STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265411	A. BUILDING _____ B. WING _____	C 10/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POINT LOOKOUT NURSING & REHAB	11103 HISTORIC HWY 165 HOLLISTER, MO 65672

(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 582 SS=D	Medicaid/Medicare Coverage/Liability Notice CFR(s): 483.10(g)(17)(18)(i)-(v) §483.10(g)(17) The facility must-- (i) Inform each Medicaid-eligible resident, in writing, at the time of admission to the nursing facility and when the resident becomes eligible for Medicaid of- (A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; (B) Those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and (ii) Inform each Medicaid-eligible resident when changes are made to the items and services specified in §483.10(g)(17)(i)(A) and (B) of this section. §483.10(g)(18) The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare/ Medicaid or by the facility's per diem rate. (i) Where changes in coverage are made to items and services covered by Medicare and/or by the Medicaid State plan, the facility must provide notice to residents of the change as soon as is reasonably possible. (ii) Where changes are made to charges for other items and services that the facility offers, the facility must inform the resident in writing at least 60 days prior to implementation of the change. (iii) If a resident dies or is hospitalized or is transferred and does not return to the facility, the facility must refund to the resident, resident representative, or estate, as applicable, any	F 582		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	ADMINISTRATOR	11/26/2024

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

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F 582	Continued From page 1 deposit or charges already paid, less the facility's per diem rate, for the days the resident actually resided or reserved or retained a bed in the facility, regardless of any minimum stay or discharge notice requirements. (iv) The facility must refund to the resident or resident representative any and all refunds due the resident within 30 days from the resident's date of discharge from the facility. (v) The terms of an admission contract by or on behalf of an individual seeking admission to the facility must not conflict with the requirements of these regulations. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to provide a Skilled Nursing Facility Advance Beneficiary Notice (SNF ABN - form CMS-10055) or a denial letter at the initiation, reduction, or termination of Medicare Part A benefits for two resident (Resident #39 and #85) who remained in the facility after discharge from Medicare Part A services. The facility census was 93. Review of the "Form Instructions Skilled Nursing Facility Advanced Beneficiary Notice of Non-coverage (SNF ABN) Form CMS-10055 (2024)," undated, provided as the facility's policy, showed the following: -The SNF ABN provided information to the patient so that she/he can decide whether or not to get the care that may not be paid for by Medicare and assume financial responsibility. SNF's must use the SNF ABN when applicable for SNF prospective payment system services (Medicare Part A); -It is important to note that the SNF ABN,	F 582		

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F 582	Continued From page 2 CMS-10055, is only issued if the beneficiary intends to continue services and the SNF believes the services may not be covered under Medicare, SNF's will continue to use the ABN form CMS-R-131 when applicable for Medicare Part B items and services. 1. Review of Resident #'39's Skilled Nursing Facility Beneficiary Protection Notification Review showed the following: -Medicare Part A skilled services started on 07/25/24; -Last covered day of Medicare Part A services on 08/10/24; -The facility initiated the discharge from Medicare Part A services when benefit days were not exhausted; -The facility did not provide the resident or his/her legal representative the SNF ABN form CMS-10055 or alternative denial letter. During an interview on 10/24/24, at 12:08 P.M., the Business Office Manager (BOM) said the resident used 17 days and had 83 days left of insurance coverage. 2. Record review of Resident #85's Skilled Nursing Facility Beneficiary Protection Notification Review showed the following: -Medicare Part A skilled services episode start date on 05/29/24; -Last covered day of Part A services as 06/14/24; -The facility initiated the discharge from Medicare Part A services when benefit days were not exhausted; -The facility did not provide the resident or his/her legal representative the SNF ABN form	F 582		

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F 582	Continued From page 3 CMS-10055 or alternative denial letter. During an interview on 10/24/24 at 12:08 P.M., the BOM said the resident used 17 days and had 83 days left of insurance coverage. 3. During an interview on 10/23/24, at 3:40 P.M. the Social Service Director (SSD) said the following: -She gives notices of medicare non-coverage (NOMNC) forms to residents; -The insurance company sends the NOMNC forms to the facility which she prints off and gives to the resident and/or responsible party; -She explains the last covered day and the payer source will be private pay the next day with additional charges for therapy; -She did not give the ABN forms to the residents; -She did not know to give ABN forms to residents. 4. During an interview on 10/24/24, at 12:08 P.M., the BOM said the following: -She explains to residents upon admission of what insurance pays for; -Residents have a right to appeal discharge from therapy; -The insurance company sends NOMNC forms to the corporate staff who send to the facility; -The SSD gives the NOMNC to the residents and/or responsible party; -She did not know staff did not give the ABN forms to the resident and/or responsible party; -The ABN form informs residents and/or responsible parties of insurance not covering the therapy and the right to appeal; -Both of the residents are on managed care and she did not know if the ABN should be given.	F 582		

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F 582	Continued From page 4 5. During an interview on 10/24/24, at 1:34 P.M., the Administrator said the following: -The corporate office sends the facility with the NOMNC forms; -The SSD gives the NOMNC forms to the resident and/or responsible party; -The facility did not issue ABN notices to the residents who were discharged from therapy and had remaining days.	F 582		
F 801 SS=F	Qualified Dietary Staff CFR(s): 483.60(a)(1)(2) §483.60(a) Staffing The facility must employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, taking into consideration resident assessments, individual plans of care and the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.71. This includes: §483.60(a)(1) A qualified dietitian or other clinically qualified nutrition professional either full-time, part-time, or on a consultant basis. A qualified dietitian or other clinically qualified nutrition professional is one who- (i) Holds a bachelor's or higher degree granted by a regionally accredited college or university in the United States (or an equivalent foreign degree) with completion of the academic requirements of a program in nutrition or dietetics accredited by an appropriate national accreditation organization recognized for this purpose. (ii) Has completed at least 900 hours of	F 801		

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

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F 801	Continued From page 6	F 801		

in a nursing facility setting and has completed a course of study in food safety and management, by no later than October 1, 2023, that includes topics integral to managing dietary operations including, but not limited to, foodborne illness, sanitation procedures, and food purchasing/receiving; and
(ii) In States that have established standards for food service managers or dietary managers, meets State requirements for food service managers or dietary managers, and
(iii) Receives frequently scheduled consultations from a qualified dietitian or other clinically qualified nutrition professional.
This REQUIREMENT is not met as evidenced by:
Based on interview and record review, the facility failed to ensure the staff member employed as the Dietary Manager had the required certifications, education, or experience to meet the regulatory requirements. The facility census was 93.

Review of the facility policy titled, "Dietary Manager," dated 01/01/98, showed the following:

-Minimum qualifications of high school diploma or GED equivalent;
-Two years of experience in a supervisory capacity in related field;
-Certified Dietary Manager.

1. During an interview on 10/21/24, at 10:05 A.M., the Dietary Manager said the following:

-He/she had only been the manager for two years and had been a CNA/CMT previously;
-He/she was not certified;
-He/she was given a voucher to take a test, but

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F 801	Continued From page 7 that was "four or so, administrators ago." He/she was not sure what happened to it; The administrator was supposed to let him/her know when he/she would get certified, but he/she had not heard anything. Review of facility records showed the facility did not provide documentation the Dietary Manager being certified as a dietary manager, food service manager, or any similar certification, or other education or experience that met the regulatory requirements. During an interview on 10/24/24, at 11:35 A.M., the Administrator said the following: -He/she was unsure why the Dietary Manager didn't get certified except the Dietary Manager told him that several administrators before him/her had arranged for them to take a test, but they did not have the chance; -The Dietary Manager did get ready to test, that was arranged by a prior administrator, but ended up not going; -He/she was not sure as to why the Dietary Manager did not take the test; -He/she has spoken with the regional manager and they are going to set up the test to get it taken care of.	F 801		
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.	F 812		

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F 812	Continued From page 8 (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 keep food safe from potential contamination or bacterial growth at all times when staff failed to air dry dishese before storage. The facility census was 93. 1. Record review of the 1999 Food Code, issued by the Food and Drug Administration, showed the following information: -After cleaning and sanitizing, equipment and utensils shall be air-dried or used after adequate draining before contact with food. -Items must be allowed to drain and to air-dry before being stacked or stored. Stacking wet items such as pans prevents them from drying and may allow an environment where microorganisms can begin to grow. Record review of the facility's policy, "Nutrition and Dining Services Manual, Section 8," dated April 2011, showed the following: -Items are to be air dried;	F 812		

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F 812	Continued From page 9 -No moisture can be found on any stacked item. Observations on 10/21/24, at 10:05 A.M., showed the following: -Forty-seven tall, plastic drinking glasses, upside down, flat on a tray, still wet on the inside. The storage of the glasses prevent air movement that would allow the glasses to dry; -Forty plastic coffee cups, upside down, flat on a tray, still wet on the inside. The storage of the glasses prevent air movement that would allow the cups to dry. Observation on 10/23/24, at 11:30 A.M., showed the following: -Seventy-one glass plates, stacked on top on each other, trapping water between them; -Five plastic, adaptive plates, stacked on top on each other, trapping water between them; -Four metal bins for the steam table, upside down, stacked, still wet, trapping water between them. Observation on 10/24/24, at 9:25 A.M., showed thrity-two plastic plate covers, wet and stacked, with water still dripping from in-between. During an interview on 10/24/24, at 9:40 A.M., Cook D said he/she was not aware that dishes could not be stacked while still wet. During an interview on 10/24/24, at 9:50 A.M., Dietary Aide B said he/she was not aware that the dishes were being stacked up before being completely dry. During an interview on 10/24/24, at 10:05 A.M.,	F 812		

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F 812	Continued From page 10 Cook C, said he/she was aware that dishes cannot be stacked, while still wet, but was not aware that this was happening; During an interview on 10/24/24, at 10:15 A.M., Dietary Aide E said he/she knew to never stack dishes while still wet and would have said something if realized this was happening. During an interview on 10/24/24, at 10:30 A.M., the Dietary Manager said the following: -He/she said they had not been aware that the dishes were being stacked wet; -He/she is going to order some dry racks to help with this issue. During an interview on 10/24/24, at 2:45 P.M., the Administrator, said he/she would expect staff to follow policy and allow dishes time to air dry before putting them away.	F 812		
F 880 SS=E	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:	F 880		

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F 880	Continued From page 11 §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents	F 880		

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F 880	Continued From page 12 identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. 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 interview and record review, the facility failed to maintain an effective infection prevention and control program when staff failed to read administered tuberculosis (TB - a disease caused by germs that are spread from person to person through the air) skin tests in a timely fashion, per standards of practice, for three employees (Dietary Aide (DA) A, Licensed Practical Nurse (LPN) B, and Certified Nurse Aide (CNA) C. Facility had a census of 93. Review of the facility policy titled, "Tuberculosis Control," not dated, showed the following: -Provide a tuberculin skin test to all employees during pre-employment procedures unless a previous reaction greater than 10 millimeters is documented; -An initial two step tuberculin skin test will be given; -If the result of first tuberculin skin test is negative (a negative tuberculin skin test is any measurement between zero to nine millimeters), give the second tuberculin skin test ten days later; -The tuberculin skin test is to be read 48 to 72	F 880		

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F 880	Continued From page 13 hours after administered. Review of 19 CSR 20-20.100 Tuberculosis Testing for Residents and Workers in Long-Term Care Facilities and State Correctional Centers showed the following: -All new long-term care facility employees and volunteers who work ten or more hours per week are required to obtain a Mantoux PPD (a skin test to test for TB) two-step tuberculin test within one month prior to starting employment in the facility. -If the initial test is zero to nine millimeters (mm), the second test should be given as soon as possible within three weeks after employment begins, unless documentation is provided indicating a Mantoux PPD test in the past and at least one subsequent annual test within the past two years. -It is the responsibility of each facility to maintain a documentation of each employee ' s and volunteer ' s tuberculin status. -All skin test results are to be documented in mm of induration. 1. Review of DA A's Staff Immunization Records showed the following: -Hire date of 05/06/24; -Second-step of the two-step TB test administered on 05/21/24. Staff read the test as negative on 05/22/24 (one day after administered). 2. Review of LPN B's Staff Immunization Records showed the following: -Hire date of 08/13/24; -Second-step of the two-step TB test	F 880		

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	265411	A. BUILDING _____ B. WING _____	C 10/24/2024

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F 880	Continued From page 14 administered on 08/27/24. Staff read the test as negative on 08/31/24 (4 days after administered). 3. Review of CNA C's Staff Immunization Records showed the following: -Hire date of 09/09/24; -First step of the two-step first TB test administered on 09/09/24. Staff read the test as negative 09/13/24 (4 days after administered). 4. During an interview on 10/23/24, at 3:19 P.M., the Assistant Director of Nursing (ADON) said the following: -TB skin tests should be read within 2 to 3 days and not sooner than 2 days; -TB skin tests should be repeated if read more than 3 days; -He/she expected staff to read and notify Human Resources (HR) when first test has been completed and set up for next screening. 5. During an interview on 10/24/24, at 1:32 P.M., the Human Resources (HR) Manager said the following: -He/she tracked employee TB skin test completion and scheduled them for any additional testing needed; -The TB skin test placed at orientation and read two days later by orientation staff or by facility staff; -Nursing reads the test and documents the results. He/she gives the form to set two week return for second TB skin test placed and read; -HR does not read TB skin test. He/she only sets up employees for completion of the testing requirements.	F 880		

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F 880	Continued From page 15 6. During an interview on 10/24/24, at 1:45 P.M., the Director of Nursing (DON) said the following: -The facility nurses place and read TB tests; -New employees have a TB skin test placed at orientation and are expected to return to the facility for reading in 48 hours; -If unable to return in 48 hours, they would have the employee take picture and send to her or have employee repeat test if could not return within 72 hours; -Employee should return in 2 weeks for another TB test; -The HR office monitors timeframes and reports to nursing staff if not TB test screening is not completed correctly. 7. During an interview on 10/24/24, at 2:25 P.M., the Administrator said the following: -He expected staff to read TB skin test results within appropriate times; -HR is responsible to schedule new employee TB test; -Staff go through the DON to get tests done; -Staff have first TB test read before working floor.	F 880		
F 921 SS=F	Safe/Functional/Sanitary/Comfortable Environ CFR(s): 483.90(i) §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed maintain a clean and	F 921		

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F 921	Continued From page 16 comfortable environment when the facility staff failed to maintain all light fixtures, walls, floors, sinks, and ceilings in in the dining and kitchen areas clean and free of debris. The facility census was 93. Record review of the facility policy, "Nutrition and Dining Services Manual, Section 10," dated April 2011, showed the following: -Specify days the cleaning schedule will be done; -Specify who is responsible to do the cleaning by shift and position; -Post the schedule prior to the beginning of each week; -The employee will initial in the column under the day the task is completed. 1. Observation on 10/21/24, at 10:00 A.M., of the main dining room showed the a light fixture above the serving counter covered in cobwebs. Observation on 10/21/24, at 10:05 A.M., of the kitchen showed the following: -The handwashing station not clean. Splash-marks remained from soap that looked like dried bubbles on the wall behind the sink. Debris, including hair and dirt, was located in and around the sink. -The floor was sticky; -The floor near the stove and food prep area was greasy. -The floor behind the ice machine was dirty with a bright red substance. -The area above the walk-in refrigerator and freezer, had metal strips going to the ceiling and filters that were covered with cobwebs and a lint/grease mixture that moved with the airflow.	F 921		

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F 921	Continued From page 17 Observation on 10/23/24, at 11:30 A.M., of the kitchen showed the following: -The handwashing station was not clean with dirt and grease marks present; -The floor behind the ice machine had a bright red substance present; -The area above the walk-in refrigerator and freezer, had metal strips going to the ceiling and filters that were covered with cobwebs and a lint/grease mixture that moved with the airflow. Observation on 10/24/24, at 9:25 A.M., of the kitchen showed the following: -The handwashing station was not clean with dirt and grease marks present; -The floor behind the ice machine had a bright red substance present; -The area above the walk-in refrigerator and freezer, had metal strips going to the ceiling and filters that were covered with cobwebs and a lint/grease mixture that moved with the airflow. During an interview on 10/24/24, at 9:40 A.M., Cook D said the following: -All staff take turns cleaning different areas of the kitchen; -Staff does follow a cleaning schedule; -It has been a while since he/she had seen anyone clean above the walk-in units. He/she had noticed that it is not very clean up there. During an interview on 10/24/24, at 9:40 A.M., Dietary Aide B said the following: -Everyone has their own areas where they are	F 921		

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F 921	Continued From page 18	F 921		

supposed to be cleaning;
-The Dietary Manager makes a cleaning schedule and they follow it each week;
-Night shift is who cleans the baseboards and floors;
-Maintenance should be cleaning above the walk-ins;
-He/she will clean his/her own station and then everyone pitches in, where needed.

During an interview on 10/24/24, at 9:40 A.M., Cook C said the following:

-He/she will clean his/her own station where he/she is working from;
-This is done everyday;
-Sometimes the kitchen staff will meet in the evenings or at a different times and work together to deep clean.

During an interview on 10/24/24, at 9:40 A.M., Dietary Aide E said the following:

-There is a cleaning schedule that they all follow when working the kitchen;
-Sometimes staff will stay in their own areas to clean or sometimes do whatever is needed;
-He/she knows the kitchen is not as clean as it should be.

During an interview on 10/24/24, at 9:40 A.M., the Dietary Manager said the following:

-He/she would expect staff to be washing the base boards and sweeping and mopping the floor;
-There should not be debris or dirt in or around the hand washing station. It should be sanitized;
-He/she was unaware of the floor behind the ice

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F 921	Continued From page 19 machine not being cleaned. During an interview on 10/24/24, at 3:50 P.M., the Administrator said the areas in the kitchen should be clean and maintained that way.	F 921		

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	12716	A. BUILDING: _____ B. WING _____	C 10/24/2024

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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: 1. Please refer to F880.	A4031		
A6012	19 CSR 30-87.020(12) Floor Surfaces All floors in the facility shall be clean and shall be maintained in good repair. Floors and floor coverings of all food-preparation, food-storage and utensil-washing areas, and the floors of all walk-in refrigerating units, dressing rooms, locker rooms, toilet rooms and vestibules shall be constructed of smooth durable material such as sealed concrete, terrazzo, ceramic tile, durable grades of linoleum or plastic, or tight wood impregnated with plastic. Nothing in this section shall prohibit the use of antislip floor covering in areas where necessary for safety reasons. III This regulation is not met as evidenced by: 1. Please refer to F921.	A6012		
A6015	19 CSR 30-87.020(15) Walls/Ceilings/Doors/Windows Clean	A6015		

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A6015	Continued From page 1 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: 1. Please refer to F921.	A6015		
A6019	19 CSR 30-87.020(19) List Fixtures, Vent Covers, Décor Cleanable Light fixtures, vent covers, wall-mounted fans, decorative materials and similar equipment attached to walls and ceilings shall be easily cleanable and shall be maintained clean and in good repair. III This regulation is not met as evidenced by: 1. Please refer to F921.	A6019		
A7067	19 CSR 30-87.030(65) Nonfood Contact Surfaces,Cleaned as Needed Nonfood-contact surfaces of equipment shall be cleaned as often as is necessary to keep the equipment free of accumulation of dust, dirt, food particles and other debris. III This regulation is not met as evidenced by: 1. Please refer to F921.	A7067		
A7086	19 CSR 30-87.030(84) Equip/Utensils Air Dried, Self-Drain Utensils After mechanical or manual sanitization, all equipment and utensils shall be air dried. All utensils shall be stored in a self-draining position. III	A7086		

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A7086	Continued From page 2 This regulation is not met as evidenced by: 1. Please refer to F812.	A7086		

PLAN OF CORRECTION

Provider/Supplier Name:	Point Lookout Nursing & Rehab
Street Address, City, Zip:	11103 Historic Hwy165 Hollister, MO. 65672
Date of Survey:	10/24/2024

	This plan of correction is submitted as required under State and Federal law. The submission of this does not constitute an admission on the part of Point Lookout Nursing & Rehab as to the accuracy of the surveyor's findings or the conclusion drawn there from. The plan of correction does not constitute an admission on the part of the facility that the findings or that the scope and severity regarding any of the deficiencies cited are correctly applied. This plan should be considered as the facility's letter of credible allegation. Compliance and corrections were or will be considered completed on 12/8/2024.	Completed on 12/8/24 and ongoing.
.F-582	The Facility will continue to provide a Skilled Nursing Facility Advance Beneficiary Notice or a denial letter at the initiation reduction, or termination of Medicare Part A benefits to residents. 1. All current and future admitted residents receiving Medicare benefits will be given a Skilled Nursing Facility Advance Beneficiary Notice or a denial letter when services are changed in coverage. 2. The Administrator/Designee in-serviced the Social Service Director and Assistant on when to how and when to initiate a ABN form/denial letter to residents on 11/22/24. 3. All Medicare Residents will be reviewed during weekly IDT meeting to ensure residents are given the ABN form within the appropriate time frame. 4. The Social Service Director will keep a log of Medicare residents and the log the date of when ABN forms are to be initiated. 5. The Administrator will review the ABN log on a weekly basis to ensure the ABN forms were initiated timely. 6. All finding will be discussed during the monthly QAPI meeting.	Completed on 12/8/24 and ongoing.
F-801	The Facility will continue to ensure the Dietary Mgr. has the required certifications, education or experience to meet the regulatory requirements. 1. The Dietary Mgr. received the certification and education on 10/28/24. 2. The Administrator will ensure all dietary mgs. have the certification and education to meet the regulatory requirements. This will be checked at least annually.	Completed on 12/8/24 and ongoing.

	3. Dietary Consultant will review dietary services to ensure resident nutritional needs are being met at least monthly. 4. All findings will be discussed during monthly QAPI meeting regarding education for dietary.	
F-812	The Facility will continue to ensure food is safe from potential contamination or bacterial growth at all times by ensuring dishes are air dried before storage. 1. The Dietary Mgr. in-service all dietary staff on proper storage of dishes and air drying prior to storing of dishes on or before 12/8/24. 2. The Dietary Mgr. will check dishes to ensure they are stored appropriately at least 1 time a week for 4 weeks then at least monthly. 3. The Dietary Mgr. implemented a drying and storage checklist for staff to complete and initial after each dishwashing cycle, ensuring accountability. 4. The Dietary staff will ensure dishes are air dried and stored properly during each shift. 5. Checking dishes will be added to the daily check off sheet to ensure the dishes are properly stored and air dried before storing. 6. All findings will be discussed during monthly QAPI meeting.	Completed on 12/08/24 and ongoing.
F-880	The Facility will continue to maintain an effective infection prevention and control program to ensure TB readings are read in a timely manner. 1. The Human Resource Mgr. has set up a tickler file for staff employees to ensure TB's are administered and read timely. The HR Mgr. will check tickler system Mon.- Friday to ensure employee's TB's are read timely. Notifications of dates will be given to the employees and the DON/Designee. 2. Employee C.N.A. C, DA A and LPN B will have the TB step administered again and steps will be read within 48 to 72 hours. 3. The Infection preventionist in-serviced all nursing and HR Director on proper TB test administration, reading timeline frames, and documentation of results. 4. The HR Director/Designee will audit all employee immunization records on or before 12/8/24 to identify any other instances of delayed or improperly documented readings. 5. The HR Director will conduct monthly audits of employee TB's for the next 3 months then every quarter to ensure the facility is in compliance 6. All employees receiving 2-step TB or annual TB's will be read within 48 to 72 hours and recorded. 7. The Administrator/Infection preventionist will review the tickler system twice a week for 4 weeks to ensure TB's are being read timely and then review on a monthly basis. 8. All findings will be discussed during monthly QAPI meeting and address any identified deficiencies promptly.	Completed on 12/8/24 and ongoing.

F-921	The Facility will continue to maintain a clean and comfortable environment ensuring light fixtures, walls, floors, sinks and ceilings in the dining and kitchen areas are clean. 1. The Dietary Mgr./Designee has cleaned the cobwebs from the light fixture over the serving counter, handwashing sink cleaned and free of debris, floor cleaned, in the kitchen, metal strips and filters going into walk-in were cleaned and are free of cobwebs, 2. The Dietary Mgr. has re-done the cleaning schedule to ensure the above-mentioned areas are kept clean at all times. Daily Cleaning schedule will include handwashing sink and floors. Weekly schedule will include cleaning of light fixtures metal strips and filters going into walk-in. 3. The Dietary Mgr. will check the daily cleaning schedule to ensure things are being cleaned checked and are clean. 4. The Dietary Mgr. will check the weekly cleaning schedule and areas that are to be cleaned on a weekly basis are clean. 5. The Dietary Mgr. in-serviced all dietary staff on cleaning schedule and ensure the kitchen is clean at all times on or before 12/8/24. 6. All findings will be reviewed during monthly QAPI meeting.	Completed on 12/8/24 and ongoing.
A-4031 A6012 A-6015 A-6019 A-7067 A-7086	Refer to F-880 Refer to F-921 Refer to F-921 Refer to F-921 Refer to F-921 Refer to F-812	Completed on 12/8/24 and ongoing.

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.