

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265185	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/16/2025
NAME OF PROVIDER OR SUPPLIER Life Care Center of Cape Girardeau		STREET ADDRESS, CITY, STATE, ZIP CODE 365 South Broadview Street Cape Girardeau, MO 63703	

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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure sufficient fluid intake to maintain proper hydration and health by not providing residents with fresh, easily accessible water at bedside, assistance with holding a water cup and cueing/offering resident's hydration for three of the four sampled residents, (Residents #1, #2, #3). The facility census was 79. Review of the facility's undated policy titled, Hydration and Nutrition, dated 09/25/25, directed staff to do the following: - Offer residents sufficient fluid intake to maintain proper hydration and health;- Fluid is available to residents at all times;- Continually assess the resident of the ability to consume and assimilate food and fluid is conducted by nursing personnel and all concerns are reported to the nurse to include the ability to feed self, the imbalance of intake, and signs of dehydration;- Document intake percentages;- Notify the resident's physician of any concerns. 1. Review of Resident #1's progress notes dated 12/01/25 showed:- The resident not eating or drinking; - The resident showed signs of an altered mental status (a sudden change in brain function making a person confused or less alert);- An order to send Resident #1 to the Emergency Department (ED) for evaluation;- The resident returned to the facility on [DATE] with a diagnosis of a Urinary Tract Infection (an infection in the bladder causing issues with urination and painful) (UTI) and with an Antibiotic for the infection. Review of the resident's hospital record showed entry to the ED on 12/01/25 and discharged on 12/02/25 with a diagnosis severe dehydration (defined as a medical emergency requiring intravenous hydration, confusion, lack of urination, extreme third rapid pulse and rapid heartbeat) and a UTI. Review of Resident #1's admission Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 12/03/25, showed:- Cognitively intact;- Dependent with all ADLs, including eating and transfers;- Diagnoses included chronic obstructive pulmonary disease (COPD, obstruction of air flow that interferes with normal breathing) anxiety, depression and Acute Cystitis without Hematuria (a bladder infection without blood). Review of the resident's plan of care, dated 12/05/25 showed:- The resident had a UTI on 12/02/25;- Staff to encourage fluid intake;- The resident has an indwelling catheter;- No information regarding the resident's need for assistance with eating or drinking. Review of the resident's labs dated 12/12/25 showed the resident was positive for a UTI. Observation on 12/16/25 at 11:15 A.M. showed Resident #1 in bed. A cup of water sat on the bed side table which was approximately three feet out of the resident's reach. The resident appeared weak and could not sit up. The resident's lips were cracked and peeling. During an interview on 12/16/25 at 11:57 A.M., Resident #1 said fill the water pitchers, but no one offers to assist him/her with drinking. Resident #1 said he/she was too weak to lift and hold the cup. The resident said he/she could not remember the last time the staff had offered him/her water. The resident said he/she was very thirsty and would like to drink some water. The Director of Nurses (DON) came to Resident #1's room and assisted the resident with drinking approximately 500 cubic centimeters (cc). 2. Review of Resident #2's plan of care, dated 09/01/25 showed:- The resident is totally dependent upon staff for all ADL's including eating, drinking and transferring;- The resident is at risk for dehydration;- Staff are to monitor for signs of dehydration and output of urine. Review of the resident's Quarterly MDS, dated [DATE], showed: - Cognitive skills intact;- Dependent on staff with all ADLs;- Diagnoses of Quadriplegia (paralysis affecting all four limbs), acute respiratory failure (life threatening condition affecting lung intake), obesity, Type II Diabetes Mellitus (DM) (a chronic condition affecting the body's insulin production or resistance to it), and disorder of the kidneys (chronic kidney disease often caused by diabetes or high blood pressure). Observation on 12/16/25 at 11:30 A.M., showed Resident #2 in bed with a cup of water on the bed side table located across the bottom half of the bed. During an interview on 12/16/2025 at 11:30 A.M. A.M., Resident #2 said he/she was thirsty and needed a drink. The resident said he/she is aware the water cup is on the bedside table; however, he/she had no way to drink unassisted. Resident #2 said staff routinely fill the cup with water, but he/she could not remember the last time anyone offered him/her a drink between meals or at night. 3. Review of Resident #3's plan of care dated 12/05/25 showed:- The resident is cognitively intact;- The resident requires assistance with all ADLs; but can feed him/herself. Review of the resident's admission MDS dated [DATE] showed:- The resident is cognitively intact;- The resident requires some assistance with all ADL's but can feed him/herself; - Diagnoses of depression, anxiety, Type II DM, and a chronic kidney condition. Observation on 12/16/25 at 11:50 A.M. showed Resident #3 in bed with a cup of water on a bed side table located against the wall approximately 6 feet out of the resident's reach. During an interview on 12/16/25 at 1:10 P.M. Certified Nurse Aide (CNA) A</p>		