STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265205	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cedargate Health Care Center	2350 Kanell Blvd Poplar Bluff, MO 63901

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide resident care for activities of daily living (ADLs) when two residents (Residents #1 and #2) outside of five sampled residents did not receive a minimum of two showers per week. The facility census was 50.Review of the facility's policy titled, Resident Showers, revised 06/26/26, showed:- It is the practice of this facility to assist residents with bathing to maintain proper hygiene, stimulate circulation, and help prevent skin issues as per current standards of practice;- Residents will be provided showers as per request or as per facility schedule protocols and based upon resident safety. Review of the facility Resident Shower List showed:- Resident #1 scheduled for showers two times weekly on Wednesdays and Saturdays; - Resident #2 scheduled for showers two times weekly on Wednesdays and Saturdays. 1. Review of Resident #1's medical record showed:- An admission date of 03/14/19;- Diagnoses of chronic obstructive pulmonary disease- (COPD - lung disease), schizophrenia (a chronic mental illness that affects a person's thoughts, feelings, and behaviors), anxiety disorder (disorder characterized by feelings of worry, anxiety, or fear that are strong enough to interfere with one's daily activities), major depressive disorder (a mental health disorder characterized by persistently depressed mood or loss of interest in activities, causing significant impairment in daily life), and heart failure (a chronic condition in which the heart does not pump blood as well as it should). Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated assessment instrument to be completed by the facility staff), dated 05/06/26, showed:- Cognitively intact;- Dependent on staff for dressing and personal hygiene;- Dependent on staff for bathing. Review of the resident's care plan, revised 02/25/26, showed:- Dependent on staff assistance with showers;- Requires assistance of two staff with showers;- Requires total assistance with personal hygiene care;- Did not address the frequency and the schedule for the resident's showers. Review of the resident's shower sheets, dated 03/01/26 - 05/06/26, showed:- Did not receive showers on 03/18/26, 04/11/26, 04/22/26, and 05/02/26;- Four out of 19 opportunities missed. Observation on 05/07/26 at 8:55 A.M., of the resident showed:- The resident sat in his/her wheelchair with his/her hair unkempt and appropriately dressed. During an interview on 05/07/26 at 8:55 A.M., Resident #1 said he/she sometimes didn't receive a shower/bath two times a week. 2. Review of Resident #2's medical record showed:- admitted on [DATE];- Diagnoses of COPD and Crohn's disease (a chronic inflammatory bowel disease that causes inflammation of the digestive tract). Review of the resident's quarterly MDS, dated [DATE], showed:- Cognitively intact;- Dependent on staff for dressing;- Requires supervision or touching assistance of staff for personal hygiene;- Dependent on staff for bathing. Review of the resident's care plan, revised 01/16/26, showed:- Requires limited to extensive assist to complete ADLs;- Requires assist of one staff for dressing and toileting;- Did not address the amount of assistance required by the staff, the frequency, and the schedule for the resident's showers. Review of the resident's shower sheets, dated 03/01/26 - 05/06/26, showed:- Did not receive showers on 03/25/26, 04/01/26, 04/11/26, 04/22/26, 04/29/26, and 05/02/26;- Six out of 19 opportunities missed. Observation on 05/07/26 at 9:06 A.M., showed the resident lay in bed appropriately groomed and dressed. During an interview on 05/07/26 at 9:06 A.M., Resident #2 said he/she had a shower yesterday, but before that, he/she (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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	missed three shower days. Often, he/she didn't receive a shower twice a week. During an interview on 05/07/26 at 1:21 P.M., the Director of Nursing (DON) said all residents should have a shower twice a week unless they were care planned for once a week. She said there was no reason residents shouldn't have at least two showers a week. During an interview on 05/07/26 at 1:25 P.M., Licensed Practical Nurse (LPN) A said all residents should have a shower twice a week per the shower schedule. If showers were missed, it was likely due to a lack of time management of the staff. During an interview on 05/07/26 at 1:28 P.M., Certified Nurse Aide (CNA) B said all residents should have a shower twice a week, but sometimes showers didn't get done due to short staffing. During an interview on 05/07/26 at 2:00 P.M., the Administrator said she would expect all residents to have a shower twice a week. Complaint # 2994395