

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265123	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/20/2025
NAME OF PROVIDER OR SUPPLIER  Lebanon North Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 596 Morton Road Lebanon, MO 65536	

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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>Based on record review and interview, the facility failed to ensure the facility promoted each resident's right to self-determination when staff failed to provide bath/showers as preferred for one resident (Resident #1) out of a sample of four residents. The facility had a census of 76.</p> <p>Review of the facility's policy titled, Bath (Shower), undated, showed the following:</p> <ul style="list-style-type: none"> <li>-Purpose of the policy was to maintain skin integrity, comfort and cleanliness;</li> <li>-Staff to encourage resident to do as much as his/her own care as possible, supervise, and assist as necessary.</li> </ul> <p>Review of the facility's policy titled, Bath (Bed), undated, showed the following:</p> <ul style="list-style-type: none"> <li>-Purpose of policy to maintain skin integrity, comfort and cleanliness;</li> <li>-Staff to encourage resident to do as much for himself/herself as possible.</li> </ul> <p>1. Review of Resident #1's face sheet (admission data) showed the following:</p> <ul style="list-style-type: none"> <li>-admission date of 04/15/16;</li> <li>-Diagnoses included muscle weakness, anxiety disorder, and low back pain.</li> </ul> <p>Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated assessment instrument completed by facility staff), dated 12/13/24, showed the following:</p> <ul style="list-style-type: none"> <li>-Cognitive skills intact;</li> <li>-Dependent on staff for shower/bathing.</li> </ul> <p>Review of the resident's care plan, revised 02/26/25, showed the following:</p> <ul style="list-style-type: none"> <li>-Required extensive assistance with activities of daily living (ADL's-dressing, grooming, bathing, eating and toileting);</li> <li>-The resident needed extensive assistance with dressing, bathing, toileting, and hygiene;</li> </ul> <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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Provide assistance with shower/bath to include hair care.</p> <p>Review of the resident's February 2025 Shower Sheets, from 02/04/25 through 02/18/25, staff did not document showers offered or completed for the resident.</p> <p>Review of the resident's progress note showed staff documented the following:</p> <p>-On 02/19/25, the resident was sent to the hospital for evaluation;</p> <p>-On 02/26/25, the resident's return from the hospital.</p> <p>Review of the resident's February 2025 Shower Sheets, from 02/26/25 through 02/28/25, staff did not document showers offered or completed for the resident.</p> <p>Review of the resident's March 2025 Shower Sheets showed the resident received, or was offered, a shower on the following days:</p> <p>-On 03/08/25, the resident received a bed bath (11 days after readmission from the hospital);</p> <p>-On 03/14/25, the resident received a complete bed bath (six days after prior bed bath);</p> <p>-On 03/17/25, the resident received a bed bath;</p> <p>-On 03/18/25, the resident received a shower.</p> <p>During an interview on 03/20/25, at 10:57 A.M., the resident said the following:</p> <p>-Before the hospital stay, he/she did not get a shower for two or three weeks;</p> <p>-The facility did not have enough staff to get his/her showers;</p> <p>-He/she washed himself/herself everyday, but a shower was better to get the areas he/she could not get with a washcloth.</p> <p>During an interview on 03/20/25, at 11:30 A.M., Certified Nurse Aide (CNA) A said the resident received bed baths when he/she was on isolation for a few weeks. Staff do what showers they can in between providing care to the residents The facility did not have a shower aide. Residents did not get a shower twice per week.</p> <p>During an interview on 03/20/25, at 11:54 A.M., CNA B said there was no designated shower aide. There was no shower schedule for the residents. Staff did the best they could with completing the residents' showers. The residents get shower one time per week.</p> <p>During an interview on 03/20/25, at 3:03 P.M., Licensed Practical Nurse (LPN) C said there was no shower aide and staff did the best they could with completing showers.</p> <p>(continued on next page)</p>		

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<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 03/20/25, at 12:37 P.M., the Care Plan Coordinator said staff gave the resident bed baths while he/she was on isolation. The facility is short staffed and did not have a shower aide. Staff try to work in showers while on duty. The aides should document completed showers on a shower sheet and in the computer. The Director of Nursing (DON) monitors if the showers get completed.</p> <p>During an interview on 03/20/25, at 1:04 P.M., the DON said staff should provide the resident with a shower or bed bath more than one time per week. There is no shower aide during the day due to short staffing. The facility did not have a designated staff per hall for showers. The aides should document on the shower sheet and document in the computer of completed showers. She did not complete the residents' shower preferences since she started as DON about four months ago.</p> <p>MO00251341</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>Based on observation, interview, and record review, the facility failed to ensure all residents received assistance with activities of daily living (ADL -dressing, grooming, bathing, eating, and toileting) as needed when staff failed to provide timely showers for one resident (Resident #2), who resided in the dementia unit, out of a sample of four residents. The facility census was 76.</p> <p>Review of the facility's policy titled, Bath (Shower), undated, showed the following:</p> <ul style="list-style-type: none"> <li>-To maintain skin integrity, comfort and cleanliness;</li> <li>-Encourage resident to do as much as his/her own care as possible, supervise, and assist as necessary.</li> </ul> <p>1. Review of Resident #2's face sheet (admission data) showed the following information:</p> <ul style="list-style-type: none"> <li>-admission date of 06/17/22'</li> <li>-Diagnoses included vascular dementia, depression, and pain.</li> </ul> <p>Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated assessment instrument completed by facility staff), dated, 12/19/24, showed the following information:</p> <ul style="list-style-type: none"> <li>-Moderately impaired cognitive skills;</li> <li>-Required substantial/maximal assistance with showering/bathing;</li> <li>-Required partial/moderate assistance with toileting and upper and lower body dressing;</li> <li>-Always incontinent of bowel and bladder.</li> </ul> <p>Review of the resident's care plan, revised 12/31/24, showed the following information:</p> <ul style="list-style-type: none"> <li>-The resident was at risk for inadequately being able to meet his/her own needs due to his/her cognitive deficits;</li> <li>-The resident required assistance with dressing, bathing, toileting, hygiene, transfers and mobility;</li> <li>-Staff to assist with shower/bath to include hair care.</li> </ul> <p>Review of the resident's February 2025 Shower Sheets showed the following:</p> <ul style="list-style-type: none"> <li>-On 02/05/25, the resident received a shower;</li> <li>-On 02/06/25, the resident received a shower;</li> <li>-On 02/07/25, the resident refused a shower;</li> </ul> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Staff did not document showers offered or completed from 02/08/25 through 02/28/25.</p> <p>Review of the March 2025 shower documentation showed the following;</p> <p>-On 03/05/25, the resident received a shower;</p> <p>-On 03/06/25, the resident received a complete bed bath;</p> <p>-Staff did not document showers offered or completed from 03/06/25 through 03/20/25.</p> <p>During an interview on 03/20/25, at 11:30 A.M., Certified Nurse Aide (CNA) A said staff do what showers they can in between providing care to the residents. The facility did not have a shower aide. Residents did not get a shower twice per week.</p> <p>During an interview on 03/20/25, at 11:54 A.M., CNA B said there were no designated shower aide. There was no shower schedule for the residents. Staff did the best they could with completing the residents' showers. The residents got shower one time per week.</p> <p>During an interview on 03/20/25, at 3:03 P.M., Licensed Practical Nurse (LPN) C said there was no shower aide and staff did the best they could with completing showers.</p> <p>During an interview on 03/20/25, at 12:37 P.M., the Care Plan Coordinator said the facility was short staffed and did not have a shower aide. Staff try to work in showers while on duty. The aides should document completed showers on a shower sheet and in the computer. The Director of Nursing (DON) monitored if the showers got completed.</p> <p>During an interview on 03/20/25, at 1:04 P.M., the DON said there was no shower aide during the day due to short staffing. The facility did not have a designated staff per hall for showers. The aides should document on the shower sheet and document in the computer of completed showers. She did not complete the residents' shower preferences since she started as DON about four months ago.</p> <p>MO00251341</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>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to maintain a complete and effective infection prevention and control program when the facility failed to ensure staff were educated on enhanced barrier precautions (EBP - infection control interventions designed to reduce transmission of resistant organisms that employs targeted gown and glove use during high contact resident care activities) and failed to ensure appropriate protective personal equipment (PPE) was readily available for staff use for one resident (Resident #1) with a catheter (flexible tubing that is used to drain urine from the bladder) and one resident (Resident #2) with a wound. The facility census was 67.</p> <p>Review of the Centers for Disease Control's (CDC) Implementation of Personal Protective Equipment Use in Nursing Homes to Prevent Spread of Multidrug-Resistant Organisms, dated 07/12/22, showed the following:</p> <ul style="list-style-type: none"> <li>-Multidrug-Resistant Organisms (MDRO - microorganisms that are resistant to one or more classes of antimicrobial agents) transmission is common in skilled nursing facilities, contributing to substantial resident morbidity and mortality and increased healthcare costs;</li> <li>-EBP are infection control interventions designed to reduce transmission of resistant organisms that employs targeted gown and glove use during high contact resident care activities;</li> <li>-EBP may be indicated (when contact precautions do not otherwise apply) for residents with any of the following: wounds or indwelling medical devices, regardless of MDRO colonization status, and infection or colonization with an MDRO;</li> <li>-Effective implementation of EBP requires staff training on the proper use of PPE and the availability of PPE and hand hygiene supplies at the point of care;</li> <li>-EBP use of PPE refers to the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing;</li> <li>-Examples of high-contact resident care activities requiring gown and glove use for EBP includes dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use such as central line, urinary catheter, feeding tube, and tracheostomy/ventilator, and wound care on any skin opening requiring a dressing;</li> <li>-Post clear signage on the door or wall outside of the resident room indicating the type of precautions and required PPE;</li> <li>-Make PPE, including gowns and gloves, available immediately outside of the resident room.</li> </ul> <p>Review of the facility's policy, Enhanced Barrier Precautions, updated March 2024, showed the following:</p> <ul style="list-style-type: none"> <li>-Purpose to prevent broader transmission of MDRO and to help protect resident with chronic wounds and indwelling devices. EBP should be implemented for the period of the resident's stay or until wounds have resolved or indwelling medical devices have been removed;</li> </ul> <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>-Who requires EBP: Residents known to be infected or colonized with a MDRO, residents with an indwelling medical device including the following: central venous catheter, urinary catheter, feeding tube (PEG tube, G-tub), and tracheostomy/ventilator regardless of their MDRO status and residents with a wound, regardless of their MDRO status;</p> <p>-Use EBP when providing high-contact resident care activities such as bathing/showering, transferring residents from one position to another, providing hygiene, changing bed linens, changing briefs or assisting with toileting, caring for or using an indwelling medical device, and performing wound care;</p> <p>-Equipment of gloves and gown.</p> <p>1. Review of Resident #1's face sheet (admission information) showed the following:</p> <p>-admission date of 02/18/25;</p> <p>-Diagnoses included retention of urine.</p> <p>Review of the resident's admission Minimum Data Set (MDS - a federally mandated assessment instrument completed by facility staff), dated 02/24/25, showed the following:</p> <p>-Moderately impaired cognitive skills;</p> <p>-Resident had an indwelling catheter;</p> <p>-The resident was dependent with toileting hygiene.</p> <p>Review of the resident's physician orders (POS), dated 04/17/25, showed a current order for an indwelling catheter.</p> <p>Review of the resident's current care plan showed staff did not care plan related to the resident's catheter or EBP.</p> <p>Observations on 06/04/25, at 11:50 A.M., showed the following:</p> <p>-On 06/04/25, at 11:50 A.M., Certified Nurse Aide (CNA) F entered the resident's room. There was a sign that said please see nurse before entering the room and a yellow star signage at the entrance of the resident's room on the door. The resident was lying in the bed. A Foley urinary catheter bag with urine hung on the side of the bed. CNA F donned gloves, but did not don a gown to provide care with the resident's catheter. CNA F sat down beside the resident's bed and removed the catheter bag and emptied it into a plastic container and dumped the urine into the toilet. CNA F removed his/her gloves and washed his/her hands;</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>-On 06/04/25, at 11:54 A.M., CNA F and CNA C entered the resident's room. CNA C used hand sanitizer and donned gloves, but did not don a gown to provide direct care to the resident. CNA F donned gloves but did not don a gown and moved the resident's catheter tubing around. CNA F held the resident's catheter bag and explained to the resident to get up and sit on side of the bed. CNA C assisted the resident's legs and CNA F placed the resident's catheter bag on the side of his/her scrub pants and placed a gait belt around the resident. CNA C and CNA F assisted the resident up into his/her wheelchair. CNA F placed the resident's catheter bag in a privacy bag and placed it under the resident's wheelchair. CNA F made the resident's bed. CNA C doffed gloves, combed the resident's hair, and then washed his/her hands. CNA F removed his/her gloves and placed the resident's wheelchair legs on the resident's wheelchair and washed his/her hands.</p> <p>-On 06/04/25, at 1:14 P.M., CNA G and CNA H pushed the resident to his/her room and entered the resident's room to lay the resident down. The resident sat in his/her wheelchair. Both aides donned gloves, but did not don a gown to provide direct care to the resident. CNA G removed the resident's shirt and placed a new shirt on the resident. CNA G took the resident's catheter bag out from under the resident's wheelchair and placed it on the side of the resident's bed. Both aides assisted the resident up and placed the resident in his/her bed. Both aides removed the resident's pants and depends and provided incontinent care. Both aides did not wear a gown. After incontinent care, both aides doffed gloves and washed hands.</p> <p>During an interview on 06/04/25, at 9:30 P.M., the MDS/Care Plan Coordinator said she did not develop a care plan for the resident's catheter and EBP since was busy as a charge nurse on the floor and other duties.</p> <p>2. Review of Resident #2 face sheet showed the following:</p> <p>-admission date of 05/06/25;</p> <p>-Diagnoses included cellulitis (inflammation of the cells), osteomyelitis (infection in a bone) of vertebra, transient cerebral ischemic attack (TIA-mini stroke), and bacterial infection unspecified.</p> <p>Review of the resident's admission MDS, dated [DATE], showed the following:</p> <p>-The resident was cognitively intact;</p> <p>-The resident was at risk of pressure ulcers;</p> <p>-The resident had no wounds.</p> <p>Review of the resident's care plan, last updated on 05/06/25, showed staff did not care plan related to wounds or EBP related to wound care.</p> <p>Review of the resident's May 2025 POS showed an order, dated, 05/30/25, for Santyl (a topical ointment used to remove dead tissue from chronic skin ulcers) every 48 hours with Mepilex (wound dressing that contains silver to help kill bacteria), wash with soap and water between santyl, and off load with pressure sore precautions, once a day for osteomyelitis of vertebra, thoracic region.</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>Observation on 06/04/25, at 11:20 A.M., showed the following:</p> <ul style="list-style-type: none"> <li>-CNA C searched resident room [ROOM NUMBER] and room [ROOM NUMBER] for personal protective equipment including gowns;</li> <li>-CNA C did not find gowns;</li> <li>-CNA C notified the charge nurse that he/she did not find gowns.</li> </ul> <p>Observation on 06/04/25, at 11:25 A.M., of Licensed Practical Nurse (LPN) D showed the following:</p> <ul style="list-style-type: none"> <li>-He/she left the locked unit to look in the supply room for gowns;</li> <li>-He/she exited the supply room and said he/she did not see any gowns in the supply closet.</li> </ul> <p>Observation of wound care on 06/04/25, at 12:46 P.M., of LPN A showed the following:</p> <ul style="list-style-type: none"> <li>-He/she assembled supplies to complete wound care on the resident;</li> <li>-He/she washed hands and donned gloves but did not don a gown;</li> <li>-He/she removed the bandage to the resident's lower back and cleansed the wound;</li> <li>-He/she removed gloves, washed hands, and donned new gloves but did not don a gown;</li> <li>-He/she applied a new dressing to the resident's wound, gathered his/her supplies, removed gloves, washed hands and exited the room.</li> </ul> <p>3. During an interview on 06/04/25, at 1:14 P.M., CNA G said the following:</p> <ul style="list-style-type: none"> <li>-Staff pass on in the nursing report or the nurses inform aides of residents who have wounds and catheters;</li> <li>-He/she just wears gloves when providing catheter care to a resident;</li> <li>-He/she did not receive education on EBP;</li> <li>-A yellow star on a resident's door is for EBP.</li> </ul> <p>During an interview on 06/04/25, at 1:42 P.M., CNA F said the following:</p> <ul style="list-style-type: none"> <li>-He/she did not have instruction to wear a gown when emptying a catheter bag or providing catheter care to a resident;</li> <li>-He/she had not heard of EBP.</li> </ul> <p>During an interview on 06/04/25, at 1:45 P.M., CNA C said he/she had not been informed to wear a gown when providing catheter care or care to a resident who has a catheter.</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>During an interview on 06/04/25, at 2:20 P.M., LPN D said the following:</p> <ul style="list-style-type: none"> <li>-Staff did not receive education of EBP at the facility;</li> <li>-Staff should wear a gown, gloves, and a mask when providing care to a resident with an indwelling device or wound;</li> <li>-PPE should be accessible to staff;</li> <li>-He/she had just been told today that the aides did not wear gowns with catheter care;</li> <li>-He/she did not wear a gown with wound care due to the gowns were not available.</li> </ul> <p>During an interview on 06/04/25, at 2:20 P.M., LPN A said the following:</p> <ul style="list-style-type: none"> <li>-He/she was new to the facility and had been employed there for about a week;</li> <li>-He/she had not received education on EBP;</li> <li>-He/she was unaware of any residents requiring EBP.</li> </ul> <p>During an interview on 06/04/25, at 3:45 P.M., the Director of Nursing (DON) said the following:</p> <ul style="list-style-type: none"> <li>-EBP precautions are used for all residents with foley catheters and wounds;</li> <li>-The facility staff stores PPE in the linen closets on the halls;</li> <li>-Staff should wear EBP to care for residents who have a catheter, anything coming from inside the body, and an open wound. Staff should wear a gown and gloves;</li> <li>-The facility staff are aware of the EBP protocol and had a few inservices on EBP;</li> <li>-PPE should be available to staff;</li> <li>-Nurses and aides should restock PPE when getting low.</li> </ul> <p>During an interview on 06/05/25, at 12:59 P.M., the Administrator said the following:</p> <ul style="list-style-type: none"> <li>-She expected staff to wear gowns and gloves for any resident who has a wound or a catheter;</li> <li>-She makes rounds and checks if PPE is available to staff;</li> <li>-The charge nurse and DON makes rounds and should check for PPE;</li> <li>-Gowns should be accessible to staff in the closets on the halls;</li> <li>-Staff should inform the nurse if they cannot find PPE.</li> </ul> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265123	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/20/2025
NAME OF PROVIDER OR SUPPLIER  Lebanon North Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  596 Morton Road Lebanon, MO 65536	

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 0880  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	MO00254994