STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265279	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cedar Pointe	1800 White Columns Drive Rolla, MO 65401

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 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Dispose of garbage and refuse properly. Based on interview and record review, the facility staff failed to properly contain waste and refuse to prevent the harboring and/or feeding of rodents and pests when the facility staff failed to ensure indoor and outdoor waste containers remained covered when not in actual use. This failure has the potential to affect all facility occupants. The facility census was 65.1. Observations on 02/10/26 at 10:15 A.M. and 1:15 P.M., showed the lids to the outside dumpster, which contained waste, opened and the area unattended by staff. Observation on 02/11/26 at 9:00 A.M., showed the lids to the outside dumpster, which contained waste, opened and the area unattended by staff. Observations on 02/12/26 at 9:15 A.M., showed the lids to the outside dumpster, which contained waste, opened and the area unattended by staff. During an interview on 02/12/26 at 12:05 P.M., the maintenance director said he/she usually checks the outside dumpster at least once a day, but all staff who use the dumpster are responsible to maintain it and the lids should be closed when it is not in use. The maintenance director said all staff are trained to cover waste containers when not in use and he/she reeducates staff when he/she finds the lids open, but there continued to be constant problems with staff leaving the dumpster lids open. During an interview on 02/12/26 1:06 P.M., the administrator said he/she could not locate policy for maintenance of waste containers or the outside dumpster, but he/she and the maintenance director are responsible to maintain the outside dumpster as required. The administrator said the dumpster lids should be closed when it is not in use and if the maintenance director finds the dumpster lids open, he/she should close them and educate staff. The administrator said all staff should be trained to close the lids on the dumpster and any staff who put trash in the dumpster are responsible to close the lids when they are done. 2. Observation on 02/11/26 at from 10:09 A.M.to 10:35 A.M., showed a large waste container, which contained waste, uncovered in the mechanical dishwashing station and not in use by staff. During an interview on 02/12/26 at 11:00 A.M., the Dietary Manager (DM) said waste containers should be covered when not in actual use. The DM said he/she knew that he/she had discussed the need to cover the waste container by the cook's station with staff, but he/she may have not specifically discussed the one in the mechanical dishwashing station. During an interview on 02/12/26 1:06 P.M., the administrator said he/she could not locate a policy for the maintenance of waste containers, but he/she and the DM are responsible to maintain the kitchen waste containers are required. The administrator said all kitchen waste containers should be covered when not in use and staff are trained on this requirement.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0575 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Post a list of names, addresses, and telephone numbers of all pertinent State agencies and advocacy groups and a statement that the resident may file a complaint with the State Survey Agency. Based on observation, interview, and record review, facility staff failed to post the required telephone number to the Department of Health and Senior Services (DHSS) hotline (to report allegations of abuse and neglect), or a list of names, address, phone numbers of the State Survey Agency (SA) and the name, address and phone number for the for the Long-Term Ombudsman in an accessible location for residents and visitors to view in the memory care unit. The census was 65. 1. Review of the facility's policies showed staff did not provide a policy for the required postings.Observation from 2/9/26 at 10:00 A.M., through 2/12/26 at 12:00 A.M., showed the facility did not post the name, address, and toll-free telephone number for the Elder Abuse Hotline or the name, address, and phone number for the Long-Term Care Ombudsman in an accessible location on the memory care unit for residents or visitors to use if needed. During an interview on 02/12/26 at 11:42 A.M., Certified Nurses Aide (CNA) H said he/she thinks the hotline line is posted by the nurses station on the memory care unit. He/She said he/she does not see it though. He/She said it should be posted on the memory care unit for residents and visitors. During an interview on 02/12/26 at 11:37 A.M., Licensed Practical Nurse (LPN) G said he/she thought the posting was by the nurse's station. He/She said he/she does not see one on memory care unit now. He/She said the hotline posting should be available for residents and visitors. During an interview on 02/12/26 at 11:56 A.M., the Director of Nursing (DON) said there is usually always one hanging up. He/She said a resident may have taken it down. He/She said it's important to have the hotline number posted so residents and visitors have access if needed. During an interview on 02/12/26 at 12:27 A.M., the administrator said there should be a hotline number posted on the memory care unit. He/she said it must have got taken down when they did cabinet work in the memory care unit and never got put back up. He/She said its importance for residents and visitors can call if needed.

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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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, facility staff failed to review and revise the plan of care with changes in the resident's needs for three residents (Resident #2, #22 and #50) out of 24 sampled residents. The facility census was 65.1. Review of the facility's policy titled, Care Planning Policy and Procedure, revised 01/17/20, showed the following:-Standard is to perform quality of care that applies to all treatment and care provided to facility residents;-Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the resident's choices;-A Care plan will be updated quarterly, and annually per Centers for Medicare and Medicaid Services (CMS) guidelines to ensure that there is a continuity of care and is in accordance with the individual's needs; -Care plan will also be updated with a significant change of condition;-As the resident's status changes, the facility must review and/or revise care plan goals and treatment choices.2. Review of Resident #2's Quarterly Minimum Data Set Assessment (MDS), a federally mandated assessment tool, dated 12/25/25, showed staff assessed the resident as:-Severe Cognitive Impairment;-Diagnosis of Non-Alzheimer's Dementia;-Taking antipsychotic medication. Review of Resident's Physician Order Sheet (POS), dated February 2026, showed the following orders:-Buspirone (used to treat generalized anxiety disorder) 5 milligram (mg) tablet, 1 tablet by mouth two times per day;-Lexapro (used to treat major depressive disorder) 20mg tablet, one tablet by mouth one time per day;-Seroquel (used to treat schizophrenia, bipolar disorder, and major depressive disorder) 50mg tablet, one tablet by mouth three times per day. Review of the resident's care plan, revised 11/10/25, showed staff did not document resident's Dementia or the use of antipsychotic medications along with interventions. 3.Review of Resident # 22's Quarterly MDS, dated [DATE], showed staff assessed the resident as severely cognitively impaired and had a diagnosis of Alzheimer's Disease.Review of the resident's care plan, revised 11/06/25, showed staff did not document resident's Alzheimer's Disease along with interventions.4. Review of Resident #50's Quarterly MDS, dated [DATE], showed staff assessed the resident as:-Severely Cognitively impaired;-Required supervision or touching assistance for sit to lying position, lying to sitting on bed side, sit to stand position, and chair/bed-to-chair transfer;-One fall with injury since admission/entry or prior assessment.Review of resident's Incident/Accident report, dated 11/26/25, showed resident was found on floor next to bed wrapped in bed sheets on right side.Review of residents Incident/Accident report, dated 12/19/25, showed resident was found on the floor by the nurse's station on her right side.Review of resident's care plan, revised 11/03/25, showed staff did not document residents falls on 11/26/25 and 12/19/25 with new interventions. 5. During an interview on 02/12/26 at 11:37 A.M., Licensed Practical Nurse (LPN) G said care plans are important, so staff know how to care for the resident. He/She said falls, dementia/Alzheimer's should be included on care plan.During an interview on 02/12/26 at 11:45 A.M., the Care Plan Coordinator said he/she knows to update the care plan by attending morning meetings where falls and important updates are discussed. He/She said falls, Dementia/Alzheimer's, and antipsychotic medication should be in care plan with interventions. He/She said the residents above must have got missed when updating. He/She said care plans are important, so staff know how to care for residents.During an interview on 02/12/26 at 11:54 A.M., the Director of Nursing (DON) said care plans are important to ensure all resident needs are met and staff know how to care for residents. He/She said care plans are updated by the care plan coordinator after morning meetings, after falls, change in conditions, and behaviors. He/She said falls with updated interventions should be included in care plan. He/She said Dementia/Alzheimer's along with antipsychotic should be included on care plan. During an interview on 02/12/26 at 12:27 P.M., the administrator said care plans are important for staff to know how to (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	care for residents. He/She said the Care Plan Coordinator is responsible for ensuring care plans are accurate. He/She said information is gathered during morning meetings to update care plan. He/She said falls, Dementia/Alzheimer's, and antipsychotic medication should be included on care plan along with interventions.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, facility staff failed to use enhanced barrier precautions ((EBP) infection control intervention designed to reduce transmission of multi-drug-resistant organisms) and/or failed to have EBP signs posted for three residents (Resident #14, #63, and #77) out of three sampled residents. The Facility Census was 65.1. Review of the facility's policy titled, Enhanced Barrier Precautions, undated, showed EBP involves gown and glove use during high-contact resident care activities for residents known to be colonized or infected with a multidrug-resistant organisms (MDRO) as well as those at increased risk of MDRO acquisition like residents with wounds or indwelling medical devices. The gown and gloves will be outside the resident room for the staff to dawn before entering the room and staff will doff inside the room before exiting.2. Review of Resident #14's Quarterly Minimum Data Set Assessment (MDS), a federally mandated assessment tool, dated 12/25/25, showed staff assessed the resident as:- Moderate Cognitive Impairment;- Three stage three pressure ulcers;- One unstageable pressure ulcer.Review of resident's Physician Order Sheet (POS), dated February 2026, showed a treatment order for every AM shift cleanse area to left hip with wound cleanser, pat dry, apply leptospermum honey (to treat chronic and acute wounds, burns, and ulcers), cover with xeroform (non-adherent, petrolatum-impregnated gauze dressing) and gauze, secure with island dressing.Observation on 02/09/26 at 2:25 A.M., showed the resident's room did not contain a posted EBP sign or supplies available.Observation on 02/10/26 at 2:04 P.M., showed resident in bed, the resident's room did not contain a posted EBP signs or supplies available.Observation on 02/10/26 at 2:19 P.M., showed Licensed Practical Nurse (LPN) D performed wound care on the resident's left hip and did not put a gown on.Observation on 02/11/26 at 8:45 A.M., showed resident in bed, the resident's room did not contain a posted EBP signs or supplies available.During an interview on 02/10/26 at 2:30 P.M., LPN D said residents who require EBP are catheters, and wound cares with drainage. He/She said resident does not have any active drainage at this time, so he/she did not think about wearing EBP. He/She said staff know who is on EBP by a sign and supplies on their door, said resident does not have EBP sign on door currently. He/She the importance of wearing EBP is to protect yourself and the resident from getting any new infections.3. Review of Resident #63's Quarterly MDS, dated [DATE], showed staff assessed the resident as:-Cognitively Intact;-Dialysis;-Diagnosis of Renal insufficiency, Renal failure, or End-Stage Renal Disease.Observation on 02/09/26 at 3:53 P.M., showed resident in bed, resident's room did not contain a posted EBP signs or supplies available.Observation on 02/11/26 at 8:05 A.M., showed the resident's room did not contain posted EBP signs or supplies available.Observation on 02/11/26 at 8:10 A.M., showed Certified Nurse Aide (CNA) B and CNA C transferred resident to bed with the mechanical lift, performed peri care, and transferred the resident into his/her wheelchair. CNA B and CNA C did not place a gown on during direct resident care and during transfer.During an interview on 02/11/26 at 3:25 P.M., CNA B said residents who require EBP have catheters, wounds, or a port. He/She said staff are aware of who is on EBP by signs and supplies on door and it's mentioned in report during shift change. He/She said there was no EBP sign on resident's door, so he/she did not even think about needing to wear EBP during cares. He/She said EBP is used to keep from transferring germs and infections from staff to resident. He/She said EBP should be worn when in contact with residents when performing cares and even with transfers. He/She said because of residents' dialysis port EBP signs and supplies should be available.During an interview on 02/11/26 at 3:31 P.M., CNA C said EBP is used for residents with catheters, sores or open areas, and ports. He/She said staff are aware of residents with EBP by a sign on their door. He/She said because resident has a port, he/she should have used EBP, but did not see a sign on residents' door to remind him/her. He/She said EBP is used to protect the resident from infection from staff to them. He/She said EBP should be used when in contact with the resident.4. Review of Resident #77's Tracking (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	(entry/death) record, dated 02/04/26, showed the resident was admitted to the facility on [DATE].Review of the resident's POS, dated February 2026, showed the following:- An order dated 02/05/26 for two times per day foley catheter (a flexible, indwelling tube inserted through the urethra into the bladder to drain urine into a collection bag) care;- An order dated 02/05/26 for foley catheter, 16 French every month on the 28th on day shift.Observation on 02/09/26 at 11:02 A.M., showed the resident's room did not contain a posted EBP signs or supplies available.Observation on 02/10/26 at 8:32 A.M., showed the resident in his/her room in a wheelchair with a foley catheter. The resident's room did not contain a posted EBP signs or supplies available.Observation on 02/11/26 at 9:59 A.M., showed the resident's room did not contain posted EBP signs or supplies available. During an interview on 02/12/26 at 9:08 A.M., LPN G said EBP should be used when dealing with wounds, foley catheter care and high contact activities. LPN G said if nursing staff had the orders, then the nurse would grab the signs and PPE from the Director of Nursing (DON), and he/she did not know why the sign and PPE had not been up this whole time, he/she said there has been a lot of new signs put up that he/she had noticed today. LPN G said the resident should have had a sign and PPE because the resident has a foley catheter.5. During an interview on 02/12/26 at 11:57 A.M., the Director of Nursing (DON) said residents who require EBP are ones with catheters, wounds, and ports. He/She said if a resident is admitted and requires EBP the charge nurse should know to get a sign and supplies for the resident's door. He/She said her/himself and the administrator try to ensure signs are posted on resident doors. He/She said the residents above must have just been missed. He/She said staff should wear EBP when in direct contact with residents and during transfers. He/She said EBP is important, so staff does not transfer germs to the resident reducing risk of transmission.During an interview on 02/12/26 at 12:27 P.M., the administrator said EBP is used when residents have catheters, wounds, and ports. He/She said EBP is used to prevent spread of organisms from staff to residents. He/She said EBP should be used during high contact care or when touching the resident. He/She said he/she was not aware the resident above were missing EBP signs and supplies. He/She said [NAME] and him/herself were trying to ensure EBP signs were being put up but understands that everybody should know how to get the signs and supplies posted.