STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265382	A. BUILDING _____ B. WING _____	01/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEMORY LANE OF DEXTER	415 S CATALPA STREET DEXTER, MO 63841

(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 SS=D	Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5) §483.45(e) Psychotropic Drugs. §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	F 758		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: M Clusin | TITLE: LNHA | (X6) DATE: 2/06/25

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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beyond 14 days, he or she should document their rationale in the resident's medical record and 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 attempt a gradual dose reduction (GDR) for four residents (Residents #2, #3, #30, and #33) out of five sampled residents. The facility's census was 64.

Review of the facility's policy titled, "Tapering Medications and Gradual Dose Reduction," revised July 2022, showed:
- After medications are ordered for a resident, the staff and practitioner shall seek an appropriate dose and duration for each medication that also minimizes the risk of adverse consequences;
- Residents who use psychotropic (medications that affect the mind, emotions, and behavior) medications shall receive gradual dose reductions and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;
- The staff and practitioner will consider tapering of medications as one approach to finding an optimal dose or determining whether continued use of a medication is benefiting the resident;
- The physician will review periodically whether current medications are still necessary in their current doses. For example, whether an individual's conditions or risk factors are sufficiently prominent or enduring that they

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require medication therapy to continue in the current dose, or whether those conditions and risks could potentially be equally well managed or controlled without certain medications, or with a lower dose;
- Residents who use psychotropic medications shall receive gradual dose reductions, unless clinically contraindicated, in an effort to discontinue the use of such drugs. Pertinent behavioral interventions (non-pharmacological attempts to influence an individual's behavior, including environmental alterations and staff approaches to care) will also be attempted;
- Within the first year after a resident is admitted on a psychotropic medication or after the resident has been started on a psychotropic medication, the staff and practitioner shall attempt a GDR in two separate quarters (with at least one month between the attempts), unless clinically contraindicated. After the first year, the facility shall attempt a GDR at least annually, unless clinically contraindicated;
- For any individual who is receiving a psychotropic medication to treat a psychiatric disorder other than behavioral symptoms related to dementia (for example, schizophrenia, bipolar mania, or depression with psychotic features), the GDR may be considered contraindicated, if: the continued use is in accordance with relevant current standards of practice and the physician has documented the clinical rationale for why any attempted dose reduction would be likely to impair the resident's function or cause psychiatric instability by exacerbating an underlying psychiatric disorder; or the resident's target symptoms returned or worsened after the most recent attempt at a GDR within the facility and the physician has documented the clinical rationale for why any additional attempted dose reduction

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at that time would be likely to impair the resident's function or cause psychiatric instability by exacerbating an underlying medical or psychiatric disorder.

1. Review of Resident #2's medical record showed:
- Admission date of 03/22/24;
- Diagnoses of unspecified dementia (dementia without a specific cause, a person's mild cognitive impairment has yet to be diagnosed as a specific type of dementia), psychotic disturbance (a mental disorder characterized by a disconnection from reality), psychosis (a collection of symptoms that affect the mind, where there has been some loss of contact with reality), Alzheimer's disease (a progressive disease that destroys memory and mental function) and major depressive disorder (a mental illness that causes a persistent low mood and loss of interest in activities);
- An order for quetiapine (an antipsychotic medication that treats symptoms of psychosis, such as hallucinations and delusions) 25 milligrams (mg) by mouth at bedtime daily, dated 04/01/24;
- An order for mirtazapine (an antidepressant medication) 15 mg by mouth at bedtime daily for anxiety disorder, dated 03/23/24;
- No documentation of attempted GDRs for quetiapine, or mirtazapine;
- No documentation of contraindications of medication adjustments for quetiapine, or mirtazapine.

2. Review of Resident #3's medical record showed:
- Admission date of 04/10/23;
- Diagnoses of unspecified dementia, psychosis, anxiety (intense, excessive, and persistent worry

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and fear about everyday situations), and cognitive communication deficit (difficulty with communication caused by impairment in cognitive process);
- An order for risperidone (an antipsychotic medication) 0.25 mg, one tablet by mouth at bedtime, dated 04/27/23;
- No documentation of attempted GDRs for risperidone;
- No documentation of contraindications of medication adjustments for risperidone.

3. Review of Resident #30's medical record showed:
- Admission date of 03/07/24;
- Diagnoses of Alzheimer's disease, repeated falls, cognitive communication deficit, and hallucinations (seeing, hearing, tasting, smelling, or feeling something that isn't there);
- An order for quetiapine 25 mg daily in the evening, dated 03/07/24;
- No documentation of attempted GDRs for quetiapine;
- No documentation of contraindications of medication adjustments for quetiapine.

4. Review of Resident #33's medical record showed:
- Admission date of 01/10/24;
- Diagnoses of unspecified psychosis, Alzheimer's disease, and unspecified dementia;
- An order for quetiapine (an antipsychotic medication) 100 mg, give one tablet by mouth at bedtime, dated 01/10/24;
- An order for quetiapine (an antipsychotic medication) 25 mg, give one tablet by mouth two times a day, dated 10/09/24;
- No documentation of attempted GDRs for quetiapine;

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F 758	Continued From page 5 - No documentation of contraindications of medication adjustments for quetiapine. During an interview on 01/23/25 at 11:45 A.M., Pharmacist E said he/she initiates GDRs on medications quarterly, last done in October 2024. He/she said they are getting ready to start on the January GDRs. Pharmacist E said he/she works closely with the facility psychiatrist when it comes to the dosing of the medication. During an interview on 01/17/25 at 6:30 P.M., the Administrator and the Director of Nursing said they both expected GDRs to be done for all residents on any psychotropic medications. The GDRs should be completed per the facility's policy.	F 758		
F 759 SS=D	Free of Medication Error Rts 5 Prcnt or More CFR(s): 483.45(f)(1) §483.45(f) Medication Errors. The facility must ensure that its- §483.45(f)(1) Medication error rates are not 5 percent or greater; This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to maintain an error rate of less than five percent (%) during medication administration. There were 29 opportunities with two errors made, for an error rate of 6.9%, which affected two residents (Resident #30 and #267) out of two sampled residents. The facility's census was 64. Review of the facility's policy titled, "Insulin Administration," revised September 2014,	F 759		

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showed:
- The type of insulin, dosage requirements, strength, and method of administration must be verified before administration;
- The nursing staff will have access to specific instructions (from the manufacturer if appropriate) on all forms of insulin delivery systems prior to their use.

Review of the lispro KwikPen (insulin in a pen-type device) manufacturer instructions for use, revised July 2023, showed:
- Priming the pen means removing the air from the needle and cartridge that may collect during normal use and ensures that the pen is working correctly;
- Not priming before each injection may result in too much or too little insulin;
- Turn the dose knob to select two units;
- Hold the pen with the needle pointing up, tap the cartridge holder gently to collect air bubbles at the top;
- With the needle pointing up, push the dose knob until it stops and zero is seen in the dose window, hold and count to five slowly;
- There should be insulin at the tip of the needle, if not, repeat no more than four times.

Review of the Fiasp Flex Touch Pen (insulin in a pen-type device) instructions, revised July 2023, showed:
- To prime the pen, turn the dose selector to select two units;
- Hold the pen with the needle pointing up;
- Tap the cartridge gently with your finger a few times to make any air bubbles collect at the top of the cartridge;
- Keep the needle pointing upwards, press the push-button all the way in;

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- The dose selector returns to zero;
- A drop of insulin should appear at the needle tip. If not, change the needle and repeat the procedure no more than six times;
- Select your dose;
- Give injection.

1. Review of Resident #30's Physician's Order Sheet (POS), dated January 2025, showed:
- An order for insulin lispro per sliding scale (progressive increase in the pre-meal or nighttime insulin dose based on pre-defined blood glucose ranges) for a blood sugar of 251-300, give seven units, dated 05/07/24.

Observation of the resident's medication administration on 01/15/25 at 11:29 A.M. showed:
- Certified Medication Technician (CMT) D administered insulin lispro seven units subcutaneously (an injection just beneath the skin) to the resident per sliding scale for a blood sugar of 280;
- CMT D failed to prime the insulin pen prior to the administration of the insulin.

2. Review of Resident #267's POS, dated January 2025, showed:
- An order for Fiasp, inject per sliding scale for a blood sugar of 301-350, give eight units, dated 12/19/2024.

Observation of the resident's medication administration on 01/15/25 at 11:10 A.M. showed:
- CMT D administered Fiasp eight units subcutaneously to the resident per sliding scale for a blood sugar of 311;
- CMT D failed to prime the Fiasp pen prior to the administration of the insulin.

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F 759	Continued From page 8 During an interview on 01/15/25 at 11:45 A.M., CMT D said he/she was told to prime the pen when first opened, not with each injection. During an interview on 01/17/25 at 8:07 A.M., the Administrator and the Director of Nursing said they would expect staff to prime the insulin pen prior to each injection.	F 759		
F 812 SS=F	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, 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. These practices had the potential to affect all residents who are served food from the kitchen.	F 812		

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The facility's census was 64.

Review of the facility's policy titled, "Refrigerators and Freezers," revised November 2022, showed:
- This facility will ensure safe refrigerator and freezer maintenance, temperatures, and sanitation, and will observe food expiration guidelines;
- Supervisors are responsible for ensuring food items in pantry, refrigerators, and freezers are not past "use by" or expiration dates. Supervisors should contact vendors or manufacturers when expiration dates are in question or to decipher codes on packaging.

Review of the facility's policy titled, "Food Receiving and Storage," revised November 2022, showed:
- Foods shall be received and stored in a manner that complies with safe food handling practices;
- Food services, or other designated staff, maintain clean and temperature/humidity-appropriate food storage areas at all times;
- Dry foods and goods are handled and stored in a manner that maintains the integrity of the packaging until they are ready to use;
- Dry foods that are stored in bins are removed from original packaging, labeled and dated ("use by" date);
- Refrigerated foods are labeled, dated and monitored so they are used by their "use by" date, frozen, or discarded.

Review of the facility's Daily Cleaning Schedule for the kitchen, dated January 2025, showed floors are to swept and mopped daily by the afternoon staff.

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F 812	Continued From page 10 Observation on 01/15/25 at 9:15 A.M. of the dry goods storage room showed: - Four 46 ounce (oz) unopened containers of prune juice with an expiration date of 05/17/24; - Two 16 oz unopened containers of beef base with an expiration date of 07/12/24; - Three 28 oz unopened packages of vanilla instant pudding and pie filling mix and one, opened on 01/13/25, all with an expiration date of 09/06/24; - Nine 28 oz unopened packages of chocolate instant pudding and pie filling mix and one, opened on 12/24/24, all with an expiration date of 09/06/24. Observation on 01/15/25 at 9:15 A.M. and 01/17/25 at 10:45 A.M. of the dry goods storage room showed: - Onion peelings and a 1 inch (") x 2 " puddle of a brown sticky substance under the right rear plastic shelving unit; - A 3 " x 3 " area of a light colored sticky residue on the floor in front of the right rear plastic shelving unit; - A cardboard box of graham cracker crumbs, dated 10/10/24, with the lid opened and the inner plastic bag opened and unsealed; - A cardboard box of puree bread mix, dated 12/26/24, with the lid opened and the inner plastic bag opened and unsealed; - A cardboard box of panko bread crumbs, dated 11/21/24, with the lid opened and the inner plastic bag opened and unsealed; - Food crumbs and debris in three plastic storage bins containing brown gravy mix, chicken gravy mix, and biscuit gravy mix. Observation on 01/17/25 at 10:45 A.M. of the kitchen showed:	F 812		

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- A gallon of chocolate milk, half full, with an expiration date of 1/16/25 in the refrigerator on the right side of the kitchen;
- A five pound (lb) container of cottage cheese, opened on 12/19/24 with a best by date of 12/29/24, in the refrigerator on the left side of the kitchen.

Observation on 01/17/25 at 10:50 A.M. of the dry goods storage room showed:
- A 25 lb box of powdered sugar, dated 9/8/23, with the lid opened and the inner plastic bag opened and unsealed;
- A 25 lb box of long grain rice, dated 6/8 with no year, with the lid opened and the inner plastic bag opened and unsealed;
- A 25 lb bag of yellow self rising cornmeal mix, dated 11/2/23, opened, inside a plastic tote with the lid on, and the outside of the tote dated 1/9/25;
- A 25 lb bag of hushpuppy mix, delivered date 9/7/23, expiration date of 11/9/24, opened, inside a plastic tote with the lid on;
- A two gallon plastic resealable bag of rotini pasta, opened 11/20/24, unsealed with two drips of dark colored liquid on the outside of the bag.

During an interview on 01/15/25 at 10:15 a.m., the Dietary Manager (DM) said the expired foods would be thrown out immediately. He/she said the sticky residue on the floor of the dry goods storage room looked like syrup and the dietary staff would clean it up.

During an interview on 01/17/25 at 11:20 A.M., the DM said the dietary staff was supposed to have cleaned the floor in the dry goods storage room, but obviously it wasn't done. He/she took over as the DM in October 2023 and inherited

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F 812	Continued From page 12 some of the expired food and they hadn't been using it, but it would be discarded immediately. During an interview on 01/17/25 at 6:20 P.M., the Administrator said she would expect expired food items to be thrown away on or at their expiration dates.	F 812		
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. This had the potential to affect all residents in the facility. The facility's census was 64. Review of the facility's policy titled, "Pest Control," revised May 2008, showed: - Our 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. Observation on 01/15/25 at 9:15 A.M. of the dry goods storage room showed: - Multiple gnats crawling on the floor between the kitchen and dry goods storage room; - Numerous gnats flying around the dry goods storage room and crawling on the floor; - Numerous gnats flying above onions stored in an open plastic bin and over a 1 inch (") x 2 " puddle of a brown sticky substance under the	F 925		

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	265382	A. BUILDING _____ B. WING _____	01/17/2025

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MEMORY LANE OF DEXTER	415 S CATALPA STREET DEXTER, MO 63841

(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 13	F 925		

right rear plastic shelving unit and a 3 " x 3 " area of a light colored sticky residue on the floor in front of the right rear plastic shelving unit;
- Three gnats crawling on plastic resealable bags of spaghetti and rotini pasta noodles.

Observation on 01/17/25 at 10:50 A.M. of the dry goods storage room showed:
- A gnat on a plastic bag containing angel food cake, dated 12/21/24;
- A 25 pound (lb) box of powdered sugar, dated 9/8/23, with the lid opened and the inner plastic bag opened and unsealed, with two gnats flying around it;
- Numerous dead gnats in the floor in front of a crate holding a plastic tote containing a 25 lb bag of hushpuppy mix;
- A gnat crawling on the plastic wrapper of a loaf of sandwich bread on a shelf next to the door;
- Two live gnats crawling on the floor and numerous dead gnats on the floor in front of the open plastic bin of onions;
- A gnat crawling on a cardboard tray containing seven 50 oz cans of tomato soup;
- A gnat crawling on a cardboard tray containing four 7.25 oz cans of tomato soup and three 7.25 oz cans of chicken noodle soup.

During an interview on 01/15/25 at 10:15 a.m., the Dietary Manager (DM) said he/she thought the gnats were coming from the floor drain and they had previously poured a mixture of cider vinegar and dishwashing liquid down the drain to try to get rid of them.

During an interview on 01/17/25 at 6:20 P.M., the Administrator said she would expect the kitchen and food storage areas to be free from pests. She said the pest control company came to the

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	265382	A. BUILDING _____ B. WING _____	01/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEMORY LANE OF DEXTER	**415 S CATALPA STREET DEXTER, MO 63841**

(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 facility yesterday to spray for the gnats.	F 925		

	02156	B. WING	01/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEMORY LANE OF DEXTER	415 S CATALPA STREET DEXTER, MO 63841

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A4031	19 CSR 30-85.042(27) Communicable Disease-Employees The facility must develop and implement policies and procedures which ensure employees are screened to identify communicable diseases and ensure that employees diagnosed with communicable diseases do not expose residents to such diseases. The facility's policies and procedures must comply with the Missouri Department of Health's regulations pertaining to communicable diseases, specifically 19 CSR 20-20.010 through 19 CSR 20-20.100, as amended. II This regulation is not met as evidenced by: Based on interview and record review, the facility failed to follow appropriate infection prevention practices for three of ten employee tuberculosis (TB-a contagious lung disease) screenings when the facility failed to test within the set parameters. The facility's census was 64. Review of 19 CSR 20-20.100 Tuberculosis Testing for Residents and Workers in Long-Term Care Facilities showed: - Long Term Care Employees and Volunteers: All new long-term care facility employees and volunteers who work ten (10) or more hours per week are required to obtain a Mantoux Purified Protein Derivative (PPD) (Mantoux, TB skin test, tuberculin skin test (TST), and PPDs are often used interchangeably. Mantoux refers to the technique for administering the test. Tuberculin (also called PPD) is the solution used to administer the test) two (2)-step tuberculin test within one (1) month prior to starting employment in the facility. If the initial test is zero to nine millimeters (0-9 mm), the second test should be given as soon as possible within three (3) weeks	A4031		

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A4031	Continued From page 1	A4031		

after employment begins, unless documentation is provided indicating a Mantoux PPD test in the past and at least one (1) subsequent annual test within the past two (2) years. It is the responsibility of each facility to maintain a documentation of each employee's and volunteer's tuberculin status. (E) Employees and volunteers with an initial zero to nine millimeters (0-9 mm) Mantoux PPD two (2)-Step test shall be one (1)-step tuberculin tested annually and the results recorded in a permanent record.

Review of the facility's policy titled, "Employee Screening for Tuberculosis," dated March 2021, showed:
- Each newly hired employee is screened for latent tuberculosis infection (LTBI) and active tuberculosis (TB) disease after an employment offer has been made, but prior to the employee's duty assignment.

1. Review of Certified Nurse Assistant (CNA) A's personnel file showed:
- A start date of 06/24/24;
- A first-step TST administered 06/25/24 and read zero millimeters (mm) on 06/27/24;
- The facility failed to complete the first-step TST prior to duty assignment.

2. Review of CNA B's personnel file showed:
- A start date of 04/03/24;
- A first-step TST administered 04/03/24 and read zero mm on 04/05/24;
- The facility failed to complete the first-step TST prior to duty assignment.

3. Review of Laundry Aide C's personnel file showed:
- A start date of 01/07/25;
- A first-step TST administered by outside facility

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	02156	A. BUILDING: _____ B. WING _____	01/17/2025

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A4031	Continued From page 2 on 11/07/24 and read negative on 11/09/24; - A second-step TST was not completed; - The facility failed to perform the first-step TST with measurement prior to duty assignment and failed to perform a second-step TST. During an interview on 01/17/25 at 6:15 P.M., the Administrator and Director of Nursing (DON) said they would expect employee first-step TST skin tests to be given and read with measurements recorded prior to duty assignment with the second-step being performed one to three weeks later.	A4031		
A4055	19 CSR 30-85.042(46) Safe/Effective Medication System There shall be a safe and effective system of medication distribution, administration, control, and use. I/II This regulation is not met as evidenced by: Class II Refer to F759.	A4055		
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	A4061		

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A4061	Continued From page 3 Refer to F758.	A4061		
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		
A7015	19 CSR 30-87.030(13) Food-Protected, Temp, Need to Contact DHSS At all times, including while being stored, prepared, displayed, served or transported to or from the facility, food shall be protected from potential contamination, including dust, insects, rodents, unclean equipment and utensils, unnecessary handling, coughs and sneezes, flooding, drainage and overhead leakage or overhead drippage from condensation. The temperature of potentially hazardous food shall be forty-five degrees Fahrenheit (45°F) or below or one hundred forty degrees Fahrenheit (140°F) or above at all times, except as otherwise provided in this section. In the event of a fire, flood, power outage or similar event that might result in the contamination of food, or that might prevent potentially hazardous food from being held at required temperatures, the person in charge shall immediately contact the Department of Health and Senior Services (the department).	A7015		

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A7015	Continued From page 4 Upon receiving notice of this occurrence, the department shall take whatever action that it deems necessary to protect the residents. II/III This regulation is not met as evidenced by: Class III Refer to F812.	A7015		

PLAN OF CORRECTION

Provider/Supplier Name:	Memory Lane of Dexter
Street Address, City, Zip:	415 South Catalpa Street, Dexter MO 63841
Date of Survey:	01/17/2025

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	

ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
	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 Memory Lane of Dexter 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.	
F758	The facility will continue to attempt a gradual dose reduction (GDR) for all residents. Residents #2, #3, #30 and #33 will receive an additional pharmaceutical review with recommendations made to the provider for gradual dose reduction(s) in an effort to reduce or discontinue any unnecessary medications, unless clinically contraindicated and duly noted by the provider. DON and/or designee, along with facility pharmacy consultant, will review medication regimens for any resident of the facility currently receiving a psychotropic medication in order to verify that timely GDR attempts have been recommended and/or followed, unless documented as clinically contraindicated. Ongoing monitoring will be conducted by the DON and/or designee through monthly review of consulting pharmacist's	02/28/2025

	recommendations of each resident's medication regimen. The pharmacist's review will be compared to the EHR report listing of psychotropic/antipsychotic medications currently ordered for each resident to confirm all psychotropic/antipsychotic medications are identified for timely GDRs. Any identified discrepancies will be reviewed with the consulting pharmacist through the QA/QAPI Committee.	
F759	The facility will continue to maintain medication error rates below five percent. DON and/or designee will conduct an inservice for all licensed staff and all insulin certified C.M.T.s regarding proper technique of priming any and all insulin pens prior to any insulin administration. Ongoing monitoring will be conducted by the DON and/or designee through daily and/or weekly observational walking rounds. Any identified staff exhibiting improper technique will be reviewed by the QA/QAPI Committee.	02/28/2025
F812	The facility will continue to store, prepare, distribute and serve food under sanitary conditions and in accordance with professional standards. The following items were discarded: -Four 46 ounce (oz) unopened containers of - prune juice; -Two 16 oz unopened containers of beef base; -Three 28 oz unopened packages of vanilla instant pudding and pie filling mix; - One opened packaged of vanilla instant pudding and pie filling mix; -Nine 28 oz unopened packages of chocolate instant pudding and pie filling mix; -One opened package of chocolate instant pudding and and pie filling mix -A box of graham cracker crumbs; -A box of pureed bread mix; -A box of panko bread crumbs; -A gallon of chocolate milk in the refrigerator on right side of kitchen; - A five-pound container of cottage cheese in the refrigerator on the left side of the kitchen; -A 25 lb. box of powdered sugar; - A 25 lb. box of long grain rice; - A 25 lb. bag of yellow self-rising cornmeal mix; - A 25 lb bag of hushpuppy mix; - A two gallon plastic resealable bag of rotini.	02/28/2025

	Onion peelings and a 1"x 2 " area of brown residue under the right rear plastic shelving unit will be cleaned. Onions will be stored in a covered bin. A 3" x 3 " area of a light-colored residue on the floor in front of the right rear plastic shelving unit will be cleaned. stored. Food crumbs and debris in three plastic storage bins containing brown gravy mix, chicken gravy mix, and biscuit gravy mix will be cleaned. All areas of food storage, both dry, cold and frozen, will be inspected for any food items that are not properly stored, sealed, and/or dated. The Administrator and/or Dietary Manager will conduct an inservice for all dietary staff regarding proper food storage, sealing, dating and proper disposal if beyond "best use by" date. Ongoing monitoring will be conducted by the Administrator and/or designee to verify cleaning schedules being properly followed and food storage, labeling, dating and discarding is properly maintained.	
F925	This facility will continue to maintain an effective pest control program so that the facility is free of pests and rodents. All food items with attracting gnats have been discarded and residue under the shelving units in the dry good storage will be properly cleaned. The dietary department, including floors, will be maintained per the cleaning schedule. All areas of the kitchen, including floors, will be deep cleaned to eliminate the presence of food substances that could be an attraction for pests. The facility has implemented the use of an enzymatic cleaning agent in the drain pipes of the kitchen, per the manufacturer's guidelines, along with the pest control company situationally and routinely treating the kitchen for the presence of any pests. Ongoing monitoring will be conducted by the Administrator and/or designee to verify that the kitchen areas are maintained in a sufficiently clean matter as to not attract pests and that the floor drains of the kitchen are properly treated to prevent any entrance of pests.	02/28/2025

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

PLAN OF CORRECTION

Provider/Supplier Name:	Memory Lane of Dexter
Street Address, City, Zip:	415 South Catalpa Street, Dexter MO 63841
Date of Survey:	01/17/2025

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	

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A4031	This facility will continue to follow appropriate infection prevention practices for all employees and administer tuberculosis screenings, in compliance with the Missouri Department of Health's regulations pertaining to communicable diseases specifically 19 CSR 20-20.010 through 19 CSR 20-20.100, as amended. Administrator will conduct an in-service with DON, ADON and Business Office Manager regarding the policy and practices that each newly hired employee will be screened for latent tuberculosis (TB) disease after an employment offer has been made, but prior to the employee's duty assignment. Ongoing monitoring will be conducted by the Administrator and/or designee to verify that proper procedures are being followed.	02/25/2025

A4055	Refer to F759	02/28/2025
A4061	Refer to F758	02/25/2025
A6039	Refer to F925	02/25/2025
A7015	Refer to F812	02/25/2025

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