STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265734	A. BUILDING _____ B. WING _____	C 05/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY MEADOWS	1301 N ST JOE ORIVE PARK HILLS, MO 63601

(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 document an accurate Minimum Data Set (MDS - a federally mandated assessment completed by facility staff) for two residents (Resident #40 and #51) out of 15 sampled residents. The facility census was 60.	F 641		
	Review of the facility's policy, "Resident Assessment Instrument (RAI) General Guidelines," undated, showed: - Completion of the RAI process: Accurate and timely completion of MDS and Care Area Assessments (CAA) areas as assigned; - Accurate completion requires resident interviews, staff interviews, resident assessment, review of the clinical record including physician notes, and observation of the resident in the nursing home environment. Review of the RAI Manual, revised October 2023, showed: - A1805: Enter the two-digit code that best describes the setting the resident was in immediately preceding this admission/entry or reentry. 1. Review of Resident #40's medical record showed: - An admission date of 04/14/22; - Diagnoses of chronic obstructive pulmonary disease (COPD - a group of lung diseases that block airflow and make it difficult to breathe),			

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

Kimberly Bruch — Administrator — 6-7-24

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.

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presence of cardiac defibrillator (a device that gives an electric charge to restore a normal heartbeat), and history of myocardial infarction (when blood flow to the heart muscle is blocked);
- An order for Eliquis (blood thinner medication that reduces blood clotting) five milligrams(mg) twice a day, dated 03/12/24.

Review of the resident's quarterly MDS, dated 04/25/24, showed anticoagulant not marked on section N of the assessment.

2. Review of Resident #51's medical record showed:
- An admission date of 02/23/24;
- The latest admission on 04/26/24 from the hospital;
- Diagnoses of cerebral infarction (stroke), type II diabetes mellitus (a long-term condition in which the body has trouble controlling blood sugar), and muscle weakness.

Review of the resident's MDS assessments showed:
- An entry tracking record, dated 04/26/24;
- A significant change MDS assessment, dated 05/03/24;
- Resident entered from home/community recorded on entry tracking record and significant change MDS;
- The facility failed to complete the MDS entry tracking record and significant change MDS with correct entry location (A1805).

During an interview on 05/23/24 at 11:01 A.M., the MDS Coordinator said she would expect the MDS assessments to accurately reflect the current condition of the resident. Medications should be reflected correctly. She follows the RAI

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F 641	Continued From page 2 Manual for MDS assessment accuracy. During an interview on 05/23/24 at 12:15 P.M., the Administrator and Director of Nursing (DON) said they would expect the MDS assessments to be completed accurately per the RAI Manual.	F 641		
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to follow physician's orders for four residents (Resident #3, #21, #34, and #36) out of 15 sampled residents and one resident (Resident #174) outside the sample. The facility's census was 60. The facility did not provide a policy regarding following physician orders. 1. Review of Resident #3's medical record showed: - An admission date of 10/12/22; - Diagnoses of dysphagia (difficulty swallowing foods or liquids), dementia (a group of thinking and social symptoms that interferes with daily functioning), and anxiety disorder (intense, excessive, and persistent worry and fear about everyday situations); - An order for biotin (B vitamin) 10 milligrams (mg), one tablet daily, dated 01/25/24; - An order for Namzaric (dementia medication)	F 658		

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28-10 mg, one capsule daily at bedtime, dated 01/25/24;
- An order for pantoprazole (reflux medication) 40 mg, one packet daily, dated 02/08/24;
- An order for Vitamin D3, 125 micrograms (mcg), one daily, dated 01/25/24.

Review of the resident's Medication Administration Record (MAR), dated April 2024, showed:
- Biotin not administered due to being unavailable on 04/14, 04/17, 04/18, 04/19, 04/20, 04/24, 04/25, 04/26, 04/28, 04/29, and 04/30, for a total of 11 missed doses out of 30 opportunities;
- Namzaric not administered due to being unavailable on 04/03, for a total of one missed dose of 30 opportunities;
- Pantoprazole not administered due to being unavailable on 04/02, 04/17, 04/23, 04/24, 04/28, and 04/29, for a total of six missed doses out of 30 opportunities.

Review of the resident's MAR, dated 05/01/24 - 05/23/24, showed:
- Biotin not administered due to being unavailable on 05/01 through 05/23, for a total of 23 missed doses out of 23 opportunities;
- Pantoprazole not administered due to being unavailable on 05/11, for a total of one missed dose out of 23 opportunities;
- Vitamin D3 not administered due to being unavailable on 05/12, 05/13, 05/14, 05/15, 05/16, 05/21, 05/22, and 05/23, for a total of eight missed doses out of 23 opportunities.

2. Review of Resident #21's medical record showed:
- An admission date of 08/25/16;
- Diagnoses of type II diabetes mellitus (a

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long-term condition in which the body has trouble controlling blood sugar), muscle weakness, and dementia;
- An order for Lexapro (antidepressant) 20 mg, one tablet daily, dated 09/15/23;
- An order for Xarelto (medication used to prevent blood clots) 10 mg, two tablets daily, dated 05/19/22;
- An order for Dyazide (water pill) 37.5-25 mg, one capsule daily, dated 07/19/18;
- An order for Vitamin D3, 25 mcg, one capsule daily, dated 05/07/20.

Review of the resident's MAR, dated April 2024, showed:
- Lexapro not administered due to being unavailable on 04/21, for a total of one missed dose out of 30 opportunities;
- Xarelto not administered due to being unavailable on 04/06, for a total of one missed dose out of 30 opportunities.

Review of the resident's MAR, dated 05/01/24 - 05/23/24, showed:
- Dyazide not administered due to being unavailable on 05/21, 05/22, and 05/23, for a total of three missed doses out of 23 opportunities;
- Vitamin D3 not administered due to being unavailable on 05/11, 05/12, 05/13, 05/14, 05/15, and 05/16, for a total of six missed doses out of 23 opportunities.

3. Review of Resident #34's medical record showed:
- An admission date of 04/22/24;
- Diagnoses of chronic kidney disease (a gradual loss of kidney function over time), major depressive disorder, and hypertension (high blood pressure);

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- An order for atenolol (blood pressure medication), 25 mg, 1/2 tablet twice daily, dated 04/18/24;
- An order for brimonidine 0.2 % (eye drop for glaucoma - an eye disease that can cause vision loss and blindness), one drop in both eyes twice daily, dated 04/22/24;
- An order for Creon (pancreatic enzymes) 6,000-19,000-30,000 international units (IU), one capsule three times daily, dated 04/18/24;
- An order for Eliquis (medication to help prevent blood clots) 2.5 mg, one tablet twice daily, dated 04/18/24;
- An order for Flomax (medication for an enlarged prostate) 0.4 mg, daily at bedtime, dated 04/18/24;
- An order for hydroxyzine (medication used for itching or anxiety) 25 mg, one tablet twice daily, dated 04/22/24;
- An order for pravastatin (cholesterol medication) 80 mg, one tablet daily at bedtime, dated 04/18/24;
- An order for Remeron (antidepressant) 30 mg, one tablet daily at bedtime, dated 04/18/24;
- An order for Azo Bladder Control, 300 mg, one capsule three times daily, dated 05/04/24 and discontinued 05/17/24;
- An order for Miralax (laxative) 17 grams, twice daily, dated 04/18/24;
- An order for spironolactone (water pill), 25 mg, one tablet daily, dated 04/22/24.

Review of the resident's MAR, dated April 2024, showed:
- Atenolol not administered due to being unavailable on 04/22, for a total of one missed dose out of 17 opportunities;
- Brimonidine not administered due to being unavailable on 04/22, for a total of one missed

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dose out of 17 opportunities;
- Creon not administered due to being unavailable on 04/22 and 04/23, for a total of two missed doses out of 25 opportunities;
- Eliquis not administered due to being unavailable on 04/22, for a total of one missed dose out of 17 opportunities;
- Flomax not administered due to being unavailable on 04/22, for a total of one missed dose out of nine opportunities;
- Hydroxyzine not administered due to being unavailable on 04/22, for a total of one missed dose out of 17 opportunities;
- Pravastatin not administered due to being unavailable on 04/22, for a total of one missed dose out of nine opportunities;
- Remeron not administered due to being unavailable on 04/22, for a total of one missed dose out of nine opportunities.

Review of the resident's MAR, dated 05/01/24 - 05/23/24, showed:
- Azo Bladder Control not administered due to being unavailable on 05/04, 05/05, 05/06, 05/07, and 05/08, for a total of 13 missed doses out of 42 opportunities;
- Creon not administered due to being unavailable on 05/06 and 05/17, for a total of four missed doses out of 67 opportunities;
- Miralax not administered due to being unavailable on 05/18, 05/19, 05/20, 05/21, and 05/22, for a total of eight missed doses out of 45 opportunities;
- Spironolactone not administered due to being unavailable on 05/21, 05/22, and 05/23, for a total of three missed doses out of 23 opportunities.

4. Review of Resident #36's medical record showed:

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- An admission date of 07/31/23;
- Diagnoses of Alzheimer's disease (progressive disease that destroys memory and other important mental functions), dysphagia, and pain;
- An order for Paxil (antidepressant) 30 mg, one tablet daily, dated 04/04/24;
- An order for Protonix (reflux medication) granules, 40 mg, one packet daily, dated 09/06/23 and discontinued 04/04/24;
- An order for Protonix (reflux medication) granules, 40 mg, one packet daily, dated 04/04/24;
- An order for Tramadol (pain medication) 50 mg, one tablet every six hours, dated 04/08/24.

Review of the resident's MAR, dated April 2024, showed:
- Paxil not administered due to being unavailable on 04/19 and 04/20, for a total of two missed doses out of 26 opportunities;
- Protonix not administered due to being unavailable on 04/01, 04/05, 04/06, 04/07, 04/09, 04/10, 04/11, 04/12, 04/13, 04/14, 04/15, 04/16, 04/18, 04/19, and 04/20, for a total of 15 missed doses out of 21 opportunities;
- Tramadol not administered due to being unavailable on 04/08, 04/09, 04/10, and 04/12, for a total of seven missed doses out of 88 opportunities.

5. Review of Resident #174's medical record showed:
- An admission date of 01/05/24;
- Diagnoses of chronic kidney disease, type II diabetes mellitus, and weakness;
- An order for erythromycin (antibiotic) ointment 0.5%, administer one drop to left eye, daily at bedtime, dated 01/08/24 and discontinued 01/09/24;

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F 658	Continued From page 8 - An order for erythromycin ointment 0.5%, administer one drop to left eye, daily at bedtime, dated 01/23/24 and discontinued 01/24/24; - A order for Flonase Allergy Relief spray, 50 mcg/actuation, one spray nasally daily at bedtime, dated 01/05/24 and discontinued 01/23/24; - A order for Flonase Allergy Relief spray, 50 mcg/actuation, two sprays nasally daily at bedtime, dated 01/23/24; - An order for levothyroxine (thyroid hormone) 125 mcg, one tablet daily at bedtime, dated 01/05/24 and discontinued 01/23/24; - An order for levothyroxine, 125 mcg, one tablet daily at bedtime, dated 01/23/24; - An order for moxifloxacin (antibiotic) drops 0.5%, one drop to left eye every two hours, dated 01/23/24 and discontinued 01/24/24; - An order for nortriptyline (antidepressant) 50 mg, one tablet three times daily, dated 01/05/24 and discontinued 01/23/24; - An order for pregabalin (nerve pain medication) 50 mg, one capsule three times daily, dated 01/05/24 and discontinued 01/23/24; - An order for pyridoxine (Vitamin B6) 100 mg, one tablet daily, dated 01/23/24; - An order for simvastatin (cholesterol medication) 20 mg, one tablet daily at bedtime, dated 01/05/24 and discontinued 01/24/24; - An order for Systane (lubricant) drops 0.4-0.3%, two drops per eye twice daily, dated 01/10/24 and discontinued 01/23/24; - An order for Systane drops 0.4-0.3%, two drops per eye twice daily, dated 01/23/24; - An order for vancomycin (antibiotic), 125 mg, one capsule every six hours, dated 01/05/24 and discontinued 01/07/24; - An order for Temovate (a cream to treat skin conditions) 0.05%, apply to affected area twice daily, dated 01/23/24.	F 658		

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Review of the resident's MAR, dated January 2024, showed:
- Erythromycin not administered due to being unavailable on 01/08 and 01/23/24, for a total of two missed doses out of two opportunities;
- Flonase not administered due to being unavailable on 01/05, 01/07, 01/10, and 01/23, for a total of four missed doses out of 14 opportunities (resident hospitalized 01/16 to 01/23);
- Levothyroxine not administered due to being unavailable on 01/05, 01/09, and 01/23, for a total of three missed doses out of 14 opportunities (resident hospitalized 01/16 to 01/23);
- Moxifloxacin not administered due to being unavailable on 01/23 and 01/24, for a total of five missed doses out of eight opportunities;
- Nortriptyline not administered due to being unavailable on 01/05 and 01/06, for a total of two missed doses out of 30 opportunities (resident hospitalized 01/16 to 01/23);
- Pregabalin not administered due to being unavailable on 01/05 and 01/06, for a total of three missed doses out of 30 opportunities (resident hospitalized 01/16 to 01/23);
- Pyridoxine not administered due to being unavailable on 01/24, for a total of one missed dose out of one opportunity;
- Simvastatin not administered due to being unavailable on 01/05, for a total of one missed dose out of 11 opportunities;
- Systane not administered due to being unavailable on 01/10, 01/11, 01/12, 01/13, 01/14, 01/15, 01/23, and 01/24, for a total of 12 missed doses out of 12 opportunities (resident hospitalized 01/16 to 01/23);
- Vancomycin not administered due to being unavailable on 01/05, not administered due to

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being too close together on 01/06, and not administered due to resident being asleep on 01/07, for a total of three missed doses out of eight opportunities;
- Temovate not administered due to being unavailable on 01/23 and 01/24, for a total of two missed doses out of three opportunities.

During an interview on 05/22/24 at 11:00 A.M., Certified Medication Technician (CMT) F said that Licensed Practical Nurse (LPN) D checks medication carts and stock rooms for expired medications often, and pharmacy was just here to check our carts.

During an interview on 05/22/24 at 11:30 A.M., Registered Nurse (RN) E said when medications are not available, they send a fax to pharmacy, and if it's something that's needed right away, he/she will call the pharmacy. They can also use meds out of the emergency kit (E-kit). The pharmacy typically gets medications to the facility the same day as ordered; they do an 8:00 P.M. run.

During an interview on 05/22/24 at 11:35 P.M., the Administrator said if a medication is a stock medication and they don't have it, they can run to a local pharmacy to get the medication. The electronic medical record system will be linked with the pharmacy starting in June or July.

During an interview on 05/23/24 at 12:15 P.M., the Director of Nursing (DON) said CMTs and nurses will notify the charge nurse if they are getting low or are out of a medication. The charge nurse will then notify the pharmacy, and they can get those medications on the same day. If it's an over-the-counter medication, they can

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F 658	Continued From page 11 use stock medication or staff will drive to one of the local pharmacies and purchase it. There is no reason for a resident to go several days without receiving their medication unless it's a specialty medication or prior authorization is needed. During an interview on 05/29/24 at 2:44 P.M., the Administrator said staff have been told that they can access most medications out of the Stat Safe but if medication is not in there, there is always a pharmacist on call. There should not be any reason that a resident would not receive their medication. Cmp #MO00236261	F 658		
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	F 880		

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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 880	Continued From page 12	F 880		

arrangement based upon the facility assessment conducted according to §483.70(e) 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.

§483.80(e) Linens.
Personnel must handle, store, process, and

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	265734	A. BUILDING _____ B. WING _____	C 05/23/2024

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COUNTRY MEADOWS	1301 N ST JOE DRIVE PARK HILLS, MO 63601

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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 and interview, the facility failed to maintain proper infection control practices during perineal care (washing the genital and rectal areas of the body) for two residents (Resident #14 and Resident #46) outside of the 15 sampled residents. The facility's census was 60.

Review of the facility's policy, "Gloves," dated March 2015, showed:
- Wear gloves when anticipating that hands will be in contact with mucous membranes, non-intact skin, and body substances such as blood, urine, feces, drainage, oral secretions, vomit, or items soiled with these substances;
- Gloves must be changed between residents and between contact with different body sites of same resident;
- Dirty gloves are worse than dirty hands because microorganisms adhere to the surface of a glove easier than to skin;
- Handling medical equipment and devices with contaminated gloves is not acceptable.

Review of the facility's policy, "Perineal Care," dated March 2015, showed to remove gloves and wash hands after providing care.

Review of the facility's policy, "Handwashing," dated March 2015, showed handwashing is to be done to reduce transmission of organisms.

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F 880	Continued From page 14	F 880		

1. Observation of perineal care for Resident #14 on 05/23/24 at 9:16 A.M., showed:
- Certified Nursing Assistant (CNA) A washed hands and donned gloves;
- CNA A obtained a washcloth, sprayed perineal cleanser onto cloth, placed spray bottle onto bedside table without a barrier, and provided perineal care for the resident;
- Wearing the same soiled gloves, CNA A picked up cleanser from bedside table, sprayed onto a different part of the washcloth, and returned cleanser to bedside table without barrier;
- Wearing the same soiled gloves, CNA A picked up cleanser again, sprayed onto back of the washcloth, and placed back onto bedside table without barrier;
- Wearing the same soiled gloves, CNA A placed a clean brief on the resident, removed gloves, and did not wash hands;
- With soiled hands, CNA A obtained pants from the closet and placed on the resident;
- With soiled hands, CNA A placed oxygen via nasal cannula (a device that delivers extra oxygen through a tube and into your nose) under the resident's nose, placed call light in reach, and pulled the blanket over the resident;
- With soiled hands, CNA A gave the resident a drink and placed water container onto the bedside table beside the soiled perineal cleanser spray bottle;
- With soiled hands, CNA A placed dirty clothes into a bag and left the room without washing hands.

During an interview on 5/23/24 at 9:40 A.M., CNA A said he/she should have washed hands between dirty and clean, after removing gloves, before touching clean blankets and call light, and

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F 880	Continued From page 15 before leaving the room. 2. Observation of perineal/catheter care for Resident #46 on 05/22/24 at 1:35 P.M. showed: - CNA B washed his/her hands and donned gloves; - CNA B provided perineal care and catheter care; - Wearing the same soiled gloves, CNA B placed a clean bed pad under the resident and pulled blankets over the resident; - CNA B removed gloves and washed hands. During an interview on 5/23/24 at 12:50 P.M., CNA B said he/she should have washed his/her hands when going from dirty to clean and before touching the resident's clean blanket. During an interview on 5/23/24 at 12:15 P.M., the Director of Nursing (DON) said staff should absolutely wash their hands between dirty and clean as well as prior to leaving a room, and supplies should not be placed directly onto a bedside table. During an interview on 5/23/24 at 12:26 P.M., the Administrator said staff should wash hands and change gloves between dirty and clean, and a barrier should be placed when using a bedside table for supplies.	F 880		

Missouri Department of Health and Senior Services

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	14443	A. BUILDING: _____ B. WING _____	C 05/23/2024

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A4075	19 CSR 30-85.042(66) Nursing Care per Res Condition Each resident shall receive personal attention and nursing care in accordance with his/her condition and consistent with current acceptable nursing practice. I/II This regulation is not met as evidenced by: Class II Refer to F658.	A4075		
A4086	19 CSR 30-85.042(77) Infection Control/Communicable Disease Residents shall be cared for by using acceptable infection control procedures to prevent the spread of infection. The facility shall make a report to the division within seven (7) days if a resident is diagnosed as having a communicable disease, as determined by the Missouri Department of Health and listed in the Code of State Regulations pertaining to communicable diseases, specifically 19 CSR 20-20.020, as amended. I/II This regulation is not met as evidenced by: Class II Refer to F880.	A4086		

Missouri Department of Health and Senior Services
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Kimberly Bench — TITLE: Administrator — (X6) DATE: 6-7-24

PLAN OF CORRECTION

Provider/Supplier Name:	Country Meadows Nursing and Rehab
Street Address, City, Zip:	1301 St. Joe Dr. Park Hills M.O 63601
Date of Survey:	5-23-24

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
	Resident #40 MDS has been updated. Resident #51 MDS Has been update with correct entry location. All residents who are on anticoagulant are at risk for this deficient practice. All resident our at risk for in-completed MDS entry tracking record.	
F 641 D	MDS Coordinator in-serviced on 6-6-24 on accuracy of assessments & completion of entry tracking section on MDS. Review E.H.R. when completing scheduled assessment to assure compliance as well as correct entry tracking record (A1805). Administrator/DON will monitor compliance through visual checks on MDS in accordance with MDS calendar weekly x 3 mo and report compliance to QAA committee.	6-28-24
F 658 D	Resident #3 #21 #34 #36 #174 medication are available. All residents are at risk for this deficient practice. License nurses & C.M.T's in-serviced on 6-5-24 on proper procedure when a medication unavailable to include License nurses to contact physician to make aware and the pharmacy for ETA. DON will print off report "administration compliance" report daily for review. Administrator/ DON will review daily "administration compliance report" to assure proper procedure/ compliance and that medication has been followed up on. Report to QAA committee.	6-28-24
F 880 D	Facility will in-service ALL License nurses/C.M.T./C.N.A 6-10-24 appropriate infection control to include proper gloving/handwashing/perineal care. All residents are at risk for this deficient practice. The IP/DON will verify compliance through "Infection control" check off. The staff will be required to have return	6-28-24

	demonstration. Visual monitoring weekly x 1month then monthly x 3mo thereafter for compliance and report to QAA 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:	Country Meadows Nursing and Rehab
Street Address, City, Zip:	1301 St. Joe Dr. Park Hills MO 63601
Date of Survey:	5-23-24

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A4075	Refer to F658 for POC	6-28-24
A4086	Refer to F880 for POC	6-28-24

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