STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265708	A. Building B. Wing	03/06/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shirkey Nursing and Rehabilitation Center	804 Wollard Blvd Richmond, MO 64085

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0576 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure residents have reasonable access to and privacy in their use of communication methods. 27545 Based interview, the facility failed to ensure residents received mail all days of the week that mail was delivered to the facility, including Saturdays. The facility census was 144. 1. During a group resident interview, which included twenty residents, residents stated they did not receive mail on Saturdays because no activity staff worked on weekends. They received Saturday's mail on Mondays. During an interview on 3/6/19 at 11:56 A.M., the Director of Social Services (DSS) said: -The Activity Director (AD) and his/her assistants sort and pass out mail during the week. -He/she was not sure if they delivered mail to residents on Saturdays. -The business office manager (BOM) might know about mail delivery. During an interview on 3/6/19 at 1:45 P.M., the BOM said: -The post office did deliver mail on Saturdays, but Saturday's mail was delivered to residents on Mondays. -There are no activity staff who work on Saturdays, so residents do not receive their mail that day. During an interview on 3/6/19 at 2:10 P.M., the AD said: -We do not deliver mail to residents on Saturdays at this time. -We do not have enough activity staff to work on weekends. -Staff delivered Saturday's mail to residents on Mondays. During an interview on 3/6/19 at 2:45 P.M., the Director of Nurses said: -He/she thought staff did delivered mail to residents on Saturdays, at least they did in the past.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22952 Based on observation, interview and record review the facility failed to provide for a safe homelike environment when staff did not monitor to assure chairs were stable; did not maintain resident room doors to hold open; and did not repair surface damage to dressers, closets, doors and walls. The facility census was 144. 1. Record review of Resident Council Meeting minutes showed: - 12/31/18, a resident stated the 500 hall dining room chairs needed to be replaced. - 1/28/19, a resident stated dining room chairs still need to be replaced. The Activity Director (AD) said the chairs were wobbly because the screws needed to be tightened and they were all fixed so they should be fine to use. - 2/25/19, a resident stated the 500 hall chairs still needed to be addressed. The chairs were also hard to move. The residents would like sliders put on the bottom of the chairs legs to make them easier to move in and out. Observations on 3/3/19 at 12:21 P.M. of the 500 hall dining room showed a wobbly table chair with a broken right side armrest positioned at a resident's dining room table. Observation and interview on 3/4/19 at 9:47 A.M., showed: - The same broken chair at a resident's dining room table in the 500 hall dining room. - Environmental Services Staff (ES) A pulled the chair out from under the table and the right arm of chair pulled off the base and the chair wobbled. ES A said the chair was broken and needed repair. Observation and interview on 3/4/19 at 9:53 A.M., showed Unit Coordinator (UC) A pulled the chair out and said the chair was broken. The chair was a hazard risk for the resident who sat in the chair for meals and for anyone else who might sit there. Staff clean and work around the area daily and should have reported the broken chair but had not. The unit had no system to check for broken chairs. 2. Observations starting on 3/3/19 at 10:00 A.M. and all days of survey, showed: - Resident rooms 501, 510, 511, 512, 513, 527, 529, 541, 542 and 544 doors were propped open with a trash can or a shoe or a chair. - Resident rooms 110, 111, 122 and 228 veneered wood dressers with closets had scratches, scuffs and chips covering up to 50 percent of the surfaces. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- The doors located on the 100 hall center hall shower rooms, the 200 hall shower rooms, the 400 hall shower room and room [ROOM NUMBER] had scuffs, scratches and gouges covering up to half of the door surfaces. The 200 hall shower room door frame had chipped paint. - Walls across from the 200 hall nurse's station had areas with a one-foot by three-foot exposed wall board, a seven-inch by three-inch hole by the wall edge and marks on walls. - Large pieces of duct tape used to secure corner molding across from the 500 hall nurse's station. 3. In an interview on 3/6/19 at 2:10 P.M., the Environmental Services Director (ESD) said: - He/she thought the Maintenance Supervisor (MS) fixed the broken dining room chairs that residents in Resident Council complained about. He/she had no system to check chairs to monitor chair stability. It was a potential hazard for residents or others who used a broken chair. - He/she was aware of scratched and damaged corridor doors, damaged wood dressers with closets in resident rooms and the damaged walls across from the 200 hall nurse's station being in need of repair. He/she had not gotten around to scheduling or arranging for the repairs. - He/she was not aware of duct tape being used on the corner wall molding across from the 500 hall nurse's station. No one reported the damaged to the molding. In an interview on 3/6/19 at 2:20 P.M., the MS said: - He was aware of doors in need of repair. - He was aware of complaints of broken dining room chairs. He thought he had repaired all the damaged chairs. He was not aware of chair damage unless someone informed him. He did not have a system to check for broken chairs. On 3/6/19 at 4:35 P.M., the Administrator said resident's used trash cans to hold corridor room doors open in order to see what was going on in the halls. The door hinges prevented them from maintaining in an open position.

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure services provided by the nursing facility meet professional standards of quality. 31102 Based on observations, interviews, and record review, the facility to ensure staff provided services that meet professional standards of quality of care when staff failed to administer Flonase nasal spray (used to treat seasonal allergies) correctly, which affected Resident #25, and did not have the resident rinse and spit after administration of an inhaler containing a corticosteroid (used to treat inflammation), which affected Resident #94. Staff did not follow physician order for Resident #67. The facility census was 144. 1. Review of the manufacturer's guidelines for Flonase nasal spray, showed, in part: - Blow your nose to clear the nostrils; - Close one nostril. Tilt your head forward slightly and keeping the bottle upright, carefully insert the nasal applicator into the other nostril; - Repeat in the other nostril; - Do not use the bottle for more than the labeled number of sprays. 2. Review of Resident #25's physician order sheet (POS), dated March, 2019, showed: - An order for Flonase Allergy Relief nasal spray, 50 mcg., one spray in each nare for dry nose daily. Review of the resident's medication administration record (MAR), dated, March, 2019, showed: - Flonase allergy relief nasal spray, 50 mcg., one spray each nare for dry nose daily. Observation on 3/4/19, at 8:55 A.M., showed;- Certified Medication Technician (CMT) A applied gloves at the medication cart, entered the resident's room; - CMT A administered one spray in each nostril; - The resident said he/she didn't feel it in his/her right nostril, so CMT A administered another spray; - CMT A did not have the resident blow his/her nose, did not close one side of the resident's nose. During an interview on 3/5/19, at 12:10 P.M., CMT A said: - He/she should have followed the guidelines for administering the Flonase nasal spray; - He/she administered a second spray because the resident said he/she didn't feel it 19311 (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	3. Review of Resident #67's POS for March 2019, showed the physician ordered TED hose (compression elastic stocking) to the right lower extremity. On during the day and off at night for edema. Observation on 3/319 at 12:25 P.M., showed staff propelled the resident in his/her wheelchair. The resident did not have on a TED hose to the right lower extremity. Observation on 3/4/19 at 11:11 A.M., showed the resident did not have on TED hose, the resident's left below the knee amputation stump was very bright red. On 3/5/19 at 7:51 A.M., CNA J assisted an unidentified staff get the resident ready to go to breakfast. Staff did not put TED hose on the resident's right lower extremity. Staff sent the resident to the hospital on 3/5/19 due to the redness of the left stump. On 3/5/19 at 1:02 P.M., CNA J said during AM care he/she provided peri care and dressed the resident, assisted him/her to wash face and hands and comb his/her hair. He/she had to make sure the resident's TED hose were on in the morning. He/she did not see the resident TED hose in his/her room, it may have gotten dirty and staff sent it to the laundry. During an interview on 3/6/19, at 11:08 A.M., the Director of Nursing (DON) said: - The staff should follow the guidelines for the Flonase nasal spray - Staff should follow physician orders. 27545 4. Review of the facility's policy related to inhaler administration, dated 5/13/10, showed to have the resident rinse his/her mouth after use of a steroid inhaler to minimize fungal overgrowth and dry mouth. Review of the website https://www.mysymbicort.com showed the following related to administration of a Symbicort inhaler: -Contains a corticosteroid; -Used for treatment of asthma and air flow obstruction diseases; -One of the most common adverse reactions is development of oral candidiasis (yeast or fungal infection of the mouth); -Instruct the resident to rinse the mouth with water after administration, without swallowing, to help reduce the risk of oral candidiasis. 5. Review of Resident #94's March 2019 electronic physician order sheet (e-POS) showed to administer Symbicort inhaler, two puffs twice a day and to rinse mouth after use. (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the resident's March 2019 medication administration record (MAR) showed to administer Symbicort inhaler, two puffs twice a day and to rinse mouth after use. Observation on 3/5/19 at 9:37 A.M., showed Certified Medication Technician (CMT) C administered the resident's Symbicort, but did not have the resident rinse his/her mouth afterwards. During an interview on 3/5/19 at 1:57 P.M., CMT C said he/she should have the resident rinse and spit with water after administration of a Symbicort inhaler.

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F 0675 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor each resident's preferences, choices, values and beliefs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 19311 Based on observations, interviews and record review the facility failed to ensure two residents at high risk for skin breakdown, (Resident #19 and #33) received care when staff did not report a new open area for Resident #19 and did not put preventative pressure relieving measures in place for Resident #33. The facility census was 144. 1. Review of Resident #19's Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 12/17/18, showed: - Able to make daily decisions; - Required assist with bed mobility, transfers, toilet use and personal hygiene; - Had pressure ulcers. Review of the resident's care plan, last updated 2/12/19, showed bilateral posterior thighs with open areas, healed on 2/12/19. Observation and interview on 3/5/19 at 12:10 P.M., showed Certified Nurse Aide (CNA) J and CNA AK provided peri care to the resident. When staff rolled the resident to his/her side there was a beefy red open area about the size of a nickel on the resident's right glutel fold (where the back upper leg and lower buttock meet). Both of the CNA's said they had not seen the open area before. After staff finished peri care, they applied a barrier cream to the resident's buttocks and covered the right glutei fold. Observation and interview on 3/6/19 at 9:21 A.M., Licensed Practical Nurse (LPN) B said: - He/she knew nothing about an open area on the resident's right glutei fold; - Staff had not reported anything to him/her yesterday or today about any new open areas on the resident. LPN B looked at the resident's right glutel fold and measured the open area 1.0 centimeter (cm) by 0.9 cm. He/she said: - At least the top one or two layers of skin were missing; - Staff should have reported this to him/her as soon as they saw it; - The resident was always at risk for skin breakdown because he/she laid in bed so much and he/she had other current pressure ulcers and a history of being a burn victim; - He/she would notify the physician and thought the physician would order a calmoseptine with zinc which was a thicker creamy treatment. (continued on next page)

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F 0675 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. Review of Resident #33's MDS, dated [DATE], showed: - Short term memory problems; - Required assist of staff for bed mobility, transfers, dressing, and personal hygiene; - No pressure areas; - Hospice Services. Review of the resident's care plan, updated 1/25/19, showed: - Monitor every shift; - Treat pain as needed - Apply treatment as ordered, apply skin prep to right heal every shift, Remove skin prep on Sundays and reapply; - Call physician if area worsens. Review of the resident's nurse's notes on 3/4/19 and 3/5/19 at 3:53 A.M. showed nursing staff administered the ordered treatment to the right heel, but did not show that they assessed or tried to relieve pressure to the left heel. Observation and interview on 3/5/19 at 1:16 P.M., showed the resident lay in bed with a moon boot on his/her right foot. Neither heel was floated (lifted) off the mattress. LPN B applied skin prep to eschar (damaged tissue) area on resident's posterior (back of) right heel and noted a new darkened area on the interior (medial, inner) heel. After LPN B applied the skin prep, he/she re-applied the moon boot, washed his/her hands and prepared to leave the resident's room. LPN B held up the resident's left heel for inspection. At the bottom, back side of the left heel was a darker red with a hue of purple area about the size of a quarter. LPN B said he/she had not known the discoloration on the left heel existed. He/she would let the resident's physician know. During an interview on 3/6/19 at 11:08 A.M., the Director of Nurses (DON) said: - She expected staff to report all opened or new skin areas to the charge nurse; - She expected staff to be proactive with a resident who already had areas, and assess them, since an additional area on the one foot, they should have looked at the other foot; - Both heels should be lifted off the mattress.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31102 19311 Based on observations, interviews, and record review, the facility failed to ensure three of 30 sampled residents, (Resident #19, #67 and #114), who required staff assistance, received complete perineal care and staff did not provide complete morning care for Resident # 17 and #29. The facility census was 144. 1. Review of the facility's female peri care policy, dated, 3/27/16, showed, in part: - Wash the lower abdomen and inner legs; - Wash the outer skin folds from front to back; - Spread the outer skin folds and wash the inner skin folds from front to back; - Use a clean area of the wash cloth for each wiped (up to three times); - May use a different wash cloth each time; - Turn the resident on his/her side; - Wash the back of the legs, the hip and the lower back; - Wash the buttocks still going from front to back; - Spread the gluteal fold and wash continuing from front to back; - Turn the resident on the other side and wash the hip. 2. Review of Resident #114's significant change in status Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated, 2/11/19, showed: - Cognitive skills intact; - Required extensive assistance of two staff for bed mobility; - Dependent on the assistance of two staff transfers and toilet use; - Upper and lower extremities impaired on both sides; - Frequently incontinent of urine; - Occasionally incontinent of bowel; (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- Diagnoses included stroke. Review of the resident's care plan, edited 2/27/19, showed: - The resident had a recent functional decline with continued improvements; - Needs assistance with activities of daily living (ADL's); - The resident is an assist of one with toileting; - Provide peri care with each toileting occurrence and as needed. Observation on 3/4/19, at 9:27 A.M., showed: - The resident was on the toilet and urinated and had a bowel movement; - Certified Nurse Aide (CNA) A placed the gait belt (a special belt placed around the resident's waist to provide a handle to onto during a transfer) and stood the resident up; - CNA A used a wet wash cloth and wiped from front to back with fecal material, flipped the wash cloth and wiped the inner buttock; - CNA A used a new wash cloth and wiped from front to back with fecal material, flipped the wash cloth and wiped the other inner buttock; - CNA A used a new wash cloth and wiped from front to back with fecal material, flipped the wash cloth and wiped again from front to back; - CNA A pulled up the resident's incontinent brief and his/her pants and assisted the resident back to his/her wheelchair. During an interview on 3/5/19, at 3:17 P.M., CNA A said: - He/she should separate and clean all areas of the skin; - He/she should have cleaned the front perineal folds and the outside of the buttocks. 3. Review of Resident #19's MDS, dated [DATE], showed: - Able to make daily decisions; - Required staff assist for toilet use and personal hygiene; - continent of bowel and bladder. Review of the resident's care plan, last updated 1/29/19/ showed: - Resident is continent and uses a urinal and a bed pan for toilet use; (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- Peri care assist of staff, monitor skin with cares and apply barrier cream as needed. Observation and interview on 3/5/19 at 12:10 P.M., showed the resident lay in bed. CNA J and CNA K provided peri care they transferred the resident to a wheel chair. - CNA K used a wash cloth wiped under the abdominal fold, folded the cloth wiped once down one groin, folded the cloth and wiped once down the other groin; - CNA K used a second wash cloth and without maneuvering and thoroughly cleaning all perineal folds wiped across to areas of the perineal fold; - Staff assist the resident to roll to the side and CNA K wiped fecal matter from the rectal to the coccyx area, fecal matter smeared on the last wipe and CNA K said he/she is always dark there, he/she is not still dirty. - Staff rolled the resident to the other side and CNA J wiped the resident's buttocks from back to front and removed fecal matter smears from the coccyx area. - Staff put barrier cream on the resident's buttocks, put on a clean brief and some sweatpants. 4. Review of Resident #67's MDS, dated [DATE] showed: - Able to make daily decisions; - Dependent on staff for toilet use and required assist with personal hygiene; - Had a indwelling catheter (sterile tube placed in the bladder to drain urine) and was occasionally incontinent of bowel. Review of the resident's care plan, last updated 2/6/19, showed: - Two staff assist with bed mobility, dressing and toileting needs. Observation and interview on 3/3/19 at 12:25 P.M., showed the resident lay in bed with brown urine stains on both the top and fitted sheets and the incontinent pad. The resident said staff removed his/her catheter a while back. CNA I and CNA J removed the wet sheet and blanket. CNA I said he/she was not sure where all the resident had laid in the urine. - CNA J wiped across the lower abdomen and down each groin, folding his/her washcloth; - CNA J started to clean the genital folds and wiped the lower genital folds from back to front; - Staff rolled the resident to his/her side, the incontinent pad had fecal matter on it; - CNA J used one wash cloth, wiped the resident rectal to coccyx area removing fecal matter with each wipe; (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- CNA J wiped the buttocks from the gluteal fold up to the hip and then back and forth across the lower back. - Staff rolled the resident to the other side and CNA I used a wash cloth and wiped the upper leg, buttock and and back with two swiped with the same area of the wash cloth. - Staff observed a greenish pus filled area on the back of the residents leg; - CNA J rubbed barrier cream to the resident's rectal area and buttocks, then with the same gloved hand, rubbed barrier cream across the puss filled area. During an interview on 3/5/19 at 1:02 P.M., CNA J said: - He/she used peri wash on wash cloths and wiped across and under the resident's abdomen folded the wash cloth and wiped one groin, folded the same wash cloth and wiped down the other groin; - He/she should use a clean cloth and wash all the perineal folds; After staff rolled the resident over, he/she should wipe across the lower back and then wipe down from the hip towards the knee and clean the buttocks; - He/she should wash every area of skin that urine or feces touched; - He/she did not know where all the soiled linens touched the resident. During an interview on 3/5/19 at 1:45 P.M., CNA I said: - He/she should always wipe the resident front to back and should clean all areas of the skin that came in contact with urine or feces. 5. During an interview on 3/6/19, at 11:08 A.M., the Director of Nursing (DON) said: - Staff should clean all areas of the skin where urine or feces has touched; - If resident was in the bathroom and continent, staff should reach through to the front and wipe from front to back. 6. Review of the facility's A.M. care (early morning care) policy, dated, November, 1999, showed, in part: - Take the resident to the bathroom or provide peri care; - Allow the resident to brush teeth, or brush teeth or dentures for the resident if he/she is not able; - Wash resident's face and hands and dry well; - The policy did not address brushing or combing the resident's hair. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	7. Review of Resident #17's care plan, revised 11/30/18, showed: - The resident required assistance with ADL's related to multiple sclerosis (MS), (a progressive deteriorating nervous system disease that results in a gradual loss of muscle function), non weight bearing status and arm contrature (shortening of a muscle that causes decreased flexibility); - The resident required total assistance of two for transfers with a Hoyer (mechanical lift); - The resident required the assistance of two staff for dressing and bed mobility. Review of the resident's quarterly MDS, dated , 2/19/19, showed: - Cognitive skills moderately impaired; - Dependent on the assistance of two staff for bed mobility, transfers, dressing and toilet use; - Always incontinent of bowel; - Had a suprapubic catheter (a catheter which enters the bladder through the lower abdomen); - Upper and lower extremities impaired on both sides; - Diagnoses included MS and paraplegia (paralysis characterized by motor or sensory loss in the lower limbs and trunk). Observation and interview on 3/5/19, at 7:59 A.M., showed: - CNA A said the night shift had pre-dressed the resident; - The resident lay in bed fully dressed; - CNA A and CNA C used the mechanical lift and transferred the resident from his/her bed to his/her wheelchair and took him/her to the dining room for breakfast; - Staff did not check the resident to see if he/she was clean or provide peri care, did not offer to wash the resident's face and hands, did not brush or comb the resident's hair, and did not offer oral care. During an interview on 3/5/19, at 2:43 P.M., CNA C said: - He/she should have brushed the resident's hair, offered oral care and washed the resident's face and hands before taking him/her to breakfast. During an interview on 3/5/19, at 3:17 P.M., CNA A said: - He/she should have combed the resident's hair, offered oral care and washed the resident's face and hands. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	8. Review of Resident #29's MDS, showed; - Able to make daily decisions; - Dependent on staff for all activities of daily living except eating. Review of the resident's care plan, dated 1/29/19, showed: - Resident can brush own teeth with assist and set up. Put tooth brush away after resident brushes teeth, he/she tends to chew on it; - All ADLs provided with 1-2 staff. Observation on 3/5/19 at 7:50 A.M., showed the resident laid in bed already dressed, his/her fingers folded down over his/her palms. CNA I and CNA K transferred the resident with a mechanical lift to his/her wheelchair, washed his/her face and combed his/her hair. Staff did not wash the resident's hands or try to open them and did not offer oral care to the resident. During an interview on 3/5/19 at 1:45 P.M., CNA I said: - With AM cares, he/she should, provide peri care, dress the resident, empty the catheter if needed, transfer the resident from their bed, wash their face, comb their hair; - He/she should make sure the residents mouth was washed out and brush their teeth or assist the resident brush their teeth, then take them to breakfast; - He/she did not wash the resident's hands before he/she went to breakfast because the resident ate with his/her fingers; - Some times the night shift pre-dressed some of the residents for day shift and the day shift just had to transfer the resident then for breakfast; - They didn't check the residents that were pre-dressed, they just got them up; - Staff should provide oral care before breakfast but they did not provide oral care for the resident. 9. During an interview on 3/6/19, at 11:08 A.M., the DON said: - Staff should check the resident to see if they are clean and dry when they go in to get them up for breakfast; - A.M. cares should include peri care, clean incontinent pad, dress the resident, brush their hair and teeth, wash their face and hands, and clean eye glasses; - The resident should have everything for them to get ready for their day.

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide activities to meet all resident's needs. 22952 Based on interview and record review the facility failed to follow their facility activity policy and failed to provide scheduled activities for residents who resided on the facility 2A Alzheimer's Unit (unit) in order to meet the activity needs of the residents. This affected nine of nine residents on the unit. The facility census was 144. 1. Review of the undated facility Patient Activities Policies showed the objective was to plan, organize and carry out a program of activities to meet individual needs of patients (residents) designed to give residents entertainment, inter-communication, exercise, relaxation, opportunity to express creative talent and fulfill basic psychological, social and spiritual needs. The AD organized and directed non-clinical therapy activities. Activities are available to all residents. Residents who are unable to participate in group programs will be given individual consideration commensurate with their condition. Residents will be encouraged to participate in activities. As part of their total resident care, an activity program will be planned for the resident on an individual basis by the AD in cooperation with nursing services. - Activities are scheduled in cooperation and coordination with nursing service. - Group activities will be scheduled at times when the maximum number of residents can participate in a specific type of activity based on available supervisory personnel. The nursing supervisor is informed of the scheduled activities for residents on [his]/her unit. The AD consults with the nursing supervisor concerning resident's condition and most appropriate time and location of activities. - The activity aide is responsible for supervision of residents while engaged in activity. Sufficient personnel are on hand at all times in order to give adequate supervision. - The AD must keep records of attendance and information pertinent to resident activities. 2. During interview and record review on 3/3/19 at 3:32 P.M., Unit Coordinator (UC) B for 2A said: - The AD scheduled a calendar of resident activities for the unit. - Staff were too busy with resident care needs to provide the scheduled activities on a daily bases. The unit was assigned two aides for the day/evening shifts. The two staff provided resident care and incident prevention. It was difficult for one staff to provide for all the resident care needs while the other staff tried to provide activities. It did not work. - Staff were not able to keep up with group activities due to resident behaviors, resident's willingness to participate, resident moods and resident physical/mental status affecting their capability to participate. - Staff did not provide the residents one to one activities. - A designated staff was needed to provide the residents with one to one and group activities. (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- The unit activity schedule showed on 3/13/19 a parachute activity was scheduled. The last time staff tried to provide that activity it resulted in a resident incident. He/she did not know why the AD would schedule the activity again. In an interview on 3/5/19 at 2:47 P.M., Certified Med Tech (CMT) B said he/she worked on the 2A unit regularly. Unit staff were to provide daily activities. Resident capabilities and moods varied creating a need for more one to one activities on the unit. The staff were to complete activity forms for each resident for the AD. He/she typically did not fill out the form. In an interview on 3/5/19 at 2:55 P.M., Certified Nurse Aide (CNA) E said there was two staff on the unit daily. The two staff were not able to keep up with the activity schedule. Yesterday, staff had to provide one to one care for a resident preventing them from doing an activity with the other residents. The unit staff did not have a staff person available to fill in for activities when they could not provide them. During interview and record review on 3/6/19 at 11:30 A.M., the Activity Director (AD) said: - Around seven months ago, due to resident behaviors, administration changed the unit activity program from residents attending activities outside of the unit to having an Activity Restorative Director (ARD) provide activities on the unit. Around six months ago, the ARD services were discontinued and left to the unit staff to provide activities. - In order for him/her to appropriately schedule unit activities, communication between him/her and nursing needed improvement. Nursing just informed him/her that an activity he/she scheduled for this month was inappropriate for residents based on a prior incident resulting from the activity. The unit staff were to complete activity logs showing activities offered to residents and resident participation in the activities. He/she was not able to provide the logs due to unit staff not completing them. Without the logs, there was no way to know if staff offered the residents scheduled activities, which residents participated and have information in order to plan activities to meet resident needs. - Two activities were scheduled daily on the unit. If a scheduled activity could not be provided then staff should offer residents another one. If a resident interrupts activities the resident should be assisted out of the area in order to allow activities to be provided. One resident should not prevent an activity from being provided. - Staff should provide one to one activity for residents who do not attend group activities. Each resident should be provided with activities.

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F 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Post nurse staffing information every day. 31102 Based on observations, interview and record review, the facility failed to post the nurse staffing data in a prominent place readily accessible to all residents and visitors on a daily basis at the beginning of each shift. The facility census was 144. 1. Observation on 3/6/19, at 9:20 A.M., showed: - On the 100 hall, the nurse staffing data forms were on a clipboard on the ledge at the nurse's station; - On the 200 hall, the nurse staffing data forms were not posted at the nurse's station; - On the 300 hall, the nurse staffing data forms were on a clipboard on the ledge at the nurse's station; - On the 400 hall, the nurse staffing data forms were on a clipboard on the ledge at the nurse's station; - On the 500 hall, the nurse staffing data forms were on a clipboard on the ledge at the nurse's station; - On the 600 hall, the nurse staffing data forms were not posted at the nurse's station; - The clipboards that were placed on the ledge at the nurse's stations were not visible to any visitor or resident who was in a wheelchair. During an interview on 3/6/19, at 11:08 A.M., the Director of Nursing (DON) said: - The Charge Nurses (CN) should post the staffing data and each unit should have the clipboards in a very visual place; - The clipboards would not be visible if they were laying on the counter at the nurse's station.

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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. 31102 Based on observations, interviews, and record review, the facility failed to ensure staff failed to date medications when opened and failed to discard expired medications. The facility census was 144. 1. Review of the facility's medication destruction policy, dated, 7/30/07, showed, in part: - Every medication that needs to be destroyed will be logged onto the drug destruction log; - The drug destruction log will remain on the wig for accessibility. 2. Review of the facility's multi - dose vials, dated, 4/5/18, showed: - All multi - dose vials must be dated and initialed when opened. 3. Observation and interview on 3/4/19, at 10:45 A.M., on the 500 nurse's medication room, showed: - One opened vial of Lorazepam, (used for anxiety) did not have a date when it was opened; - One opened vial of influenza vaccine for 2018 - 2019 season did not have a date when it was opened; - One opened bottle of alcohol gel, expired, 4/2015; - Unit coordinator (UC) A said the pharmacist checked the medication room monthly and thought the night charge nurse (CN) also checked it. 19311 4. Observation and interview on 3/4/19 at 10:14 A.M., with Licensed Practical Nurse (LPN) B of the 200 Hall Medication room showed: - A box of 26 vial of Albuterol Sulphate Inhalation Solution 0.63 mg each that was opened but not dated; - A half full plastic container of 1.2 cal tube feeding solution opened 2/25/19 stored in a refrigerator. (Directions on the container stated to discard after 48 hours of being opened. LPN B said he/she did not know why the half full container of feeding solution was is the refrigerator. Staff should have dated when they opened the box of inhalation solution. 5. During an interview on 3/6/19, at 11:08 A.M., the Director of Nursing (DON) said: (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- The nurses checked the medication rooms and the certified medication technicians (CMT's) checked the medication carts at least monthly; - The Lorazepam and the the flu vaccine should be dated when opened; - Expired medications should not be used; - The UC monitors to ensure it has been done.

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. 22952 Based on observation, interview and record review the facility failed to serve hot foods hot and cold foods cold. This had the potential to affect all the facility residents. The facility census was 144. 1. Review of the facility Food Temperatures policy dated 2005 showed: - All hot food items must be served at a temperature of at least 140 degrees Fahrenheit (F). - All cold food items must be served at 40 degrees F or below. 2. Observation on 3/5/19 at 8:00 A.M. to 9:06 A.M. of the 500 hall dining room meal service, showed: - Staff left all foods uncovered on the steam cart between food plating. - Milk, orange juice, cranberry juice, apple juice and water were left out on the counter throughout the meal service. During observation and interview on 3/05/19 at 9:06 A.M., the Dietary Manager (DM) checked food and drink temperatures at the end of service and said: - The water is 53 degrees F, the OJ is degrees 57 F, the milk is 53 degrees F, the scrambled eggs are degrees 106 F, and both the biscuits and gravy and the oatmeal is 103 degrees F. The food and drink temperatures were not satisfactory. She thought by the staff leaving lids off the food on the steam table during the meal service they lost temperature. Staff should keep the drinks on ice or in the refrigerator. The hot food tasted cold and the drinks were not cold enough. - She needed to monitor resident food satisfaction more often. She did not and should check individually with residents on food satisfaction. 19311 3. During interviews on 3/4/19 at 11:01 and 11:09 A.M., two residents on the 200 hall (Residents #67 and #123) both able to make daily decisions and who ate some or all meals in their rooms said the quality of the food was under par and usually cold by the time staff delivered it to their rooms. 31102 4. During an interview on 03/04/19 at 9:56 A.M., Resident #114 said: - The food is many times served cold.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 22952 Based on observation and interview the facility failed to store, distribute and serve food in a safe and sanitary manner when staff did not assure thermometers were in refrigerators and freezers; did not assure refrigerators, freezers and food cabinets were kept clean; did not wear hair nets properly; and when staff stored foods that were unsealed, unlabeled and outdated. The facility census was 144. 1. Observation of the kitchen on 3/3/19 at 9:54 A.M., showed no thermometers in the refrigerator across from the stove, the meat freezer or the in vegetable deep freezer. [NAME] A said thermometers were supposed to be in the refrigerator and freezers but he/she could not find them. Observation on 3/3/19 at 12:15 P.M., of the 500 hall dining room refrigerator, showed: - An opened bottle of barbeque sauce with no date or name. - An opened bottle of salad dressing with no date or name. - An undated clear plastic container of cantaloupe. Observation and interview on 3/4/19 at 10:00 A.M., of the wing 6 dining room unit, showed: - The refrigerator freezer had an unlabeled and uncovered cup of ice cream with a spoon in it. - The refrigerator had a container of six day old chicken salad dated 2/26/19. [NAME] and red food substances were across the bottom of the refrigerator. - The cabinets had an unsealed loaf of bread, an unsealed large bag of chocolate cocoa mix and a 12/27 outdated loaf of bread. - Licensed Practical Nurse (LPN) A and Certified Med Tech (CMT) D said the chicken salad was outdated by several days and should have been thrown out after three days. The dietary staff were responsible to monitor and keep refrigerators on the unit clean. Observation on 3/5/19 at 8:00 A.M. to 9:06 A.M. of the 500 hall dining room meal service, showed: - Dietary Aide (DA) A hair net was positioned above her hair line exposing hair on all sides. - Certified Nurse Aide (CNA) B went behind the steam tray area numerous times without wearing a hair net. - Staff ran out of paper towels for the hand wash sink and did not immediately refill the towels. Staff then used a roll of paper towels that was laying exposed on top of food service products. CNA B, CNA D and DA A held on to the sides of the roll while pulling a towel to dry their hands. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observation on 3/6/19 at 9:15 A.M. of Wing 1 Nourishment room showed: - The cabinets stored two unsealed and unlabeled jars of peanut butter. An unsealed loaf of bread and spilt sugar across the shelves. - The refrigerator freezer stored unsealed and unlabeled pancakes. 2. During an interview on 3/05/19 at 9:06 A.M., the Dietary Manager (DM) said: - Staff were to use hair nets to cover all their hair when behind the steam cart area. - Paper towels should be stocked and ready for meal service. Staff should not touch paper towels between sharing them with one another. - Thermometers should be in refrigerators and freezers. - Staff should assure outdated foods are discarded. Foods should be labeled, dated, covered and sealed. Chicken salad should only be stored up to three days in the refrigerator. Open foods including salad dressings and sauces should be dated the day they are open.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 19311 Based on observation, interview, and record review, the facility failed to ensure staff provided care in a manner to prevent infection or the possibility of infection when they did not wash their hands and change their gloves appropriately during peri care, this affected (Resident #17 and #103). Staff contaminated a clean field when they put an item off the floor on the clean field while setting up dressing change supplies which affected one of (Resident #29). The facility failed to ensure an isolation sign was posted at the resident's door, which affected Resident #17 and #44. The facility census was 144. 1. Review of the facility's Infection Control policy, dated 4/18/12, showed: - Handwashing remains the single most effective means of preventing disease transmission; - Hands should be washed when they are soiled; - Before performing procedures; - Upon completion of resident care; - Gloves must be changed and hands washed when going from a dirty area to a clean area. Review of the facility's policy for Perineal Care for the Resident with a Catheter, revised 12/8/16 did not address emptying the resident's urinary drainage bag. Review of the facility's policy for Clean Dressing Change Procedure, dated 6/13/14, showed: - Create your clean field. (This can be done before you enter the resident's room); - Do not place dirty items on your clean field. 2. Review of Resident #103's Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 1/22/19, showed: - Able to make daily decisions; - Required assistance from staff with toilet use and personal hygiene. Observation on 3/5/19 at 9:11 A.M., showed Certified Nurse Aide (CNA) I and CNA J provided incontinence care for the resident. CNA I washed the resident's front genital folds, removed his/her gloves and without washing his/her hands, opened two of the resident's drawers under the sink, handled and moved several things in the drawer while searching for a bottle of alcohol gel. Picked up a tube of skin barrier cream from the counter and placed it in the drawer, opened the door and left the room. He/she later returned with a bottle of alcohol gel and washed his/her hands. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 3/5/19 at 1:45 P.M., CNA I said he/she should wash his/her hands when he/she entered the resident's room, between glove changes and before he/she left the residents room. 3. Review of Resident #29's MDS, dated [DATE], showed: - The resident was able to make daily decisions; - Had an indwelling catheter (sterile tube used to drain urine); - Had a stage IV (full thickness skin loss, with extensive destruction, tissue death or damage to muscle tissue) pressure ulcer. Observation and interview on 3/6/19 at 9:29 A.M., showed the resident lay on his/her bed. CNA G and CNA H provided peri care and catheter care. CNA H drained urine from the resident's urinary drainage bag. CNA H said he/she should have sat the graduate on a clean field not on the resident's floor, he/she just forgot to do it. Observation and interview on 3/5/19 at 1:21 P.M., showed LPN B set up a clean field on an over the bed table with supplies to use to administer a dressing change for the resident's stage IV pressure ulcer. He/she dropped a roll of gauze on the floor, picked it up off the floor and placed it on the clean field with other items. After LPN B completed the dressing change for the resident, LPN B said, he/she should have threw the roll of gauze that fell on the floor away instead of contaminating the clean field and supplies. 4. During an interview on 3/6/19 at 11:08 A.M., the Director of Nurses (DON) said: - She expected staff to remove their gloves and wash their hands after providing peri care before they touched anything else; - Staff should not pick up an item from the floor and set it on a prepared clean field. If staff contaminated a clean field, they should prepare another clean field for supplies from the beginning. 31102 5. Review of the facility's undated infectious disease fact sheet for clostridium difficile (C Diff), (a debilitating diarrheal disease caused by a bacterium that can persist in the environment for months and is highly resistant to cleaning. It is found in fecal material and can be found under fingernails, and on furniture, toilet seats, linens, and floors. C diff contains spores which are difficult to kill), showed, in part: - Because of the bacterium's ability to form spores, it can persist in the environment for months and is highly resistant to cleaning; - Flagyl or Vancomycin should be added to the treatment regimen. 6. Review of Resident #44's annual MDS, dated , 12/18/18, showed: - Cognitive skills severely impaired; (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- Dependent on the assistance of two staff for transfers, mobility, and toilet use; - Upper and lower extremities impaired on both sides; - Always incontinent of bowel and bladder; - Diagnoses included stroke and hemiplegia (paralysis on one side of the body); - Had taken antibiotics in the last seven days. Review of the resident's care plan, dated, 2/19/19, showed: - Possible sepsis/C diff; - Sign on the door to come to nurse's desk before entering room; - Isolation precautions; - Flagyl 500 mg. every eight hours today for C diff. Review of the resident's POS, dated, March, 2019, showed: - Start date: Isolation precautions. Special instructions: diagnoses C diff. Observation on 3/5/19, at 11:10 A.M., showed: - The resident had a personal protection equipment cart inside his/her room; - The resident had two red trash cans in his/her room for trash and linens; - Did not have a sign on the door to indicate the resident was on isolation. Observation on 3/5/19, at 11:55 A.M., showed: - Certified Medication Technician (CMT) A entered the resident's room with the mechanical lift; - CMT A washed his/her hands, gloved, put the blue shoe covers on his/her feet, gowned and put a mask on; - CMT A and CNA A used the mechanical lift and transferred the resident from the bed to his/her wheelchair; - CMT A wiped the mechanical lift with the sani wipe, removed the gown and gloves and left the resident's room with the mechanical lift; - CMT A did not remove the shoe covers before he/she left the room. During an interview on 3/5/19, at 12:10 P.M., CMT A said: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265708	A. Building B. Wing	03/06/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shirkey Nursing and Rehabilitation Center	804 Wollard Blvd Richmond, MO 64085

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- He/she should not have worn the shoe covers in the hallway; - There should be a sign on the resident's door indicating the resident was on isolation. During an interview on 3/6/19, at 11:08 A.M., the DON said: - There should be a sign outside the door to indicate to see the nurse; - Staff should not wear shoe covers in the hallway. 7. Review of Resident #17's quarterly MDS, dated , 2/19/19, showed: - Cognitive skills moderately impaired; - Dependent on the assistance of two staff for bed mobility, transfers and toilet use; - Upper and lower extremities impaired on both sides; - Had a Foley catheter (sterile tube inserted into the bladder to drain urine); - Always incontinent of bowel; - Diagnoses included paraplegia (paralysis characterized by motor or sensory loss in the lower limbs and trunk) and multiple sclerosis (a progressive deteriorating nervous system disease that results in a gradual loss of muscle function); - Had seven antibiotics in the last seven days. Review of the resident's care plan, dated, 3/1/19, showed: - An abscess to the scrotum; - Start isolation precautions due to abscess pending culture and sensitivity (a test to find the germs that can cause an infection and what kind of antibiotic is best to treat the illness). Observation on 3/3/19, at 3:35 P.M., showed: - The resident had a personal protection equipment cart inside his/her room; - The resident had two red trash cans in his/her room for trash and linens; - Did not have a sign on the door to indicate the resident was on isolation. Observation on 3/5/19, at 12:35 P.M., showed: - The resident lay in bed and was incontinent of bowel; - CNA C and CNA D washed hands, applied gloves and gowns; (continued on next page)

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	265708	A. Building B. Wing	03/06/2019

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- CNA D used a wash cloth and cleaned the front perineal folds; - CNA D removed gloves, sanitized and applied new gloves; - CNA C and CNA D turned the resident on his/her side; - CNA D wiped from front to back with fecal material; - CNA D used a new wash cloth and wiped from front to back with fecal material, folded the wash cloth and wiped the rectal areas with fecal material, folded the wash cloth and wiped the rectal area again with fecal material; - CNA D used a new wash cloth and wiped the rectal area with fecal material and used the same area of the wipe and wiped the rectal area with fecal material and used the same area again and wiped the rectal area without any fecal material; - CNA D removed gloves, sanitized and applied new gloves; - CNA C and CNA D completed incontinent care and placed a clean incontinent brief on the resident; - Did not have a sign on the door to indicate the resident was on isolation. During an interview on 3/5/19, at 2:43 P.M., CNA C said: - He/she thought you could use hand sanitizer when cleaning fecal material; - The resident should have a sign on the door so visitors could talk to the nurse before entering the room; - He/she should not have used the same area of the skin to clean different areas of the skin. During an interview on 3/5/19, at 3:03 P.M., CNA D said: - When cleaning fecal material, he/she should have washed his/her hands and not used hand sanitizer; - Should have a sign on the door to indicate the resident was on isolation. During an interview on 3/6/19, at 11:08 A.M., the DON said: - There should be a sign outside the door to indicate to see the nurse; - The facility follows the CDC guidelines for infection control; - Staff should wash their hands after cleaning fecal material; - Staff should not use the same area of the wipe to clean different areas of the skin. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	22952