

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265361	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/13/2024
NAME OF PROVIDER OR SUPPLIER Riverdell Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1121 11th Street Boonville, MO 65233	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, facility staff failed to provide a comfortable and homelike environment for residents, when staff failed to maintain walls, ceilings, and floors. The facility census was 46.</p> <p>1. Review of the facility's Homelike Environment policy, date February 2021, showed residents are provided with a safe, clean, comfortable and homelike environment and encouraged to use their personal belongings to the extent possible. The facility staff and management maximizes, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting to include a clean, sanitary, and orderly environment.</p> <p>2. Observation on 12/10/24 at 10:30 A.M., showed resident occupied room [ROOM NUMBER]'s bathroom contained multiple areas of black stains in the tile around the toilet. Observation showed the tiles lifted from the floor.</p> <p>Observation on 12/10/24 at 11:10 A.M., showed resident occupied room [ROOM NUMBER]'s bathroom contained multiple areas of black stains in the tile around the toilet. Observation showed the tiles lifted from the floor. The wall by the sink with damaged sheetrock which exposed metal edges at the corner joint.</p> <p>3. Observation on 12/10/24 at 10:39 A.M., showed resident occupied room [ROOM NUMBER]'s bathroom had a sticky dried yellow substance on the bathroom tile, and the room contained a strong odor.</p> <p>4. Observation on 12/10/24 at 10:45 A.M., showed resident occupied room [ROOM NUMBER]'s bathroom tiles broken with exposed concrete below with sharp edges and had a strong odor.</p> <p>5. Observation on 12/11/24 at 11:07 A.M., showed resident occupied room [ROOM NUMBER]'s ceiling near the window patched contained cracks, brown stains, and black material which protruded from a hole.</p> <p>3. During an interview on 12/13/24 at 8:17 A.M. Certified Medication Technician A said if they see damage in the building there is a maintenance log to write it down. He/She said they also try to tell the Maintenance Director in person.</p> <p>During an interview on 12/13/24 at 8:22 A.M., Housekeeper I said he/she tells the housekeeping supervisor if damage is found.</p> <p>During an interview on 12/13/24 at 8:25 A.M., the Maintenance Director said he/she looks at the repair log to learn what repairs are need. Staff are to write the repair needs in the log. He/She said</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 265361	If continuation sheet Page 1 of 11

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>they were aware of the damage to walls and the flooring in the rooms. The maintenance director said he/she has been working around the building trying to keep up.</p> <p>During an interview on 12/13/24 at 9:27 A.M., the administrator said damage to the rooms could be a risk to residents. He/She said the facility has been too full to move residents when repairs are being done. The administrator said the Maintenance Director is responsible for making sure the repairs are finished.</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews, and record review, the facility staff failed to propell two residents (Resident #7, and #44) when staff did not use wheelchair footrests. Facility staff failed to provide safe mechanical lift transfers for three residents (Resident #15, #21, and #33), and failed to store hazardous materials in a safe manner in one shower room, one dining room and one storage cabinet. The facility census was 46.</p> <p>1. The facility did not provide a policy for wheelchair safety.</p> <p>2. Review of Resident #7's Annual Minimum Data Set (MDS), a federally mandated assessment tool, dated [DATE], showed staff assessed the resident as:</p> <p>-Cognitively intact;</p> <p>-Independent wheelchair;</p> <p>-Diagnosis of cerebrovascular accident, bipolar, schizophrenia, and macular degeneration.</p> <p>Observation on [DATE] at 2:59 P.M., showed Certified Nurse Aid (CNA) E propelled the resident in a wheelchair from the nurses desk to the Physical Therapy room. Observation showed the wheelchair did not contain foot rests and the residents feet slid along the floor while being propelled.</p> <p>During an interview on [DATE] at 3:01 P.M., CNA E said he/she couldn't find the foot rests for the wheelchair and had to propel the resident without them. He/She said it is safer with footrests on the wheelchair.</p> <p>3. Review of Resident #44's quarterly MDS, dated [DATE], showed staff assessed the resident as:</p> <p>-Severe cognitive impairment;</p> <p>-Substantial assistance wheelchair;</p> <p>-Diagnosis of dementia, and anxiety.</p> <p>Observation on [DATE] at 9:18 A.M., showed the administrator propelled the resident from the nurses desk to the resident's room. Observation showed the wheelchair did not contain footrests. Observation showed the residents foot on and off the floor while being propelled.</p> <p>4. Review of the facility's Lifting Machine, Using a Mechanical policy, dated 2001, showed staff the purpose of the procedure is to establish the general principles of safe lifting using a mechanical lifting device it is not a substitute for manufacturer's training or instructions and make sure the lift is stable and locked.</p> <p>5. Review of Resident #15's Quarterly MDS, dated [DATE], showed staff assessed the resident as:</p> <p>-Cognitively intact;</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Dependent on staff for all transfers;</p> <p>-Diagnosis of stroke.</p> <p>Observation on [DATE] at 01:05 P.M., showed NA D and CNA E transferred the resident from the wheelchair with a mechanical lift and the leg base of the lift open, NA D raised the resident from the wheelchair, closed the leg base, pushed the resident over the bed and lowered the resident onto the bed.</p> <p>During an interview on [DATE] at 01:43 P.M., NA D said the leg base should be open wide to keep the lift stable. NA D said when using a mechanical lift the legs should be open to the widest position for stability otherwise the lift could tip over. He/She said he/she did not think about it.</p> <p>6. Review of Resident #21's Quarterly MDS, dated [DATE], showed staff assessed the resident as:</p> <p>-Severely cognitively impaired;</p> <p>-Dependent on staff for all transfers;</p> <p>-Diagnosis of dementia.</p> <p>Observation on [DATE] at 10:43 A.M., showed License Practical Nurse (LPN) C and the housekeeping supervisor transferred the resident from the wheelchair with a mechanical lift and the leg base of the lift open. LPN C raised the resident from the wheelchair, closed the leg base, pushed the resident over the bed and lowered the resident onto the bed.</p> <p>During an interview on [DATE] at 08:15 A.M., LPN C said mechanical lift training is done by therapy and nursing at least every three to four months. He/She said staff should keep the leg base open during the transfer for stability but the room size makes it difficult. LPN C said the leg base should be kept open or the lift could go off balance and the resident could fall.</p> <p>7. Review of Resident #33's quarterly MDS, dated [DATE], showed staff assessed the resident as:</p> <p>-Severe cognitive impairment;</p> <p>-Transfer total dependence;</p> <p>-Diagnosis of dementia.</p> <p>Observation on [DATE] at 10:00 A.M., showed CNA J and LPN C used a mechanical lift to transfer the from a wheelchair to a bed. LPN C operated the lift while CNA J steadied the resident. LPN C opened the legs of the mechanical lift and positioned it over the wheel chair. LPN C removed the wheelchair, closed the legs of the lift, pivoted the lift towards the bed, pushed the lift over the bed and lowered the resident.</p> <p>During an interview on [DATE] at 10:15 A.M., LPN C said the legs of the lift can not be opened because of the lack of space in the room. He/She said the legs should be open for stability and resident safety.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>8. During an interview on [DATE] at 09:15 A.M., the Administrator said during mechanical lift transfers, staff should keep the leg base open for the stability of the machine. He/She said staff are trained on the operation of the lifts by the therapy department. The DON is responsible for the oversight of the nursing staff.</p> <p>During an interview on [DATE] at 09:30 A.M., the DON said for safety reasons, staff should keep the leg base open during transfers with a mechanical lift for better balance. He/She said staff are trained during on the floor assistance and observations. The DON said the ADON and DON do daily hall checks for issues.</p> <p>9. The facility did not provide a policy for the storage of hazardous materials.</p> <p>Observation on [DATE] at 11:42 A.M., showed the 100 hall shower room unattended and door unlocked. Observation showed the shower room cabinet unlocked with an open disposable razor container. Observation showed staff were not present in the hallway by the unlocked door.</p> <p>Observation on [DATE] at 9:18 A.M., showed the 100 hall shower room unattended and door unlocked. Observation showed the shower room cabinet unlocked with an open disposable razor container.</p> <p>Observation on [DATE] at 9:57 A.M., showed the 300 hall resident dining room contained two bottles of nail polish remover in a plastic bin. Observation showed unattended residents sat in the dining room.</p> <p>10. During an interview on [DATE] at 1:52 P.M., CNA K said wheelchairs should have the footrest on before a resident is pushed because it could injure the resident without the footrest. Mechanical lifts should be closed during transfers. He/She said hazardous chemicals and razors should be locked to prevent resident access for their safety.</p> <p>During an interview on [DATE] at 1:43 P.M., LPN F said staff should not push residents in a wheelchair without the footrests on. There could be injuries if the footrests are not on the wheelchair. Mechanical lifts should be done with the legs spread to the widest position or a resident could be injured. All hazardous materials or razors should be locked when not in use.</p> <p>During an interview on [DATE] at 9:19 A.M., the Administrator said residents should not be pushed without the footrests on or they could be injured. The administrator said staff are educated on this wheelchair safety. He/She said all hazardous chemicals or razors should be locked for resident safety.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>Based on observation, interview, and record review, facility staff failed to store medications in one out of two medication storage rooms in a safe and effective manner. The facility census was 46.</p> <p>1. Review of the facility's policy titled Medication Labeling and Storage, dated February 2023, showed if the facility has discontinued, outdated or deteriorated medications or biologicals, the dispensing pharmacy is contacted for instructions regarding returning or destroying these items. The nursing staff is responsible for maintaining medications storage and preparation areas in a clean, safe, and sanitary manner.</p> <p>2. Observation on 12/11/24 at 10:17 A.M., showed the 100 hall medication storage room contained the following:</p> <ul style="list-style-type: none"> -One bottle of Aspirin 325 milligram (mg) with an expiration date of 09/24; -One bottle of Magnesium Oxide 400 mg with an expiration date of 09/24; -Three bottles of Vitamin D 10 mg with an expiration date of 09/24; -One Diclofenac Sodium topical Gel 100 gram tube with an expiration date of 04/24. <p>During an interview on 12/13/24 at 8:16 A.M., Certified Medication Technician (CMT) A said expired or damaged medication are returned to the pharmacy or destroyed.</p> <p>During an interview 12/13/24 at 8:34 A.M., Licensed Practical Nurse (LPN) B said the night shift nurse is responsible for monitoring the medication storage room. Expired medications should be returned to the pharmacy or destroyed by facility staff and then reordered. All nurses and CMT's are to check for medication issues.</p> <p>During an interview on 12/13/24 at 9:26 A.M., the administrator said the Director of Nursing (DON) and the CMT's are responsible for monitoring the medication storage room. There should not be any expired medications in the room because of the risk to resident's health.</p> <p>During an interview on 12/13/24 at 9:43 A.M., the DON said all nursing staff are responsible for medication storage and for checking for expired medications. The medications should be destroyed due to the risk to the residents if they received the expired medications.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview and record review, facility staff failed to ensure the dish washer machine operated according to manufacturer's instructions in a manner adequate to prevent cross contamination of kitchen wares. The facility census was 46.</p> <p>1. Review of the facility's Sanitization policy, revised November 2022, showed dishwashing machines are operated according to manufacturer's instructions. General recommendations for low temperature dishwashers (chemical sanitization) are wash temperature of 120 degrees Fahrenheit (F) and final rinse with 50 parts per million (ppm) hypochlorite (chlorine).</p> <p>Review of the facility's Dish Machine - PPM Sanitizer Record Logs for the period of 10/01/24 through 12/12/24 showed staff documented morning and afternoon machine temperatures of 98 degrees F on all days.</p> <p>Observation on 12/10/24 at 10:20 A.M., showed the front of the dish machine contained a label which indicated minimum wash and rinse temperatures of 120 degrees F.</p> <p>Observation on 12/10/24 at 11:06 A.M., showed Dietary Dish Aide M ran a food processor bowl, lid, and blade through the dish machine. Observation showed the maximum water temperature reached was 101 degrees F.</p> <p>Observation on 12/10/24 at 11:10 A.M., showed the Dietary Manager (DM) used a food processor to puree chicken and broth. Observation showed the DM rinsed the food processor parts, added the parts to a dish machine rack, and ran the items through the dish machine. Observation showed the maximum water temperature reached was 109 degrees F.</p> <p>Observation on 12/10/24 at 11:23 A.M., showed Dietary Dish Aide M ran a food processor bowl, lid, and blade through the dish machine. Observation showed the maximum water temperature reached was 102 degrees F.</p> <p>Observation on 12/10/24 at 12:20 P.M., showed Dietary Dish Aide M prewashed and ran a rack of dishes through the dish machine. Observation showed the maximum water temperature reached was 106 degrees F.</p> <p>Observation on 12/12/24 at 9:03 A.M., showed a test run of the dish machine indicated a maximum temperature of 104 degrees F. Observation showed the dish machine temperature gauge and a calibrated digital thermometer indicated the same temperature during the test run.</p> <p>During an interview on 12/12/24 9:01 A.M., Dietary Dish Aide M said he/she checked the dish machine water temperature in the morning and afternoon. He/She said the dish machine water temperature should be 98 to 100 degrees F. He/She said he/she documented water temperatures on the dish machine log. He/She said he/she was trained to check water temperatures and sanitizer concentrations by the previous DM.</p> <p>During an interview on 12/12/24 9:16 A.M., [NAME] L said the dish machine temperature usually ran around 98 degrees F. [NAME] L said the water temperature should be between 98 and 100 degrees F. [NAME] L said staff checked water temperatures daily and notified the vendor if there was a problem.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>[NAME] L said the vendor never said anything about the dish machine water temperature.</p> <p>During an interview on 12/12/24 at 9:12 A.M., the DM said he/she was responsible for making sure the dish machine operated correctly and staff were trained on proper use and function. The DM said he/she was not aware the dish machine water was not getting hot enough. The DM said he/she thought the water temperature should be 110 degrees F.</p> <p>During an interview on 12/12/24 at 10:50 A.M, the maintenance director said he/she used the dish machine temperature gauge to observe water temperatures. The maintenance director said the dish machine gauge never reached 120 degrees and that was okay because the machine used low temperature sanitizer chemicals. The maintenance director said he/she had read the instructional signage on the dish machine but he/she never thought about it.</p> <p>During an interview on 12/12/24 at 11:40 A.M., the administrator said the facility used a low temperature dish machine but he/she did not know the specific water temperature of the machine. The administrator said the DM was responsible for ensuring staff followed the dish machine manufacturer's instructions. The administrator said he/she was not aware the dish machine was not being operated in accordance with manufacturer's instructions.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, facility staff failed to develop and implement complete policies and procedures for the inspection, testing and maintenance of the facility's water systems to inhibit the growth of waterborne pathogens and reduce the risk of an outbreak of Legionnaire's Disease (LD- a serious type of pneumonia (lung infection) caused by Legionella bacteria, which places all residents of the facility at risk of exposure which could lead to illness. Facility staff failed to use appropriate infection control procedures to prevent the spread of bacteria or other infectious causing contaminants when staff failed to position an indwelling catheter of one resident (Resident #11) out of two sampled residents off the floor. The facility census was 46</p> <p>1. Review of the Centers for Medicare and Medicaid Services (CMS) Quality, Safety and Oversight (QSO) 17-30, dated 06/02/17 and revised on 07/06/18, showed:</p> <p>The bacterium Legionella can cause a serious type of pneumonia called LD in persons at risk. Those at risk include persons who are at least [AGE] years old, smokers, or those with underlying medical conditions such as chronic lung disease or immunosuppression. Outbreaks have been linked to poorly maintained water systems in buildings with large or complex water systems including hospitals and long-term care facilities. Transmission can occur via aerosols from devices such as showerheads, cooling towers, hot tubs, and decorative fountains.</p> <p>Facilities must have water management plans and documentation that, at a minimum, ensure each facility:</p> <ul style="list-style-type: none"> -Conducts a facility risk assessment to identify where Legionella and other opportunistic waterborne pathogens (e.g. Pseudomonas, Acinetobacter, Burkholderia, Stenotrophomonas, nontuberculous mycobacteria, and fungi) could grow and spread in the facility water system; -Develops and implements a water management program that considers the ASHRAE industry standard and the CDC toolkit; -Specifies testing protocols and acceptable ranges for control measures, and document the results of testing and corrective actions taken when control limits are not maintained. <p>Review of the facility's Legionella Water Management Plan, reviewed 09/27/24, showed:</p> <ul style="list-style-type: none"> -The plan introduction indicated the name of another facility; -The portion of the plan related to responsible personnel indicated the name of another facility; -The plan indicated maintenance personnel were to dismantle, clean and descale all showerheads and spray nozzles quarterly; -The water heaters will be flushed every six months; -The written description of the building water system indicated water entered the facility from a municipal water line from a town which is located more than 90 miles from the facility; <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-The written description of the building water system indicated the facility had three separate water systems, which consisted of six water heaters;</p> <p>-The plan table of contents indicated the plan contained a building water system flow diagram. Review showed the plan did not contain a flow diagram.</p> <p>Observation on 12/11/24 during the Life Safety Code tour showed the facility contained three water heaters. Observation showed two water heaters located in the mechanical room near the laundry room and one water heater in the 300-hall mechanical room.</p> <p>Review of the facility's Legionella control measures for the period of January 2024 through November 2024 showed the documentation did not include:</p> <p>-Semiannual water heater flushes;</p> <p>-Quarterly shower head and spray nozzle cleaning and descaling.</p> <p>During an interview on 12/12/24 at 10:50 A.M., the maintenance director said he/she was responsible for Legionella control in the facility. The maintenance director said the Legionella plan should include an accurate description of the facility water system. The maintenance director said he/she never cleaned shower heads because he/she thought staff cleaned them. The maintenance director said the facility contained three water heaters and he/she did not know why the Legionella plan indicated six water heaters. The maintenance director said he/she did not flush water heaters. The maintenance director said he/she reviewed the Legionella plan, but never read the plan thoroughly.</p> <p>During an interview on 12/12/24 at 11:40 A.M., the administrator said the Legionella Water Management plan was in place when he/she started. The administrator said he/she and maintenance staff were responsible for ensuring the Legionella plan was accurate and was followed. The administrator said the Legionella plan should have accurate facility water system descriptions. The administrator said he/she was not aware of all required components of a water management plan.</p> <p>2. Review of the facility's Urinary Catheter Care policy, dated 2001, showed the policy did not contain direction for positioning of an indwelling catheter off the floor.</p> <p>3. Review of Resident #11's MDS, dated [DATE], showed staff assessed the resident as:</p> <p>-Cognitively intact;</p> <p>-Dependent on staff for toilet hygiene;</p> <p>-Used an indwelling catheter;</p> <p>-Diagnosis of stroke and urine retention.</p> <p>Observation on 12/10/24 at 10:27 A.M., showed the resident in bed. His/Her indwelling catheter on the floor.</p> <p>Observation on 12/11/24 at 09:05 A.M., showed the resident in bed. His/Her indwelling catheter on the floor.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Observation on 12/12/24 at 09:03 A.M., showed the resident in bed. His/Her indwelling catheter on the floor.</p> <p>During an interview on 12/11/24 at 09:05 A.M., the resident said he/she has had the catheter a long time. He/She said the staff hook the catheter to the bed when he/she lays down.</p> <p>During an interview on 12/12/24 at 01:55 P.M., Certified Nursing Assistant (CNA) G said catheters should be hooked to the bed below the bladder and never touch the floor because the floor is dirty and could get bacteria inside the bag.</p> <p>During an interview on 12/13/24 at 08:15 A.M., the Assistant Director of Nursing (ADON) said catheter bags should be kept off the floor for infection control reasons.</p> <p>During an interview on 12/13/24 at 08:30 A.M., the Infection Preventionist said residents with catheters should be kept off the floor because the floor is dirty and could cause an infection. The Infection Preventionist said there is training for infection control and the DON and ADON complete staff competencies of pericare during actual resident care.</p> <p>During an interview on 12/13/24 at 09:15 A.M., the Administrator said catheters should not be laid on the bed or on the floor due to risk for infections. He/She said the DON is responsible to oversee the process.</p> <p>During an interview on 12/13/24 at 09:30 A.M., the DON said catheters should not be placed on the floor due to bacteria potential. He/She said there has not been catheter training lately and is his/her responsibility to ensure staff are following proper procedure. He/She said the ADON and DON complete daily hall checks.</p>