

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 265249	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/06/2020
NAME OF PROVIDER OF SUPPLIER MARIES MANOR		STREET ADDRESS, CITY, STATE, ZIP 174 BALLPARK ROAD VIENNA, MO 65582	
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 0658 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation and interview, facility staff failed to meet professional standards by failing to discontinue the use of expired medications, failed to properly label and date the stock/over the counter medications and the failure to store medications in an orderly manner in cabinets, drawers and carts. 1. Review of the facility's Medication Storage Policy, dated March 2015, showed staff are directed that no discontinued, outdated or deteriorated drugs or biologicals may be retained for use. All such drugs must be returned to the issuing pharmacy and be destroyed in accordance with established guidelines. Staff are directed to keep drugs stored in an orderly manner in cabinets, drawers or carts. The facility storage of medications policy failed to direct staff on the correct labeling of stock and over the counter medications. 2. Observation on 3/3/20 at 9:12 A.M., showed the west cart contained crushed pills and powder residue from various colored pills in the bottom of the drawer. 3. Observation on 3/3/20 at 9:16 A.M., showed the east cart contained the following: -One bottle of Vitamin B-1 and [MEDICATION NAME] (vitamin) opened and undated; -One empty pill package in the bottom of the drawer; -Food and nail polish in multiple drawers. 4. Observation on 3/3/20 at 10:00 A.M., showed the unit medication cart contained crushed pills and powder residue from various colored pills in the bottom of the drawer. Additionally, the medication cart contained the following: -One bottle of Daytime Cold and Flu liquid medication opened and undated; -One bottle of [MEDICATION NAME] ([MEDICATION NAME]) opened and undated; -One bottle of [MEDICATION NAME] ([MEDICATION NAME]) opened and undated; -One bottle of [MEDICATION NAME] ([MEDICATION NAME]) opened and undated; -One [MEDICATION NAME] (used to treat asthma) inhaler opened and undated. -One bottle of Milk of Magnesium (antacid) opened and undated; -One bottle of Pink [MEDICATION NAME] (used to treat diarrhea) opened and undated; -One bottle of Complete Multi-Vitamin opened and undated; -One bottle of Ultra Tuss (cough medication) opened and undated; -One bottle Tums (antacid) opened and undated; -One bottle [MED] (regulates the amount of water in body) opened and undated; -Two bottles [MEDICATION NAME] (pain reliever) opened and undated; -One bottle [MEDICATION NAME] (iron supplement) opened and undated; -One bottle [MED] ([MEDICATION NAME]) opened and undated. 5. During an interview on [DATE] at 10:11 A.M., Licensed Practical Nurse (LPN) E said once a month the pharmacist comes and checks the medication carts and the night nurses used to also check the carts and stock meds but they have been a little lax lately. 6. During an interview on [DATE] at 01:21 P.M., the administrator said the pharmacy staff come once a month and should be checking expired meds, creams, all of that, as well as the night nurses, including the cart on the unit. He/She said whomever opens the stock medication are responsible for putting the open date on the medications. For wasted or crushed meds in carts they should chart them in the waste log if they are prescription and two nurses should sign off if they are wasting narcs. The administrator said they do not have a waste log for over the counter or stock meds. 7. During an interview on 03/06/20 at 02:29 P.M., the Director of Nursing (DON) said everyone is responsible for checking medications. All staff should check the expiration date before giving them. She said she tries to go through them once a week to double check, and did it one time in January. When staff check the carts, they are checking for organization and working lids on bottles. She said she expects the pharmacist to take care of the loose pills and expects there to not be loose pills in the bottom of the carts. She said she was not aware the carts had loose pills in them, stock medications should have the open dated on them when staff opens the bottles. She said she wasn't aware there were medications without open dates, we just went over this.</p>		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review, facility staff failed to prevent the spread of bacteria and other infection causing contaminants during the provision of care and medication administration, to include hand washing and glove changing for two residents (Resident #15 and #53). The facility census was 65. 1. Review of the facility's Glove Policy, dated March 2015, showed staff are directed to change gloves between contacts with different body sites of the same resident. Review of the facility's Handwashing Policy, dated May 2015, showed staff are directed to wash their hands when they are soiled with body substances and when each resident's care is completed. 2. Review of Resident # 15's quarterly Minimum Date Sheet (MDS), dated [DATE], showed the facility assessed the resident as follows: -Brief Interview for Mental Status (BI[CONDITION]) of 4 (severely cognitively impaired); -Required limited, one person assistance with locomotion; -Required extensive, one person assistance with dressing, toileting, hygiene and bathing; -Required extensive, two person assistance with mobility and transfer; -Utilized a wheelchair; -Frequently incontinent of bowel and bladder. Observation on 03/04/20 at 09:13 A.M., showed Certified Nurse Assistant (CNA) J did not wash his/her hands when he/she entered the room or before he/she performed perineal care for the resident. Further observation showed he/she did not wash his/her hands in between glove changes during care. Observation on 03/04/20 at 09:13 A.M., showed CNA K did not wash his/her hands when he/she entered the room or before he/she performed perineal care on the resident. 3. Review of Resident # 53's quarterly MDS, dated [DATE], showed the staff assessed the resident as follows: -BI[CONDITION] of 15 (cognitively intact); -Required limited, one person assistance with hygiene; -Required extensive, one person assistance with bathing; -Required extensive, two person assistance with mobility, transfer, dressing and toileting; -Limited range of motion of one lower extremity; -Used a wheelchair. Observation on 03/04/20 at 10:29 A.M., showed CNA K did not wash his/her hands when he/she entered the room or before he/she left the resident's room after he/she assisted the resident. 4. Observation on [DATE] at 2:07 P.M., showed Certified Medication Technician (CMT) F did not wash his/her hands during the medication pass between four out of four residents. During an interview on [DATE] at 2:38 P.M., CMT F said he/she sanitizes his/her hands every two or three residents and washes his/her hands every five residents. He/She said he/she did not have any hand sanitizer on their cart. During an interview on 03/05/20 at 1:42 P.M., Licensed Practical Nurse (LPN) G said he/she sanitizes his/her hands between giving medications to each resident and washes his/her hands every two to three residents and as needed. 5. During an interview on 03/06/20 at 12:46 P.M., CNA J said staff should wash their hands before care, in between glove changes, and after care. Gloves should be changed any time they become soiled or if staff apply ointment. He/She said gloves should be changed before perineal care and right after. 6. During an interview on 03/06/20 at 02:29 P.M., the Director of Nursing (DON) said staff should wash hands before they put on gloves and when they take the gloves off. If they take off the gloves they can use hands sanitizer or wash if they are visibly soiled. Staff should change their gloves if they are visibly soiled, after wiping a soiled resident or when they apply ointment and they should wash their hands when they change their gloves. Staff should wash their hands before they start medication pass, hand sanitize their hands in between residents and then wash their hands after three times with hand sanitizer.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.