and not an employee of the facility. He/She said whoever works the hall is responsible for cleaning the shower rooms/and stalls. HS A said there is mold and mildew in the shower rooms because their company doesn't use the right chemicals. During an interview on 8/1/24 at 9:00 A.M., the Administrator said she would expect the shower stall to be cleaner and did not realize there were cracked tiles. She said the reason the red rubber hose is used because the standard shower head and extension breaks easily, and the rubber hose can be extended without the chance of it breaking.	F 584		
F 758 SS=D	Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5) §483.45(e) Psychotropic Drugs.	F 758		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265246	A. BUILDING _____ B. WING _____	08/01/2024

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F 758	Continued From page 4	F 758		

§483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories:
(i) Anti-psychotic;
(ii) Anti-depressant;
(iii) Anti-anxiety; and
(iv) Hypnotic

Based on a comprehensive assessment of a resident, the facility must ensure that---

§483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;

§483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;

§483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and

§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265246	A. BUILDING _____ B. WING _____	08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHADY OAKS HEALTHCARE CENTER	335 BUSINESS ROUTE 63 THAYER, MO 65791

(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 758	Continued From page 5 indicate the duration for the PRN order. §483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure an appropriate diagnosis for the use of a psychotropic medication for five residents (Residents #15, #18, #38, #56) out of 16 sampled residents and one resident (Resident #42) outside the sample. The facility census was 64. The facility did not provide a policy. 1. Review of Resident #15's medical record showed: - An admission date of 07/08/24; - Diagnoses of vascular dementia with agitation (changes in memory, thinking, and behavior) and major depressive disorder (persistent depressed mood or loss in interest); - An order for Seroquel (antipsychotic used to treat schizophrenia (a long term mental disorder that affects a person's ability to think, feel, or behave clearly, sometimes including delusions or hallucinations) 100 milligram (mg)1 tablet two times daily (BID); - No documentation of an appropriate diagnosis for the Seroquel. 2. Review of Resident #18's medical record showed: - An admission date of 12/14/17; - Diagnoses of major depressive disorder	F 758		

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	265246	A. BUILDING _____ B. WING _____	08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHADY OAKS HEALTHCARE CENTER	335 BUSINESS ROUTE 63 THAYER, MO 65791

(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 758	Continued From page 6	F 758		

(persistent depressed mood or loss on interest), senile dementia (mental deterioration or cognitive decline associated with aging), hypertension (high blood pressure), coronary artery disease (damage or disease in the heart's major blood vessels;
- An order for Seroquel 100 mg, one tablet by mouth two times daily for major depressive disorder;
- No documentation of an appropriate diagnosis for the Seroquel.

3. Review of Resident #38's medical record showed:
- An admission date of 07/13/23;
- Diagnoses of hemiplegia affecting non-dominant side (paralysis of the left side of the body caused by neurological injury), hemiparesis following cerebral infarction (weakness or the inability to move on one side of the body), hypertension, major depressive disorder, (persistent depressed mood or loss on interest), anxiety (intense, excessive, and persistent worry and fear about everyday situations);
- An order for risperidone (antipsychotic used to treat mental/mood/behavior disorders)1.5 mg by mouth twice daily for a diagnosis of major depressive disorder dated 05/24/24;
- No documentation of an appropriate diagnosis for the Risperidone.

4. Review of Resident #42's medical record showed:
- An admission date of 09/05/23;
- Diagnoses include congestive heart failure (CHF, an inability of the heart to pump sufficient blood flow to meet the body's needs), dementia, hypothyroidism (a decreased level of thyroid hormone), gastro-esophageal reflux disease

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265246	A. BUILDING _____ B. WING _____	08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHADY OAKS HEALTHCARE CENTER	335 BUSINESS ROUTE 63 THAYER, MO 65791

(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 758	Continued From page 7	F 758		

(GERD, stomach acid being forced back into the throat region), pacemaker (a device used to control an irregular heart rhythm), and bradycardia (slow heart rate);
- An order for Seroquel 50 mg oral tablet daily dated 09/28/23;
- An order for Seroquel 100 mg three times a day (TID) dated 7/31/24;
- No documentation of an appropriate diagnosis for the Seroquel.

5. Review of Resident #56's medical record showed:
- An admission date of 03/21/24;
- Diagnoses of sacral wound, stage 4 (a pressure ulcer that appears in the sacral region), type 2 diabetes mellitus (a problem in the way the body regulates and uses sugar), major depressive disorder (persistent depressed mood or loss on interest), anxiety (intense, excessive, and persistent worry and fear about everyday situations), chronic kidney disorder (gradual loss of kidney function over time), tremors (involuntary shaking or movement);
- An order for quetiapine (Seroquel) 100 mg by mouth at bedtime for major depressive disorder dated, 07/22/24;
-No documentation of an appropriate diagnosis for the quetiapine.

During an interview on 08/1/24 at 10:21 A.M., the Administrator said he/she goes by pharmacy recommendations and that determines what medications residents remain on. Administrator said he/she feels residents need to remain on anti-psychotic medications if they are stable on them.

During an interview on 08/06/24 at 11:55 A.M.,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265246	A. BUILDING _____ B. WING _____	08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHADY OAKS HEALTHCARE CENTER	335 BUSINESS ROUTE 63 THAYER, MO 65791

(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 758	Continued From page 8 the Director of Nursing (DON) said most of the residents that have dementia also have behaviors and the medications seem to control the behaviors. The DON said she thought it would be detrimental to the residents to discontinue the medications just because the residents do not have an appropriate diagnosis and there should be GDR's on the medications.	F 758		
F 801 SS=D	Qualified Dietary Staff CFR(s): 483.60(a)(1)(2) §483.60(a) Staffing The facility must employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, taking into consideration resident assessments, individual plans of care and the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e) This includes: §483.60(a)(1) A qualified dietitian or other clinically qualified nutrition professional either full-time, part-time, or on a consultant basis. A qualified dietitian or other clinically qualified nutrition professional is one who- (i) Holds a bachelor's or higher degree granted by a regionally accredited college or university in the United States (or an equivalent foreign degree) with completion of the academic requirements of a program in nutrition or dietetics accredited by an appropriate national accreditation organization recognized for this purpose. (ii) Has completed at least 900 hours of supervised dietetics practice under the supervision of a registered dietitian or nutrition professional.	F 801		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265246	A. BUILDING _____ B. WING _____	08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHADY OAKS HEALTHCARE CENTER	335 BUSINESS ROUTE 63 THAYER, MO 65791

(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 801	Continued From page 9 (iii) Is licensed or certified as a dietitian or nutrition professional by the State in which the services are performed. In a State that does not provide for licensure or certification, the individual will be deemed to have met this requirement if he or she is recognized as a "registered dietitian" by the Commission on Dietetic Registration or its successor organization, or meets the requirements of paragraphs (a)(1)(i) and (ii) of this section. (iv) For dietitians hired or contracted with prior to November 28, 2016, meets these requirements no later than 5 years after November 28, 2016 or as required by state law. §483.60(a)(2) If a qualified dietitian or other clinically qualified nutrition professional is not employed full-time, the facility must designate a person to serve as the director of food and nutrition services. (i) The director of food and nutrition services must at a minimum meet one of the following qualifications- (A) A certified dietary manager; or (B) A certified food service manager; or (C) Has similar national certification for food service management and safety from a national certifying body; or D) Has an associate's or higher degree in food service management or in hospitality, if the course study includes food service or restaurant management, from an accredited institution of higher learning; or (E) Has 2 or more years of experience in the position of director of food and nutrition services in a nursing facility setting and has completed a course of study in food safety and management, by no later than October 1, 2023, that includes	F 801		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265246	A. BUILDING _____ B. WING _____	08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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
F 801	Continued From page 10	F 801		

topics integral to managing dietary operations including, but not limited to, foodborne illness, sanitation procedures, and food purchasing/receiving; and
(ii) In States that have established standards for food service managers or dietary managers, meets State requirements for food service managers or dietary managers, and
(iii) Receives frequently scheduled consultations from a qualified dietitian or other clinically qualified nutrition professional.
This REQUIREMENT is not met as evidenced by:
Based on observation, interview and record record review the facility failed to employ a qualified director of food and nutrition services. The facility did not have a Dietary Manager (DM) with a background or required years of experience in food preparation, food service and/or food storage. This deficient practice had the potential to affect all residents in the facility. The facility census was 64.

Review of the facility's policy titled, "Organizational Plan and Roles of Key Staff," dated 2016, showed:
- The organizational plan shall be used to communicate clearly the functions of the Dining Services Department and the appropriate chain of command. The organization plan and department organization Chart will be shared with all staff and employees;
- The Administrator directly supervises the Dining Services Manager, providing support and assistance and guidelines from the Registered Dietician (RD) on a monthly basis;
- The Dining Services Manager directs the food preparation and dining services activities of all other employees in the Dining Service

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265246	A. BUILDING _____ B. WING _____	08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHADY OAKS HEALTHCARE CENTER	335 BUSINESS ROUTE 63 THAYER, MO 65791

(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 801	Continued From page 11	F 801		

Department at department head meeting, care plan meetings, high risk meeting and other interdisciplinary meetings in the community;
- The Dining Services Managers credentials will be determined by state regulations which include a Sanitation Certification, a 90-hour approved Dietary Manager's Course, or a two or four year degree in nutrition or food service as approved by the state;
- The RD will make monthly or weekly visits to identify ding service needs; plan, implement and monitor dining service programs; oversee food preparation, service and storage, access and monitor the nutritional status of residents and train community staff.

Review of the facility's current employee list, dated 07/29/24, showed DM's hire date as 12/01/22.

Observations made on 07/29/24 at 10:37 A.M. and 07/30/24 at 8:17 A.M., of the food service department, showed:
- Staff did not maintain the cleanliness of the kitchen;
- Staff did not document food temperatures;
- Staff did not document cleaning schedule log;
- Staff did not control pests in the kitchen.

During an interview on 07/29/24 at 10:13 A.M., the DM said upon hire in December 2022, he/she was told by the Administrator and previous Administrator he/she would be enrolled in courses to become a certified dietary manager (CDM) within a year of his/her hire date. A couple of months into his/her position, DM asked about the required courses and was informed by the Administrator and previous Administrator he/she did not have to be certified after all and would not

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265246	A. BUILDING _____ B. WING _____	08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHADY OAKS HEALTHCARE CENTER	335 BUSINESS ROUTE 63 THAYER, MO 65791

(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 801	Continued From page 12 be enrolled to complete the training. Instead, DM was enrolled and completed a one-hour course called Food Safety and Principles - Food Handler Training dated 02/12/23 to meet the job requirement. DM said he/she had no previous long-term care experience as a dietary manager prior to accepting the DM position at the nursing facility. During an interview on 07/30/24 at 10:32 A.M., the Administrator said she was informed from her corporate office that a course in Food Safety and Principles - Food Handler Training was the only requirement to be completed for the dietary manager position at the time the employee was hired. She was not aware that the employee needed to have two or more years of experience in the position of the director of food and nutrition services in a long-term care nursing home setting prior to employment.	F 801		
F 812 SS=D	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.	F 812		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265246	A. BUILDING _____ B. WING _____	08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHADY OAKS HEALTHCARE CENTER	335 BUSINESS ROUTE 63 THAYER, MO 65791

(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 812	Continued From page 13	F 812		

§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.
This REQUIREMENT is not met as evidenced by:
Based on observation, interview, and record review, the facility failed to store and distribute food under sanitary conditions, increasing the risk of cross-contamination and food-borne illness. This deficient practice had the potential to affect all residents. The facility census was 64.

Review of the facility's policy titled, "Sanitation," revised November 2022, showed:
- The food service area is maintained in a clean and sanitary manner;
- All kitchens, kitchen areas and dining room areas are kept clean, free from garbage and debris, and protected from rodents and insects;
- Ice machines and ice storage containers are drained, cleaned and sanitized per manufacturer's instructions;
- Garbage and refuse containers are in good condition, without leaks, and waste is properly contained in dumspters/compactors with lids (or otherwise covered).

1. Observations made on 07/29/24 at 10:37 A.M. and 07/30/24 at 08:17 A.M., of the kitchen area, showed:
- The floors around the food preparation area dirty and with a greasy buildup;
- Visible dirt and debris under the three-compartment sink;
- Visible dirt and debris under the cook stove;
- Visible dirt and debris under the steam table;
- A buildup of dirt, debris, and a white hard substance on sides and top panel surfaces of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265246	A. BUILDING _____ B. WING _____	08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHADY OAKS HEALTHCARE CENTER	335 BUSINESS ROUTE 63 THAYER, MO 65791

(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 812	Continued From page 14 dishwasher; - A buildup of dirt and debris on the top of the standing two door oven; - An oven rack laid on the floor under the two-door standing oven with a buildup of debris; - A brick wall behind the two-door standing oven and two-basin sink with a dark-colored grease-like substance running down from the top of ceiling down the wall; - A buildup of dirt and debris with miscellaneous items including outdated food items and de-limer on a portable cart with a black microwave located in the dry goods and canned area; - A trashcan with exposed garbage and debris by the dish machine with no lid outside the door in hallway; - A trashcan with exposed garbage and debris by the two-basin sink with no lid; - A dried reddish sauce-like substance on the wall by the trashcan by the two-basin sink located next to the walk-in freezer; - A plastic tub contained a runny, reddish, water-like meat stock liquid on the bottom rack shelf on the back wall of the walk-in freezer. 2. Observations made on 07/29/24 at 10:53 A.M. and 07/30/24 at 08:27 A.M., of the kitchen/employee breakroom showed: - A buildup of a hard white substance on the sides, top and bottom outside surfaces of the ice machine; - A buildup of a white substance around the entire edges of the lid where ice is dispensed inside the ice machine. Review of the the food temperature log, dated 01/28/24 to 07/29/24, showed several days of no documentation of meal temperature checks.	F 812		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265246	A. BUILDING _____ B. WING _____	08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHADY OAKS HEALTHCARE CENTER	335 BUSINESS ROUTE 63 THAYER, MO 65791

(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 812	Continued From page 15	F 812		

Review of the daily freezer/refrigerator temperature log, dated 02/01/24 through 07/29/24, showed several days of no documentation of daily temperature checks.

Review of the daily cleaning schedule, dated 06/23/24 to 07/27/24, showed several days of no documentation of kitchen staff completing cleaning tasks.

During an interview on 07/30/24 at 8:34 A.M., Kitchen Aide C said food and refrigerator temperatures should be documented. Daily cleaning should be completed and staff should sign off when completed. Evening staff usually do the kitchen cleaning.

During an interview on 07/30/24 at 8:38 A.M., Kitchen Cook D said food temperatures should be documented and it should be done daily, but he/she forgets to log the temperatures sometimes. Daily refrigerator temperatures should be documented. Kitchen cleaning should be done daily and signed off when completed.

During an interview on 07/30/24 at 10:13 A.M., the Dietary Manager (DM) said the kitchen staff could do a better job at documenting food meal temperatures and refrigerator temperatures. The DM said staff should be completing daily cleaning checklist and needs to monitor this more closely to make sure tasks are being done. The RD completes inspection rounds and makes recommendations during monthly visits and should be following up with the Administrator.

During an interview on 07/30/24 at 10:32 A.M., the Maintenance Supervisor (MS) said each department is responsible for bringing any

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265246	A. BUILDING _____ B. WING _____	08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHADY OAKS HEALTHCARE CENTER	335 BUSINESS ROUTE 63 THAYER, MO 65791

(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 812	Continued From page 16 concerns to the department head meetings to be addressed. During an interview on 07/30/24 at 10:42 A.M., the Administrator said she would expect scheduled kitchen cleaning, food temperature checks and refrigerator temperature checks to be completed daily by dietary staff to ensure compliance for requirement. The Administrator does kitchen inspections randomly and will address the areas of concerns in the dietary department found during the survey inspection.	F 812		
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 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;	F 880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265246	A. BUILDING _____ B. WING _____	08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHADY OAKS HEALTHCARE CENTER	335 BUSINESS ROUTE 63 THAYER, MO 65791

(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	Continued From page 17 §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. §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.	F 880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265246	A. BUILDING _____ B. WING _____	08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHADY OAKS HEALTHCARE CENTER	335 BUSINESS ROUTE 63 THAYER, MO 65791

(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	Continued From page 18	F 880		

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 infection control practices to prevent the development and transmission of infection during wound care for two residents (Residents #17 and #61) out of four sampled residents and one resident (Resident #8) outside the sample. The facility also failed to use proper infection control techniques for glove use during catheter care for one resident (Resident #60) out of two sampled residents. The facility census was 64.

Review of the facility's policy, "Wound Care", dated October 2010, showed:
- Put on gloves;
- Use no-touch technique. Use sterile tongue blades and applicators to remove ointments and creams from their containers;
- Wear sterile gloves when physically touching the wound or holding a moist surface over the wound;

Review of facility's policy titled "Catheter Care, Urinary" revised August 2022, showed:
- Perform hand hygiene and use clean gloves;
- Place resident in dorsal recumbent (on back with knees bent, feet spread out to sides) position or supine position during care;
- Place bed protector under resident.

1. Review of #8's Physician Order Sheet (POS), dated July 2024, showed:
- An order, dated 07/24/24, to cleanse the back of the left arm with normal saline, apply Medi honey gel (a supportive removal of necrotic tissue and aids in wound healing gel) and secure with

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265246	A. BUILDING _____ B. WING _____	08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHADY OAKS HEALTHCARE CENTER	335 BUSINESS ROUTE 63 THAYER, MO 65791

(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	Continued From page 19	F 880		

silicone bordered gauze (absorbent silicone foam dressing consist of three layers to ensure wound healing) daily.
- An order, dated 07/25/24, cleanse the back of the left upper arm and the back of the left elbow with normal saline, apply wet to dry dressing, secure with sterile bordered gauze (an absorptive dressing that consist of three layers).

Observation on 07/30/24 at 3:01 P.M.., showed:
- Licensed Practical Nurse (LPN) J pushed the treatment cart into the resident's room;
- LPN J washed his/her hands and applied a protective gown;
- LPN J started to prepare for the treatment and realized he/she did not have all supplies on the cart;
- LPN J pushed the treatment cart outside the resident's room into the hall wearing the protective gown;
- LPN J gathered the needed supplies and re-entered the resident's room wearing the same gown;
- LPN J performed the wound care, removed the protective gown, washed his/her hands and pushed the treatment cart outside the resident's room into the hall.
- LPN J placed the treatment cart in the hall, without cleaning it.

2. Review of Resident #17's Physician Order Sheet (POS), dated July 2024 showed:
- An order, dated 07/22/24 to cleanse right heel with normal saline, paint peri-wound with gentian violet (an antiseptic used for minor wound care to reduce infection), dermablue (a triple action antimicrobial protection), optifoam (a dressing for partial and full thickness wounds with moderate drainage), and wrap with comfort gauze

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265246	A. BUILDING _____ B. WING _____	08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHADY OAKS HEALTHCARE CENTER	335 BUSINESS ROUTE 63 THAYER, MO 65791

(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	Continued From page 20	F 880		

(non-sterile absorbent gauze roll and stretches to conforms to the body).
- An order, dated 07/22/24 to cleanse right foot, third toe with saline, paint with betadine (an antiseptic used for skin disinfection), apply Polymen AG dressing (a topical wound dressing that contains silver);
- An order, dated 07/22/24 to cleanse the right and left shinbone area with normal saline, apply skin protectant, secure with bordered gauze every other day and as needed (prn) for preventative wound care.

Observation on 07/31/24 at 2:51 P.M., showed:
- LPN J in the resident's room with the treatment cart;
- LPN J washed his/her hands and applied a protective gown;
- LPN J performed the wound care, removed the protective gown, washed his/her hands and pushed the treatment cart outside the resident's room into the hall.
- LPN J placed the treatment cart near the nurses' station, without cleaning it.

During an interview on 08/01/24 at 10:45 A.M., LPN J said he/she should have removed the gown before exiting Resident #8's room to gather needed supplies. He/she said the cart is not always taken into the resident's room, however she had fairly new orders that were not in the computer and he/she had printed those out and need a place to lay the treatment orders. LPN J said with so many different kinds of supplies, he/she lays everything on top of the cart.

During an interview on 08/01/24 at 3:40 P.M., Registered Nurse (RN) E said she would expect the staff to remove the gowns before exiting the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265246	A. BUILDING _____ B. WING _____	08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHADY OAKS HEALTHCARE CENTER	335 BUSINESS ROUTE 63 THAYER, MO 65791

(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	Continued From page 21	F 880		

resident's rooms and would not expect the staff to take the treatment cart into the resident's rooms.

3. Review of #61's POS showed:
- An order for wound care to abdomen and right and left lower extremities to be cleaned with normal saline, pat dry and apply Medi honey;
- An order for wound care to top of left foot and heel to be cleansed with normal saline, apply polymem AG, ABD (abdominal pad)(a dressing used to treat large wounds that require high absorbency) and wrap with conforming gauze;
- An order to cleanse weeping blisters to right and left lower extremities with normal saline, apply ABD pad, wrap with conforming gauze;
- An order to cleanse right and left inner thigh area with normal saline, polymem AG, cover with ABD pad and secure.

Observation on 07/30/24 at 3:47 P.M., showed:
- LPN K washed his/her hands, applied protective gown and clean gloves;
- LPN K touched doorknob and bed frame with clean gloves;
- LPN K did not change gloves before performing wound care;
- LPN K removed dirty gloves, performed hand hygiene and applied clean gloves;
- LPN K touched call light and without changing gloves applied Medi-honey to two open wounds on abdomen;
- LPN K removed dirty gloves, performed hand hygiene and applied clean gloves;
- LPN K touched blanket with clean gloves, then without changing gloves, performed wound care to right buttock.

During an interview on 07/31/24 at 3:33 P.M., RN E said he/she would expect wound care to be

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265246	A. BUILDING _____ B. WING _____	08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHADY OAKS HEALTHCARE CENTER	335 BUSINESS ROUTE 63 THAYER, MO 65791

(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	Continued From page 22	F 880		

performed using clean technique and for nursing staff to change gloves anytime they become contaminated.

4. Observation on 7/30/24 at 2:32 P.M., showed:
- CNA (Certified nursing assistant) G washed hands, applied gloves and assisted Resident #60 in removing pants and undergarments to perform catheter care.
- The CNA had the resident sit on the side of the bed;
- Without changing gloves, CNA G took a wipe from CNA I and wiped down left side of resident's genitalia and laid it on the resident's bed sheet;
- Continuing to wear the same gloves, CNA G took a new wipe from CNA I and wiped down the right side the resident's genitalia and laid it on resident's bed sheet;
- CNA G then asked CNA I to retrieve a dry paper towel from the dispenser. CNA G took the paper towel and dabbed dry around catheter insertion area.

During an interview on 8/1/2024 at 11:29 A.M., CNA I said he/she would lay a resident supine when performing catheter care. He/she said gloves should be changed after removing residents clothes and undergarments, and clean gloves applied before care. CNA I said he/she would not place dirty wipes on resident's clean linens and would provide a barrier or place in trash.

During an interview on 8/1/2024 at 3:45 P.M., RN E she he/she would expect resident to be lying in supine position unless requested to sit up for catheter care. RN said he/she would expect clean gloves to be applied before performing catheter care. RN said he/she would not expect dry paper

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265246	A. BUILDING _____ B. WING _____	08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHADY OAKS HEALTHCARE CENTER	335 BUSINESS ROUTE 63 THAYER, MO 65791

(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	Continued From page 23 towel to be used during catheter care.	F 880		
F 925 SS=D	Maintains Effective Pest Control Program CFR(s): 483.90(i)(4) §483.90(i)(4) Maintain an effective pest control program so that the facility is free of pests and rodents. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to maintain an effective pest control program to control the fly population in the kitchen and main dining room. This deficient practice had the potential to affect all residents. The facility census was 64. Review of the facility's policy titled, "Pest Control," revised May 2008, showed: - The facility shall maintain an effective pest control program; - This facility maintains an on-going pest control program to ensure the building is kept free of insects an rodents; - Windows are screened at all times; - Garbage and trash are not permitted to accumulate and are removed from the facility daily; - Maintenance services assist, when appropriate and necessary, in providing pest control services. 1. Observations made on 07/29/24 at 8:23 A.M., 07/30/24 at 8:43 A.M. at 07/31/24 at 8:10 A.M., of the library located next to the kitchen, showed: - Several dead flies laid on the bottom ledges of the left and right-side windows; - Multiple flies buzzed around the room. 2. Observations made of the assisted feeding	F 925		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265246	A. BUILDING _____ B. WING _____	08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHADY OAKS HEALTHCARE CENTER	335 BUSINESS ROUTE 63 THAYER, MO 65791

(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 925	Continued From page 24	F 925		

dining room area, showed:
- On 07/29/24 at 12:24 PM, an orange fly swatter laid on the ledge of the left-side window by the door facing the picnic table outside;
- On 07/29/24 at 12:38 P.M. and 07/29/24 at 12:49 P.M., Resident #34 ate his/her food while a fly crawled on his/her egg noodles and blueberry cake in plate;
- On 07/29/24 at 12:44 P.M., Resident #26 ate his/her food while two flies crawled on his/her clothing protector;
- On 07/29/24 at 12:46 P.M., Resident #44 ate his/her food while a fly crawled on his/her dining table;
- On 07/29/24 at 12:48 P.M., Resident #48 ate his/her food while flies buzzed around and two flies crawled on his/her food in plate;
- On 07/29/24 at 12:51 P.M., Resident #15 ate his/her food while flies buzzed around and two flies crawled on his/her food in plate;
- On 07/29/24 at 12:53 P.M., Resident #21 ate his/her food while several flies buzzed around his/her food on plate and one fly crawled on his/her forehead.
- On 07/29/24 at 12:59 P.M., 07/30/24 at 9:27 A.M. and 07/31/24 at 11:14 AM., several dead flies on the right-side window ledge facing the designated smoke area.

3. Observations made on 07/30/24 at 8:22 A.M., of the kitchen area, showed:
- Two flies crawled on the steam table;
- Three flies crawled on the three-compartment sink back splash;
- Two flies crawled on the three-door refrigerator;
- Flies buzzed in and out of a trashcan with no lid by the two-basin sink and walk-in freezer.

4. Observation made on 07/30/24 at 8:26 A.M.,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265246	A. BUILDING _____ B. WING _____	08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHADY OAKS HEALTHCARE CENTER	335 BUSINESS ROUTE 63 THAYER, MO 65791

(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 925	Continued From page 25 showed flies buzzed around and throughout the kitchen area while interviewing staff. Review of the pest control inspection reports and service comments dated, 05/08/24, 6/12/24 and 07/10/24, showed: - Kitchen area inspected and treated; - Fly glue boards replaced; - Fly bait placed in random areas of the facility. During an interview on 07/30/24 at 8:26 A.M., the Dietary Manager (DM) said flies do get bad this time of year and staff use fly swatters to kill them. DM has never brought the concern to the attention of the administrator. DM said there is no pest control devices located in the kitchen to help with the fly issue. During an interview on 07/30/24 at 9:15 A.M., the Maintenance Supervisor (MS) said it is the department head's responsibility to notify the administration of any pest control issues during department head meetings so it can be addressed. MS said a new pest control company had just started servicing and treating the facility in the last few months. During an interview on 07/30/24 at 10:32 A.M., the Administrator said she was not aware of a fly concern in the kitchen or dining room. The DM had not brought the issue to her attention while doing random inspections, but this will be addressed.	F 925		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	01364	A. BUILDING: _____ B. WING _____	08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHADY OAKS HEALTHCARE CENTER	335 BUSINESS ROUTE 63 THAYER, MO 65791

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A4061	19 CSR 30-85.042(52) Drug Regimen Review-Monthly At least monthly a pharmacist or a registered nurse shall review the drug regimen of each resident. Irregularities shall be reported in writing to the resident's physician, the administrator, and the director of nurses. There must be written documentation which indicates how the reports were acted upon. II/III This regulation is not met as evidenced by: Class III Refer to F758	A4061		
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		
A5015	19 CSR 30-85.052(15) Food Service Supervisor All facilities shall employ a food service supervisor who shall have overall supervisory responsibility for dietary services. II	A5015		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	01364	A. BUILDING: _____ B. WING _____	08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHADY OAKS HEALTHCARE CENTER	335 BUSINESS ROUTE 63 THAYER, MO 65791

(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
A5015	Continued From page 1 This regulation is not met as evidenced by: Class II Refer to F801	A5015		
A6012	19 CSR 30-87.020(12) Floor Surfaces All floors in the facility shall be clean and shall be maintained in good repair. Floors and floor coverings of all food-preparation, food-storage and utensil-washing areas, and the floors of all walk-in refrigerating units, dressing rooms, locker rooms, toilet rooms and vestibules shall be constructed of smooth durable material such as sealed concrete, terrazzo, ceramic tile, durable grades of linoleum or plastic, or tight wood impregnated with plastic. Nothing in this section shall prohibit the use of antislip floor covering in areas where necessary for safety reasons. III This regulation is not met as evidenced by: Class III Refer to F584	A6012		
A6015	19 CSR 30-87.020(15) Walls/Ceilings/Doors/Windows Clean Walls and ceilings, including doors, windows and skylights, shall be clean and maintained in good repair. III This regulation is not met as evidenced by: Class III Refer to F584	A6015		

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A6039	Continued From page 2	A6039		
A6039	19 CSR 30-87.020(39) Inspect/Rodent Control Effective measures intended to minimize the presence of rodents, flies, cockroaches and other insects on the premises shall be utilized. The premises shall be kept in such condition as to prevent the harborage or feeding of insects or rodents. II/III This regulation is not met as evidenced by: Class III Refert o F925	A6039		
A7016	19 CSR 30-87.030(14) Food-Clean Containers, Storage, Covers Food, whether raw or prepared, if removed from the container or package in which it was obtained, shall be stored in a clean covered container except during necessary periods of preparation or service. Container covers shall be impervious and nonabsorbent except that linens or napkins may be used for lining or covering bread or roll containers. III This regulation is not met as evidenced by: Class III Refer to F812	A7016		
A7020	19 CSR 30-87.030(18) Refrigerator Temperatures, Thermometers Enough conveniently located refrigeration facilities or effectively insulated facilities shall be provided to assure the maintenance of potentially hazardous food at required temperatures during storage. Each mechanically refrigerated facility	A7020		

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A7020	Continued From page 3 storing potentially hazardous food shall be provided with a numerically scaled indicating thermometer, accurate to plus or minus three degrees Fahrenheit (±3°F), located to measure the air temperature in the warmest part of the refrigerated facility and located to be easily readable. Recording thermometers, accurate to plus or minus three degrees Fahrenheit (±3°F), may be used in lieu of indicating thermometers. III This regulation is not met as evidenced by: Class III Refer to F812	A7020		
A7028	19 CSR 30-87.030(26) Hazardous Food Cooking Temperatures Potentially hazardous foods requiring cooking shall be cooked to heat all parts of the food to a temperature of at least one hundred forty degrees Fahrenheit (140°F), except that poultry, poultry stuffings, stuffed meats and stuffings containing meat shall be cooked to heat all parts of the food to at least one hundred sixty-five degrees Fahrenheit (165°F) with no interruption of the cooking process. Pork and food containing pork shall be cooked to heat all parts of the food to at least one hundred fifty degrees Fahrenheit (150°F); rare roast beef shall be cooked to an internal temperature of at least one hundred thirty degrees Fahrenheit (130°F); and rare beef steak shall be cooked to a temperature of one hundred thirty degrees Fahrenheit (130°F) unless otherwise ordered by the resident. II/III This regulation is not met as evidenced by: Class III	A7028		

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A7028	Continued From page 4 Refer to F812	A7028		
A7042	19 CSR 30-87.030(40) Ice Store/Dispense, No Contamination, Air Gap Ice shall be dispensed only with scoops, tongs or other ice-dispensing utensils or through automatic self-service, ice-dispensing equipment. Ice-dispensing utensils shall be stored on a clean surface or in the ice with the dispensing utensil ' s handle extended out of the ice. Between uses, ice transfer receptacles shall be stored in a way that protects them from contamination. Ice storage bins shall be drained through an air gap. III This regulation is not met as evidenced by: Class III Refer to F812	A7042		
A7056	19 CSR 30-87.030(54) Nonfood Contact Surfaces, Cleaning Surfaces of equipment not intended for contact with food, but which are exposed to splash or food debris or which otherwise require frequent cleaning, shall be designed and fabricated to be smooth, washable, free of unnecessary ledges, projections or crevices, and readily accessible for cleaning, and shall be of such material and in a repair as to be easily maintained in a clean and sanitary condition. III This regulation is not met as evidenced by: Class III Refer to F812	A7056		

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A7085	Continued From page 5	A7085		
A7085	19 CSR 30-87.030(83) Dishwashing Machine Clean Daily/As Needed All dishwashing machines shall be thoroughly cleaned at least once a day or more often when necessary to maintain them in a satisfactory operating condition. III This regulation is not met as evidenced by: Class III Refer to F812	A7085		

PLAN OF CORRECTION

Provider/Supplier Name:	SHADY OAKS HEALTHCARE CENTER
Street Address, City, Zip:	335 BUSINESS ROUTE 63 THAYER, MO 65791
Date of Survey:	7/29/2024 to 08/01/2024

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	01364

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 is submitted as required under the State Law. The submission of this plan does not constitute an admission on the part of Shady Oaks Healthcare Center as to the accuracy of the surveyor's findings or the conclusions drawn therefrom. The plan of correction does not constitute an admission on the part of the facility that the findings cited are accurate, that the scope and severity regarding any of the deficiencies cited are correctly applied. The facility submits this plan of correction with the intention that it be inadmissible by any third party in any civil action or criminal action against the facility or any employee, agent, officer, director or shareholder of the facility. Any changes to the facility policies and procedures should be considered to be subsequent remedial measures as that employed in Rule 407 of the Federal Rules of Evidence and should be inadmissible in any proceeding on that basis. Please accept this plan of correction with completion dates as our written credible allegation of compliance.	
F 584	**Safe/Clean/Comfortable/Homelike Environment** **CFR(s): 483.10(i)(1)-(7)** The facility will provide a safe, clean and comfortable homelike environment. On 8/19/2024, the library located next to the kitchen, was removed and/or corrected of soiled blankets and dead flies on the bottom ledges of the left and right-side windows. On 8/19/2024, in the assisted feeding dining room area, all the following items were cleaned, removed, and/or corrected:	9/9/24

	F584 continued... - A buildup of dirt, debris and several dead flies on the right-side window ledge facing designated smoke area. - A buildup of cobwebs and dirt on the left and right-side windows facing the outside designated smoking area. - A buildup of dirt on the left and right-side windows of the door leading outside to the picnic table. On 8/20/2024 in the secured unit shower room, the following items were cleaned, removed, replaced, and/or corrected: - A buildup of black grime approximately 16 inches up the wall and in the corners where the walls meet. - Four cracked 4x4 tiles. - A buildup of black grime approximately one foot (ft) up the wall on the left and right side of the shower walls. - A red rubber hose extending from the shower arm with a metal clamp attached near the sprayer end. - A buildup of dust and debris on the 12 x 12 exhaust fan over the toilet. - A large area of a brown dried substance under the sink area. To ensure the residents have a safe, clean, home like environment the administrator will make rounds with the maintenance supervisor and housekeeping supervisor once weekly for 4 weeks; then once monthly for 4 months to ensure the facility is in good repair and the cleanliness is maintained. To monitor compliance, Maintenance will continue to monitor all areas of homelike environment, during compliance rounds. This process will be reviewed monthly at the QAPI meeting x 3 months then randomly thereafter until the committee deems compliance has been met. Concerns identified will be addressed through education/ re-education. Noncompliance issues will be addressed at the time of discovery for further interventions. The Administrator will be responsible for compliance.	
F 758	**Free from Unnec Psychotropic Meds/PRN Use** **CFR(s): 483.45(c)(3)(e)(1)-(5)** Based on interview and record review the facility failed to ensure an appropriate diagnosis for the use of psychotropic	**9/9/24**

	medication for Residents #15, #18, #38, #56, and #42. On 8/20/2024, the consulting pharmacist educated the Administrator and Director of Nursing (DON) regarding proper diagnosis usage for psychotropic medications such as Seroquel, Risperidone, etc. according to the Lexi-Comp and Facts & Comparisons as referenced. On 8/19/2024, a Teams call was conducted, with the Administrator, DON, consulting Pharmacist, and the Psychiatric Nurse Practitioner to correct the psychotropic medications prescribed to residents without proper diagnoses. On 8/16/2024, a medication/diagnosis medical record audit was completed for all residents, who were prescribed psychotropic medications, to determine appropriateness. On 8/20/2024 and 8/23/2024, facility nurses and CMT's were educated, by the DON/designee, regarding obtaining and documenting an appropriate diagnosis for the use of psychotropic medications for all residents. To monitor compliance, the DON/designee will review all new physician orders 5 days per week to ensure all medications have a proper diagnosis for usage. This process will be reviewed monthly at the QAPI meeting x 3 months then randomly thereafter until the committee deems compliance has been met. Concerns identified will be addressed through education/ re-education. Noncompliance issues will be addressed at the time of discovery for further interventions. The Administrator and DON will be responsible for compliance.	
F 801	**Qualified Dietary Staff** **CFR(s): 483.60(a)(1)(2)** The facility will employ a qualified director of food and nutrition services. - Staff will maintain the cleanliness of the kitchen. - Staff will document food temperatures. - Staff will document cleaning schedule log. - Staff will control pests in the kitchen. On 8/16/2024, the Administrator educated the Dietary Manager regarding the minimum requirement of qualifications as director of food and nutrition services, as well as monitoring the kitchen to ensure a clean and well-kept kitchen is maintained. On 8/19/2024, the Dietary Manager was enrolled in an	**9/9/24**

	F 801 continued... educational course credited by a national certification for food service management and safety from a national certifying body. Upon completion, the certificate will be framed and placed in the Food Service area as well as the employee's employment record. On 8/16/2024 and dates thereafter, the Administrator provided education to the Dietary manager and dietary staff to ensure the kitchen area remains in good repair, clean, and all other issues addressed during survey. Cleaning logs were updated to reflect all areas of the kitchen that need addressed routinely. To ensure the residents receive nutrition from a clean, well-maintained kitchen, including current food temperatures, and free of pests, the administrator will make rounds, in the kitchen with the Dietary Manager, 2-3 three times weekly for 4 weeks; then once monthly for 3 months and thereafter. This process will be reviewed monthly at the QAPI meeting x 3 months then randomly thereafter until the committee deems compliance has been met. Concerns identified will be addressed through education/ re-education. Noncompliance issues will be addressed at the time of discovery for further interventions. The Administrator will be responsible for compliance.	
F 812	**Food Procurement,Store/Prepare/Serve-Sanitary** **CFR(s): 483.60(i)(1)(2)** The facility will store and distribute food under sanitary conditions, to decrease the risk of cross-contamination and food-borne illness. On 8/16/2024 and 8/23/2024, the administrator educated the Dietary Manager and dietary staff regarding store and distribute food under sanitary conditions, to decrease the risk of cross-contamination and food-borne illness, as well as all items listed below discussed for correction at the time of inspection. -The floors around the food preparation were cleaned and free of grease build-up. -The area under the three-compartment sink is free of dirt and debris. -The area under the cook stove was cleaned and free of dirt and debris. -The area under the steam table was cleaned and free of dirt and debris. -The sides and top panel surfaces of dishwasher were cleaned and free of buildup of dirt, debris, and a white hard substance.	**9/9/24**

F 812 continued...

-The top of the standing two door oven was cleaned and free of buildup of dirt and debris.
-The oven rack was free of buildup of debris and no longer placed on the floor under the two-door standing oven.
-The brick wall behind the two-door standing oven and two-basin sink was cleaned and free of a dark-colored grease-like substance
-A portable cart with a black microwave, located in the dry goods and canned area, was cleaned and free buildup of dirt and debris. Miscellaneous items including outdated food items and de-limer were removed and/or discarded.
-A lid was placed on the trashcan located outside the door in hallway to cover garbage and debris.
-A step-on trash can with lid was placed by the two-basin sink to prevent the lid being left off of the trashcan.
-The dried reddish sauce-like substance was cleaned from the wall by the trashcan, by the two-basin sink located next to the walk-in freezer.
- The plastic tub, on the bottom rack shelf on the back wall of the walk-in freezer, was removed.

Kitchen/employee breakroom issues:

-The sides, top and bottom outside surfaces of the ice machine were cleaned and free of buildup of a hard white substance.

-The edges of the lid where ice is dispensed inside the ice machine, were cleaned and free of buildup of a white substance around the entire.

Dietary staff will maintain food temperature logs and document meal temperatures checks.

Dietary staff will check and document freezer/refrigerator temperatures daily.
Dietary staff will follow and complete the posted, daily cleaning schedule and will document the completion as daily cleanings are completed.

On 8/16/2024 and dates thereafter, the Administrator provided education to the Dietary manager and dietary staff to ensure the kitchen area remains in good repair, clean, and all other issues addressed during survey, as well as completing food/freezer/refrigerator temps and cleaning schedule as posted.

To ensure the residents receive nutrition from a clean, well-maintained kitchen, including current food temperatures, the administrator will make rounds, in the kitchen with the Dietary Manager, 2-3 three times weekly for 4 weeks; then once monthly for 3 months and thereafter.

	F 812 continued... This process will be reviewed monthly at the QAPI meeting x 3 months then randomly thereafter until the committee deems compliance has been met. Concerns identified will be addressed through education/ re-education. Noncompliance issues will be addressed at the time of discovery for further interventions. The Administrator and Dietary Manager will be responsible for compliance.	
F880	**Infection Prevention & Control** **CFR(s): 483.80(a)(1)(2)(4)(e)(f)** The facility will maintain infection control practices to prevent the development and transmission of infection during wound care for Residents #17, #61, Resident #8 and all other residents of the facility. The facility will use proper infection control techniques for glove use during catheter care for Resident #60 and all other residents of the facility. On 8/20/2024 and 8/23/2024, the Director of Nursing (DON)/Infection Preventionist/designee educated the nursing staff regarding the prevention of developing and transmitting of infection during wound care and using proper infection control techniques for glove use during catheter care. By 8/30/2024, the DON/Infection Preventionist/designee will complete Catheter Care Competencies for all facility nursing staff. Individual training will be performed and documented, at that time, for any staff member who may not understand the facility policy regarding Indwelling Foley Catheter Care. To monitor, educate, and/or correct compliance the DON/Infection Preventionist/designee will observe wound care treatments 1-2 times per week for 4 weeks; then weekly for 4 weeks, then randomly thereafter, to ensure staff are following infection control practices and facility policy. To monitor, educate, and/or correct compliance the DON/Infection Preventionist/designee will observe catheter care 1-2 times per week for 4 weeks; then weekly for 4 weeks; then randomly thereafter, to ensure staff are following infection control practices and facility policy. This process will be reviewed monthly at the QAPI meeting x 3 months then randomly thereafter until the committee deems compliance has been met. Concerns identified will be addressed	**9/9/24**

	F 880 continued... through education/ re-education. Noncompliance issues will be addressed at the time of discovery for further interventions. The Administrator and DON will be responsible for compliance.	
F 925	**Maintains Effective Pest Control Program** **CFR(s): 483.90(i)(4)** The facility will maintain an effective pest control program to control the fly population in the kitchen and main dining room. On 8/16/2024 and 8/23/2024, the administrator educated the Maintenance staff and facility staff regarding assisting with pest control in the kitchen, main dining room, and throughout the facility. To monitor compliance, Maintenance will continue to monitor all areas of pest control during daily compliance rounds. To monitor compliance, the Administrator or designee will monitor the facility's pest control management 3-5 times per week during walking rounds throughout the facility. This process will be reviewed monthly at the QAPI meeting x 3 months then randomly thereafter until the committee deems compliance has been met. Concerns identified will be addressed through education/ re-education. Noncompliance issues will be addressed at the time of discovery for further interventions. The Administrator and DON will be responsible for compliance.	**9/9/24**

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:	SHADY OAKS HEALTHCARE CENTER
Street Address, City, Zip:	335 BUSINESS ROUTE 63 THAYER, MO 65791
Date of Survey:	7/29/2024 to 08/01/2024

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		01364
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A4061	19 CSR 30-85.042(52) Drug Regimen Review-Monthly; Class III Refer to F758	9/9/24
A4086	19 CSR 30-85.042(77) Infection Control/Communicable Disease; Class II Refer to F880	9/9/24

A5015	**State references continued...** 19 CSR 30-85.052(15) Food Service Supervisor; Class II Refer to F801	9/9/24
A6012	19 CSR 30-87.020(12) Floor Surfaces; Class III Refer to F584	9/9/24
A6015	19 CSR 30-87.020(15) Walls/Ceilings/Doors/Windows Clean; Class III Refer to F584	9/9/24
A6039	19 CSR 30-87.020(39) Inspect/Rodent Control; Class III Refer o F925	9/9/24
A7016	19 CSR 30-87.030(14) Food-Clean Containers, Storage, Covers; Class III Refer to F812	9/9/24
A7020	19 CSR 30-87.030(18) Refrigerator Temperatures, Thermometers; Class III Refer to F812	9/9/24
A7028	19 CSR 30-87.030(26) Hazardous Food Cooking Temperatures; Class III Refer to F812	9/9/24
A7042	19 CSR 30-87.030(40) Ice Store/Dispense, No Contamination, Air Gap; Class III Refer to F812	9/9/24
A7056	19 CSR 30-87.030(54) Nonfood Contact Surfaces, Cleaning; Class III Refer to F812	9/9/24
A7085	19 CSR 30-87.030(83) Dishwashing Machine Clean Daily/As Needed; Class III Refer to F812	9/9/24

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