STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265175	A. Building B. Wing	08/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nhc Healthcare, Joplin	2700 East 34th Street Joplin, MO 64803

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 - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure food was stored in a manner to protect the food from possible contamination when staff failed to store food in sealed containers and failed to dispose of expired food items. The facility had a census of 85 residents. 1. Review of the facility's policy titled, Safety and Sanitation Best Practice Guidelines-Dry Storage, revised June 2025, showed the following:-All Time/Temperature Control for Safety (TCS) foods shall be stored in a clean and dry location; not exposed to splash, dust or other contamination;-Items will be stored at least six inches off the floor;-Foods will be stored in their original packages, if possible. If opened, packages should be closed securely to protect product. Review of the facility's policy titled, Safety and Sanitation Best Practice Guidelines-Refrigerator and Freezer Storage, revised June 2025, showed the following:-Each center will have a system for date marking. Foods will be stored in their original container, or a Food and Nutrition Services (FNS) approved container or wrapped tightly in moisture-proof film, foil, etc. Foods should be clearly labeled with the contents with the use by date and/or date opened;-Once food is cooked, perishable items must be labeled with the use by date before properly storing in the refrigerator. The use by date is determined by a 7-day period that includes the day the food was prepared plus the 6 days following. Review of the facility's policy titled, Safety and Sanitation Best Practice Guidelines-Nourishment Pantries, revised January 2025, showed the following: -Cleaning of the refrigerators and storage areas in the nourishment pantries will be the responsibility of the Nursing, FNS, or Housekeeping partners, and/or assigned by the Administrator'-Food and beverages brought into center from outside will be securely package, labeled, and stored appropriately. Each food/beverage item should be labeled with patient name and the date the items(s) were brought into the center. Nursing and FNS partners will monitor. Perishable foods will be discarded within 7 days unless expiration is before the 7 days per manufactures' Use by, best by, or expiration dates. Review of the facility's policy titled, Safety and Sanitation Best Practice Guidelines-Food Brought Into Center From Outside Sources, dated November 2017, showed the following:- Food and beverages brought into center from outside will be securely package, labeled, with the patient's name and date the item(s) were brought into the center;-Food or beverage items may be stored in center nourishment pantries, refrigerators, freezers, or patient's personal room refrigerators, if applicable;-Food or beverage items will be monitored and discarded by the center as follows: Perishable foods will be discarded within 3 days, or per manufactures' Use by, best by, or expiration dates.Review of the Missouri Food Code, published 2013, regarding refrigerator food storage, showed the following:-Refrigerated, ready-to-eat, potentially hazardous food, prepared and held in a food establishment for more than 24 hours shall be clearly marked to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded when held at a temperature of forty-one degrees Fahrenheit (41 F) or less for a maximum of seven days or when held at a temperature of forty-five degrees Fahrenheit (45 F) or less for a maximum of four days.-Refrigerated, ready-to-eat, potentially hazardous food, prepared and packaged by a food processing plant shall be clearly marked, at the time the original container is opened in a food establishment and if the food is (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265175	A. Building B. Wing	08/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nhc Healthcare, Joplin	2700 East 34th Street Joplin, MO 64803

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 - Many	held for more than 24 hours, to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded, based on the temperature and time combinations specified:-The day the original container is opened in the food establishment shall be counted as day 1;-The day or date marked by the food establishment may not exceed a manufacturer's use-by-date if the manufacturer determined the use-by date based on food safety;-Food shall be protected from cross contamination by storing the food in packages, covered containers, or wrappings. Observation on 07/28/25, at 1:45 P.M., of the dry storage area in the kitchen showed the following: -A partial package of rotini pasta taped up with no open date;-A brown cardboard box of lasagna noodles with a loose fitting lid;-Three loose unopened bags of white bread mix, one with a grease spot that permeated the packaging, with no expiration date;-Two loose unopened sleeves of saltine crackers with no expiration date, next to trash bags and a first aid kit.Observation on 07/28/25, at 2:00 P.M., of the walk-in refrigerator in the kitchen showed the following: -A tray holding water condensation directly above an open container of celery;-Open package of turkey lunchmeat, received on 06/26/25, with no open date;-Cheese slices in reusable container with no date;-Open container of pimento cheese, received date 07/10/25, with no open date. Observation on 07/31/25, at 10:32 A.M., of the back dry storage area behind the kitchen showed the following:-Three open containers of Hershey syrup on the hydration carts with packaging that read refrigerate after opening. The three containers were room temperature to the touch;- A box of potatoes, nine with visible eyes;-A mesh bag of onions hanging off of the bottom shelf;-One onion still in the bag, sitting on the floor;-One onion loose on the floor under the shelf;-Brown sugar in reusable container with lid partially off;-Flour in reusable container with lid partially off.Observation on 07/31/25, at 10:45 A.M., of the dry storage area in the kitchen showed the following: -A brown cardboard box of lasagna noodles with a loose fitting lid;-A partial package of rotini pasta taped up with no open date;-Four loose unopened bags of white bread mix, two with grease spots that permeated the packaging, with no expiration date;-Two loose unopened sleeves of saltine crackers with no expiration date, next to trash bags and a first aid kit.Observation on 07/31/25, at 10:55 A.M., of the walk-in refrigerator in the kitchen showed the following: -A tray holding water condensation directly above an open container of celery (4 to 5 stalks);-Open container of pimento cheese, received date 07/10/25, with no open date.-Boiled eggs in a reusable container, dated 07/21/25;-Cooked diced chicken in a Ziplock bag, dated 07/19/25.Observation on 07/31/25, at 11:30 A.M., of the hydration room refrigerator, showed the following:-On the outside of the refrigerator, signage indicating resident use only and staff must label all items with the resident's name and date;-Eight hot dogs in Ziplock bag in the door, resident name present with no date;-Two sausages in Ziplock bag in the door, resident name present with no date;-A jar of apple butter in the door, resident name present with no date;-Chili in reusable container with no resident name and no date;-Raw vegetables in liquid in a reusable container, resident name present with no date;-Leftover food, overflowing outside of the Styrofoam container with no resident name and no date;-A dish of baked beams covered with saran wrap, resident name present with no date;-A cinnamon roll in a plastic container, resident name present with no date;-Watermelon in an opened container, resident name present and best by date of 07/24/25;-A plastic bag filled with fruit (grapes, oranges, apples, plums, and nectarines), first name of resident present with no date;-An unopened bottle of peach iced tea, resident name present, with best by date of 06/25/25;-In the freezer, a bag of loose burritos, not sealed, resident name present with no date. Observation on 08/01/25, at 2:05 P.M., of the refrigerator in the B Hall showed the following:-On the outside of the refrigerator the facility policy regarding hydration rooms;-One cup of Jello covered with saran wrap with no resident name and no date;-One carafe of apple juice with no date;-A fast food bag from Burger King, rolled over, with no resident name and no date;-In the freezer, an ice cream container, resident name present with no date.Observation on 08/04/25, at 9:54 A.M., of the hydration room refrigerator, showed the following:-Eight hot dogs in Ziplock bag in the door, resident name present with no date;-Two sausages in Ziplock bag in the door, resident name present with no date;-One loose [NAME] in the door with no resident name and no date;-Seven individually (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265175	A. Building B. Wing	08/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nhc Healthcare, Joplin	2700 East 34th Street Joplin, MO 64803

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 - Many	package sausage biscuits in a plastic bag in the door, resident name present and dated 07/20/25;-Chili in reusable container with no resident name and no date;-A cinnamon roll in a plastic container, resident name present with no date;-Watermelon in an opened container, resident name present with best by date 07/24/25;-A salad covered with saran wrap, resident name present with no date;-A bag of grapes with no resident name and no date;-Marinated vegetables in a reusable container, resident name present with no date;-A bag of grapes, resident name present and dated 07/02/25;-An unopened bottle of peach iced tea, resident name presentand best by date of 06/25/25;-An open bottle of chocolate syrup, no resident name, received 04/08/24, opened 08/12/24.Observation on 08/04/25, at 10:05 A.M., of the refrigerator in the B Hall showed the following:-One cup of Jello covered with saran wrap, no resident name with no date;-One carafe of apple juice with no date;-A fast food bag from Burger King, rolled over, with no resident name and no date;-Beef and vegetables in a reusable container with no resident name and no date;-In the freezer, an ice cream container, resident name present with no date.Observation on 08/04/25, at 10:14 A.M., of the back dry storage area behind the kitchen, showed the following:-Three open containers of Hershey syrup on the hydration carts. Packaging read refrigerate after opening. All containere were room temperature to the touch; -Brown sugar in reusable container with lid partially off. During an interview on 08/04/25, at 10:08 A.M., Certified Nursing Assistant (CNA) E said the following:-Items placed in the hydration refrigerator are labeled and dated;-Dietary was responsible for discarding items and cleaning the refrigerator.During an interview on 08/04/25, at 10:10 A.M., Licensed Practical Nurse (LPN) F said the following:-Dietary oversaw cleaning out the refrigerator;-Items brought in are labeled and dated.During an interview on 08/04/25, at 10:16 A.M., Dietary Aide (DA) J said the following:-The dishwashing staff was responsible for cleaning out the hydration refrigerators;-In the walk-in refrigerator, all staff were responsible for ensuring all items are labeled and date;-Staff should look at labels and dates every time they enter the walk-in refrigerator;-Opened items should be throw out after three days;-No open items should be stored underneath the condensation tray;-All items that indicate refrigerate after opening should be placed back in the refrigerator when not in use;-Opened items need to be in a sealed container with a secured lid;-He/she would notify the Dietary Manager (DM) prior to throwing out a packaged soiled food item;-Eyes should be cut off potatoes before preparing;-No food items should be stored near non-food items;-Food items that fall on the floor in dry storage, like onions or potatoes, can be washed off and placed back on the shelf. During an interview on 08/04/25, at 10:35 A.M., DA K said the following:-Dietary was responsible for cleaning out the hydration refrigerators;-Open food items in all refrigerators should be disposed of after three days;-Items in the hydration refrigerators need to have the resident's name and be dated;-Items in the walk-in refrigerator need to be labeled and dated;-He/she was unsure if open food items can be stored under a condensation pan;-Condiments that indicate refrigerate after opening should be placed in the refrigerator after use;-All food items should be properly sealed and all lids should be secure;-He/she was unsure of what staff should do with potatoes with eyes;-He/she was unsure if food items could be stored next to non-food items.During an interview on 08/04/25, at 2:16 P.M., DA L said the following:-All staff were responsible for checking the walk-in refrigerator for proper storage and expiration dates;-Food items underneath the condensation tray need to be covered;-Open food items over 3 days old are thrown away;-All items should have a secure fitting lid;-Food packaging that is dirty and looks like it could contaminate the item should be thrown away;-Condiments should be replaced back into the refrigerator after use;-Potatoes with eyes should be thrown away;-Any food found on the floor should be thrown away;-Food should not be stored by non-food items;-Dishwashing staff was responsible for cleaning out the hydration refrigerators.During an interview on 08/04/25, at 2:23 P.M., DA M said the following:-He/she checked the hydration refrigerator daily;-he/she disposed of any items three days or older, or if the item did not have a name or date.During an interview on 08/04/25, at 2:39 P.M., the DM said the following:-All opened items should be dated and be secured shut;-Open items are disposed of after three days;-Exposed items, (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265175	A. Building B. Wing	08/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nhc Healthcare, Joplin	2700 East 34th Street Joplin, MO 64803

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 - Many	like fruit or vegetables should not be stored below the condensation tray;-Condiments should be in the refrigerator when not in use;-Food items should not be stored next to non-food items;-Any food item found on the floor should be thrown away;-Potatoes with eyes should be thrown away;-Dishwashing staff are responsible for cleaning out the hydration refrigerators, and ensuring all items have a resident name and date;-If no name or date is present, the item should be thrown out.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265175	A. Building B. Wing	08/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nhc Healthcare, Joplin	2700 East 34th Street Joplin, MO 64803

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 0678 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident?s advance directives. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure each resident's choice of code status (whether to receive cardiopulmonary resuscitation (CPR - an emergency lifesaving procedure performed when the heart stops beating) or do not resuscitate (DNR)) was clearly and consistently documented throughout residents' medical records and facility documentation when the facility staff documented contradictory information regarding the code status of three residents (Resident #76, #23, and #36). A sample of 11 residents was selected for review out of a facility census of 85. Review of the facility policy titled, Advanced Directives, revised [DATE], showed the following information:-Information about whether or not the resident has executed an advance directive shall be displayed prominently in the medical record;-The plan of care for each resident will be consistent with his or her documented treatment preferences and/or advance directive;-The Interdisciplinary Team (IDT) will conduct ongoing review of the resident's decision-making capacity and communicate significant changes to the resident's legal representative. Such changes will be documented in the care and medical record;-The IDT will review annually with the resident his or her advance directives to ensure that such directives are still the wishes of the resident. Such reviews will be made during the annual assessment process and recorded on the resident assessment instrument.1. Review of Resident #76's electronic health record (EHR) showed the following information:-readmission date of [DATE];-Code status of full code (a patient's wishes to receive all possible life-saving measures in the event of a medical emergency, including CPR).Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated assessment instrument completed by facility staff), dated [DATE], shows the resident to be cognitively intact.Review of resident's progress note, dated [DATE], showed the following:-Resident advised nursing the he/she would like to revoke his/her DNR and become a full code;-Social Services notified of resident revocation of DNR and banner (in electronic record on face sheet) changed to reflect resident wishes.Review of current Physician's Order Sheet (POS) showed an order, dated [DATE], for resident to be a full code. Review of resident's care plan, dated [DATE], showed the care plan did not address the resident's wishes to receive CPR. Review, on [DATE], of the facility's Advance Directive Notebook showed the resident signed a healthcare Durable Power of Attorney (DPOA), dated [DATE], which indicated if incapacitated, a designated DPOA can make all decisions regarding lifesaving measures and do not resuscitate. Review, on [DATE], of the resident's Face Sheet (resident information) and Sign Out (a document signed to indicate a resident leaving the facility) book on [DATE], located at the nurses' station, showed the resident's face sheet, dated [DATE], indicating DNR. During an interview on [DATE], at 11:32 A.M., the resident said he/she was no longer a DNR, and was now a full code.2. Review of Resident #23's EHR showed the following information:-readmission date of [DATE];-Code status of DNR.Review of the resident's quarterly MDS, dated [DATE], showed the resident was severely cognitively impaired.Record review of resident's progress notes, dated [DATE], showed the following:-Nursing notified Nurse Practitioner (NP) and Social Worker of resident's recent decline;-Social worker contacted family and received an out of hospital DNR;-Awaiting new order from NP.Review of the resident's current POS showed an order, dated [DATE], for resident to be a DNR. Review of resident's care plan, dated [DATE], showed the resident was a DNR. Review of resident's physician note, dated [DATE], showed the resident to be full code. Review, on [DATE], of the Advance Directive Notebook showed the resident had signed a DNR order. Review, on [DATE], of the Face Sheet and Sign Out Book, located at the nurses' station, showed the resident's face sheet, dated [DATE], indicating resident was full code.3. Review of Resident #36's electronic face sheet showed the following:-admission date of [DATE];-Code status was full code state. Review of the resident's progress notes dated [DATE], at 1:36 P.M., showed the following:-Quarterly care plan meeting with (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265175	A. Building B. Wing	08/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nhc Healthcare, Joplin	2700 East 34th Street Joplin, MO 64803

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 0678 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	staff, resident, and spouse in attendance;-The resident's spouse signed a DNR order and nursing was notified.Review of the resident's quarterly MDS, dated [DATE], showed mild to moderate impaired cognition.Review of the resident's care plan, revised [DATE], showed the following:-The resident was a full code status;-Wish for resuscitation will be honored through 120 days from update/last review. Review of the binder with current code status for residents located in the Social Service Designee's (SSD) office, showed the purple form titled Outside the Hospital Do-Not-Resuscitate (OHDNR) Order, signed by the resident's power of attorney on [DATE], and signed by the attending physician on [DATE]. During an interview on [DATE], at 5:30 P.M., the Director of Nursing (DON) said if the resident electronic medical record's face sheet showed on the banner that he/she was a full code status and then had a DNR in the code status book, then this was contradictory and a problem.4. During an interview on [DATE], at 11:22 A.M., Certified Nursing Assistant (CNA) B said the following:-Code status was found on the computer under the resident's name;-A hard copy was located in a book at the nurses' station. During an interview on [DATE], at 11:19A.M., Certified Medication Technician (CMT) A, said the following:-Resident code status can be found on the computer;-Code status is on the report sheet that is distributed daily;-CMT A was only provided the report sheet for his/her assigned hall.During an interview on [DATE], at 8:50 A.M., Licensed Practical Nurse (LPN) G said the following:-The code status was found in the electronic chart;-There was not a hard copy available. During an interview on [DATE], at 8:24 A.M. and 8:48 A.M., LPN H said the following: -Code status could be found on a sheet located in a drawer at the nurses' station; -Code status of Full was in the residents' chart and they do have it on the daily roster at the nurses' station;-The Social Services Designee (SSD) updates the code status;-Most of the time, staff look in the residents' chart for code status;-They always review the resident's information in the computer since information can change frequently.During an interview on [DATE], at 10:11 A.M., LPN F said the following:-Code status was found in the resident's electronic chart;-There was no longer a code status book at the nurses' station;-LPN F would access the facility's policy and procedure manual to find out where to access a hard copy of code status. During an interview on [DATE], at 11:06 A.M., the Social Services Director (SSD) said the following:-Hard copies of code status (DNR) are located in a binder in his/her office;-The office is locked when he/she is out of the building;-Only housekeeping and upper management (ex. DON and Administrator), possess keys to his/her office.During interviews [DATE], at 10:20 A.M., and [DATE], at 5:40 P.M., the DON said the following:-Code status can be accessed through the resident's electronic chart;-A hard copy of resident code status can be located on the resident's face sheet, which is located in the Face Sheet and Sign Out book at the nurses' station; -Code status can be found in the EHR on the face sheet and POS;-The Face Sheet and Sign Out Book is only for inventory and for residents to sign out of the facility;-Code status was done when the resident was admitted ;-The code status forms were located in the medication room in binder and maintained by social services.During an interview on [DATE], at 6:17 P.M. the Administrator said the following:-The code status was located on the computer on the banner (face sheet) and on the POS;-The advance director binder was kept in the SSD's office.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265175	A. Building B. Wing	08/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nhc Healthcare, Joplin	2700 East 34th Street Joplin, MO 64803

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 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement policies and procedures for flu and pneumonia vaccinations. Based on record review and interview, the facility failed to have processes in place to ensure each resident was offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized, when staff failed to follow-up regarding pneumococcal vaccines at admission for three residents (Residents #9, #49, and #91). A sample of five residents was selected for review out of a facility census of 85. Review of the facility's policy entitled Pneumococcal Vaccine, revised August 2016, showed the following:-All residents will be offered pneumococcal vaccines to aid in preventing pneumonia/pneumococcal infections;-Prior to or upon admission, residents will be assessed for eligibility to receive the pneumococcal vaccine series, and when indicated, will be offered the vaccine series within 30 days of admission to the facility unless medically contraindicated or the resident has already been vaccinated;-Assessments of pneumococcal vaccination status will be conducted within five working days of the resident's admission if not conducted prior to admission;-Before receiving a pneumococcal vaccine, the resident or legal representative shall receive information and education regarding the benefits and potential side effects of the pneumococcal vaccine. Provision of such education shall be documented in the resident's medical record;-Pneumococcal vaccines will be administered to residents (unless medically contraindicated, already given, or refused) per the facility's physician-approved pneumococcal vaccination protocol;-Residents/representatives have the right to refuse vaccination. If refused, appropriate entries will be documented in each resident's medical record indicating the date of the refusal of the pneumococcal vaccination;-For resident who receive the vaccines, the date of the vaccination, lot number, expiration date, person administering, and the site of vaccination will be documented in the resident's medical record;-Administration of the pneumococcal vaccines or revaccinations will be made in accordance with current Centers for Disease Control and Prevention (CDC) recommendations at the time of the vaccination. 1. Review of Resident #9's face sheet showed the following:-admission date of 07/07/25;-Diagnoses included Parkinson's disease, heart disease, chronic kidney disease, and Type 2 diabetes. Review of the resident's current Physician Order Sheet (POS), current as of 08/04/25, showed an order, dated 07/07/25, for resident may have pneumovax (vaccines) as directed by the provider. Review of the resident's electronic records showed the following:-Staff did not document the resident was offered or given vaccines on admission;-Staff did not document information pertaining to vaccines received outside the facility prior to admission. During an interview on 08/01/25, at 10:18 A.M., the Director of Nursing (DON) said no documentation was present in the admission records of the resident regarding immunizations being offered or administered. 2. Review of Resident #49's face sheet showed the following:-admission date of 07/14/25;-Diagnoses included severe dementia with psychotic disturbance – hallucinations, chronic kidney disease, congestive heart failure, dependence on supplemental oxygen, Type 2 diabetes, and obesity. Review of the resident's current POS, current as of 08/04/25, showed an order, dated 07/14/25, for resident may have pneumovax (vaccines) as directed by the provider. Review of the resident's electronic records showed the following:-Staff did not document the resident was offered or given vaccines on admission;-Staff did not document information pertaining to (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265175	A. Building B. Wing	08/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nhc Healthcare, Joplin	2700 East 34th Street Joplin, MO 64803

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 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	vaccines received outside the facility prior to admission. During an interview on 08/01/25, at 10:18 A.M., the DON said no documentation was present in the admission records of the resident regarding immunizations being offered or administered. 3. Record review of Resident #91's medical record showed the following information:-admission date of 07/23/25;-Diagnoses included acute cystitis without hematuria (inflammation of the bladder), klebsiella pneumoniae (a type of bacteria found in intestines), and muscle weakness;-No immunization information. Review of the resident's current POS showed an order, date 07/23/25, for resident may have pneumovax as directed by the provider. During an interview on 08/04/25, at 2:10 P.M., Resident #91 said he/she was not offered any vaccinations upon admission. During an interview on 08/01/25, at 10:18 A.M., the DON said no documentation was present in the admission records of the resident regarding immunizations being offered or administered. 4. During an interview on 08/04/25, at 11:16 A.M., Licensed Practical Nurse (LPN) D said the following:-The Social Service Director (SSD) offers vaccines during admission;-He/she does not administer vaccines. During an interview on 08/04/25, at 11:30 A.M., LPN F said the following:-The admitting charge nurse offers vaccines to new residents; -The admitting charge nurse or next nurse coming on duty, would administer the vaccines. During an interview on 08/04/25, at 5:40 P.M., the DON said the following:-Upon admission, a flu and pneumococcal vaccine should be offered to the resident by the admitting nurse;-Administration or refusal of the vaccines should be documented in the resident's chart. During an interview on 08/04/25, at 6:17 P.M., the Administrator said the following:-Upon admission, the facility should obtain the resident's vaccine record;-If the resident has not received their pneumococcal vaccine, it should be offered upon admission;-The admitting nurse should administer the vaccines, or notify the Assistant Director of Nursing.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265175	A. Building B. Wing	08/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nhc Healthcare, Joplin	2700 East 34th Street Joplin, MO 64803

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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide activities to meet all resident's needs. Based on observation, interview, and record review, the facility failed to provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities when staff failed to provide preferred activities to one resident (Resident #70) who voice importance of routinely getting fresh air. The facility census was 85. Review of the facility's policy titled Recreation Policy and Procedure Manual-Philosophy, Goals and Objectives, Standards/Performance Standards, revised 09/01/14, showed the following:-Recreation/Activity/Wellness partners will gather data about each resident's leisure preferences and plan to meet individual needs based on resident's abilities and preferences;-Family members, friends and other partners can be extremely important to recreation. The recreation partners will utilize these resources, when appropriate, to enhance the resident's leisure time;-Residents will be encouraged to participate in the center's recreation program and/or in their own independent leisure interests, but never forced to do so;-Recreation will participate as a team member in the overall plan of care for each resident;-If a resident chooses to be involved in leisure skills on an independent basis, the recreation partners will be responsible for seeing that the resident has what he/she needs in order to engage in their interests;-A variety of organized group activities will be provided to meet the individual needs and interests of all resident. These will include recreational, social, diversional, intellectual, religious, physical, creative, service oriented, and civic (to include voting);-As residents' leisure interests and needs may occur any time during a 24-hour period, and as recreation is not staffed 24 hours a day, the recreation partners should act as resource staff to all other partners;-When an activity is scheduled, it is the responsibility of the Recreation Coordinator to see that it is carried out. No scheduled activity will be canceled unless absolutely necessary. 1. Review of Resident #70's Face Sheet (resident information) showed the following:-admission date of 07/09/25;-Diagnoses included subluxation of C1/C2 cervical vertebrae (a misalignment or partial dislocation between the first and second cervical vertebrae), cervicalgia (neck pain), spinal stenosis (a condition where the spaces within your spine narrow, putting pressure on the spinal cord and/or nerve roots), obstructive and reflux uropathy (conditions affecting the urinary tract where urine flow is either blocked (obstructive) or flows backward (reflux)), and malignant neoplasm of prostate (a cancerous tumor that develops in the prostate gland).- Review of resident's comprehensive Minimum Data Set (MDS - a federally mandated assessment instrument completed by facility staff), dated 07/21/25, showed the following:-Cognitively intact;-Independently uses manual wheelchair;-Preference of going outside is very important. Review of resident's current Physician Order Sheets (POS) showed an order, dated 07/09/25 for resident may participate in planned activities as tolerated. Review of resident's activity progress notes, dated 07/09/25, showed the resident used to be an avid gardener. Record review of resident's care plan, dated 07/10/25, showed the following:-Resident will maintain desired level of activity and engagement;-Assist to and from activities as needed;-Provide calendar of events/encourage participation;-Provide in-room activities as desired. Review of the resident's Social History/Social Services admission Assessment, dated 07/10/25, showed activity preferences of gardening, fishing, and outdoors. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265175	A. Building B. Wing	08/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nhc Healthcare, Joplin	2700 East 34th Street Joplin, MO 64803

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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility's July 2025 Activity Calendar showed the following:-Outdoor walk and gardening every Tuesday at 4:00 P.M.;-Outdoor walk every Saturday at 3:00 P.M. Review of resident's progress notes, dated 07/15/25, showed the following:-Resident was working with restorative program;-Resident attended therapy and worked on the bike when therapy was present;-Resident was opinionated and made his/her needs and wants known. Review of the resident's Life Enrichment Assessment, dated 07/30/25, showed the following:-Favorite activity: Gardening-Time preference: Morning or Afternoon;-Very important to go outside and get fresh air. Review of the resident's Engagement Insights and Programs Attended, dated 07/11/25 through 08/02/25, showed the resident attended the following activities:-On 07/11/25, arts and crafts, 60 minutes, active;-On 07/13/25, manicures, 60 minutes, disengaged;-On 07/19/25, balloon toss, 30 minutes, active;-On 07/24/25, ice cream Social, 30 minutes, active;-On 07/25/25, July birthday cupcakes, 119 minutes, active;-On 07/29/25, ice cream social, 30 minutes, active;-On 08/02/25, ice cream Social, 30 minutes, active;-On 08/02/25, outdoor walk, 60 minutes, active. During interviews on 07/29/25, at 1:25 P.M., and on 08/01/25, at 12:01 P.M., the resident said the following:-The only activity he/she enjoyed was the garden club;-The facility had not had gardening club because it was too warm. He/she did not understand why the club cannot be held in the morning;-If he/she asked to go outside, staff tell him/her that he/she can go out with the smokers;-He/she does not smoke, and does not like to be around smoke;-He/she enjoyed tending to the tomato plants but they are kept in the smoking area;-He/she did not enjoy going to ice cream events, as he/she tried to watch what he/she ate;-Upon admission, staff advised him/her that he/she could go out anytime;-Last week, staff told him/her that he/she could only go out with staff, which is when the smokers go outside. During an interview on 08/04/25, at 10:54 A.M., the resident said the following:-He/she did not go outside this weekend;-This morning, he/she observed some resident's outside, but no one notified him/her they were going outside;-He/she said he/she needed to go outside to get some vitamin D as it is important. During an interview on 08/04/25, at 11:19 A.M., Certified Medication Technician (CMT) A said the following:-CMT A has only seen the resident outside once. -If a resident asked to go outside, CMT A will ask to nurse to see if he/she can take the resident out;-Staff has to be present when residents are outside;-Residents cannot go out any time they want;-Residents can go outside with smokers. During an interview on 08/04/25, at 11:22 A.M., Certified Nursing Assistant (CNA) B said the following:-Residents cannot go outside by themselves;- Activities have certain days they take residents out;-If a resident asks to go outside, CNA B will try to find a staff to take the resident out. During an interview on 08/04/25, at 11:30 A.M., Licensed Practical Nurse (LPN) F said the following:-Residents can go outside without staff if they are cognitively intact;-Residents are allowed in the courtyard and can ask any staff to assist them out;-Activities will occasionally take residents outside;-He/she does not recall seeing the resident outside;-The resident is capable of going outside independently. During an interview on 08/04/25, at 12:30 P.M., the Activities Director (AD), said the (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265175	A. Building B. Wing	08/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nhc Healthcare, Joplin	2700 East 34th Street Joplin, MO 64803

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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	following:-He/she asked residents in resident council about their activity preferences;-Upon admission, an activities assessment is completed;-Activity preferences are indicated on the care plan, which the MDS Coordinator completes;-He/she attends care plan meetings;-He/she attempts to tailor activities to accommodate individual resident preferences;-Activity staff takes residents outside, but at no specific set time;-Gardening club is on Tuesdays and outdoor walk is on Saturdays;-Gardening club had been cancelled due to the heat with no alternative time provided;-Activities are listed on the calendar provided to residents;-Activity staff go around to residents that normally attend to remind them of upcoming activities;-Residents do not smoke during gardening club;-Plants are not located by the smoking area;-The resident enjoys gardening club;-The resident could be outside by himself. During an interview on 08/04/25, at 12:45 P.M., the MDS Coordinator said the following:-Activity preferences are included in the care plan;-The AD and Social Service Director (SSD) notified him/her of the activity preferences to add to the care plan. During an interview on 08/04/25, at 1:20 P.M., CNA O said he/she was unsure if residents can go outside by themselves. During an interview on 08/04/25, at 1:24 PM, LPN H said the following:-Residents can go outside independently;-Activities takes residents out occasionally;-If a resident required staff to be present when they outside, the resident will be taken out with the smokers;-He/sh was unsure if the resident could go outside independently. During an interview on 08/04/25, at 4:27 P.M., the resident said the following:-He/she had not attend a balloon toss or any arts and crafts activities;-If he/she was in the area when those activities were taking place, he/she would have declined as he/she had no interest;-He/she did not recall eating cupcakes as an activity as he/she is a puree diet. During an interview on 08/04/25, at 4:34 P.M., AD said the following:-The resident was not listed as attending the gardening club as he/she does not like to attend;-During garden club the resident ate some of the tomatoes which upset other residents;-He/she asked the resident if he/she would like to go out at an alternative time, but has not followed up with him/her. During an interview on 08/04/25, at 5:40 P.M., the Director of Nursing (DON) said the following:-Activity assessments are completed upon admission, and updated quarterly and annually;-Activity preference and attendance are documented in a new program;-Resident's activity preference should be honored and documented in the care plan; -Activity staff completes the activity section in the MDS and updates the care plan;-Residents can go outside whenever, within reason;-If a resident is cognitively intact, they can outside by themselves;-The resident is incapable of going out by self, as he/she cannot self-propel and could overheat. During an interview on 08/04/25, at 6:17 P.M., the Administrator said the following:-An activities assessment is complete upon admission;-Activity preferences should be documented in MDS and Care Plan;-Activities staff updates the activity section in the MDS and Care Plan;-Activity preference should be updated quarterly and annually;-Staff should make an effort to fulfill resident's preferred activity;-Residents can go outside whenever they want, based on temperature;-Alert and oriented residents can go out independently, but should notify staff;-The resident can go out independently as he/she is cognitively intact;-Residents that do not smoke should not have to go outside with the smokers.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265175	A. Building B. Wing	08/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nhc Healthcare, Joplin	2700 East 34th Street Joplin, MO 64803

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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain an observed medication error rate below 5% when staff made two medication errors in 25 opportunities resulting in a medication error rate of 8% involving two residents (Resident #19 and Resident #3). The facility census was 85. Review of the facility policy, Specific Medication Administration Procedures: Insulin Administration, revised 2/25/25, showed the following:-Perform hand hygiene and don gloves;-Attach pen needle to pen. Prime pen by dialing up 2 units and hold the pen with the needle pointing upwards. Tap the pen gently to remove air bubbles and then push the injection button until a drop of insulin appears at the tip of the needle;-Turn the dose selector to the number of units needed;-Expose the area to be injected and clean the skin with an alcohol wipe;-Administer the injection by holding the pen at a 90 degree angle into the skin. Insert the needle fully into the skin. Press the injection button and hold it for a count of 10 to ensure the full dose is delivered. Withdraw the needle from the skin. 1. Review of Resident #19's face sheet (admission information at a glance) showed the following:-admission date of 06/25/20;-Diagnoses included Type 2 diabetes mellitus. Review of the resident's comprehensive Minimum Data Set (MDS-a federally mandated assessment tool completed by facility staff), dated 06/19/25, showed the following:-Resident was a reliable interview;-Received insulin injections seven of seven days. Review of the physician's order, dated 04/20/25, showed the following:-An current order for Novolog (rapid actin insulin) U-100 insulin 100 units/milliliters (ml)(3 ml) insulin pen 5 units, subcutaneous (just below the skin) before meals. Add 5 units with meals along with sliding scale;-An order,dated 11/22/23, for Novolog FlexPen u-100 insulin 100 units/ml insulin pen per sliding scale, subcutaneous before meals and at bedtime as follows:-If blood sugar was 141 to 180 milligram/deciliter (mg/dL), administer two units;-If blood sugar was 181 to 220 mg/dL, administer four units;-If blood sugar was 221 to 260 mg/dL, administer six units;-If blood sugar was 261 to 300 mg/dL, administer eight units;-If blood sugar was 301 to 340 mg/dL, administer ten units;-If blood sugar was 341 to 380 mg/dL, administer 12 units;-If blood sugar was 381 to 400 mg/dL, administer 14 units;-If blood sugar was greater than 400 mg/dL, call the physician. Observation on 07/30/25, at 3:50 P.M., showed Licensed Practical Nurse (LPN) G sanitized his/her hands, donned gloves, and performed an AccuCheck (blood test to determine glucose/sugar level) for the resident. The test result was 196 mg/dl. The LPN reviewed the sliding scale for the ordered insulin Novolog U-100 and said the resident required 9 units total. LPN G put a new needle on the pen and without first priming the pen, the LPN set the pen dose meter to 9. LPN G cleansed the resident's arm with an alcohol swab and administered the insulin. 2. Review of Resident #3's face sheet showed the following:-admission date of 07/15/24;-Diagnoses included Type 2 diabetes mellitus. Review of the resident's quarterly MDS, dated [DATE], showed the following:-Severely impaired cognition;-Diagnoses included diabetes mellitus;-Received insulin seven of seven days a week. Review of the resident's POS, dated 03/9/25, showed the following:-A current order for insulin aspart (Novolog) U-100 unit/ml (3 ml) insulin pen per sliding scale subcutaneous before meals and at bedtime per sliding scale:-If blood sugar was 141 to 180 mg/dL, administer two units;-If blood sugar was 181 to 220 mg/dL, administer four units;-If blood sugar was 221 to 260 mg/dL, administer six units;-If blood sugar was 261 to 300 mg/dL, administer eight nits;-If blood sugar was 301 to 340 mg/dL, administer ten units;-If blood sugar was 341 to 380 mg/dL, administer 12 units;-If blood sugar was 381 to 400 mg/dL, administer 14 units;-If blood sugar was greater than 400, call the physician. Observation on 07/30/25, at 4:15 P.M., showed LPN G sanitized his/her hands, donned gloves, and performed an AccuCheck for the resident. The test result was 374 mg/dl. The LPN reviewed the sliding scale for the ordered insulin aspart U-100/ml (3 ml) and said the resident required 12 units. LPN G put a new needle on the pen. Without first priming the pen, the LPN set the pen dose meter to 12. LPN G cleansed the resident's abdomen with an alcohol swab, and administered the insulin. 3. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265175	A. Building B. Wing	08/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nhc Healthcare, Joplin	2700 East 34th Street Joplin, MO 64803

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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 07/30/25, at 4:23 P.M., LPN G said he/she did not prime the pen and thought maybe he/she was to waste like one unit of insulin to make sure the insulin came to the end of the needle to administer. During an interview on 08/04/25, at 10:22 A.M., LPN F said to administer insulin to a resident with an insulin pen, check the order on the electronic medical record, wash and or sanitize hands, put on gloves, place the needle on the pen, prime the pen with two units of insulin before dialing up the dosage, and then administer to the resident. During an interview on 08/04/25,at 5:30 P.M., the Director of Nursing (DON) said, to administer insulin to a resident with an insulin pen, they were to wash hands, put on gloves, put needle on pen, prime with two units before dialing proper amount of insulin, wipe area with alcohol , inject and hold 10 second. During an interview on 08/04/25, at 6:10 P.M., the Administrator said she expected staff to prime the insulin pen before administering insulin.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265175	A. Building B. Wing	08/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nhc Healthcare, Joplin	2700 East 34th Street Joplin, MO 64803

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to ensure residents were free of significant medication errors when staff failed to prime the insulin pens prio to insulin administration for two resident (Residents #19 and #3). The facility census was 85.Review of the facility policy, Specific Medication Administration Procedures: Insulin Administration, revised 2/25/25, showed the following:-Perform hand hygiene and don gloves;-Attach pen needle to pen. Prime pen by dialing up 2 units and hold the pen with the needle pointing upwards. Tap the pen gently to remove air bubbles and then push the injection button until a drop of insulin appears at the tip of the needle;-Turn the dose selector to the number of units needed;-Expose the area to be injected and clean the skin with an alcohol wipe;-Administer the injection by holding the pen at a 90 degree angle into the skin. Insert the needle fully into the skin. Press the injection button and hold it for a count of 10 to ensure the full dose is delivered. Withdraw the needle from the skin. 1. Review of Resident #19's face sheet (admission information at a glance) showed the following:-admission date of 06/25/20;-Diagnoses included Type 2 diabetes mellitus. Review of the resident's comprehensive Minimum Data Set (MDS-a federally mandated assessment tool completed by facility staff), dated 06/19/25, showed the following:-Resident was a reliable interview;-Received insulin injections seven of seven days. Review of the physician's order, dated 04/20/25, showed the following:-An current order for Novolog (rapid actin insulin) U-100 insulin 100 units/milliliters (ml)(3 ml) insulin pen 5 units, subcutaneous (just below the skin) before meals. Add 5 units with meals along with sliding scale;-An order,dated 11/22/23, for Novolog FlexPen u-100 insulin 100 units/ml insulin pen per sliding scale, subcutaneous before meals and at bedtime as follows:-If blood sugar was 141 to 180 milligram/deciliter (mg/dL), administer two units;-If blood sugar was 181 to 220 mg/dL, administer four units;-If blood sugar was 221 to 260 mg/dL, administer six units;-If blood sugar was 261 to 300 mg/dL, administer eight units;-If blood sugar was 301 to 340 mg/dL, administer ten units;-If blood sugar was 341 to 380 mg/dL, administer 12 units;-If blood sugar was 381 to 400 mg/dL, administer 14 units;-If blood sugar was greater than 400 mg/dL, call the physician. Observation on 07/30/25, at 3:50 P.M., showed Licensed Practical Nurse (LPN) G sanitized his/her hands, donned gloves, and performed an AccuCheck (blood test to determine glucose/sugar level) for the resident. The test result was 196 mg/dl. The LPN reviewed the sliding scale for the ordered insulin Novolog U-100 and said the resident required 9 units total. LPN G put a new needle on the pen and without first priming the pen, the LPN set the pen dose meter to 9. LPN G cleansed the resident's arm with an alcohol swab and administered the insulin. 2. Review of Resident #3's face sheet showed the following:-admission date of 07/15/24;-Diagnoses included Type 2 diabetes mellitus. Review of the resident's quarterly MDS, dated [DATE], showed the following:-Severely impaired cognition;-Diagnoses included diabetes mellitus;-Received insulin seven of seven days a week. Review of the resident's POS, dated 03/9/25, showed the following:-A current order for insulin aspart (Novolog) U-100 unit/ml (3 ml) insulin pen per sliding scale subcutaneous before meals and at bedtime per sliding scale:-If blood sugar was 141 to 180 mg/dL, administer two units;-If blood sugar was 181 to 220 mg/dL, administer four units;-If blood sugar was 221 to 260 mg/dL, administer six units;-If blood sugar was 261 to 300 mg/dL, administer eight nits;-If blood sugar was 301 to 340 mg/dL, administer ten units;-If blood sugar was 341 to 380 mg/dL, administer 12 units;-If blood sugar was 381 to 400 mg/dL, administer 14 units;-If blood sugar was greater than 400, call the physician. Observation on 07/30/25, at 4:15 P.M., showed LPN G sanitized his/her hands, donned gloves, and performed an AccuCheck for the resident. The test result was 374 mg/dl. The LPN reviewed the sliding scale for the ordered insulin aspart U-100/ml (3 ml) and said the resident required 12 units. LPN G put a new needle on the pen. Without first priming the pen, the LPN set the pen dose meter to 12. LPN G cleansed the resident's abdomen with an alcohol swab, and administered the insulin. 3. During an interview on 07/30/25, at 4:23 P.M., LPN G said he/she did (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265175	A. Building B. Wing	08/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nhc Healthcare, Joplin	2700 East 34th Street Joplin, MO 64803

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	not prime the pen and thought maybe he/she was to waste like one unit of insulin to make sure the insulin came to the end of the needle to administer. During an interview on 08/04/25, at 10:22 A.M., LPN F said to administer insulin to a resident with an insulin pen, check the order on the electronic medical record, wash and or sanitize hands, put on gloves, place the needle on the pen, prime the pen with two units of insulin before dialing up the dosage, and then administer to the resident. During an interview on 08/04/25,at 5:30 P.M., the Director of Nursing (DON) said, to administer insulin to a resident with an insulin pen, they were to wash hands, put on gloves, put needle on pen, prime with two units before dialing proper amount of insulin, wipe area with alcohol , inject and hold 10 second. During an interview on 08/04/25, at 6:10 P.M., the Administrator said she expected staff to prime the insulin pen before administering insulin.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265175	A. Building B. Wing	08/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nhc Healthcare, Joplin	2700 East 34th Street Joplin, MO 64803

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 - Few	Provide and implement an infection prevention and control program. Based on observation, record review, and interviews, the facility failed to implement an effective infection control program when staff did not complete appropriate hand hygiene when providing incontinent care to one resident (Resident #23). Staff also failed to follow Enhanced Barrier Precautions (EBP - an infection control intervention designed to reduce transmission of multi-drug-resistant organisms (MDRO) that employs targeted gown and glove use during high-contact activities) during catheter care and personal hygiene for one resident (Resident #49) of eight residents with indwelling catheters. The facility had a census of 85.Review of a facility policy entitled Handwashing/Hand Hygiene, revised August 2015, showed the following:-The facility considered hand hygiene the primary means to prevent the spread of infections;-All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors;-Hand hygiene products and supplies shall be readily accessible and convenient for staff use to encourage compliance with hand hygiene policies;-Use an alcohol-based hand rub, or alternatively soap and water to be used before and after direct contact with residents; before moving from a contaminated body site to a clean body site during resident care; after contact with a resident's intact skin; after handling used dressings, contaminated equipment, etc., after contact with objects in the immediate vicinity of the resident; and after removing gloves;-Hand hygiene is the final step after removing and disposing of personal protective equipment;-The use of gloves does not replace hand washing/hand hygiene. Integration of glove use along with routine hand hygiene is recognized as the best practice for preventing healthcare-associated infections;-Perform hand hygiene before applying non-sterile gloves; (after care) remove gloves and perform hand hygiene. 1. Review of Resident #23's face sheet (gives basic profile information at a glance) showed the following;-readmission date of 05/07/25;-Diagnoses included stroke with right/dominant side weakness. Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated assessment tool completed by facility staff), dated 05/08/25, showed the resident was severely cognitively impaired. Review of the resident's care plan, updated 07/31/25, showed the following:-Incontinent of bowel and bladder;-Staff to provide incontinent care per needs. Observation on 07/31/25, at 9:42 A.M., showed Certified Nursing Assistant (CNA) B and Certified Medication Technician (CMT) A washed their hands and donned gloves, explaining care to the resident. The aides assisted the resident to turn to his/her right side. CMT A unfastened the resident's brief and a large amount of loose stool was present. CMT A said the resident had diarrhea for the past couple of days. CMT A cleaned the resident's coccyx (tail bone) and buttocks using pre-moistened wipes. CMT A rolled the soiled brief, bed pad, and soiled sheet to the center. CMT A changed gloves without performing hand hygiene. The CNA turned the resident onto his/her back. CMT A cleaned the front perineal area using wipes. Without changing gloves, the CMT applied protective barrier cream to the resident's groin area. The aides turned the resident back to his/her right side. Using the same contaminated gloves, CMT A applied the cream to the resident's coccyx and buttocks and removed the rolled linens. CMT A then washed his/her hands and donned new gloves, placed a clean sheet and bed pad and positioned a new brief, and turned the resident back onto his/her right side to complete placement of the clean linens. CMT A bagged the soiled linens and washed his/her hands in the bathroom sink. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265175	A. Building B. Wing	08/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nhc Healthcare, Joplin	2700 East 34th Street Joplin, MO 64803

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 - Few	During an interview on 08/04/25, at 3:30 P.M., CMT A said staff should wash their hands prior to doing personal care for a resident and again when they are finished. The CMT said staff should change gloves in between soiled/clean steps to the care to avoid contamination. Staff should wash or use hand sanitizer with each glove change. During an interview on 08/04/25, at 3:34 P.M., CMT C said staff should wash their hands before and after any personal care for a resident, changing gloves after each step so they don't soil a clean place. Staff should sanitize their hands with glove changes. During an interview on 08/04/25, at 3:40 P.M., Licensed Practical Nurse (LPN) F said staff should wash their hands and don gloves before doing personal care for a resident. They should change their gloves after completing each soiled area and should change gloves and sanitize their hands in between soiled/clean steps. Staff should wash their hands before leaving the resident's room. During an interview on 08/04/25, at 5:30 P.M. the Director of Nursing (DON) said staff are expected to wash their hands before starting personal care for a resident, change gloves and sanitize their hands in between dirty and clean parts of the body/care, and wash their hands after finishing the care. Clean gloves should be used to apply any creams or lotions. During an interview on 08/04/25, at 6:09 P.M., the Administrator said staff should wash their hands and don gloves to perform a resident's personal care. The staff should change gloves after each dirty part of the care, washing or sanitizing their hands with each glove change. Staff should also wash or sanitize their hands before touching anything else in the room. 2. Review of the facility's policy entitled Enhanced Barrier Precautions, updated February 2025, showed the following:-EBP refers to an infection control intervention designed to reduce transmission of MDRO that employs targeted gown and glove use during high-contact activities. EBP are used in conjunction with standard precautions and expand the use of personal protective equipment (PPE) to donning of gown and gloves during high-contact patient care activities that provide opportunities for transfer of MDRO to staff hands and clothing;-EBP are indicated for patients with wounds and/or indwelling medical devices even if the patient is not known to be infected or colonized with a MDRO;-Providers and partners must wear gloves and a gown for high-contact patient care activities including dressing; bathing/showering; transferring; providing hygiene; changing linens; changing briefs or assisting with toileting; and device care or use including urinary catheter. Review of a policy entitled EBP Precautions, undated, showed staff to wear PPE when providing personal care and when accessing any catheter. Review of Resident #49's face sheet showed the following:-admission date of 07/14/25;-Diagnoses included neuromuscular dysfunction of bladder, Parkinson's disease, heart disease, peripheral vascular disease (blood circulatory disorder) with presence of coronary bypass graft, chronic kidney disease, PTSD (post-traumatic stress disorder), depression, and Type 2 diabetes. Review of the resident's Physician Order Sheet (POS), current as of 08/04/25, showed the following:-An order, dated 07/14/25, for needs related to catheter use will be addressed and risks of complications minimized;-An order, dated 07/14/25, for catheter and to change catheter as needed; irrigate catheter as needed for sluggish drainage or increased sediment; and provide catheter care daily and as needed. Review of the resident's care plan, updated 07/14/25, showed the following;-Resident had a catheter;-Needs related to catheter use will be addressed and risks of complication minimized;-Catheter to be changed as needed per order; irrigate catheter as needed for sluggish drainage or increased sediment per order; provide catheter care daily and as needed per order;and (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265175	A. Building B. Wing	08/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nhc Healthcare, Joplin	2700 East 34th Street Joplin, MO 64803

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 - Few	position and anchor catheter tubing and bag below level of bladder. Observation on 08/04/25, at 2:43 P.M., showed CNA D entered the resident's room, explained the care process to the resident, and placed a stack of washcloths on the bedside table. The resident's catheter collection bag hung on a lower bed rail. The CNA washed his/her hands at the sink, filled the tub with soapy water, dried his/her hands, and donned gloves. The CNA D did not don a gown. CNA D provided peri-care and catheter care without donning a gown. During an interview on 08/04/25, at 3:24 P.M., CNA E said staff should wear a gown and gloves to do personal care with a resident who has an infection or who has an indwelling catheter. CNA E said the orange dot on a resident's nameplate indicated the need for EBP. During an interview on 08/04/25, at 3:30 P.M., CMT A said an orange sticker on a resident's nameplate indicated staff should take extra precaution and wear a gown and gloves to do personal care for the resident, such as when the resident has a catheter or certain infections. During an interview on 08/04/25, at 3:34 P.M., CMT C said he/she was new at this facility and did not know the significance of the orange dot on a resident's nameplate. He/she had not done any catheter care at this facility and was unsure of the protocol. During an interview on 08/04/25, at 3:40 P.M., Licensed Practical Nurse LPN F said staff should wear a gown and gloves to do personal care for a resident who had a catheter, was on contact precautions, or who was known to have MRSA (methicillin-resistant staphylococcus aureus; bacterial infection resistant to many common antibiotics). The full PPE was to help prevent the spread of any infection. During an interview on 08/04/25, at 5:30 P.M., the DON said staff should wear a gown and gloves to do personal and/or catheter care for a resident with a catheter. There is an orange dot on the resident's nameplate if there is an indication for EBP PPE. During an interview on 08/04/25, at 6:09 P.M., the Administrator said staff should follow EBP protocol and wear both a gown and gloves for any care requiring close contact, such as catheters, wounds, and also if the resident has infections requiring contact precautions. An orange dot on a resident's nameplate indicates the need to follow EBP guidelines and wear a gown and gloves while doing cares.