

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

Printed: 06/24/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265564	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2022
NAME OF PROVIDER OR SUPPLIER Medicalodges Butler		STREET ADDRESS, CITY, STATE, ZIP CODE 103 East Nursery Butler, MO 64730	
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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>38452</p> <p>Based on observation, interview, and record review, the facility failed to keep the kitchen and the dry storage floors clean; to retain operable thermometers in all refrigerators/freezers to confirm adequate temperature ranges; to maintain sanitary utensils and food preparation equipment; to maintain plastic cutting boards to avoid food safety hazards; to follow correct hair hygiene practices; and to separate damaged foodstuffs. These deficient practices potentially affected all residents, visitors, volunteers, or staff who ate food from the kitchen. The facility's census was 68 residents with a licensed capacity for 110 residents.</p> <p>1. Observations during the initial kitchen inspection on 6/27/22 between 10:01 A.M. and 12:38 P.M. showed the following:</p> <ul style="list-style-type: none"> -The dry storage room floor had nine plastic cup lids, a fork, bits of paper, plastic, a small strip of cardboard, and food debris underneath the baker's racks. -There was a 12 ounce plastic bottle of pancake syrup under the large can dispenser rack. -A large 6.61 pound can of Mandarin oranges on the dispenser rack was heavily dented at the top side. -The middle utensil drawer under a food preparation table behind the stove had a small dark-wooden handled spatula with a cream colored substance encrusted on it. -There were many crumbs on a lower shelf with a tub of lids and a service tray with spice jars on it, and food debris on the floor underneath. -There were numerous crumbs, spills, and splotches on the shelf under the manual can opener. -The vents on the cooling unit on top of the ice machine had a heavy build-up of lint, and a small sign that stated Clean Air Filter Twice a Month. -There was an over-abundance of crumbs on the bottom edge of a tray cart next to the steam table. -There was no thermometer in the freezer by the back exit door. <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: 265564	Facility ID: 265564
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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-A green cutting board was heavily scored with plastic bits flaking off.</p> <p>-There was a large quantity of crumbs under the conveyor toaster on a metal rolling cart, with more crumbs on the two shelves underneath.</p> <p>-Resident food trays were being passed out of the kitchen from the steam table and beverages prepared by four nursing staff with no hairnets on.</p> <p>Observations during the follow-up kitchen inspection on 6/28/22 between 9:16 A.M. to 12:19 P.M. showed the following:</p> <p>-The dry storage room floor had a fork, bits of paper, and food debris under the baker's racks.</p> <p>-Numerous crumbs were on the lower shelf with a tub of lids and a service tray of spice jars on it, food debris on the floor underneath.</p> <p>-There were many crumbs, spills, and splotches on a shelf under the manual can opener.</p> <p>-The vents on the cooling unit on top of the ice machine had a heavy build-up of lint, and a small sign that stated Clean Air Filter Twice a Month.</p> <p>-There was an over-abundance of crumbs on the bottom edge of a tray cart next to the steam table.</p> <p>-The freezer by the back exit door had no thermometer in it.</p> <p>-A green cutting board was heavily scored with bits of plastic flaking off.</p> <p>-Resident food trays were being passed out of the kitchen from the steam table and beverages prepared in the kitchen by three staff with no hairnets on.</p> <p>During an interview on 6/29/22 at 10:13 A.M. the Dietary Manager said the following:</p> <p>-The cooks and bakers were responsible for cleaning the floors daily and maintenance deep cleans once a week.</p> <p>-Food preparation utensils should be cleaned after each use.</p> <p>-All dietary staff are responsible for keeping food preparation areas and shelves clean.</p> <p>-Plastic food preparation items should have no cracks or anything, and be easily cleanable.</p> <p>-Damaged food stuffs are sent back to the vendor for credit.</p> <p>-He/She always thought the nursing staff should wear hairnets when taking resident food trays from the server at the steam table.</p> <p>Record review of the 1999 and 2009 Food and Drug Administration (FDA) Food Code and Missouri Food Codes, showed:</p> <p>(continued on next page)</p>		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>-Chapter 4-101.11: Materials that are used in the construction of utensils and food-contact surfaces of equipment may not allow the migration of deleterious substances or impart colors, odors, or tastes to food and under normal use conditions shall be: (A) Safe; (B) Durable, corrosion-resistant, and nonabsorbent; (C) Sufficient in weight and thickness to withstand repeated wear washing; (D) Finished to have a smooth, easily cleanable surface; and (E) Resistant to pitting, chipping, crazing, scratching, scoring, distortion, and decomposition.</p> <p>-Chapter 4-501.12, Surfaces such as cutting blocks and boards that are subject to scratching and scoring shall be resurfaced if they can no longer be effectively cleaned and sanitized, or discarded if they are not capable of being resurfaced. Surfaces such as cutting blocks and boards that are subject to scratching and scoring shall be resurfaced if they can no longer be effectively cleaned and sanitized, or discarded if they are not capable of being resurfaced.</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** 38452</p> <p>Based on observation, interview, and record review, the facility failed to meet the requirements for a comprehensive, facility-specific infection prevention and control program designed to help prevent the development and transmission of water-borne pathogens (a bacterium, virus, or other microorganism that can cause disease), in accordance with Centers for Medicare and Medicaid Services (CMS) guidelines. This deficient practice had the potential to affect all residents, visitors, volunteers, and staff who reside, visit, use, or work in the facility. The facility census was 68 with a licensed capacity for 110.</p> <p>1. Record review of a maintenance binder containing the facility's water-borne pathogen prevention program, dated 7/25/19, and entitled Legionella Risk Assessment & Management Program, provided by the Maintenance Supervisor (MS), showed a 6-page document with 3 attached pages of chlorine tests, that failed to include other CMS requirements such as, but not limited to:</p> <ul style="list-style-type: none"> -A facility-specific risk assessment that considers the American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE) industry standard. -A completed Centers for Disease Control (CDC) toolkit assessment. -A schematic or diagram of the facility's water system. -A facility-specific infection prevention program or plan to deal with outbreaks of Legionella (A [NAME] of pathogenic Gram-negative bacteria that includes the species L. pneumophila, causing legionellosis (all illnesses caused by Legionella) including a pneumonia-type illness called Legionnaires' disease and a mild flu-like illness called Pontiac fever.) and/or other waterborne pathogens. <p>Observations during the kitchen Life Safety Code (LSC) inspection on 6/27/22 at 10:10 A.M., showed there was an ice machine, a three-sink area, and an area with a chemical dish-washing machine.</p> <p>Observations during the LSC facility inspections with the MS on 6/28/22 between 11:10 A.M. and 1:48 P.M. showed the following:</p> <ul style="list-style-type: none"> -Most resident rooms had their own sink with an adjoining bathroom. -There were two bath houses located on the South Hall. -There were hot water heaters in the basement and on the main floor. -There were washing machines in the basement. -There was a sprinkler system with piping running through the basement, the main floor, and the attics. -There were at least two janitor's closets in the facility with a place to rinse out mops. <p>(continued on next page)</p>		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>-There was a public restroom near the front lobby.</p> <p>During an interview on 6/29/22 at 1:11 P.M., the Administrator said the following:</p> <p>-He/she was unaware of all the requirements for a water-borne pathogen prevention program such as a completed CDC Toolkit, a water flow diagram, or an ASHRAE assessment.</p> <p>-They had some information when the requirement came out, but it had been awhile since they looked at it.</p> <p>-Their corporate office had come up with the program now in place.</p>		