

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265209	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2025
NAME OF PROVIDER OR SUPPLIER New Madrid Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1050 Dawson Road New Madrid, MO 63869	
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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure a code status was accurately and consistently documented throughout the medical record for two residents (Residents #6 and #17) out of 14 sampled residents. The facility census was 54. Review of the facility policy titled, Advanced Directive, revised [DATE], showed: - Upon admission of a resident to the facility, the social services designee (SSD) will provide written information to the resident concerning his/her right to make decisions concerning medical care, including the right to accept or refuse medical or surgical treatment, and the right to formulate an advanced directive; - Upon admission of a resident, the SSD will inquire of the resident, and his/her family members, about the existence of any written advance directives; - Information about whether or not the resident has executed an advance directive shall be displayed prominently in the medical record under the advanced directive tab; - Do Not Resuscitate (DNR)- Indicates that, in case of respiratory or cardiac failure, the resident, legal guardian, health care proxy, or representative (sponsor) has directed that no cardiopulmonary resuscitation (CPR &ndash; an emergency life-saving procedure that is done when someone's breathing or heartbeat has stopped) or other life-saving methods are to be used. 1. Review of Resident #6's Physician Order Sheet (POS), dated [DATE], showed: - An admission date of [DATE]; - An order for a full code status, dated [DATE]. Review of the resident's Outside the Hospital Do Not Resuscitate (OHDNR) form, dated [DATE], showed: - DNR status; - Signed by the resident and the physician on [DATE]. Review of the resident's Care Plan, dated [DATE], showed: - DNR code status. (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: 265209	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2025
NAME OF PROVIDER OR SUPPLIER New Madrid Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1050 Dawson Road New Madrid, MO 63869	
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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview with the resident on [DATE] at 1:45 P.M., he/she wanted to be a full code. 2. Review of Resident #17's POS, dated [DATE], showed: - admitted on [DATE]; - An order for a full code, dated [DATE]. Review of the resident's OHDNR form, dated [DATE], showed: - DNR status; - Signed by the resident on [DATE], and the physician on [DATE]. Review of the resident's DNR form, dated [DATE], showed: - DNR status; - Reviewed and verified by the SSD. Review of the resident's Care Plan, dated [DATE], showed: - DNR code status. During an interview on [DATE] at 9:30 A.M., Licensed Practical Nurse (LPN) A said he/she looked at the main screen in the resident's electronic medical record (EMR) on the top left where it showed the code status. The facility also had a paper folder file system where a green folder was for full code and a red folder was for DNR. He/She did not know how often the code status as addressed, but the full code status for Resident #17 was most likely the standard admission order since everyone was a full code until asked about the code status which should be done on admission. During an interview on [DATE] at 11:20 A.M., LPN C said he/she would look in the resident's chart/face sheet for the code status. The code status should also be checked on the physician's order sheet for verification. He/She would expect a resident's code status to be documented accurately and consistently throughout the resident's medical record. During an interview on [DATE] at 11:25 AM., LPN A said he/she would expect the code status to be documented accurately and consistently throughout the resident's medical record. During an interview on [DATE] at 11:30 A.M., Certified Nursing Assistant (CNA) D said he/she would look at the nurses' station for a resident's code status. During an interview on [DATE] at 10:50 A.M., the SSD said the resident's code status was reviewed at the first of each month and with quarterly assessments. Residents were asked which code status they wanted to be on admission. Resident #6 must have signed in the wrong spot when signing his/her code status form upon admission. During an interview on [DATE] at 11:40 A.M., Registered Nurse (RN) B said a resident's code status was reviewed quarterly with the care plan meetings and/or with any change in conditions of the (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265209	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2025
NAME OF PROVIDER OR SUPPLIER New Madrid Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1050 Dawson Road New Madrid, MO 63869	
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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	resident. During an interview on [DATE] at 11:55 A.M., the Administrator and the Assistant Director of Nursing (ADON) said they would expect the code status to be documented consistently and accurately throughout the resident's medical record.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265209	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2025
NAME OF PROVIDER OR SUPPLIER New Madrid Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1050 Dawson Road New Madrid, MO 63869	
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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to notify the resident and the resident's representative in writing of a transfer or discharge to a hospital, including the reasons for transfer, and of the bed hold policy, including the bed hold rate at the time of the transfer, for four residents (Residents #2, #6, #10, and #21) out of five sampled residents. The facility's census was 54. Review of the facility's policy titled, Discharge/Transfer of Resident, dated March 2015, showed: - Explain transfer and reason to the resident and/or representative and give copy of signed transfer or discharge notice to the resident and/or representative or person responsible for care. If emergency transfer, transfer or discharge notice form may be completed later, but as soon as possible. - Explain and give a copy of the bed hold form to the resident and/or representative. Review of the facility's policy titled, Bed Hold Guidelines, not dated, showed: - This facility will notify all resident and/or their representative of the bed hold guidelines; - This notice shall be given on admission to the facility, at the time of transfer to the hospital and at the time of non-covered therapeutic leave; - If the resident or resident representative want to hold the bed, a signed authorization must be obtained with each discharge; - Bed holds are strictly voluntary. 1. Review of Resident #2's medical record showed: - Transferred to the hospital on [DATE], and readmitted to the facility on [DATE]; - No documentation the resident's representative was informed in writing of the transfer/discharge to the hospital at the time of the transfer on 03/13/25; - No documentation the bed hold rate was provided to the resident and the resident representative for the transfer on 03/13/25; - No documentation of the reason for the transfer was provided to the resident and the resident representative for the transfer on 03/13/25. 2. Review of Resident #6's medical record showed: - Transferred to the hospital on [DATE], and readmitted to the facility on [DATE]; - No documentation the resident's representative was informed in writing of the transfer/discharge to the hospital at the time of the transfer on 04/10/25; (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265209	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2025
NAME OF PROVIDER OR SUPPLIER New Madrid Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1050 Dawson Road New Madrid, MO 63869	
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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- No documentation the bed hold rate was provided to the resident and the resident representative for the transfer on 04/10/25; - No documentation of the reason for the transfer was provided to the resident and the resident representative for the transfer on 04/10/25. 3. Review of Resident #10's medical record showed: - Transferred to the hospital on [DATE], and readmitted to the facility on [DATE]; - Transferred to the hospital on [DATE], and readmitted to the facility on [DATE]; - No documentation the resident's representative was informed in writing of the transfer/discharge to the hospital at the time of the transfer on 01/24/25 and 07/24/25; - No documentation the bed hold rate was provided to the resident and the resident representative for the transfer on 01/24/25 and 07/24/25; - No documentation of the reason for the transfer was provided to the resident and the resident representative for the transfer on 01/24/25 and 07/24/25. 4. Review of Resident #21's medical record showed: - Transferred to the hospital on [DATE], and readmitted to the facility on [DATE]; - No documentation the resident's representative was informed in writing of the transfer/discharge to the hospital at the time of the transfer on 06/08/25; - No documentation the bed hold rate was provided to the resident and the resident representative for the transfer on 06/08/25; - No documentation of the reason for the transfer was provided to the resident and the resident representative for the transfer on 06/08/25. During an interview on 09/17/25 at 2:25 P.M., Licensed Practical Nurse (LPN) A said he/she copied the transfer and bed hold forms from the resident's admission packet and gave to the resident before each transfer. He/She did not do the bed hold rate or send to the resident representative unless the resident's family asked for it. During an interview on 09/17/25 at 2:30 P.M., the Social Services Designee (SSD) said the bed hold rate was not filled out on the Bed Hold form given to the resident at the time of the transfer, but a notice was sent by mail if the bed hold rate changed. During an interview on 09/18/25 at 9:31 A.M., the Assistant Director of Nursing (ADON) said the nurses printed the Bed Hold policy and had the resident sign it. It was then given to the SSD to review the next day. During an interview on 09/18/25 at 11:55 A.M., the Administrator said he thinks the resident's responsible party was notified verbally of the reason for the resident's transfer to the hospital and he (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265209	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2025
NAME OF PROVIDER OR SUPPLIER New Madrid Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1050 Dawson Road New Madrid, MO 63869	
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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	expected that to be documented in the chart. He would expect the resident and/or their responsible party to be notified in writing of the bed hold policy at the time of the transfer, but that they had never included the bed hold rate on the form.		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265209	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2025
NAME OF PROVIDER OR SUPPLIER New Madrid Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1050 Dawson Road New Madrid, MO 63869	
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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted Based on interview and record review, the facility failed to develop and implement a baseline care plan (the minimum healthcare information necessary to properly care for a resident) upon admission with specific interventions for one resident (Resident #44) out of three sampled residents. The facility census was 54. Review of facility's policy titled, Care Plan, Temporary, dated March 2015, showed:- A temporary care plan will be implemented for the resident within 24 hours of admission to assure that the resident's immediate care needs are met and maintained;- The interdisciplinary care plan team and/or admitting nurse will review the physician orders and implement a nursing care plan to meet the immediate care needs of the resident. Review of Resident #44's medical record showed:- An admission date of 06/11/25;- Diagnoses of dementia (a group of conditions that cause a decline in cognitive functions, such as memory, thinking, problem-solving, and language), presence of cardiac pacemaker (a small implantable device that helps regulate the heart's rhythm by sending electrical impulses), atrial fibrillation (a common heart rhythm disorder where the upper chambers of the heart beat irregularly and rapidly), hypertension (high blood pressure), chronic obstructive pulmonary disease (COPD - a group of lung diseases that block airflow and make it difficult to breathe), interstitial pulmonary disease (a group of disorders that cause progressive scarring of lung tissue), type two diabetes mellitus (a long-term condition in which the body has trouble controlling blood sugar and using it for energy), anxiety disorder (a group of mental health conditions characterized by excessive and persistent worry, fear, and nervousness that can interfere with daily life), major depressive disorder (a common and debilitating mental health condition characterized by persistent feelings of sadness, hopelessness, and loss of interest or pleasure in activities), congestive heart failure (CHF - a chronic condition where the heart cannot pump blood efficiently enough to meet the body's needs), and pain.- No baseline care plan with specific interventions. Review of resident's Physician's Order Report, dated 06/01/25 through 09/17/25, showed:- An order for physical therapy and occupational therapy to evaluate and treat, dated 06/11/25;- An order for oxygen two liters per minute continuous, dated 06/11/25;- An order for the head of the bed elevated while lying flat, dated 06/11/25;- An order for a regular diet, dated 06/11/25. During an interview on 09/18/25 at 11:16 A.M., Registered Nurse (RN) B said the admitting nurse was responsible for implementing a care plan within 48 hours of admission. During an interview on 09/18/25 at 11:55 A.M., the Administrator and the Director of Nursing (DON) said they would expect a resident's baseline care plan to be completed within 48 hours of admission.		