| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 265470 | A. BUILDING _____ B. WING _____ | 02/07/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| HOUSTON HOUSE | 1000 NORTH INDUSTRIAL DRIVE HOUSTON, MO 65483 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 641 SS=D | Accuracy of Assessments<br>CFR(s): 483.20(g)<br><br>§483.20(g) Accuracy of Assessments.<br>The assessment must accurately reflect the resident's status.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, interview, and record review, the facility failed to accurately code the Minimum Data Set (MDS), a federally mandated assessment instrument completed by the facility staff, for one resident (Resident #55) out of 18 sampled residents. The facility census was 76.<br><br>Review of the facility's policy titled, "Certifying Accuracy of the Resident Assessment," revised November 2019, showed:<br>- The information captured on the assessment reflects the status of the resident during the observation (look -back) period for that assessment.<br><br>1. Review of Resident #55's medical record showed:<br>- An admission date of 11/03/23;<br>- Diagnoses of chronic inflammatory demyelinating polyneuritis (neurological disorder that affects peripheral nerves and nerve roots), polyneuropathy (peripheral nerve disorder that affects nerves throughput the body), paraplegia (paralysis affecting all or parts of lower part of body), muscle weakness, major depressive disorder (disorder that causes a persistent feeling of sadness or loss of interest), diabetes mellitus (DM - elevated levels of sugar in the blood), and anxiety (a feeling of fear, dread, and uneasiness);<br>- Had post-traumatic stress disorder (PTSD - a mental health condition triggered by a terrifying event - either experiencing it or witnessing it; | F 641 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 2/21/25

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.

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| F 641 | Continued From page 1<br>symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event);<br>- Care plan, last revised 01/24/25, addressed PTSD with triggers;<br>- Brief Trauma Questionnaire, dated 11/03/23, showed PTSD with past therapies and coping methods.<br><br>Review of the resident's annual MDS, dated 11/13/24, showed:<br>- PTSD diagnosis not addressed.<br><br>During an interview on 02/07/25 at 9:25 A.M., the MDS Coordinator said PTSD should have been addressed for Resident #55. If a resident had a diagnosis like diabetes that was not mentioned by the physician for 60 days, then he/she did not address the diagnosis on the MDS assessment.<br><br>During an interview on 02/07/25 at 12:20 P.M., the Director of Nursing (DON) and Administrator said they would expect the MDS to accurately reflect the resident's condition and diagnoses at the time of the assessment. | F 641 | | |
| F 812 SS=D | Food Procurement,Store/Prepare/Serve-Sanitary<br>CFR(s): 483.60(i)(1)(2)<br><br>§483.60(i) Food safety requirements.<br>The facility must -<br><br>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.<br>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.<br>(ii) This provision does not prohibit or prevent | F 812 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 265470 | A. BUILDING _____ B. WING _____ | 02/07/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| HOUSTON HOUSE | 1000 NORTH INDUSTRIAL DRIVE HOUSTON, MO 65483 |

| (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 |
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| F 812 | Continued From page 2 | F 812 | | |

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 when the facility failed to utilize pasteurized eggs to prepare fried eggs without a congealed yolk for seven residents (Residents #13, #42, #53, #54, #56, #57 and #63) out of 15 sampled residents. These practices had the potential to affect all residents. The facility census was 76.

Review of the facility's policy titled, "Hair Restraints," dated 2016, showed:
- Staff shall wear hair restraints in all food production, dishwashing, and serving areas;
- Hair restraints, hats, and/or beard guards shall be used to prevent hair from contacting exposed food.

The facility did not provide a policy on the use of pasteurized (a process of food preservation in which packaged foods are treated with mild heat) eggs.

1. Observations on 02/04/25 at 11:20 A.M., and 02/07/25 at 10:58 A.M., of the kitchen showed:
- Dietary Aide (DA) B served food from the steam table with hair partially unrestrained from the

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|---|---|---|---|
| | 265470 | A. BUILDING _____ B. WING _____ | 02/07/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| HOUSTON HOUSE | 1000 NORTH INDUSTRIAL DRIVE HOUSTON, MO 65483 |

| (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 3 | F 812 | | |

outside of a hairnet;
- DA C prepared food with hair partially unrestrained from the outside of a hairnet;
- An emptied disposable towel dispenser near the personal hygiene sink;
- A 4 foot (ft.) section of vinyl baseboard peeled away from the wall behind the garbage disposal sink;
- Six 4-inch (in.) x 12 in. ceiling diffusers (one of the few visible parts of an air conditioning system) with dust buildup and a brown substance on the front exterior surfaces near the food shelves and food preparation areas;
- 14 1 ft. x 1 ft. vinyl floor tiles missing under the front food preparation counter along the wall.

During an interview on 02/07/25 at 11:15 A.M., DA B said he/she tried to keep his/her hair under the hairnet and had been trained to keep hair restrained.

During an interview on 02/07/25 at 11:20 A.M., DA C said he/she tried to keep his/her hair entirely under the hairnet and it was the expectation for dietary workers.

During an interview on 02/07/25 at 11:25 A.M., the Dietary Manager (DM) said the dietary workers hair should be kept entirely inside of the hairnets.

2. Observations on 02/04/25 at 11:30 A.M., and 02/07/25 at 11:08 A.M., of the walk-in refrigerator showed:
- No pasteurized shell eggs;
- Six boxes with 15 dozen non-pasteurized eggs, dated 01/28/25;
- One partially full box with non-pasteurized eggs, dated 01/14/25;

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|---|---|---|---|
| | 265470 | A. BUILDING _____ B. WING _____ | 02/07/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| HOUSTON HOUSE | 1000 NORTH INDUSTRIAL DRIVE HOUSTON, MO 65483 |

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| F 812 | Continued From page 4 | F 812 | | |

- The refrigerator door gasket covered with a black substance;
- The interior lower right front wall section near the door with an approximate 1 ft. diameter (dia.) hole in the thin metal surface layer with a 1 in. ice build-up;
- The interior lower right side wall section with approximately 10 ft. by 1 ft. hole in the thin metal surface layer with a 1 in. ice build-up,

3. Observation of the dining room on 02/04/25 at 11:58 A.M., showed Resident #42 ate a partially full plate with three chopped yellow eggs prepared fried with an uncongealed (become liquid again or to thaw) yolk.

During an interview on 02/04/25 at 11:20 A.M., DA A said the fried eggs were requested over easy and over medium by the residents. He/she had fried eggs this morning that were not well done for a resident and used unpasteurized shell eggs. There had been no training about only using pasteurized eggs.

During an interview on 02/04/25 at 12:16 P.M., the DM said normally there were no less than twelve residents that order fried eggs. The eggs should be fried at least medium, but the resident this morning had runny, uncongealed yolks. The cooks were expected to use pasteurized eggs if they were going to be fried runny. They had not had the pasteurized eggs available since they ran out over one week ago, and the staff wanted to stick with the residents' choices on preparation of the fried eggs.

During an interview on 02/04/25 at 12:35 P.M., DA B said he/she fried eggs over easy or over medium with the yolk a little runny this morning.

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|---|---|---|---|
| | 265470 | A. BUILDING _____ B. WING _____ | 02/07/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| HOUSTON HOUSE | 1000 NORTH INDUSTRIAL DRIVE HOUSTON, MO 65483 |

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|---|---|---|---|---|
| F 812 | Continued From page 5 | F 812 | | |

He/She fried about 34 eggs in a skillet, but he/she wasn't sure how many residents were served the eggs. He/She was not trained to use only pasteurized eggs if they were to be fried a little runny. The eggs were taken from the partially full box with unpasteurized shell eggs, dated received on 01/28/25. A separate container with unpasteurized eggs was emptied this morning and the box had been removed from the kitchen.

During an interview on 02/04/25 at 12:56 P.M., the Administrator said the policy for use of pasteurized eggs showed the residents should only be served fried eggs made from pasteurized eggs. The facility should only be ordering pasteurized eggs. The pasteurized eggs should have been used for the fried eggs today. There were several residents served eggs that were undercooked, the residents will be put on high awareness for the risk of food borne illness. The Director of Nursing (DON) had been made aware of the concern.

During an interview on 02/06/25 at 8:37 A.M., the DON said she was aware the dietary department had served undercooked fried shell eggs that were non-pasteurized. They should not have been served undercooked and the residents were put on high awareness. The physician was contacted about the situation. The non-pasteurized eggs will be replaced with pasteurized shell eggs. The residents will only be served eggs that are cooked fully until we receive pasteurized eggs.

During an interview on 02/04/25 at 01:25 P.M., Resident #13 said his/her eggs were served fried with a runny yolk this morning.

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|---|---|---|---|
| | 265470 | A. BUILDING _____ B. WING _____ | 02/07/2025 |

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| HOUSTON HOUSE | 1000 NORTH INDUSTRIAL DRIVE HOUSTON, MO 65483 |

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| F 812 | Continued From page 6 | F 812 | | |

During an interview on 02/04/25 at 1:30 P.M., Resident #63 said his/her fried eggs were received today and the yellow was still a little runny. Fried eggs had been served cold to his/her room about two weeks ago when the new cook started. He/She always ordered eggs fried over easy.

During an interview on 02/07/25 at 11:22 A.M., Resident #56 said he/she was served fried eggs over easy this week on Tuesday, he/she prefers them that way, since then the eggs have been fried well done.

During a group interview on 02/07/25 at 11:27 A.M., Residents #53, #54, and #57 said they were served eggs over easy and runny on Tuesday because that is their preference for fried eggs. They have been okay with having the eggs well done until the eggs are replaced with pasteurized eggs.

4. Observations of the dining room area on 02/07/24 at 10:58 A.M., showed:
- Ice machine drain pipe not aligned over the floor drain and water dripped on the floor with one missing vinyl floor tile with scattered debris;
- An 8 ft. wooden base cabinet with a damp black substance near the floor in the baseboard area;
- The floor below dishwasher with scattered debris and a sticky film.

During an interview on 02/07/25 at 11:30 A.M., the DM said issues with the walk-in refrigerator should be repaired. There should not be holes in the interior or ice buildup. The floors should be kept clean under appliances and ceiling vents should be clean and not have a brown substance. The floor should be in good repair and not have

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|---|---|---|---|
| | 265470 | A. BUILDING _____ B. WING _____ | 02/07/2025 |

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|---|---|
| HOUSTON HOUSE | 1000 NORTH INDUSTRIAL DRIVE HOUSTON, MO 65483 |

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| F 812 | Continued From page 7<br>missing tiles.<br><br>During an interview on 02/07/25 at 11:59 A.M., the Maintenance Director said he/she was aware of issues that were in need of repair including refrigeration, ventilation, and cabinetry, in the dining and kitchen areas. The damage will be repaired, and it should not be in that condition. The ice machine drain was adjusted so it didn't drip on the floor. The water caused damage to the wooden cabinet next to the ice machine and it will be repaired or replaced. The walk-in refrigerator should not have ice buildup or holes on the interior and it will need some repairs. The diffusers will be cleaned and repaired.<br><br>During an interview on 02/07/25 at 12:45 P.M., the Administrator said the kitchen and dining area should be kept in good repair and the staff should be wearing hairnets that keep their hair fully restrained. The ceiling vents should be clean, the floor in the kitchen should not be missing tiles, and the dining room vanity will be repaired by the maintenance department. Maintenance would also need to look into repairing issues with the walk-in refrigerator. | F 812 | | |

Missouri Department of Health and Senior Services

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 10626 | A. BUILDING: _____ B. WING _____ | 02/07/2025 |

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| HOUSTON HOUSE | 1000 NORTH INDUSTRIAL DRIVE HOUSTON, MO 65483 |

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| A4108 | 19 CSR 30-85.042(98)(B) Clinical Records - assessment/interventions<br><br>Facilities shall ensure that the clinical record contains sufficient information to-<br>(B) Reflect the initial and ongoing assessments and interventions by each discipline involved in the care and treatment of the resident; and II/III<br><br>This regulation is not met as evidenced by:<br>Class III.<br><br>Refer to F641. | A4108 | | |
| A6019 | 19 CSR 30-87.020(19) List Fixtures, Vent Covers, Décor Cleanable<br><br>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<br><br>This regulation is not met as evidenced by:<br>Class III<br><br>Refer to F812. | A6019 | | |
| A6020 | 19 CSR 30-87.020(20) Cleaning Floors/Walls, Mops Disinfected<br><br>Cleaning of floors and walls, except emergency cleaning of floors, shall be done during periods when the least amount of food is exposed, such as between meals. Mops used for cleaning bathrooms shall be disinfected after use and before using in other areas. III | A6020 | | |

Missouri Department of Health and Senior Services

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| A6020 | Continued From page 1<br>This regulation is not met as evidenced by:<br>Class III<br><br>Refer to F812. | A6020 | | |
| A6045 | 19 CSR 30-87.020(45) Lavatory/Fixtures Clean/Good Repair<br><br>Lavatories, soap dispensers, hand-drying devices and all related fixtures shall be kept clean and in good repair. III<br><br>This regulation is not met as evidenced by:<br>Class III<br><br>Refer to F812. | A6045 | | |
| A7003 | 19 CSR 30-87.030(3) Clean Clothing, Hair Restraints<br><br>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<br><br>This regulation is not met as evidenced by:<br>Class III<br><br>Refer to F812. | A7003 | | |
| A7030 | 19 CSR 30-87.030(28) Whole/Pasteurized Eggs Used Only<br><br>Only clean whole eggs, with shell intact and without cracks or checks, or pasteurized liquid or frozen, or dry eggs or pasteurized dry egg products shall be used, except that hard-boiled, peeled eggs, commercially prepared and packaged, may be used. II | A7030 | | |

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|---|---|---|---|
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| A7030 | Continued From page 2<br><br>This regulation is not met as evidenced by:<br>Class II<br><br>Refer to F812. | A7030 | | |

# PLAN OF CORRECTION

| | |
|---|---|
| **Provider/Supplier Name:** | Houston House |
| **Street Address, City, Zip:** | 1000 NORTH INDUSTRIAL DRIVE<br>HOUSTON, MO 65483 |
| **Date of Survey:** | 02-07-25 |

| PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | |
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| ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | COMPLETION DATE |
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| | This plan of correction is submitted as required under the State Law. The submission of this plan does not constitute an admission on the part of Houston House as to the accuracy of the surveyor's findings or the conclusions drawn therefrom. The plan of correction does not constitute an admission on the part of the facility that the findings cited are accurate, that the scope and severity regarding any of the deficiencies cited are correctly applied.<br><br>The facility submits this plan of correction with the intention that it be inadmissible by any third party in any civil action or criminal action against the facility or any employee, agent, officer, director or shareholder of the facility.<br><br>Any changes to the facility policies and procedures should be considered to be subsequent remedial measures such as that employed in Rule 407 of the Federal Rules of Evidence and should be inadmissible in any proceeding on that basis.<br><br>Please accept this plan of correction with completion dates as our written credible allegation of compliance. | 03/23/25 |

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| F641 | Accuracy of Assessments<br>CFR(s):483.20(g)<br>483.20(g) Accuracy of Assessments<br>The assessment must accurately reflect the residents' status<br><br>What corrective actions will be accomplished for those residents found to have been affected by alleged deficient practice<br><br>Resident #55 was not harmed by alleged deficient practice<br><br>How will facility identify other residents having the potential to be affected by the same deficient practice<br><br>02/10/25 Administrator re-educated MDS Coordinator on reviewing resident diagnosis, assessments, past medical history and brief trauma questionnaire, and any medical record to obtain a comprehensive assessment that reflects the resident and that the care plan represents the resident comprehensively,<br><br>On 02/25/25 the Regional MDS coordinator will come to facility for one-on-one training of facility MDS coordinator. On accuracy of MDS and care plans<br><br>MDS will be reviewed quarterly during care plans to ensure accuracy<br><br>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e what quality<br><br>Administrator, DON and or Regional Nurse will review during weekly Qapi x 4 weeks , then monthly x 3 months then quarterly thereafter till deemed no longer necessary<br><br>Areas of concern will be addressed at the time of discovery for further interventions<br><br>Compliance date 03/23/25 | 03/23/25 |
| F812 | Food Procurement, Store Prepare /Serve Sanitary<br>CFR 483.60(i)(1)(2)<br>§483.60(i) Food safety requirements. The facility must - | 03-23-25 |

§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.

What Corrective action(s) will be accomplished for those residents found to have affected by the alleged deficient practice.

Residents #13, #42, #53, #54, #56, #57, and #63 were not harmed by alleged deficient practice

1. New paper towel dispenser and paper towel installed 03 /23 /25
2. 4-foot section of vinyl base added to wall behind the garbage disposal sink – completion date 02 /21 /25
3. 6-4 x12 ceiling diffuser replaced 02 /20/25
4. Vinyl floor tiles installed under the front food prep counter along wall – completed date 02/21 /25
5. Refrigerator door gasket replaced 03 /23 /25
6. Interior lower right front wall hole repaired 03 /23 /25
7. Interior lower right side wall section hole repaired 03/23 /25
8. Ice machine drainpipe aligned over the floor drain 02 /07/25
9. 8 ft cabinet in dining room removed and replaced 03/23 /25
10. Floor below dishwasher cleaned 02/10/25
11. Staff re-educated on policies regarding hair restraints 02/10/25
12. Staff re-educated on Food prep and service 02/07/25
13. Staff reeducated on cleaning schedules 02/10/25

How will the facility identify other residents having potential to be affected by same deficient practice

The administrator or her designee will audit daily x 5 days then 1 x week for month then monthly x3 months till deemed no longer necessary

How will corrective action be monitored to ensure the deficient practice will not recur, i.e what quality

Administrator, DON and or Regional Nurse will review Qapi weekly x 4 then monthly x3 then quarterly thereafter till deemed no longer necessary

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| | Areas of concern will be addressed at the time of discovery for further interventions<br><br>Compliance date -03-23-25 | |
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| A4108 | Please see plan of correction F641 | 03/23/25 |
| A6019 | Please see plan of correction F812 | 03/23/25 |
| A6020 | Please see plan of correction F812 | 03/23/25 |
| A6045 | Please see plan of correction F812 | 03/23/25 |
| A7003 | Please see plan of correction F812 | 03/23/25 |
| A7030 | Please see plan of correction F812 | 03/23/25 |
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**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.**