

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265285	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/07/2026
NAME OF PROVIDER OR SUPPLIER Jefferson City Manor Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1720 Vieth Dr Jefferson City, MO 65109	
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 **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, facility staff failed to complete a baseline care plan assessment within 48 hours for one resident (Resident #1) out of three sampled residents. The facility census was 70.1. Review of facility's Baseline Care plan policy, revised December 2016, showed a baseline plan of care to meet the resident's immediate needs shall be developed for each resident within forty-eight (48) hours of admission. To assure the resident's immediate care needs are met and maintained, a baseline care plan will be developed within forty-eight (48) hours of the resident's admission. 2. Review of Resident #4's facility face sheet showed the resident admitted to the facility on [DATE]. Review of the resident's base line care plan showed the resident admitted to the facility on [DATE] and staff submitted the baseline care plan on 3/15/26. During an interview on 4/7/26 at 11:18 A.M., the Administrator said he/she did not realize the resident's baseline care plan was late, he/she said the baseline care plan should be completed within forty-eight hours. He/She said there was a full-time MDS and care plan staff but he/she has been pulled to be a floor nurse because of short staffing. During an interview on 4/20/26 at 4:07 P.M., the MDS Coordinator said he/she has been pulled to the floor to work as a registered nurse (RN) and it has caused her to fall behind on care plans. He/She said there was also an influx in admits around this time that caused an overload of work. Complaint # 2973819		

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, facility staff failed to develop an individualized comprehensive care plan for one resident (Resident #4's) out of 3 sampled residents. The facility census was 70.1. Review of the facility's Care Plan Comprehensive Person-Centered Policy, revised December 2016, showed a comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. The comprehensive, person-centered care plan will: Include measurable objectives and timeframes, Describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being, Describe services that would otherwise be provided for the above, but are not provided due to the resident exercising his or her rights, including the right to refuse treatment, Include the resident's stated goals upon admission and desired outcomes. Reflect the resident's expressed wishes regarding care and treatment goals, Reflect treatment goals, timetables and objectives in measurable outcomes. 2. Review of Resident #4's Comprehensive Minimum Data Set (MDS), a federally mandated assessment tool, dated 3/30/26, showed staff assessed the resident as cognitively intact with a diagnosis of anxiety, cardiac arrhythmia, vitamin deficiency and pain. Review of the resident's face sheet showed the resident admitted to the facility on [DATE]. Review of the resident's Care plan, reviewed 4/7/26, showed staff documented the resident is a smoker. The resident will not suffer injury from unsafe smoking practices through the review date. The resident is able to smoke unsupervised. The resident's care plan did not contain documentation in any other care areas to include Activities of Daily Living (ADL's), behaviors, and diagnoses. During an interview on 4/7/26 at 11:18 A.M., the administrator said the resident should have a much more comprehensive care plan than just his/her smoking instructions. He/She said there was a full-time MDS and care plan staff but he/she has been pulled to be a floor nurse because of short staffing. During an interview on 4/20/26 at 4:07 P.M., the MDS Coordinator said he/she has been pulled to the floor to work as a registered nurse (RN) and it has caused her to fall behind on care plans. He/She said there was also an influx in admits around this time that caused an overload of work. He/She said the care plan is person centered but a few of the things she documents on most residents care plans are code status, activities, diagnoses, behaviors, BIMS (brief interview mental status, braden assessment (for pressure ulcer risk), activities of daily living (ADLS) and then they are updated quarterly or as needed. Complaint #2973819</p>		

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<p>F 0838</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies.</p> <p>Based on interview and record review, facility staff failed to conduct and document an annual facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations and emergencies as required. The facility census was 70.1. Review of the facility's Facility Assessment policy, revised October 2018, showed the facility assessment is conducted annually to determine and update the capacity to meet the need of and competently care for the residents during day-to-day operations. Determining our capacity to meet the needs of and care for the residents during emergencies is included in this assessment. Once a year, and as needed, a designated team conducts a facility-wide assessment to ensure that the resources are available to meet the specific need of the residents. The team responsible for conducting, reviewing and updating the facility assessment includes the administrator, a representative for the governing body, the medical director, the director of nursing services, the infection preventionist, and the director from the following departments: environmental services, physical operation, dietary services, social services, activity service and rehabilitative services. Review of the facility assessment, updated 4/7/26, showed the facility assessment had not been reviewed by the QAA and Quality Assurance and Performance Improvement (QUAPI) team since February 2025. During an interview on 4/7/26 at 11:18 A.M., the administrator said he/she did not update the facility assessment today and has not had a full annual facility assessment since he/she took over in September 2025. He/She said he/she does not know when the annual is due but probably February 2026 and it was not completed. Complaint #2973700</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, facility staff failed to prevent the spread of bacteria and other infection causing contaminants during the provision of care and treatments for three residents when staff failed to remove soiled gloves and/or properly wash their hands, failed to place blood sugar testing supplies and the glucometer (a device for monitoring blood sugars) on a protective barrier and failed to for clean and sanitize the multiple use resident glucometer before and after each use for three residents (Resident #1, Resident #2 and Resident #3) out of three. Facility census was 71.1. Review of the facility's Handwashing/Hand Hygiene policy, dated 2001, showed facility considers 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 and residents;-Wash hands with soap (antimicrobial or non-antimicrobial) and water when hands are visibly soiled;-Use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water before and after direct contact with resident, before performing any non-surgical invasive procedures, before donning sterile gloves, after contact with a resident' intact skin, and after contact with blood or bodily fluids. 2. Review of the manufacturer's instructions, Cleaning and Disinfecting the Meter, undated, showed to minimize the risk of transmission of blood-borne pathogens, the cleaning and disinfection procedure should be performed as recommended in the instructions below. The meter should be cleaned and disinfected after use on each patient. The Blood Glucose Monitoring System may only be used for testing multiple patients when Standard Precautions and the manufacturer's disinfection procedures are followed;-Wipe the entire surface of the meter three times horizontally and three times vertically using one towelette to clean blood and other body fluids;-Pull out one new towelette and wipe the entire surface of the meter three times horizontally and three time vertically using a new towelette to remove blood-borne pathogens;-Allow exterior to remain wet for one minute, then wipe the meter using a dry cloth. Review of the facility's Obtaining a Fingertick Glucose Level policy, dated 10/2011, showed the purpose of this procedure is to obtain a blood sample to determine the resident's blood glucose level. Disinfected glucometer with sterile lancet; or single-resident use spring-loaded or automatic or safety type lancet. Always ensure blood glucose meters intended for reuse are cleaned and disinfected between resident use;-Wear clean gloves;-Clean and disinfect reusable equipment between uses according on the manufacturer's instructions and current infection control standards of practice;-Remove gloves and discard into designated container;-Wash hands;-The policy did not contain direction for staff regarding placing the glucometer and testing supplies on a protective barrier. 3. Review of Resident #1's quarterly Minimum Data Set (MDS), dated [DATE], a federally mandated assessment tool, showed staff assessed the resident as moderately cognitively impairment with a diagnosis of Diabetes Mellitus.Observation on 04/02/26 at 9:12 A.M., showed Licensed Practical Nurse (LPN) A removed the glucometer from the medication cart and placed it directly on the cart without a protect barrier. He/She entered resident's room to give the resident his/her medication and to check his/her blood sugar. LPN A did not wash his/her hands and applied gloves. LPN A checked the resident's blood sugar, placed the glucometer on the cart without a protective barrier, and did not sanitize the glucometer, he/she placed the glucometer in the basket with other blood sugar supplies. 3. Review of Resident #2's quarterly MDS, dated [DATE], showed staff assessed the resident with a severe cognitive impairment and a diagnosis of Diabetes Mellitus. Observation on 04/02/26 at 9:51 A.M., showed LPN A enter resident's room to check his/her blood sugar. He/She put on gloves, placed the glucometer, alcohol pad, and lancet needle directly on the bedside table without a protective barrier. He/She attempted to take the resident's blood sugar but was unable to get a sample. He/She removed his/her gloves, gathered a new lancet needle and alcohol pad, and put on new gloves without performing hand hygiene. He/She laid the alcohol pad and (continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>lancet needle on the resident's bed. He/She used the lancet needle to obtain blood for the test and used his/her finger to remove the excess blood from the resident's finger. LPN A removed one of his/her gloves that he/she used to wipe the excess blood from the resident's finger, and placed the glucometer on the resident's bed, then picked up the glucometer with his/her ungloved hand. LPN A left the resident's room and placed the glucometer directly on the medication cart without a barrier. He/She pulled medication out of the medication cart for the resident, without performing hand hygiene, and gave the resident his/her medication. He/She used an alcohol pad to clean the glucometer and place it back in the medication cart. During an interview on 04/02/26 at 10:07 A.M., LPN A said he/she wiped the glucometer with an alcohol pad between uses on each resident. He/She said he/she believed the facility wanted him/her to use the purple disinfectant wipes to clean the glucometer, but there were no gloves available on the medication cart, and he/she was scared to use the wipes without gloves. LPN A said he/she did not know the disinfectant instructions from the manufacturer. He/She said the concern with not properly sanitizing the glucometer was the potential to spread blood borne illness from resident to resident. LPN A said he/she knew he/she should use a protective barrier for the glucometer and supplies due to the potential to spread disease and illness. He/She said he/she did not use hand hygiene after touching the resident's blood and between glove changes. LPN A said he/she realized he/she missed hand hygiene opportunities and there was the potential to transfer disease and illness by not performing hand hygiene between tasks. He/She said he/she was stressed and filling in for the Certified Medication Technician (CMT), in addition to doing his/her nursing responsibilities, so he/she knew he/she made errors. 4. Review of Resident #4's quarterly MDS, dated [DATE], showed staff assessed the resident as cognitively intact and had a diagnosis of Diabetes Mellitus. Observation on 04/02/26 at 11:26 A.M., CMT B exited a resident's room with the glucometer and laid the glucometer directly on the medication cart. He/She put a new strip in the glucometer, gathered the alcohol and lancet needle, then laid them on the medication cart without a protective barrier. He/She entered the resident's room to obtain the resident's blood sugar, exited the resident's room and placed the glucometer on the medication cart without a protective barrier. He/She used an alcohol pad to wipe down the glucometer and placed it in the medication cart. During an interview on 04/02/26 at 11:30 A.M., CMT B said the glucometer was used for more than one resident and staff are directed to sanitize the glucometer between residents. He/She said he/she mostly used alcohol wipes, but they did have sanitizing wipes available. He/She said he/she did not know the manufacturer instructions for sanitizing the glucometer. CMT B said he/she never used a protective barrier for the glucometer or supplies, and he/she was never trained to use a protective barrier. He/She said the concern about not following the sanitation instructions is the equipment could be considered unsanitary. 5. During an interview on 04/02/26 at 3:12 P.M., the administrator said the blood sugar testing supplies should be placed on a clean surface or protective barrier to avoid an infection control issue. He/She said staff are educated to perform hand hygiene before starting a blood sugar check and change gloves and perform hand hygiene during the process, and once done, remove his/her gloves and complete hand hygiene to prevent a possible infection control issue. He/She said staff are directed to follow manufacturer directions for disinfecting a glucometer if used on more than one resident. He/She said staff are to use the wipes in the purple tub to clean the glucometer. He/She said alcohol wipes are not sufficient to disinfect a glucometer and was a possible infection control issue. During an interview on 04/02/26 at 3:13 P.M. the Director of Nursing (DON) said blood sugar testing equipment should be placed on a clean surface or protective barrier to prevent infection control issues. He/She said staff are directed to use hand hygiene before doing using the lancet, change gloves and perform hand hygiene during the process and once done with the process, staff should remove gloves and perform hand hygiene to prevent possible infection control issues. He/She said staff if staff used a glucometer for more than one resident, he/she expected staff to follow manufacturer directions for sanitizing. He/She said staff are required to use the wipes in a purple tub. He/She said using an alcohol wipe would not disinfect the glucometer, which is an infection control issue. Complaint #2798647</p>		