

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 265395	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2020
NAME OF PROVIDER OF SUPPLIER CORI MANOR HEALTHCARE & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 560 CORISANDE HILLS ROAD FENTON, MO 63026	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0607 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility staff failed to complete a Criminal Background Check (CBC) and check the Employee Disqualification List (EDL) prior to hire, for two employees (Employee K & Employee L) of ten sampled new hires. The facility census was 109. Record review of the facility's undated Employee Policies, showed: - All employees will be screened for a history of abuse, neglect, or mistreatment of [REDACTED]. Record review of the facility's personnel records showed: - Employee K with a hire date of 1/18/20; - Employee K's CBC completed on 1/21/20; - Employee K's EDL completed on 1/21/20; - Employee K did not have a CBC or EDL completed upon hire. 2. Record review of the facility's personnel records showed: - Employee L with a hire date of [DATE]; - Employee L's CBC completed on [DATE]; - Employee L's EDL completed on [DATE]; - Employee L did not have a CBC or EDL completed upon hire. During an interview on 3/3/20 at 11:30 A.M., the Business Office Manager (BOM) said she had recently taken over the position and the previous BOM hadn't completed the required background and EDL checks within the required timeframe. During an interview on 3/5/20, the Administrator said she would expect all new hires to have the needed new hire checks done.		
F 0656 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to develop a comprehensive care for one resident (Resident #85) out of 22 sampled residents. The facility census was 109. 1. Record review of Resident #85's Quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by the facility staff, dated 1/20/20, showed: - [DIAGNOSES REDACTED]. to lack of [MED]gen) with [MEDICAL CONDITION] (muscle weakness or [DIAGNOSES REDACTED] on one side of the body). Record review of resident's physician's orders [REDACTED]. - [MEDICATION NAME] (narcotic to treat pain) 7.5 mg/325 mg one tablet two times a day (BID) for [DIAGNOSES REDACTED]. During an interview on 3/3/20 at 9:07 A.M., the resident said, My whole body hurts. During an interview on 03/05/20 9:00 A.M., Licensed Practical Nurse A the MDS Coordinator said pain with interventions to treat the pain should be addressed on the care plan.		
F 0657 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to revise and update the comprehensive care plan for one resident (Resident #53) out of 22 sampled residents. The facility census was 109. Record review of Resident #53's March 2020 Physician order [REDACTED]. Record review of the resident's Do Not Resuscitate (DNR) (does not want any resuscitation measures taken) order form, dated [DATE], showed DNR. Record review of the resident's care plan, revised 3/02/20, showed: - The resident chose Full Code (will allow all interventions needed to get their heart started); - Review advanced directive/code status during quarterly care plan meeting to ensure wishes remain unchanged; - Revise as necessary. During an interview on 3/04/20 at 4:31 P.M., Licensed Practical Nurse (LPN) A said when the resident's code status changed to DNR the care plan should have been updated. During an interview on 3/04/20 at 4:50 P.M., the Director of Nursing said she would expect staff to update a resident's care plan when code status changes. The facility did not provide a policy.		
F 0698 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Past noncompliance - remedy proposed **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide documentation of ongoing assessments and monitoring for one resident (Resident #40) out of 3 sampled residents that receive [MEDICAL TREATMENT] (a process for removal of waste and excess water from the blood due to kidney failure). The facility census was 109. Review of the facility's [MEDICAL TREATMENT] Communication policy, dated 2/19, showed: - Prior to resident leaving the facility the charge nurse will obtain vital signs and ensure that the resident is medically stable for [MEDICAL TREATMENT] treatment; - Upon the resident return to the facility the charge nurse will complete an assessment including vital signs and dressing intact. Record review of Resident #40's March 2020 Physician order [REDACTED]. Record review of the resident's care plan, revised 1/13/20, showed: - Receives [MEDICAL TREATMENT] three times a week; - Hohn catheter (type of [MEDICAL TREATMENT] catheter) in upper chest; - Monitor Hohn catheter site for any sign or symptom of infection, complications, or bleeding. Record review of the resident's progress notes, date 12/1/19 through 3/03/20, showed: - No documentation of ongoing assessments and/or monitoring of the resident's [MEDICAL TREATMENT] catheter site. Observation of the resident showed: - On 3/03/20 at 8:50 A.M., 3/04/20 at 8:23 A.M., and 3/05/20 at 8:35 A.M., the resident sat in his/her wheelchair with dressing covering [MEDICAL TREATMENT] catheter site on upper chest. During an interview on 3/05/20 at 8:42 A.M., Registered Nurse (RN) I said the nurse should check the [MEDICAL TREATMENT] catheter site after the resident returns from [MEDICAL TREATMENT]. He/she does not document monitoring of the [MEDICAL TREATMENT] catheter site. During an interview on 3/05/20 at 8:51 A.M., Director of Nursing (DON) said she expects staff to assess and monitor a resident's [MEDICAL TREATMENT] catheter at least every day and document in the resident's nursing notes. She said a resident with a [MEDICAL TREATMENT] catheter should have a physician order [REDACTED].		
F 0727 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. Based on interview and record review, the facility failed to provide the services of a Registered Nurse (RN), other than the Director of Nursing (DON), for eight consecutive hours per day, seven days a week. The facility maintained a census of greater than 60 residents and this deficient practice had the potential to affect all residents. The facility census was 109. Record review of the facility's daily schedule and posted nurse staffing data for 03/01/20 through 03/05/20 showed: - The facility census 109; - No onsite RN coverage, other than the DON, on 3/02/20 and 3/03/20. During an interview on 3/03/20 at 8:53 A.M., the DON said she has had to work as the RN coverage the last two days even though the facility census was over 60 residents. She said a RN left the facility's employment on 2/28/20. She said the facility employs two other RN but she will need to fill in as the RN coverage on their days off until another RN is hired. The facility did not provide a policy.		
F 0728 Level of harm - Potential for minimal harm Residents Affected - Many	Ensure that nurse aides who have worked more than 4 months, are trained and competent;		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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 0728 Level of harm - Potential for minimal harm Residents Affected - Many	(continued... from page 1) and nurse aides who have worked less than 4 months are enrolled in appropriate training. Based on interview and record review, the facility failed to ensure two nurse aides (NA) completed a nurse aide training program within four months of his/her employment in the facility. The facility census was 109. 1. Record review of the facility's NA List, dated 3/02/20, showed: - NA G hire date 8/07/19; - NA G termination date 1/09/20; - The facility failed to ensure completion of the nurse aide training program within four months of hire date. 2. Record review of the facility's NA List, dated 3/02/20, showed: - NA H hire date 2/20/19; - NA H termination date 1/08/20; - The facility failed to ensure completion of the nurse aide training program within four months of hire date. During an interview on 3/05/20 at 8:51 A.M., the Director of Nursing said she expects NA to complete nurse aide training within four months of hire date. She said it is the facility's practice to terminate prior to four months if the NA has not completed the training. She said NA G and NA H should have been terminated sooner. The facility did not provide a policy.		
F 0730 Level of harm - Potential for minimal harm Residents Affected - Many	Observe each nurse aide's job performance and give regular training. Based on interview and record review, the facility failed to ensure four of five randomly selected Certified Nurse Aide (CNA) received the required annual 12 hour resident care training including dementia training, based on performance reviews. This deficient practice had the potential to affect all residents. The facility census was 109. Record review of the CNA individual in-service records, showed the following: - CNA C, hire date 3/18/15, with 10.5 hours of in-service training from 3/18/18 through 3/17/19; no documentation of dementia training; - CNA D, hire date 9/08/08, with 11.75 hours of in-service training from 9/08/18 through 9/07/19; no documentation of dementia training; - CNA E, hire date 7/26/16, with 9.5 hours of in-service training from 7/26/18 through 7/25/19; - CNA F, hire date 7/21/16, with 6.75 hours of in-service training from 7/21/18 through 7/20/19; no documentation of dementia training. During an interview on 3/05/20 at 8:51 A.M., the Director of Nursing said she expects CNA to receive 12 hours of in-service training each year and to have yearly dementia training. The facility did not provide a policy.		
F 0732 Level of harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. Based on observation, interview, and record review, the facility failed to post the nurse staffing data in a clear and readable format in a prominent place readily accessible to residents and visitors on a daily basis at the beginning of each shift. This deficient practice had the potential to affect all residents in the facility. The facility census was 109. Record review of the facility's Procedure for Posting Daily Census/Staffing Report policy, dated February 2019, showed: - The facility will complete and post the daily census/staffing report and place in a binder at the desk; - Will be monitored daily by the Nursing Administration to insure that the form is accurate, properly posted, and timely. Observations on 3/01/20 through 3/04/20 showed: - The facility did not post the nurse staffing data in a prominent readily accessible place; - Nurse staffing data forms located in a binder behind the front reception desk; - The nurse staffing data forms did not contain the facility name, the current resident census, the total number of Registered Nurses (RN), Licensed Practical Nurses (LPN), and Certified Nurse Aides (CNA) worked each shift. During an interview on 3/04/20 at 4:50 P.M., the Director of Nursing said she did not know the nurse staffing data form needed to include the facility's name and the total number of RN, LPN, and CNA worked each shift. She said she knew the form should have the current resident census and should be posted in a prominent place. She said the facility in the past did post the staffing data on a bulletin board. During an interview on 3/05/20 at 9:28 A.M., the Administrator said she did not know the nurse staffing data should be posted in a prominent place and should include the facility census, facility name, and total number of worked RN, LPN, and CNA for each shift.		
F 0761 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to label and store medications in a safe and effective manner. This practice affected two residents (Residents #40 and #97). The facility census was 109. Record review of the facility's Dating and Labeling Meds/[MED] policy, undated, showed: - All [MED] vials/pens must be dated at the time opened; - All discontinued and expired meds need to be removed from the med cart and disposed of properly; - Any time you open a vial a date must be placed on the vital itself; - Charge nurse to check medication cart to ensure that there are no expired or undated medications on a routine schedule. Observation on [DATE] at 3:27 P.M., of the [LOC] nursing medication cart showed: - One bottle of [MEDICATION NAME] (medication to manage high blood sugar) [LOC]/milliliter (u/ml) vial labeled for 28-day supply was opened and undated for Resident #40. Instructions to inject medication subcutaneous per sliding scale parameters; - One bottle of [MEDICATION NAME] (medication to manage high blood sugar) labeled for 28-day supply was opened and undated for Resident #40. Instructions to injection 10 units subcutaneously at bedtime; - One bottle of [MEDICATION NAME] N (medication to manage high blood sugar) 100 u/ml labeled for 48-day supply was opened and undated for Resident #97. Instructions to inject 5 units subcutaneous twice daily. During interview on [DATE] at 3:40 P.M., Licensed Practical Nurse (LPN) P said the medications should have been dated when opened. The [MEDICATION NAME] N for Resident #97 was discontinued on 09/05/19 and should have been pulled from the cart. During interview on [DATE] at 2:30 P.M., the Director of Nursing (DON) said he/she would expect medications to be labeled when opened and expired medications to be removed from the cart per policy.		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain infection control practices to prevent the spread of infection for one resident (Resident #60). The facility has not developed an Infection Prevention and Control Plan that assigned to the position or hired an infection preventionist or developed an infection plan for [CONDITION] that is specific to the facility and is reviewed annually. The facility census was 109. 1. Facility policy on handwashing, updated February, 2019, shows handwashing is done before and after resident care, during resident care when glove changes are made, or at any time hands become soiled. Facility policy on glove use, reviewed March, 2020, shows: - Wait to put on gloves until care begins; - Put on gloves after supplies are gathered and patient is prepared; - If you put on gloves when you walk in the room, then touch things like the bed, privacy curtain, etc., your gloves will become contaminated; - By touching patient with contaminated gloves, especially body openings, you are providing an easy route of germs to invade the patient; - Wash hands after gloves are removed. Observation on 3/4/20 at 10:00 A.M. of pressure wound care, showed: - Certified Nursing Aide (CNA) J assisted the Licensed Practical Nurse (LPN) during wound care for Resident #60; - CNA J entered resident #60's room with clean linens, washed hands, put on gloves; - CNA J moved the resident's over-the-bed table from the right side to the left of the resident; - CNA J pulled the sheet and blanket that covered the resident from the bed; - CNA J assisted the LPN by turning Resident #60; - CNA J touched the resident's buttocks, hips and adjusted the resident's suprapubic catheter tubing and [MEDICAL CONDITION] bag; - After wound care CNA J pulled the soiled mattress pad from under the resident and replaced it with a clean pad; - CNA J replaced the sheet and blanket that was removed from the bed; - CNA J moved the over-the-bed table back to original position and placed call light within reach; - CNA J removed gloves and washed hands before leaving room. During an interview on 2/4/20 at 10:35 A.M., CNA J said he/she should have changed gloves before handling the clean linen. During an interview on 2/4/20 at 10:55 A.M., the Director of Nursing (DON) said she would expect staff to wash their hands and reglove between clean and dirty tasks. 2. During an interview on 3/4/20 at 2:40 P.M., the Administrator said the facility has not hired an infection preventionist nor has any staff been assigned and started training for the position. The facility has not developed an infection plan for [CONDITION] that is specific to the facility. The Infection Prevention and Control Plan (IPCP) that is in place has not been reviewed. Record review of the facility's Infection Prevention and Control Plan (IPCP) shows the facility does not have an infection plan for [CONDITION] that is specific to the facility and the IPCP in place has not been reviewed.		