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	265548	A. BUILDING _____ B. WING _____	10/10/2024

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F 584 SS=D	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7)	F 584		

§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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Brad Thurston	LNHA	10/29/24

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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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, comfortable, and homelike environment. This deficient practice had the potential to affect all residents in the facility. The facility census was 65. 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; - 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. Observations on 10/07/24 at 2:12 P.M., and 10/09/24 at 2:26 P.M., showed several areas of peeled paint and exposed sheetrock located at the head of the bed located by the window in Room 106. Observations on 10/08/24 at 2:16 P.M., and 10/09/24 at 2:30 P.M., showed a large area of peeled paint and exposed sheetrock on the wall beside the bed located by the window in Room 107. Observations on 10/08/24 at 2:19 P.M., and 10/09/24 at 2:34 P.M., showed a long, narrow opening in the wall with several areas of peeled paint and exposed sheetrock behind the	F 584		

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F 584	Continued From page 2	F 584		

headboard of the bed located by the window in Room 109.

Observations on 10/09/24 at 3:04 P.M., and 10/09/24 at 4:02 P.M., of the shower room located by the Director of Nursing (DON) office, showed:
- A trash can overflowed with gowns, gloves and miscellaneous trash;
- Several used gloves lay on the floor by the trash can;
- Brown stained areas on top of the toilet lid;
- Brown smeared areas on the shower curtain by the toilet;
- A shower drain broken and bent with a buildup of grime and dirt;
- The bottom edges of the shower stall floor with a buildup of black grime and missing caulk;
- A dried brown substance on a yellow trash can lid;
- A dried brown substance on a green trash can lid;
- A soiled wash cloth lay at the bottom of the whirlpool tub;
- An open bag of potato chips lay on top of a towel on the clean linen shelf by the whirlpool tub.

Observation on 10/10/24 at 9:16 A.M., showed several areas of peeled paint and deep scrapes on the bottom part of the door upon entering Room 111.

During an interview on 10/10/24 at 9:19 A.M., the resident in Room 111 said he/she would like someone to paint the door because it looked bad and was missing a door cover at the bottom of it.

Observation on 10/10/24 at 1:12 P.M., showed a whole in the bottom of the bathroom door

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approximately four inches (in.) by two in. located in Room 303.

Review of the Maintenance log, dated 09/05/24 through 10/05/24, showed no areas of concern addressed.

During an interview on 10/10/24 at 8:36 A.M., Housekeeper B said he/she did not always report things that needed to be addressed by the maintenance department. He/She should be more proactive in this area.

During an interview on 10/10/24 at 8:42 A.M., Housekeeper C said he/she had reported things to maintenance to be repaired and wrote them down on the maintenance log located at the nurse's station. He/She also verbally told maintenance when something needed to be repaired. Everything should be on the maintenance log that he/she had reported.

During an interview on 10/10/24 at 11:44 A.M., Shower Aide E said whoever gave the showers should be cleaning up the shower room afterwards to ensure cleanliness. Staff should not be eating food and/or leaving food in the shower rooms.

During an interview 10/10/24 at 11:59 A.M., the Maintenance Supervisor (MS) said staff would verbally tell him/her about environmental concerns. He/She would prefer staff to write down environmental concerns and repairs on the maintenance log at the nurse's station. Staff had been told to write down any issues needing addressed in the past.

During an interview on 10/10/24 at 1:51 P.M., the

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F 584	Continued From page 4 Director of Operations (DOP) said she would expect staff to write down any environmental concerns or repairs needed for the MS to be addressed in a timely manner.	F 584		
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to provide adequate personal hygiene for one resident (Resident #10) out of 16 sampled residents and two additional residents (Resident #2 and #57) and failed to provide showers at least twice a week for one resident (Resident #2) outside the sample. The facility census was 65. Review of the facility's policy titled, "Dignity," revised February 2021, showed: - Each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, and feelings of self-worth and self-esteem; - Residents are treated with dignity and respect at all times; - The facility culture supports dignity and respect for residents by honoring resident goals, choices, preferences, values and beliefs; - This begins with the initial admission and continues throughout the resident's facility stay; - Individual needs and preferences of the resident are identified through the assessment process; - When assisting with care, residents are	F 677		

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supported in exercising their rights. For example, residents are: groomed as they wish to be groomed (hair styles, nails, facial hair, etc.); encouraged to attend the activities of their choice, including religious, political, civic, recreational, or social activities; encouraged to dress in clothing that they prefer; allowed to choose when to sleep, eat and conduct activities of daily living; and provided with a dignified dining experience.

1. Review of Resident #2's quarterly Minimum Data Set (MDS - a federally mandated assessment completed by facility staff), dated 08/14/24, showed:
- Partial or moderate assistance for personal hygiene;
- Substantial/maximum assistance for bathing.

Review of the resident's care plan, dated 07/18/24, showed:
- Activities of daily living (ADL) self-care performance deficit related to paralysis and weakness. Required monitoring to ensure safe and adequate completion of ADL's due to weakness and impaired cognitive/communication ability;
- Usually able to wash part of him/herself in the shower but needed substantial assist of one to complete a shower safely and adequately. Assess for adequate completion and offer assist as needed;
- Assist as needed with transfers in and out of the bath/shower.

Review of the facility's shower schedule showed Resident #2 scheduled for showers three days weekly on Tuesday, Thursday and Saturday.

Review of the resident's shower sheets, dated

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F 677	Continued From page 6 08/01/24-10/09/24, showed: - For August 2024, 13 missed out of 14 opportunities for showers and nail care; - For September 2024, 12 missed out 12 opportunities for showers and nail care; - For October 2024, three missed out of four opportunities for showers and nail care. Observations of the resident on 10/07/24 at 11:29 A.M., and 10/08/24 at 8:30 A.M., showed the resident's hair greasy and toenails long and untrimmed. During an interview on 10/09/24 at 11:50 A.M., the Assistant Director of Nursing (ADON) said there were only two shower sheets for Resident #2 because the resident was care planned to do showers by him/herself. During an interview on 10/09/24 at 3:48 P.M., Resident #2 said he was unable to wash his/her hair, back, lower legs and feet by him/herself. He/She would prefer to receive showers more often and would like his/her toenails trimmed. 2. Review of Resident #10's quarterly MDS, dated 09/04/24, showed: - Dependent on staff for assistance for personal hygiene. Review of the resident's care plan, dated 07/25/24, showed: - ADL self-care performance deficit due to history of a stroke. Needed assist to complete most ADL's; - Personal hygiene needed extensive to full assist of one staff to complete personal hygiene tasks. Observations of the resident on 10/107/24 at	F 677		

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11:32 A.M., 10/08/24 at 8:33 A.M., 10/09/24 at 2:00 P.M., and 10/10/24 at 10:08 A.M., showed he/she had facial hair on his/her chin and upper lip.

During an interview on 10/07/24 at 11:32 A.M., Resident #10 said he/she had facial hair on his/her chin and upper lip and would like it to be shaved, but the staff would not shave it.

3. Review of Resident #57's annual MDS, dated 07/17/24, showed:
- Dependent on staff for assistance for personal hygiene.

Review of the resident's care plan, dated 07/30/24 showed:
- Severely impaired cognitive, communication, and functional status, and dependent on staff for all ADL's;
- Dependent on staff for completion of hygiene. Shave on shower days and as needed.

Review of the facility's shower schedule showed the resident scheduled for showers three days weekly on Monday, Wednesday and Friday.

Review of the resident's shower sheets, dated 08/24/24-10/10/24, showed:
- For August 2024, 13 missed out of 13 opportunities for nail care;
- For September 2024, 13 missed out of 13 opportunities for nail care;
- For October 2024, four missed out of four opportunities for nail care.

Observations on 10/07/24 at 3:38 P.M. and 10/9/24 at 3:20 P.M., showed the resident lay in bed with untrimmed toenails and fingernails and

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F 677	Continued From page 8 several areas of flaky dry skin. During an interview on 10/10/24 at 10:45 A.M., Shower Aide E said he/she didn't do all of the showers, because the Certified Nurse Assistants (CNAs) will do certain residents. He/She always completed a shower sheet even if the resident showered themselves or refused. He/She knew some of the CNAs forgot to complete the sheets. The nurses should be doing the diabetic residents' nails, but otherwise the CNAs should be doing them. Sometimes the staff would forget to document they checked/clipped the residents' nails. Any of the CNAs could cut the residents' nails unless they were diabetic. During an interview on 10/10/24 at 2:13 P.M., the Director of Nursing (DON) said she would expect a shower sheet to be completed every time a resident took a shower or refused a shower. She would expect the CNAs to complete nail care and nurses to complete nail care for the diabetic residents.	F 677		
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and	F 761		

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biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.

§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.
This REQUIREMENT is not met as evidenced by:
Based on observation, interview, and record review, the facility failed to store medications in accordance with accepted professional standards of practice. This deficient practice had the potential to affect all residents residing in the facility. The facility also failed to properly label medications in a safe and effective manner. The facility's census was 65.

Review of the facility's policy titled, "Medication Labeling and Storage," dated 2001, showed:
- Medications requiring refrigeration are stored in a refrigerator located in the medication room at the nurses station or other secured location. Medications are stored separately from food and are labeled accordingly;
- Policy did not address checking and the appropriate refrigerator temperatures or labeling over the counter medications with an opened date.

1. Review of the Medication Refrigerator Temperature Log, dated 08/01/24 - 10/08/24, showed:

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F 761	Continued From page 10 - For August 2024, the medication refrigerator's temperature was not documented for 11 out 31 opportunities, and 18 out of the 20 completed temperatures were above 41 degrees; - For September 2024, the medication refrigerator's temperature was not documented for eight out of 30 opportunities, and 21 out of the 22 completed temperatures were above 41 degrees; - For October 2024, the medication refrigerator's temperature was not documented for two out of eight opportunities, and six out of the eight completed temperatures were above 41 degrees. 2. Observation on 10/08/24 at 10:27 A.M., of the medication cart showed: - An opened Byetta (an anti-diabetic medication) injection pen, undated and unlabeled; - One opened bottle of over the counter prenatal vitamins (supplements that contain vitamins for a healthy pregnancy), undated; - One opened bottle of over the counter geritussin (helps to thin mucus), undated; - One opened bottle of over the counter clearlax (used to treat constipation), undated; - One opened bottle of over the counter pepto bismuth (used to treat heartburn or upset stomach), undated; - One opened bottle of over the counter fiber powder (used to treat constipation), undated. During an interview on 10/08/24 at 10:35 A.M., the Assistant Director of Nursing (ADON) said sometimes the nurses forgot to write an open date on the over the counter medications when they were opened. The temperature log should be checked daily by the evening nurses. During an interview on 10/10/24 at 11:19 A.M.,	F 761		

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F 761	Continued From page 11 the Director of Nursing (DON) said that she expected nurses to be checking the refrigerator temperatures daily and the weekend evening nurse had not been doing it like he/she was taught. She did expect staff to write an opened date on over the counter medications when a new bottle was opened.	F 761		
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. §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 and interview, the facility failed to store and distribute food under sanitary conditions, increasing the risk of cross-contamination and food-borne illness. These practices had the potential to affect all residents who are served food from the kitchen. The facility census was 65.	F 812		

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F 812	Continued From page 12	F 812		

1. Observation on 10/07/24 at 2:24 P.M., of the dry food storage room showed:
- A large bag of elbow pasta opened with the top of the bag twisted, not sealed and undated;
- Three bags of cereal opened, undated, and one unsealed;
- Opened graham cracker crumbs in a labeled box with the bag unsealed.

2. Observation on 10/07/24 at 2:25 P.M., of the storage area showed:
- Two large baking sheets with black carbon build up on the sides/bottom.

3. Observation on 10/07/24 at 2:26 P.M., of a white single door residential-style stand up freezer located in the front of the kitchen showed:
- Two Ziploc bags of frozen items unlabeled and undated.

4. Observation on 10/07/24 at 2:27 P.M., of a white single door residential-style stand up freezer located in the back of the kitchen showed:
- Six bags of frozen items unlabeled and undated.

5. Observation on 10/08/24 at 9:47 A.M., 1:00 P.M., 1:11 P.M., and 1:13 P.M., and 10/09/24 at 2:00 P.M., and 10/10/24 at 12:00 P.M., showed no dietary staff wore hair nets while working and preparing food in the kitchen.

6. Observation on 10/08/24 at 1:13 P.M., of the kitchen staff preparing food showed:
- Dietary Aide D knocked two skillets onto the floor from a shelf and put the two skillets back on the shelf;
- Dietary Aide D put on gloves, touched the refrigerator, a cutting board and a knife, and then

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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 812	Continued From page 13 touched a green pepper without changing gloves and performing hand hygiene; - Dietary Aide D used one of the skillets that was knocked onto the floor from the shelf to saute green peppers without changing gloves and performing hand hygiene. During an interview on 10/10/24 at 12:00 P.M., the Dietary Manager (DM) said he/she would expect opened packages of food to be wrapped or put into appropriate storage containers, and to be labeled and dated. He/She would expect kitchen cookware to be free from carbon buildup, the staff to wear hair nets in the kitchen, to change gloves after touching dirty surfaces, and to wash a skillet if it was dropped on the floor before using it to prepare food.	F 812		
F 925 SS=C	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 interview, and record review, the facility failed to maintain an effective pest control program. This had the potential to affect all residents in the facility. The facility's census was 65. 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 that the building is kept free of insects and rodents;	F 925		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265548	A. BUILDING _____ B. WING _____	10/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAYBREAK NURSING CENTER	410 H ROAD SIKESTON, MO 63801

(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 14 - Pest control services are provided by a contracted pest control company; - Maintenance services assist, when appropriate and necessary, in providing pest control services. Review of the most recent pest control invoices showed no details of the areas of concern or what treatment was provided. During an interview on 10/10/24 at 1:04 P.M., Resident #34 said he/she saw four or five spiders in his/her room. He/She thought they were brown recluse spiders. During an interview on 10/10/24 at 1:09 P.M., Resident #42 said he/she had seen three spiders in his/her room. During an interview on 10/10/24 at 1:01 P.M., Resident #64 said he/she saw spiders in the facility within the last month. During an interview on 10/10/24 at 1:05 P.M., Resident #26 said on 10/09/24, staff were changing him/her and a spider crawled on his/her back. Resident #26 said luckily, he/she did not get bit, but it was scary having it on his/her back. During an interview on 10/08/24 at 10:51 A.M., Housekeeper A said there had been spiders and the residents had complained about them. Traps were put in the resident's room. He/She didn't know what kind of spiders they were. During an interview on 10/10/24 at 10:46 A.M., the Maintenance Supervisor (MS) said the facility did have a spider issue about 1 1/2 months ago. An outside vendor came in and treated the facility for over two hours. There are still a few spiders	F 925		

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	265548	A. BUILDING _____ B. WING _____	10/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAYBREAK NURSING CENTER	410 H ROAD SIKESTON, MO 63801

(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 15 reported throughout the facility. MS said the pest control vendor was at the facility on Tuesday for the monthly service and inspection. During an interview on 10/18/2024 at 1:06 P.M., the Administrator said they have a pest control company spray the facility once a month. He/she said they have had a couple residents that said they have seen spiders. The Administrator said he/she has not seen them. He/she said maintenance and housekeepers will check the rooms if someone says they have seen them in their room and maintenance will put out safe spider traps.	F 925		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	11496	A. BUILDING: _____ B. WING _____	10/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAYBREAK NURSING CENTER	410 H ROAD SIKESTON, MO 63801

(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
A4062	19 CSR 30-85.042(53) Medication Labeling All prescription medications shall be supplied as individual prescriptions. All medications, including over-the-counter medications, shall be packaged and labeled in accordance with applicable professional pharmacy standards and state and federal drug laws and regulations. The United States Pharmacopoeia (USP) labeling shall include accessory and cautionary instructions as well as the expiration date, when applicable, and the name of the medication as specified in the physician's order. Over-the-counter medications for individual residents shall be labeled with at least the resident's name. II/III This regulation is not met as evidenced by: Class III Refer to F761	A4062		
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 F677.	A4075		
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	A6012		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	11496	A. BUILDING: _____ B. WING _____	10/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAYBREAK NURSING CENTER	410 H ROAD SIKESTON, MO 63801

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A6012	Continued From page 1 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		
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 Refer to F925	A6039		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	11496	A. BUILDING: _____ B. WING _____	10/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAYBREAK NURSING CENTER	410 H ROAD SIKESTON, MO 63801

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A7003	19 CSR 30-87.030(3) Clean Clothing, Hair Restraints The outer clothing of all employees shall be clean and employees shall use effective hair restraints to prevent the contamination of food or food-contact surfaces. III This regulation is not met as evidenced by: Class III Refer to F812	A7003		
A7019	19 CSR 30-87.030(17) Food Stored in Identifying Containers Unless its identity is unmistakable, bulk food, such as cooking oil, syrup, salt, sugar or flour not stored in the product container or package in which it was obtained, shall be stored in a container identifying the food by common name. III This regulation is not met as evidenced by: Class III Refer to 812	A7019		
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 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	A7020		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	11496	A. BUILDING: _____ B. WING _____	10/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAYBREAK NURSING CENTER	410 H ROAD SIKESTON, MO 63801

(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
A7020	Continued From page 3 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 F761.	A7020		
A7064	19 CSR 30-87.030(62) Kitchenware/Surfaces/Pitchers-Clean/Sanitize Kitchenware and food-contact surfaces of equipment shall be washed, rinsed and sanitized after each use and following any interruption of operations during which time contamination may have occurred. Water pitchers which are for individual resident use shall be sanitized daily. II/III This regulation is not met as evidenced by: Class III Refer to F812	A7064		

PLAN OF CORRECTION

Provider/Supplier Name:	Daybreak Nursing Center
Street Address, City, Zip:	410 St. Hwy H, Sikeston, MO 63801
Date of Survey:	10/10/2024

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		
ID PREFIX TAG	**PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)**	**COMPLETION DATE**
	This plan of correction is submitted as required under state law. The submission of this plan does not constitute an admission on the part of Daybreak Nursing Center as to the accuracy of the surveyors' findings or the conclusion 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 findings constitute a deficiency or 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 or 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 concept is employed in Rule 407 of the Federal Rules of Evidence and should be inadmissible in any proceeding on that basis.	
F584	The facility will continue to provide a safe, clean, comfortable, and homelike environment. The areas of peeled paint and exposed sheet rock located at the head of the bed located near the window in room 106 was repaired on 10/15/2024. The area of peeled paint and exposed sheetrock on the wall beside the bed by the window in room 107 was repaired on 10/15/2024. The peeled paint and exposed sheet rock behind the headboard of the bed located by the window in room 109 will be repaired. The shower room located on 100 hall near the nursing office was deep cleaned on 10/11/2024. At the end of shift on 10/9/2024, the trash can was emptied of overflowing gowns, gloves, etc.; the gloves on the floor beside the trash can were	11/23/2024

Brock Throughout LNHA 10/29/24

	properly disposed of; the toilet seat was cleaned and disinfected; the shower curtain was taken down and washed and replaced; the broken/bent shower drain will be repaired or replaced and area properly cleaned; the bottom edges of the shower stall floor will be properly cleaned and new caulk applied; the yellow trash can lid was cleaned and disinfected; the green trash can lid was cleaned and disinfected; the soiled washcloth in the floor was properly removed and laundered; and the open bag of potato chips on the clean linen shelf were disposed of. The door entering room 111 will be repaired of peeling paint and deep scrapes. The bathroom door of room 303 with a hole in the bottom of the door, will be repaired or replaced. The Administrator or designee will, through daily walking rounds, inspect areas of the facility for additional areas that need repair or housekeeping corrections. The Administrator or designee will inservice all staff regarding proper notification of any repairs necessary to be logged in the maintenance binder maintained at the nursing station. The Director of Nursing or designee will inservice all nursing staff regarding proper cleaning of the shower room(s) after each shower/bath – including proper emptying of trash, soiled linen, no food items taken into shower room by residents, proper cleaning/disinfecting of toilet seats after resident use; and the need to advise housekeeping supervisor of cleaning issues related to floors and shower curtains. Ongoing monitoring will be conducted by the Administrator or designee through daily walking rounds to identify and initiate corrections for any maintenance or housekeeping issues noted throughout the facility. In addition, Administrator or designee will monitor and reinforce the need for staff to record issues noted in the maintenance book located at the nursing station while rounding.	
F677	The facility will continue to provide adequate personal hygiene for all residents. Resident #2 will receive assistance with all showers, nail care, hair care. Any refusals will be reported to the charge nurse or Director of Nursing for additional interventions. Resident #10 will have facial hair on his/her chin and upper lip shaved. Any refusals and/or combative reaction to staff will be reported to the charge nurse for additional interventions. Resident #57 will receive nail care and moisturizer applied to flaky, dry skin.	11/23/2024

	All nursing staff will be inserviced by the Director of Nursing or designee regarding proper completion of shower sheets with completion of nail/skin care documented; nail care and skin care; and instructions to report for any refusals. Director of Nursing or designee will audit current shower sheets for all residents and address any residents care issues not indicated on current shower sheets. Ongoing monitoring will be conducted by the Director of Nursing or designee with particular observation of residents' personal hygiene and grooming. In addition, Administrator or designee will monitor the completion, accuracy, and compliance of the shower sheets used to monitor the residents' shower schedules.	
F761	The facility will continue to store medications in accordance with accepted professional standards of practice. The facility will continue to properly label medications in a safe and effective manner. The Medication Refrigerator Temperature Log will be maintained with accurate temperature documented daily. Facility will continue to maintain refrigerator temperature between 36-46 degrees Fahrenheit, per the CDC's recommendations as referenced in the CMS Critical Element Pathway "Medication Storage and Labeling." The Byetta injection pen will have the ink-smeared label removed and replaced. The one bottle of over-the-counter prenatal vitamins will be dated or discarded. The one bottle of over-the counter Geritussin will be dated or discarded. The one bottle of over-the-counter Clearlax will be dated or discarded. The one bottle of over-the-counter pepto bisumuth will be dated or discarded. The one bottle of over-the counter fiber powder will be dated or discarded. The Director of Nursing or designee will review/audit the medication carts to verify there are no medications requiring date and/or label and correct accordingly. The Director of Nursing or designee will inservice all nursing staff who have access to the medication refrigerator regarding the procedure for verification and documentation of refrigerator temperature daily. In addition, nursing staff recording the refrigerator temperature will be inserviced regarding immediate notification to Administrator or designee should the refrigerator temperature be beyond the acceptable range of 36-46 degrees Fahrenheit. The Director of Nursing or designee will inservice all nursing staff responsible for medication administration regarding the procedure of dating of any medications, including over-the-counter medications, at the time the medication is opened. In addition, education will be provided at the inservice regarding	11/23/2024

	verification of appropriate label and date present on any medications prior to administration. Ongoing monitoring will be conducted by the Director of Nursing or designee by walking and observational rounds to verify that medications are properly labeled and dated; and that appropriate documentation of refrigerator temperatures are recorded daily.	
F812	The facility will continue to store and distribute food under sanitary conditions. The large bag of elbow pasta without date or seal was discarded. The three bags of cereal that were open, undated or unsealed were discarded. The dated box of graham cracker crumbs with unsealed bag inside was discarded. The two large baking sheets will have carbon build up on the sides/bottom removed or will be replaced. The two Ziploc bags of frozen items without label or date in the white single-door stand-up freezer at the front of the kitchen, were discarded. The six bags of frozen items without label or date in the white, single-door stand-up freezer at the back of the kitchen, were discarded. The Dietary Manager will conduct written counseling for all dietary employees regarding the use of hairnets while working and preparing food in the kitchen. Dietary Aide D will receive written counseling with regard to cleaning/disinfecting any pot/pan dropped on the floor prior to placing back on the storage shelf or using in the process of food preparation; and the steps of handwashing/gloving during food preparation and contact with various surfaces and/or food in the kitchen. Dietary Manager conduct inservice training for all dietary staff on 10/18/2024 regarding food storage with labeling and dating; use of hairnets while working and preparing food in the kitchen; removal of carbon build-up on pots/pans; cleaning/disinfecting of any item that comes into contact with the floor prior to use; and proper handwashing/gloving during food preparation and contact with various surfaces and/or food in the kitchen. Dietary Manager will review pantry and freezers for any food items that are not properly labeled/dated and initiate removal of any items found. In addition, he/she will inspect all cooking pots/pans for any carbon build up and remove and/or replace any items noted. Ongoing monitoring will be conducted by Administrator and/or Dietary Manager with observation of the presence of hairnets while working in the kitchen; proper labeling/dating of opened food items in the pantry and/or freezers/refrigerators; proper	11/23/2024

	handwashing/gloving use while preparing food; and to verify that no cooking utensils have a carbon build up	
F925	The facility will continue to maintain an effective pest control program. Pest control contractor was present in the building on the first day of annual survey, 10/07/2024, and sprayed entire building as normal. A pest sighting log has been created/updated and will be kept at the nursing station for all staff to document any pest sightings. Review of invoice content has been completed with the pest control vendor to include on any future invoice, the areas treated and the pest types that were addressed under that invoice. In addition, vendor has been advised regarding the pest sighting log maintained at nurses station and asked to refer to it during future treatment visits. All staff will be inserviced by Administrator or designee with regard to reporting/documenting any sightings of pests; and/or any reports of sightings made by any and all residents in the pest sighting log book.	11/23/2024

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

PLAN OF CORRECTION

Provider/Supplier Name:	Daybreak Nursing Center
Street Address, City, Zip:	410 St. Hwy H, Sikeston, MO 63801
Date of Survey:	10/10/204

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		
ID PREFIX TAG	**PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)**	**COMPLETION DATE**
	This plan of correction is submitted as required under state law. The submission of this plan does not constitute an admission on the part of Daybreak Nursing Center as to the accuracy of the surveyors' findings or the conclusion 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 findings constitute a deficiency or 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 or 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 concept is employed in Rule 407 of the Federal Rules of Evidence and should be inadmissible in any proceeding on that basis.	
A4062	Refer to F761	11/23/2024
A4075	Refer to F677	11/23/2024
A6012	Refer to F584	11/23/2024
A6015	Refer to F584	11/23/2024
A6039	Refer to F925	11/23/2024
A7003	Refer to F812	11/23/2024
A7019	Refer to F812	11/23/2024
A7020	Refer to F761	11/23/2024
A7064	Refer to F812	11/23/2024

Brock Thornbrough, LNHA 10/29/24