

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265555	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/24/2024
NAME OF PROVIDER OR SUPPLIER  Eldon Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  1001 East North Street Eldon, MO 65026	
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)		
F 0692  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Provide enough food/fluids to maintain a resident's health.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42484</b></p> <p>Based on interview, and record review, facility staff failed to monitor weights, notify the physician of the Registered Dietician's (RD) recommendations and of the resident's significant weight loss of 8.97% in three months and 12.68 % in six months for one resident (Resident #21) out of three sampled residents. The facility failed to monitor weights and notify the physician of the RD's recommendations for one resident (Resident #61) out of three sampled residents. The facility census was 63.</p> <p>1. Review of the facility's Diet Orders policy, undated, showed the policy did not address recommendations of the RD nor monitoring of residents' weight loss.</p> <p>Review of the facility's policies showed staff did not provide a policy for weight loss, or RD recommendations.</p> <p>2. Review of Resident #21's Quarterly Minimum Data Set (MDS), a federally mandated assessment, dated 05/25/24, showed staff assessed the resident as:</p> <p>-Severely cognitively impaired;</p> <p>-Staff provide partial to moderate assistance with meals;</p> <p>-Weight: 159 pounds (lbs);</p> <p>-Loss or gain of 5 percent (%) to 10 % in the last six months: no or unknown;</p> <p>-No special diet;</p> <p>-Diagnoses of anemia, and diabetes.</p> <p>Review of the resident's care plan, reviewed/revised on 05/31/24, showed staff assessed the resident required assist of one with eating. The resident will be able to eat meals without difficulty and will maintain his/her weight within 5% by next review. The resident on a regular diet, regular liquids, nursing staff to encourage fluid/food intake as needed.</p> <p>Review of the resident's weight record, dated January 2024 - July 2024, showed staff documented the resident weight as follows:</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

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-01/01/24, weighed 178.2 lbs;</p> <p>-02/01/24, weighed 169.8 lbs;</p> <p>-03/01/24, weighed 172.4 lbs;</p> <p>-04/01/24, weighed 162.2 lbs (a 8.97% weight loss in three month);</p> <p>-05/01/24, weighed 159.2 lbs;</p> <p>-06/01/24, weighed 157.6 lbs;</p> <p>-07/01/24, weighed 155.6 lbs (a 12.68% loss over in six months).</p> <p>Review of the resident's RD notes, dated April 2024 - July 2024, showed the RD documented:</p> <p>-On 04/02/24, Weekly weights for four weeks to monitor weight. Add super cereal with breakfast. Add house supplement two times a day;</p> <p>-On 05/02/24, 19 lbs. 10.7% weight loss in 121 days. Recommend add house supplement three times a day to maintain weight;</p> <p>-On 07/02/24, 22 lbs. 12.7% weight loss over the last six months. Recommend add Vitamin D supplement.</p> <p>Review of the resident's weight monitoring form did not contain documentation of the residents weekly weights as recommended by the RD on 04/02/24.</p> <p>Review of the resident's physician orders sheets (POS), dated April 2024 through July 2024, did not contain an order for super cereal, house supplements, or vitamin D.</p> <p>Review of the resident's medical record did not contain documentation staff notified the resident's physician of the residents weight loss or the RD recommendations.</p> <p>Review of the resident's dietary card showed the dietary card did not contain the RD recommendations.</p> <p>During an interview on 07/24/24 at 8:56 A.M., Certified Nursing Assistant (CNA) E said the resident is served larger portions. He/She was not aware of any supplements needed and the intake of meals was not monitored.</p> <p>During an interview on 07/24/24 at 9:40 A.M., Registered Nurse (RN B) said the resident looked like he/she had lost weight. RN B said he/she did not think the resident received any supplements. RN B said the Director of Nursing (DON) would normally enter orders for the physician if the RD recommended any supplements for the resident.</p> <p>During an interview on 07/24/24 at 10:04 A.M., the physician said he/she was not aware of RD recommendations for the resident.</p> <p>(continued on next page)</p>		

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F 0692  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>3. Review of Resident #61's Admission MDS, dated [DATE] showed staff assessed the resident as:</p> <ul style="list-style-type: none"> <li>-admitted [DATE];</li> <li>-Severely cognitively impaired;</li> <li>-Staff provide setup or clean up for meals;</li> <li>-Weight: 136 pounds;</li> <li>-Loss or gain of 5% to 10% in the last six months: no or unknown;</li> <li>-No special diet;</li> <li>-Diagnoses of cancer, Alzheimer's Disease, stroke, and depression.</li> </ul> <p>Review of the resident's Care Plan, reviewed/revised on 07/22/24, showed the resident will be able to eat meals without difficulty and will maintain weight within 5% by next review. The resident is on a regular diet, regular liquids, nursing staff to encourage fluid/food intake as needed. The resident requires set up but able to feed self.</p> <p>Review of the resident's weight record, dated June 2024 - July 2024, showed staff documented the resident weight as follows:</p> <ul style="list-style-type: none"> <li>-06/10/24, weighed 136.2 lbs;</li> <li>-06/17/24, weighed 136 lbs;</li> <li>-06/24/24,weighed 132.6 lbs;</li> <li>-07/01/24, weighed 126 lbs;</li> <li>-07/04/24, weighed 126 lbs;</li> <li>-07/16/24, weighed 131.6 lbs;</li> <li>-07/20/24, weighed 131.6 lbs.</li> </ul> <p>Review of the RD progress note, dated 07/01/24, showed:</p> <ul style="list-style-type: none"> <li>-Current weight 132.6 lbs;</li> <li>-Inadequate food intake related to decreased appetite with dementia as evidenced by weight loss;</li> <li>-New admit, diagnosis dementia. Weight trending down since prior admit. Receives regular diet, eats independently with good appetite. Now resides on the unit;</li> <li>-Recommended to add house supplement two times a day.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's POS, dated July 2024, showed the POS did not contain an order for a house supplement two times a day or dietary supplement.</p> <p>Review of the resident's medical record did not contain documentation staff notified the resident's physician of the residents weight loss or the RD recommendations.</p> <p>During an interview on 07/24/24 at 08:56 A.M., CNA E said the resident does not eat very much and required staff assist by feeding the resident to increase the volume he/she will consume. Staff place food on the fork and assist with feeding, and the resident will then eat what he/she initially refuses. CNA E said he/she was not aware of any supplements used to increase intake. CNA E said intake of meals was not monitored.</p> <p>During an interview on 07/24/24 at 9:40 A.M., RN B said the resident ate finger foods and required encouragement to eat. He/She was not aware of any issues with weight loss and did not think the resident received any supplements. RN B said the DON would normally enter orders for the physician if the RD recommended any supplements for the resident.</p> <p>During an interview on 07/24/24 at 10:04 A.M., the physician said he/she was not aware of RD recommendations for the resident.</p> <p>4. During an interview on 07/24/24 at 9:29 A.M., the MDS Coordinator said he/she was new to the position and did not know Resident #21 had a significant weight loss during the first admission. With any significant weight loss during the prior admission, the MDS should have indicated the loss, and the weight loss would also be included in the updated care plan, and he/she would assume that dietary supplements would be a part of the care plan and the CNA's would be aware of the weight loss strategies.</p> <p>During an interview on 07/24/24 at 10:04 A.M., the physician said he/she is made aware of any recommendations by the nursing staff who call and request the order. The physician said if staff report recommendations by the RD, he/she usually approves and orders a supplement or dietary change as recommended. He/She said staff are to report significant weight losses, so action is taken, and supplements or protein shakes are ordered.</p> <p>During an interview on 07/24/24 at 10:53 A.M., the DON said residents' weights are monitored with monthly weights, and staff reports if the resident is not eating well. If a significant amount of weight is lost, the RD or the physician may order supplements. The nursing staff does not calculate weight percentages lost or gained. If the RD recommends a supplement, the RD sends an email or reports it by mouth to the nursing staff. The DON did not know why the RD recommendations were not implemented by the physician, as the physician will follow the recommendations unless there is a specific reason not to make the change. The DON did not know why the RD recommendations were not followed through by the physician, or how the breakdown in communication occurred.</p> <p>During an interview on 07/24/24 at 11:37 A.M., the RD said he/she makes recommendations and emails or talks to the DON about the recommendations. The RD did not know why the recommendations were not followed through by the physician.</p> <p>(continued on next page)</p>		

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F 0692  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>During an interview on 07/24/24 at 11:51 A.M., the Dietician Manager said the RD will discuss strategies to use if a resident is losing weight. The Dietician Manager is not aware of individual weight losses of residents, and only is made aware if new orders are put in by the physician.</p> <p>During an interview on 07/24/24 at 12:20 P.M., the administrator said any resident with significant weight loss is brought to the attention of the physician. The RD makes recommendations which are routed by nursing to contact the physician and enter orders. The administrator said the recommendations were missed probably due to human error.</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43327</b></p> <p>Based on observation, interview and record review, facility staff failed to obtain and maintain an agreement and ongoing communication with the dialysis (the clinical purification of blood by dialysis, as a substitute for the normal function of the kidney) facility for one of one resident who received dialysis services at a dialysis facility and provide staff training on dialysis and/or renal disease. The census was 63.</p> <p>1. Review of the facility's dialysis policy, dated March 2015, showed communication between the facility and dialysis unit as follows:</p> <ul style="list-style-type: none"> <li>-The Dialysis Communication record will be sent with the resident on each dialysis visit;</li> <li>-All care concerns in the last 24 hours will be addressed, including the last medications given and facility contact person;</li> <li>-The dialysis unit will complete the lower portion of the report to include weight prior to and after dialysis, any labs completed, and medications given, follow up information and any new physician orders;</li> <li>-The lower portion will be signed by the dialysis nurse and returned to the facility;</li> <li>-These records will be maintained in the medical record.</li> </ul> <p>Review of the Facility Assessment, dated December 2023, showed the facility is able to accept residents with end stage renal disease (ESRD) that require dialysis. Staff to identify a resident change in condition, including how to identify medical issues appropriately, how to determine if symptoms represent problems in need of intervention, how to identify when medical interventions are causing rather than helping relieve suffering and improve quality of life and specialized care to include dialysis.</p> <p>Review of the facility agreements showed staff did not provide a dialysis agreement.</p> <p>Review of a handwritten list of dialysis responsibilities provided by the Director of Nursing (DON), on 07/21/24 at 3:23 P.M., showed Resident #55 goes to an outside provider for dialysis treatments and no agreement listed at the bottom.</p> <p>2. Review of Resident #55's admission Minimum Data Set (MDS), a federally mandated assessment tool, showed staff assessed the resident as:</p> <ul style="list-style-type: none"> <li>-admitted on [DATE];</li> <li>-Cognitively intact;</li> <li>-Received dialysis;</li> </ul> <p>(continued on next page)</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Diagnosis of ESRD.</p> <p>Review of the resident's physician order sheet (POS), dated July 2024, showed an order for dialysis three times a week on Tuesday, Thursday and Saturday at an outside facility.</p> <p>Review of the resident's care plan, dated 06/25/24 showed the plan did not contain guidance on when to communicate with the dialysis facility.</p> <p>Review of the resident's medical record showed the record did not contain a communication record used on dialysis days.</p> <p>During an interview on 07/22/24 at 01:38 P.M., the resident said the facility does not send any paperwork with him/her when he/she goes or returns from the dialysis facility.</p> <p>During an interview on 07/22/24 at 03:50 P.M., the administrator said the facility did not have an agreement with the dialysis facility.</p> <p>During an interview on 07/23/24 at 10:56 A.M., the dialysis center Nurse Manager said there was not an agreement with the facility and would fax one over for them to review and sign. The center said facilities normally send a communication report when the resident comes on dialysis days but could not remember if they were doing that process. He/She said that communication helps the dialysis center and the physician better care for the residents.</p> <p>During an interview on 07/23/24 at 01:20 P.M., Registered Nurse (RN) B said the staff do not send any communication paperwork along with the resident on dialysis days. He/She said the facility has not provided any training specific to dialysis or renal disease.</p> <p>During an interview on 07/24/25 at 10:52 A.M., the DON said the facility has not provided any training on dialysis but would expect staff to report any changes of any kind with residents to the charge nurse. He/She said that he/she is not aware of who is responsible to obtain an agreement with the dialysis facility. The facility does not use a communication tool with the dialysis facility but utilizes the phone if there are communication needs with the dialysis facility.</p> <p>During an interview on 07/24/24 at 12:19 P.M., the administrator said he was not aware an agreement was required. He/She said it is his/her responsibility to ensure agreements are in place for the facility.</p>		

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F 0761  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	<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>40424</p> <p>Based on observation, interviews, and record review, facility staff failed to safely store and label medication in one out of two medication storage rooms, and two out of three medication storage carts. The facility census was 63.</p> <p>1. Review of the facility's Medication, Storage of policy, dated March, 2015, showed no discontinued, outdated, or deteriorated drugs or biologicals may be retained for use. All such drugs must be returned to the issuing Pharmacy or destroyed in accordance with established guidelines. Drugs must be stored in an orderly manner in cabinets, drawers, or carts.</p> <p>2. Observation on 07/23/24 at 2:22 P.M., showed the 300/400 hall medication storage room contained:</p> <p>-Four intravenous caps with an expiration date of 06/26/24;</p> <p>-One 30 Oz. bottle of Liquid Protein with an expiration date of 01/19/24.</p> <p>Observation on 07/23/24 at 2:45 P.M., showed the 300/400 hall medication cart contained one loose white oval tablet.</p> <p>3. Observation on 07/23/24 at 2:58 P.M., showed the 100 hall medication cart contained:</p> <p>-Three loose white oval tablets;</p> <p>-One loose brown and tan capsule;</p> <p>-Five loose white tablets;</p> <p>-Three loose brown round tablets;</p> <p>-One loose oval shaped orange tablet.</p> <p>4. During an interview on 07/23/24 at 3:00 P.M., Certified Medication Technician (CMT) A said any out of date or loose medications should be destroyed or returned to the Pharmacy. He/She said they normally check the carts daily but just returned from vacation so it was not done.</p> <p>During and interview on 07/24/24 at 8:49 A.M., Registered Nurse (RN) B said the medication rooms and medication carts should be checked for damaged or out of date medications at least monthly. It is the CMT's responsible for the carts, and if they find any out of date or loose medications they should destroy them or return them to the Pharmacy.</p> <p>During an interview on 07/24/24 at 10:53 A.M., the Director of Nursing said staff should throw away loose or out of date medications. He/She said CMT's are directly responsible for out of date or loose medication daily but ultimately he/she said they are responsible to make sure this is finished.</p> <p>(continued on next page)</p>		



Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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F 0761  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	During an interview on 07/24/24 at 12:19 P.M., the administrator said all out of date or loose medications should be destroyed in the correct manner. The medication carts and storage rooms are done as a part of a daily routine. Nursing staff are responsible for making sure this is done but ultimately he/she said they were responsible.		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42484</b></p> <p>Based on observation, interview and record review the facility failed to implement the enhanced barrier precautions (EBP) policy developed and educated on at the facility when facility staff failed to post signage or other system to alert staff of resident's who required EBP and place appropriate personal protective equipment (PPE) in close proximity for two (Resident #13 and #52) of two sampled residents with wounds and one (Resident #60) of one sampled resident with an indwelling gastrostomy tube ((g-tube) surgically placed tube that inters the stomach to deliver fluids and nutrition, that required EBP). The facility census was 63.</p> <p>1. Review of the facility's EBP to infection Control Guidance policy dated March 2024 showed:</p> <ul style="list-style-type: none"> <li>-To prevent broader transmission or multidrug-resistance organisms (MDRO), bacteria resistant to antibiotics and/or antifungals, and to help protect residents with chronic wounds and indwelling devices. EBP should be implemented for the period of the stay or until wounds have been resolved or indwelling medical devices have been removed;</li> <li>-Residents that require EBP are those with an indwelling medical device including a feeding tube (g-tube) regardless of their MDRO status and residents with a wound, regardless of their MDRO status;</li> <li>-Staff should use EBP when providing high contact resident care activities such as: bathing/showering, transferring residents from one position to another, providing hygiene, changing briefs or toileting, caring for or using an indwelling medical device, and performing wound care;</li> <li>-EBP includes the use of gloves and a gown;</li> <li>-Residents that are placed on EBP should have personal protective equipment (PPE) in close proximity outside the door and a trash can in the resident's room for disposal prior to leaving the room;</li> <li>-The policy did not contain direction on who is responsible to implement and/or monitor the policy, nor did the policy contain direction on how to notify staff of residents who needed to have EBP in place.</li> </ul> <p>Review of the Centers for Disease Control (CDC) website <a href="https://www.cdc.gov/hicpac/workgroup/EnhancedBarrierPrecautions.html">https://www.cdc.gov/hicpac/workgroup/EnhancedBarrierPrecautions.html</a> article, Consideration for Use of Enhanced Barrier Precautions in Skilled Nursing Facilities, dated June 2021, showed:</p> <ul style="list-style-type: none"> <li>-Facilities should develop a method to identify residents with wounds or indwelling medical devices, and post clear signage outside of resident rooms indicating the type of PPE required and defining high risk resident care activities;</li> <li>-Gowns and gloves should be available outside of each resident room, and alcohol-based hand rub should be available for every resident room (ideally both inside and outside of the room).</li> </ul> <p>2. Review of Resident #13's Quarterly Minimum Data Set (MDS), a federally mandated assessment tool, dated 05/17/24, showed staff assessed the resident as:</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 - Some</p>	<p>-Cognitively intact;</p> <p>-One unhealed stage III (injury extends to the tissue under the skin) and one unhealed stage IV pressure (loss of skin and tissue exposing bone, cartilage, and/or tendon) wound present on admission;</p> <p>-Received pressure ulcer care that included ointment or medications other than to feet;</p> <p>-Diagnosis of diabetes.</p> <p>Observation on 07/21/24 at 12:35 P.M., showed the resident room did not contain a EBP sign or PPE located outside the resident room.</p> <p>Observation on 07/22/24 at 8:54 A.M., showed the resident room did not contain a EBP sign or PPE located outside the resident room.</p> <p>Observation on 07/22/24 at 3:36 P.M., showed the resident room did not contain a EBP sign or PPE located outside the resident room.</p> <p>Observation on 07/23/24 at 8:08 A.M., showed the resident room did not contain a EBP sign or PPE located outside the resident room. Registered Nurse (RN) B entered the room, applied a medicated soaked gauze to a wound and did not wear a gown.</p> <p>Observation on 07/23/24 at 8:45 A.M., showed RN B provided wound care to the resident. RN B did not wear a gown. The door to the room did not contain a EBP sign or PPE located outside the resident room.</p> <p>During an interview on 07/23/24 at 1:20 P.M., RN B said staff only have to wear the gown when residents have wounds infected with multidrug-resistant staphylococcus aureas (a bacteria that does not get better with use of an antibiotic that usually will cure it). He/She said the facility has no residents at this time that required use of EBP.</p> <p>3. Review of Resident #52's Quarterly MDS, dated [DATE], showed staff assessed the resident as:</p> <p>-Cognitively impaired;</p> <p>-Diabetic ulcer to the foot with or without topical medication;</p> <p>-Diagnosis of diabetes and vascular disease.</p> <p>Observation on 07/22/24 at 3:42 P.M., showed the resident room did not contain a EBP sign or PPE located outside the resident room.</p> <p>Observation on 07/23/24 at 8:29 A.M., showed RN B provided wound care to the resident amd did not wear a gown. The door to the room did not contain a EBP sign or PPE located outside the resident room.</p> <p>4. Review of Resident #60's Admission MDS, dated [DATE], showed staff assessed the resident as:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265555	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/24/2024
NAME OF PROVIDER OR SUPPLIER  Eldon Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  1001 East North Street Eldon, MO 65026	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Cognitively intact;</p> <p>-Use of a feeding tube.</p> <p>Observation on 07/22/24 at 3:44 P.M., showed the resident room did not contain a EBP sign or PPE located outside the resident room.</p> <p>Observation on 07/23/24 at 3:25 P.M., showed Certified Nurse Aide (CNA) C provide toileting assistance to the resident. He/She did not wear a gown and the room did not contain an EBP sign or PPE located outside the room.</p> <p>Observation on 07/24/24 at 8:57 A.M., showed RN B administer medication and fluids to the resident via g-tube. RN attached the resident g-tube to a feeding pump after administration of medication. RN B did not wear a gown and the resident room did not contain an EBP sign or PPE located outside the resident room.</p> <p>During an interview on 07/23/24 at 3:42 P.M., CNA C said he/she has been educated on when to use a gown and would wear one for things like c-diff. He/She was not aware to wear a gown or EBP for resident's that had a feeding tube but are supposed to wear EBP if the resident has a wound, like cellulitis. He/She said off-going staff report on who is on EBP, if they forget, then there should be isolation gear outside of the resident room. The CNA said the facility does not use signs for isolation to notify staff of any needed PPE and does not believe there are any residents right now that use EBP.</p> <p>During an interview on 07/24/24 at 9:08 A.M., RN B said he/she does not wear a gown to provide care or work with a resident with a g-tube. He/She said he/she did not think the EBP rules were in place yet.</p> <p>5. During an interview on 07/24/24 at 10:52 A.M., the DON said staff had the training for EBP, but it is still new to the facility. He/She said he/she was told to hold off on implementing the policy due to concerns for dignity issues. The DON said EBP should be used for open gaping wounds with drainage and not a chronic wounds and should be used for residents with a g-tube. CNA's do not do anything with the g-tubes or wounds, so CNA's should not have to wear EBP for care of those residents. A sign is not placed to maintain a resident dignity but staff are informed by the nurse of any changes with a resident. The decision to place a resident on precautions is done by the charge nurse during the admission process or with any changes that would require EBP. He/She is not sure who is ultimately responsible for oversight that EBP are followed for residents who require EBP.</p> <p>During an interview on 07/24/24 at 12:19 A.M., the administrator said the last directive he/her received was discretionary if the resident wanted the precautions due to dignity concerns. He/She said the nursing staff are responsible to ensure the direct care staff are informed of residents who require EBP but do not utilize signage to maintain the resident's dignity.</p> <p>43327</p>		