

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265307	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/27/2025
NAME OF PROVIDER OR SUPPLIER  Webb City Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2077 Stadium Drive Webb City, MO 64870	

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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide activities to meet all resident's needs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34906</p> <p>Based on observations, interview, and record review, the facility failed to provide an ongoing program of activities to meet the interests of and support the mental and psychosocial well-being for all residents when the facility failed to have an Activity Director, a complete activity program, or activity calendars for the residents including seven residents (Resident #5, Resident #6, Resident #8, Resident #9, Resident #10, Resident #12, and Resident #13) identified as feeling activities were important. The facility census was 102.</p> <p>1. Review of Resident #8's face sheet showed:</p> <p>-admitted [DATE];</p> <p>-Diagnoses included anoxic brain injury (a condition where the brain is deprived of oxygen for a prolonged period, leading to damage or death of brain cells), major depressive disorder, anxiety disorder, and high blood pressure.</p> <p>Review of the resident's annual Minimum Data Set (MDS - a federally mandated assessment tool completed by facility staff), dated 04/02/24, showed the following:</p> <p>-Cognitively intact;</p> <p>-No behavioral symptoms;</p> <p>-Very important for the resident to do things with groups of people;</p> <p>-Very important for the resident to do his/her favorite activities;</p> <p>-Resident able to ambulate independently.</p> <p>Review of the resident's quarterly MDS, dated [DATE], showed the following:</p> <p>-Resident remained cognitively intact;</p> <p>-No behavioral symptoms;</p> <p>-Resident able to ambulate independently.</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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's care plan for psychosocial well being, updated on 01/14/25, showed the following:</p> <ul style="list-style-type: none"> <li>-Activity plan needed;</li> <li>-Deliver mail to resident timely;</li> <li>-Encourage family visits;</li> <li>-Encourage to attend exercise activities;</li> <li>-Encourage to attend religious activity;</li> <li>-Encourage walking outside;</li> <li>-Food related activities of choice;</li> <li>-Resident does not wish to participate in group activities at this time;</li> <li>-Enjoys watching action movies;</li> <li>-Enjoys listening to 90's rock music;</li> <li>-Enjoys reading car magazines;</li> <li>-Enjoys the Discovery channel;</li> <li>-Ice cream socials;</li> <li>-Provide activity calendar;</li> <li>-Required assistance with activities;</li> <li>-Visit with residents, staff, family, and friends.</li> </ul> <p>Observation and interview on 02/25/25, at 12:30 P.M., showed the following:</p> <ul style="list-style-type: none"> <li>-The resident sat on the side of his/her bed;</li> <li>-The resident pointed out an empty plastic sleeve hanging on his/her wall and said the facility was supposed to put an activity calendar in the sleeve each month, but no one was bringing activity calendars to the resident;</li> <li>-The resident said the facility had not had an activity director or a regular program of activities since approximately October 2024;</li> <li>-He/she did not know what activities he/she would like to attend because he/she did not have an activity calendar;</li> </ul> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-He/she might go to the activities, if the facility offered any;</p> <p>-He/she used enjoy watching movies with other residents.</p> <p>2. Review of Resident #9's face sheet showed the following:</p> <p>-admitted [DATE];</p> <p>-Diagnoses included dementia, major depressive disorder, history of alcohol use, and high blood pressure.</p> <p>Review of the resident's admission MDS, dated [DATE], showed the following:</p> <p>-Cognitively intact;</p> <p>-No behavioral symptoms;</p> <p>-Very important for the resident to do things with groups of people;</p> <p>-Very important for the resident to do his/her favorite activities;</p> <p>-Resident able to ambulate independently.</p> <p>Review of the resident's quarterly MDS, dated [DATE], showed the following:</p> <p>-Resident remained cognitively intact;</p> <p>-No behavioral symptoms;</p> <p>-Resident able to ambulate independently.</p> <p>Review of the resident's care plan for psychosocial well being, updated on 01/16/25, showed the following:</p> <p>-Activity plan needed;</p> <p>-Assist in reading mail and writing letters;</p> <p>-Deliver mail timely;</p> <p>-Provide computer access;</p> <p>-Cooking;</p> <p>-Encourage family visits;</p> <p>-Encourage to attend exercise activities;</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Cognitively intact;</p> <p>-No behavioral symptoms;</p> <p>-Very important for the resident to do his/her favorite activities;</p> <p>-Resident able to ambulate independently.</p> <p>Review of the resident's care plan for psychosocial well being, updated on 01/14/25, showed the following:</p> <p>-Activity plan needed;</p> <p>-Allow rest breaks between activities;</p> <p>-Assess activity preferences and help plan;</p> <p>-Assist resident to get to chosen activities;</p> <p>-Assist with activities to stay connected with friends;</p> <p>-Provide activities per the capacity of the resident;</p> <p>-Provide opportunities to be outside, when weather permits.</p> <p>Observation of and interview on 02/25/25, at 2:50 P.M., showed the following:</p> <p>-The resident sat talking at a table in the dining room with another resident;</p> <p>-The resident said the facility had not had an Activity Director in several months;</p> <p>-In the past, the AD would go to the dollar store or Wal-Mart for the residents to pick up needed items, such as deodorant and shampoo which the residents paid for. Without an Activity Director, no one went to the store for the residents;</p> <p>-He/she had asked some of the nurses if anyone could go to the store for him/her and they told the resident to ask the office. He/she went to the office and staff said there was no one to go to the store;</p> <p>-One of the facility residents calls out BINGO, but he/she would like more activities.</p> <p>4. Review of Resident #6's face sheet showed the following:</p> <p>-admitted [DATE];</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Diagnoses included Parkinson's disease (a progressive neurological disorder that affects movement, balance, and coordination), alcoholic cirrhosis of liver (a chronic liver disease caused by excessive alcohol consumption over a prolonged period), and chronic kidney disease, (decreased kidney function, typically indicated by an estimated glomerular filtration rate (eGFR) between 60 and 89, and usually with no noticeable symptoms).</p> <p>Record review of the resident's quarterly MDS, dated [DATE], showed the following:</p> <ul style="list-style-type: none"> <li>-Cognitively intact;</li> <li>-No behaviors;</li> <li>-Very important to listen to music;</li> <li>-Somewhat important to do his/her favorite actives;</li> <li>-Very important to get fresh air when the weather was good.</li> </ul> <p>Record review of the residents care plan, for psychosocial well-being, updated 10/14/24, showed the following:</p> <ul style="list-style-type: none"> <li>-Prevent feelings of isolation from family and friends;</li> <li>-Assist in visits with friends and family in a private location;</li> <li>-Assist to talk privately on the phone;</li> <li>-Assist with activities to stay connected with friends;</li> <li>-Encourage to talk about feelings.</li> </ul> <p>During an interview on 02/26/25, at approximately 10:35 A.M., the resident said the following:</p> <ul style="list-style-type: none"> <li>-He/she was the president of the resident council;</li> <li>-There has only been one meeting in over at least six months;</li> <li>-The last meeting was earlier in February 2025;</li> <li>-There has not been staff around to help set one up;</li> <li>-Residents used to get a calendar every month, so it was easy to know what was planned. Now there are no calendars given and there is no large calendar posted in any hall, for residents to see;</li> <li>-There is no activity director;</li> <li>-One resident does call out bingo, so they can do that a couple times a week;</li> </ul> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-The only normal activity that is every-other-day is group exercise;</p> <p>-They do have a church come in on some Sunday's, but he/she does not participate;</p> <p>-Some have just given up on activities unless it's doing the exercise and sometimes having popcorn;</p> <p>-He/she said you're out of luck if you really want to do anything.</p> <p>5. Review of Resident #5's face sheet showed the following:</p> <p>-admitted [DATE].</p> <p>-Diagnoses include hypertensive heart disease with heart failure (a condition where high blood pressure (hypertension) damages the heart muscle over time, leading to an inability of the heart to pump blood effectively), chronic diastolic (congestive) heart failure (a condition where the heart's left ventricle becomes stiff and cannot relax properly, leading to a buildup of fluid in the lungs and other parts of the body due to impaired filling between heartbeats, causing symptoms of congestive heart failure while still maintaining a normal ejection of fraction (the percentage of blood pumped out with each beat)) and spinal stenosis (when the spinal canal and the space around the spinal canal become narrowed).</p> <p>Record review of the resident's annual MDS, dated [DATE], showed the following information:</p> <p>-Cognitively intact;</p> <p>-No behaviors;</p> <p>-Very important to have books, newspapers and magazines to read;</p> <p>-Very important to listen to the music the resident likes;</p> <p>-Very important to keep up with the news;</p> <p>- Somewhat important to do things with groups of people;</p> <p>-Very important to do the resident's favorite activities;</p> <p>-Very important to go outside to get fresh air when the weather is good;</p> <p>-Somewhat important to participate in religious services or practices.</p> <p>Review of the resident's care plan for psychosocial well-being, updated 10/14/24, showed the following:</p> <p>-Prevent feelings of isolation from family and friends;</p> <p>-Assist in visits with friends and family in a private location;</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Assist to talk privately on the phone;</p> <p>-Assist with activities to stay connected with friends;</p> <p>-Encourage resident to talk about feelings.</p> <p>During an interview on 02/26/25, at approximately 12:25 P.M., the resident said the following:</p> <p>-He/she could not say when activities had last been offered, but that it has been a long time;</p> <p>-He/she was not sure what activities sound good, but he/she would possibly attend if they were offered;</p> <p>- It is a little boring;</p> <p>-He/she had never been given a calendar that he/she could remember;</p> <p>-He/she would possibly participate if something fun was offered.</p> <p>6. Record review of Resident #12's face sheet showed the following:</p> <p>-admitted [DATE]</p> <p>-Diagnoses included chronic kidney disease, stage II (mild - decreased kidney function, typically indicated by an estimated glomerular filtration rate (eGFR) between 60 and 89, and usually with no noticeable symptoms); osteonecrosis (a condition where bone tissue dies due to a loss of blood supply), and high blood pressure.</p> <p>Review of the resident's quarterly MDS, dated [DATE], showed the following information:</p> <p>-Cognitively intact;</p> <p>-No behaviors;</p> <p>-Very important to have books, newspapers, and magazines to read;</p> <p>-Very important to listen to the music he/she liked;</p> <p>-Very important to be around animals such as pets;</p> <p>-Very important to to keep up with the news;</p> <p>-Very important to do things with groups of people;</p> <p>-Very important to do his/her favorite activities;</p> <p>-Very important to go outside to get fresh air when the weather is good.</p> <p>(continued on next page)</p>

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of the resident's care plan for psychosocial well-being, updated 10/14/24, showed the following:</p> <ul style="list-style-type: none"> <li>-Assist in visits with friends and family in a private location;</li> <li>-Assist to talk privately on the phone;</li> <li>-Assist with activities to stay connected with friends;</li> <li>-Encourage to talk about feelings.</li> </ul> <p>During an interview on 02/27/25, at approximately 11:30 A.M., the resident said the following:</p> <ul style="list-style-type: none"> <li>-Not anything much is offered for activities;</li> <li>-He/she said, It is boring around here. If they offer anything, you gotta grab it or you're out of luck;</li> <li>-There is bingo sometimes, which he/she does usually attend;</li> <li>-There is church sometimes, but he/she does not attend;</li> <li>-They have popcorn now;</li> <li>-His/her family purchased any items he/she may need, so does not ask any staff.</li> </ul> <p>7. Review of Resident #13's face sheet showed the following:</p> <ul style="list-style-type: none"> <li>-admitted [DATE];</li> </ul> <p>-Diagnoses include chronic kidney disease, stage III; chronic diastolic (congestive) heart failure, and type II diabetes mellitus (a chronic condition characterized by high blood sugar levels (hyperglycemia) due to the body's inability to use insulin effectively or produce enough insulin).</p> <p>Review of the resident's annual MDS, dated [DATE], showed the following information:</p> <ul style="list-style-type: none"> <li>-Cognitively intact;</li> <li>-No behaviors;</li> <li>-Somewhat important to have books, newspapers and magazines to read;</li> <li>-Very important to be around animals such as pets;</li> <li>-Very important to keep up with the news;</li> <li>-Very important to do his/her favorite activities;</li> </ul> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-The facility had BINGO and morning exercise three times per week, but other than that, the facility was not offering other activities to the residents;</p> <p>-The residents would like to have more activities;</p> <p>-Residents came to the nurse daily and asked what what was going on in the facility and what activities were happening;</p> <p>-He/she sometimes looked for coloring pages for the residents to complete;</p> <p>-Many of the residents were bored at the facility.</p> <p>During an interview on 02/26/25, at 1:43 P.M., the Financial Specialist Assistant (FSA) said the following:</p> <p>-The residents complained about the lack of activities;</p> <p>-One resident conducted BINGO for the residents and asked about collecting donations for better BINGO prizes;</p> <p>-The only regular activities were resident led BINGO on Monday, Wednesday, and Friday afternoons, and a restorative nursing aide (RNA) led morning exercise class on Monday, Wednesday, and Friday mornings;</p> <p>-The facility did not provide a current activity calendar to the residents;</p> <p>-The residents complained of no activities and the lack of activities led the residents to boredom and were more irritable as a result;</p> <p>-Several of the residents were very upset about not having anyone to go to Wal-Mart or to the dollar store.</p> <p>During an interview on 02/27/25 at 1:19 P.M., the SSD said the following:</p> <p>-The facility did not have an AD;</p> <p>-The only current activities were exercise three times per week and resident led BINGO three times per week;</p> <p>-He/she used to work as the AD at the facility several years ago;</p> <p>-When he/she worked as the AD, he/she would go to the store for residents two times per month, to purchase requested items for individual residents;</p> <p>-Residents enjoyed BINGO, but also would enjoy other activities such as music, corn hole, and trivia games;</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Webb City Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2077 Stadium Drive Webb City, MO 64870	
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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-The residents would enjoy any activities because currently there was not a lot going on for the residents;</p> <p>-He/she brought up the lack of activities in the morning department head meeting;</p> <p>-The facility administrator was trying to hire an AD.</p> <p>During an interview on 02/26/5, at 12:56 P.M., the facility Nurse Practitioner (NP) I said the following:</p> <p>-He/she was not aware the facility did not have a full-time Activity Director;</p> <p>-Residents would benefit from daily activities;</p> <p>-Activities were important for the residents;</p> <p>-A lack of activities could lead to boredom among the residents.</p> <p>During an interview on 02/26/25, at 1:36 P.M., the Medical Records Nurse (LPN J) said the facility had not had a consistent Activity Director since the end of 2023. Sometimes the residents complained to staff about a lack of activities.</p> <p>During an interview on 02/26/25, at approximately 2:30 P.M., Registered Nurse (RN) E said the following:</p> <p>-The facility was trying to hire an activity director;</p> <p>-Church is on Sunday mornings and some Wednesday evenings;</p> <p>-A resident enjoys calling bingo for everyone.</p> <p>During an interview on 02/25/25, at 10:05 A.M. and 11:20 A.M., and 02/27/25, at 3:10 P.M., the Director of Nursing (DON) said the following:</p> <p>-The facility did not currently have an Activity Director;</p> <p>-The Administrator hired a new AD last month, but he/she worked at the facility for approximately one week and then quit;</p> <p>-Currently, a RNA offered morning group exercise on Monday, Wednesday, and Friday mornings;</p> <p>-One of the facility's residents conducts BINGO on Monday, Wednesday, and Friday afternoons;</p> <p>-He/she encouraged the SSD to reach out to one of the hospice agencies to see about activities and one of the hospice agencies conducted BINGO one time last month;</p> <p>-He/she expects that all department heads take a role in leading some activities for the residents, until an Activity Director was hired;</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-The DON was unsure who runs purchases for residents, if they need anything;</p> <p>-The facility did not have an activity calendar.</p> <p>During an interview on 02/27/25, at 2:26 P.M., the Administrator said the following:</p> <p>-He had not assigned any current employee to be in charge of resident activities;</p> <p>-The facility did not have a consistent activity program for the residents;</p> <p>-The facility did not have an activity calendar and the residents did not have individual activity calendars;</p> <p>-They do not have the staff to run full-time activities;</p> <p>-All staff have pitched in if a resident needs something bought;</p> <p>-A few residents have made use of choosing deliveries for purchases;</p> <p>-A few residents have expressed they are not happy about the lack of activities.</p> <p>37358</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34906</p> <p>Based on observation, interview, and record review, the facility failed to ensure all residents received care and treatment in accordance with professional standards of practice when facility nursing staff failed to provide appropriate fall follow up assessments, including neurological assessments (evaluation of the functioning of the nervous system, identifying any abnormalities or neurological deficits.) for four residents (Resident #1, Resident #3, Resident #4, and Resident #7) after each resident sustained a fall with potential for head injury. The facility census was 102.</p> <p>Review of the facility policy titled, Incidents and Accidents, dated 11/10/24, showed the following:</p> <ul style="list-style-type: none"> <li>-The resident environment to remain as free of accident hazards as is possible, however, when an accident occurs, prompt response and reporting occurs;</li> <li>-Examples include falls or resident observed on the floor;</li> <li>-The resident should not be moved unnecessarily until condition has been assessed;</li> <li>-Assess the resident's injury, pain, range of motion, bruising, bleeding, and lacerations</li> <li>-Assess neurological signs as appropriate;</li> <li>-Notify the physician and obtain orders for care, including any indicated diagnostics;</li> <li>-Notify family of accident, status, and orders for care;</li> <li>-Obtain medical care as needed and transfer to emergency room , as needed.</li> </ul> <p>Review of the facility policy titled, Change in Medical Condition of Resident/Guest, showed the following:</p> <ul style="list-style-type: none"> <li>-Keep the physician, who is in charge of medical care, and family member/legal representatives, responsible for health care decisions and other resident/guest representatives informed of the resident/guest medical condition so they may direct the plan of care as needed;</li> <li>-Notification of the physician, legal representative, or interested family member, should occur promptly, according to federal regulations, when there is a change in the resident condition. Change in the condition is defined as an accident involving the resident/guest which results in injury and has the potential for requiring physician intervention;</li> <li>-Examples of a change in condition may include a fall, new pain, and respiratory distress;</li> <li>-In the event of an emergency, call the physician and family member at the time the event occurs whatever time of day or night;</li> </ul> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Document the symptoms and observations associated with the change in condition, the date and time of contact with the physician, and family member or legal representative. Notes also should include comments on the care provided by nursing personnel;</p> <p>-The 24-hour report serves as a reminder to report any change in condition to the upcoming shift;</p> <p>-Further assessment may be warranted with certain permanent changes in condition.</p> <p>1. Review of Resident # 1's face sheet showed the following:</p> <p>-admitted [DATE];</p> <p>-Diagnoses included of Alzheimer's disease.</p> <p>Review of the resident's significant change Minimum Data Set (MDS - a federally mandated assessment completed by facility staff), dated 02/05/25, showed the following:</p> <p>-Severe cognitive impairment;</p> <p>-Resident did not reject care;</p> <p>-Exhibited a behavior of daily wandering;</p> <p>-Wandering places the resident at significant risk of getting to a potentially dangerous place;</p> <p>-Two or more non-injury falls since admission;</p> <p>-One injury (except major) fall since admission;</p> <p>-Independent with transfers;</p> <p>-Resident ambulated and did not use a wheelchair.</p> <p>Review of the resident's progress note dated 02/07/25, at 5:35 A.M., showed the following:</p> <p>-Resident was walking in the hall and staff heard a fall. Staff found the resident in the hallway. The resident re-injured a pre-existing skin tear on his/her elbow. Staff cleansed wound cleansed and a dressing and wrap applied. The resident also had a hematoma (closed wound where blood collects and fills a space inside the body) forming on the left side of his/her forehead. The resident denied pain at that time.</p> <p>Review of the resident's fall event report, completed on 02/07/25 at 6:12 A.M., showed a nurse documented the following:</p> <p>-Event date: 02/07/25 at 5:28 A.M.;</p> <p>-Location of fall: Hallway;</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-What was the resident doing just prior to fall? Walking;</p> <p>-Was fall witnessed? No;</p> <p>-Does resident exhibit or complain of pain related to the fall? No;</p> <p>-Location of injury: Left elbow skin tear and left head hematoma;</p> <p>-Note any injuries to the head, extremities, or trunk: Bump and skin tear;</p> <p>-Range of motion to 4 extremities without pain/limitations;</p> <p>-Level of consciousness: Alert wakefulness-Perceives the environment clearly and responds appropriately to stimuli;</p> <p>-Facial muscle movement: Strong;</p> <p>-Extremity movements: Strong;</p> <p>-Pupil size/response/shape: Both 3 millimeters/round/brisk;</p> <p>-Speech: Clear;</p> <p>-Resident responds to name;</p> <p>-Does not exhibit or complain of dizziness/light headedness, headache, nausea/vomiting, seizure, or other;</p> <p>-No changes in mental status;</p> <p>-Physician notified on 02/07/25 at 6:12 A.M.;</p> <p>-Resident representative not notified; ,</p> <p>-Vitals signs (VS) taken.</p> <p>Review of the resident's medical record showed staff did not document any further progress note or fall follow up/neurological assessments on 02/07/25.</p> <p>Review of the resident's medical record showed staff did not document any progress note or fall follow up/neurological assessments on 02/08/25.</p> <p>Review of the resident's progress note, dated 02/09/25 at 9:54 A.M., showed the following:</p> <p>-Does resident have pain: No;</p> <p>-Neuro/Cognitive: Alert, confused, forgetful, oriented to person;</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Change in cognitive status: No change;</p> <p>-VS taken.</p> <p>(The nurse did not include documentation of a neurological assessment due to the resident's hematoma.)</p> <p>Review of the resident's progress note, dated 02/09/25 at 10:39 A.M., showed the following:</p> <p>-It was reported to the nurse that the resident received a skin tear to his/her left forearm from a recent fall. Skin assessment completed and observed a skin tear measuring 10.0 centimeters (cm) by 5.0 cm with partial thickness tissue loss with exposed dermis. Nurse was able to approximate part of the tear. Wound bed pink and moist, wound edges rolled and indistinct, peri-wound pink with slight edema (swelling) with moderate amount of serosanguinous (contains or relates to both blood and the liquid part of blood (serum)) drainage. Nurse cleansed area and applied a treatment. Physician orders placed for treatment. (The nurse did not include documentation of neurological checks or assessment of the resident's hematoma.)</p> <p>Review of the resident's medical record showed staff did not document any further progress note/neurological assessment on 02/09/25.</p> <p>Review of a progress note, dated 02/13/25 at 6:43 A.M., showed the resident's physician documented, the following:</p> <p>-Resident was seen on 02/10/25, at the request of nursing staff, for evaluation of closed head injury. Nursing staff reported recent fall that resulted in hematoma to forehead. No loss of consciousness, headache, or vision changes were reported. The resident was awake and alert with baseline confusion. He/she was alert to self only on exam per baseline. The resident resides on the memory care unit and progressive weakness was reported by facility staff.</p> <p>-Review of objective symptoms showed alert/confusion; eyes, ears, and mouth normal; back normal; skin with resolving ecchymosis (bruise) to left side of face; extremities with normal weakness; neurological/psych: and oriented to one;</p> <p>-Closed head injury status post fall with no loss of consciousness reported. Resolving ecchymosis to left face. Continue follow up monitoring per protocol.</p> <p>Review of the resident's progress notes, dated 02/11/25 at 11:28 A.M., showed social services documented a review of the resident's plan of care with the resident's responsible party. The progress note did not mention the fall or any assessment of the resident's neurological status or assessment of the resident's hematoma.</p> <p>Review of the resident's medical record showed nursing staff did not document any fall follow up/neurological assessment on 02/11/25 or 2/12/25.</p> <p>Review of the resident's progress notes until 02/17/25 when the physician saw the resident for unrelated reasons.</p> <p>(continued on next page)</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 02/21/25, at 12:22 P.M., showed the following:</p> <ul style="list-style-type: none"> <li>-The resident sat at a dining room table in the Special Care Unit (SCU) eating lunch;</li> <li>-The resident had a large, fading bruise (green in color) covering the left eye lid, the skin below his/her eye, and the left temple area.</li> </ul> <p>During an interview on 02/25/25, at 11:08 A.M., Certified Nursing Assistant (CNA) M said the following:</p> <ul style="list-style-type: none"> <li>-He/she arrived to work one morning approximately two weeks ago and the night shift aide said the resident fell on the night shift;</li> <li>-The night shift reported the resident did not hit his/her head or sustain any injuries;</li> <li>-CNA M went to check on the resident and found the resident had a large dark purple are on the side of his/her head and the resident had blood on his/her hand. The CNA checked the resident and found a bleeding large skin tear on the resident's left arm;</li> <li>-He/she went and reported to one of the day shift nurses.</li> </ul> <p>During interviews on 02/26/25, at 10:01 A.M. and 11:15 A.M., Licensed Practical Nurse (LPN) H said the following:</p> <ul style="list-style-type: none"> <li>-The resident #1 fell during the night and he/she came in to work the following morning;</li> <li>-He/she went to the unit that morning and assessed and dressed the resident's skin tear;</li> <li>-The nurse did not remember the exact circumstance of the resident fall, but he/she did assess the resident, complete neuro checks and place a progress note in the resident's progress notes.</li> </ul> <p>2. Review of Resident #3's face sheet showed:</p> <ul style="list-style-type: none"> <li>-admitted [DATE];</li> <li>-Diagnoses included hypertension (high blood pressure), chronic obstructive pulmonary disease (COPD - a group of lung disease characterized by a narrowing of the air passageways), atrial fibrillation (an abnormal heart rhythm), and unspecified severe protein-calorie malnutrition.</li> </ul> <p>Review of the resident's quarterly MDS, dated [DATE], showed the following:</p> <ul style="list-style-type: none"> <li>-Cognitively intact;</li> <li>-No behavioral symptoms;</li> <li>-No falls since prior assessment;</li> <li>-Used wheelchair for mobility device;</li> </ul> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Independent with personal hygiene, toileting hygiene, dressing, and transfers;</p> <p>-Dependent on supplemental oxygen;</p> <p>-Short of breath when lying flat;</p> <p>-Used oxygen therapy.</p> <p>Review of the resident's physician order sheet showed the following:</p> <p>-An order, dated 11/10/24, for staff to apply oxygen at 2 to 4 liters (L) per minute via nasal cannula to maintain the oxygen saturation above 90%.</p> <p>Review of the resident's progress note dated 12/24/25, at 3:28 P.M., showed the following:</p> <p>-The nurse noted the resident to have labored breathing, productive cough, and crackle lung sounds this shift. The nurse notified the physician and obtained orders for a chest X-Ray, Duoneb (an inhaled medication to help open the airways) four times per day for five days, and Rocephin (an antibiotic) 1 gram, intramuscular (IM) injection, give 1 dose now. Rocephin administered and other orders placed at this time. Vitals taken.</p> <p>Review showed staff did not document in the progress notes again until 12/25/24, at 2:01 P.M.</p> <p>Review of the resident's progress note, dated 12/25/24 at 2:01 P.M., showed the following:</p> <p>-The resident stated his/her mattress was off the frame a little on the side he/she got up and down on and he/she went to place his/her hand it, and the mattress gave out from under the resident, and he/she slid of the side of the bed and hit his/her head. The resident reported he/she fell at about 1:00 P.M., but due to current coughing fits, his/her voice was weak, so no one could hear him/her until he/she crawled closer to the door to yell for help. The resident was alert and oriented. Vital signs taken. Approximately 10 to 15 minutes later, the resident was slightly confused, and his/her speech was slurred. The nurse initially sent a text message to the physician group and after re-assessment the nurse called the emergency physician line and sent the resident to the hospital. (The nurse did not document a complete neurological assessment of the resident.)</p> <p>Review of the resident's fall event report, dated 12/25/24 at 2:48 P.M., showed a nurse documented the following:</p> <p>-The resident said his/her mattress was off the frame a little on the side he/she got up and down on and he/she went to place his/her hand, and the mattress gave out from under the resident, and he/she slid of the side of the bed and hit his/her head. The resident reported he/she fell at about 1:00 P.M., but due to current coughing fits, his/her voice was weak, so no one could hear him/her until he/she crawled closer to the door to yell for help. The resident was alert and oriented. Vitals taken. Approximately 10-15 minutes later, the resident was slightly confused, and his/her speech was slurred. The nurse initially sent a text message to the physician group and after re-assessment the nurse called the emergency physician line and sent the resident to the hospital;</p> <p>-No late showing injury. Care plan reviewed and appropriate;</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Responsible party notified on 12/25/24 at 1:21 P.M.;</p> <p>-Physician notified on 12/25/24 at 1:30 P.M</p> <p>(The nurse did not document a complete neurological assessment of the resident.)</p> <p>Review of the resident's entry MDS, dated [DATE], showed the resident re-entered the facility from the hospital on 12/31/24.</p> <p>Review of the resident's progress notes showed staff did not document a progress note for 12/31/24, 01/01/25, or 01/02/25.</p> <p>Review of the resident's nurse practitioner re-admit note, dated 01/02/25 at 8:00 A.M., showed, in part, the following:</p> <p>-readmitted to the facility on [DATE];</p> <p>-Resident seen today for a re-admission at the facility following a hospitalization after a fall with and high blood pressure. Resident was lying in bed and said he/she was feeling much better and blood pressure was stable and denied shortness of breath, chest pain, or dizziness. Resident had not fallen since return from the hospital. Resident was wearing oxygen. Resident denied pain. Admission labs ordered and medications and vital signs reviewed.</p> <p>Review of the resident's progress note, dated 01/03/25 at 12:39 A.M., showed a nurse documented an assessment of the resident, but did not address the resident's return from the hospital or any follow up on the hospital findings.</p> <p>3. Review of Resident #4's face sheet showed:</p> <p>-admitted [DATE];</p> <p>-Diagnoses included chronic kidney disease, dementia, type II diabetes mellitus, and adult failure to thrive.</p> <p>Review of the resident's Quarterly MDS, dated [DATE], showed the following:</p> <p>-Severe cognitive impairment;</p> <p>-No behavioral symptoms;</p> <p>-Falls prior to admission or prior assessment, but no falls during this admission;</p> <p>-Required substantial/maximal assistance of staff (staff does greater than half the effort) with toileting hygiene, personal hygiene, showering, and transfers;</p> <p>-Short of breath upon exertion (such as with walking, bathing, or transfers);</p> <p>-Oxygen therapy.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's progress note dated 11/15/24, at 4:35 A.M., showed a nurse documented the following:</p> <ul style="list-style-type: none"> <li>-At 4:00 A.M., the nurse was notified by staff the resident was laying on the floor in his/her room. This nurse observed the resident was laying on the floor next to his/her bed. Resident was laying on his/her left side. The resident's bedside light was on. The nurse assessed the resident and assisted the resident to bed with no noted injuries. Call light placed in reach. Staff educated to place non-slip socks on the resident. The resident physician, responsible party, and hospice were notified.</li> </ul> <p>Review of the resident's fall event report dated 11/15/24, at 4:33 A.M., showed a nurse documented the following:</p> <ul style="list-style-type: none"> <li>-An unwitnessed fall with no injuries in the resident's room;</li> <li>-Was fall witnessed? No;</li> <li>-Does the resident exhibit or complain of pain related to the fall? No;</li> <li>-Range of motion: Without pain/limitation to all extremities;</li> <li>-No rotation, deformity, shortening of extremities noted;</li> <li>-Level of consciousness: Alert wakefulness;</li> <li>-Facial muscle movement: Strong;</li> <li>-Extremity movement: Section left blank;</li> <li>-Bilateral pupils size/response/shape: Section left blank;</li> <li>-Resident responds to name, pain, and environment;</li> <li>-Does the resident exhibit any of the following as a change in mental status of new onset: No changes;</li> <li>-Physician notified on 11/15/24 at 4:14 A.M.;</li> <li>-Resident representative notified on 11/15/24 at 4:14 A.M.;</li> <li>-Vitals taken at 11/15/24, at 4:34 A.M., at 4:41 A.M., at 5:54 A.M., at 5:55 A.M. and at 5:56 A.M.</li> </ul> <p>Review of the resident's progress note, dated 11/15/24, at 7:25 A.M., showed social services documented completed current MDS assessments. Social services did not document related to the fall.</p> <p>Review of the resident's progress note dated 11/15/24, at 12:04 P.M., showed a nurse documented the following:</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Webb City Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2077 Stadium Drive Webb City, MO 64870	
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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-This nurse was at the resident's side from 8:30 A.M. to 10:15 A.M. The resident was going through cards and pictures. Resident asked the nurse a question. Nurse re-oriented the resident to current date and situation. The resident spoke with a relative over the phone. Staff assisted the resident with fluids and protein shake. Nurse assisted the resident to the bathroom. Resident assisted the resident to bed. Resident was notified the call light was in reach. Fall precautions in place. Padding on floor next to bed. Resident's family member visited the resident and at the resident's side at 12:00 P.M. The resident's family member reported the resident ate food and appeared to feel comfortable in bed. The nurse checked on the resident at 12:50 P. M., and resident reported was feeling good at that time. Resident in bed at this time. Frequent room checks and neurological checks are being performed. (Staff did not document subsequent fall follow up/neurological assessment.)</p> <p>Review of the resident's progress notes dated 11/15/24, at 1:30 P.M., showed a nurse documented the following:</p> <p>-This nurse was called into the dining room at approximately 7:30 A.M., by staff. The resident was laying on the floor halfway under the dining room table. Resident states hit head on the edge of the table. Resident noted to have bump to the mid back of his/her head with no complaints of pain to his/her head. Resident complained of pain to his/her mid back. No noted length difference at time of assessment. Physician and hospice notified, and message left for resident's responsible party. Resident noted to be more confused than usual, attempting to collect urine specimen for test. Nurse spoke with hospice and new orders received for Haldol (anti-anxiety medication) 2 milligram dose right now and then two times per day for schizophrenic disorder/restlessness. This nurse administered the first dose. (Staff did not document subsequent neurological assessment and fall follow up.)</p> <p>Review of the resident's fall event report dated 11/15/24, at 1:24 P.M., showed a nurse documented the following:</p> <p>-An unwitnessed fall occurred in the dining room;</p> <p>-What was resident doing just prior to fall? Walking with wheelchair;</p> <p>-Was fall witnessed? No;</p> <p>-Does the resident exhibit or complain of pain related to the fall? Yes, mid back pain. Pain characterized as Moderate pain- Distressing/miserable;</p> <p>-Location of injury: Knot (Bump) to mid back part of the resident's head;</p> <p>-Range of motion painful/limited in lower extremity;</p> <p>-No rotation, deformity, shortening of extremities noted;</p> <p>-Level of consciousness: Alert wakefulness;</p> <p>-Facial muscle movement: Strong;</p> <p>-Extremity movement: Strong to bilateral upper and lower right extremity, weak to lower right extremity;</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Bilateral pupils size/response/shape: 3 mm, round, and brisk;</p> <p>-Speech: Clear;</p> <p>-Resident responds to name, pain, and environment;</p> <p>-Does the resident exhibit any of the following as a change in mental status of new onset: Confusion and restlessness;</p> <p>-Physician notified on 11/15/24 at 8:00 A.M.;</p> <p>-Resident representative notified on 11/15/24 at 8:00 A.M.;</p> <p>-Vital signs completed.</p> <p>(Staff did not document subsequent neurological assessment.)</p> <p>Review of the resident's progress note dated 11/16/24, at 1:42 P.M., showed a nurse documented the following:</p> <p>-Does resident have pain? No</p> <p>-Neuro/cognitive: Alert, confused/forgetful, oriented to person;</p> <p>-Change in cognitive status: Deteriorated (consider significant change);</p> <p>-Respiratory status: Short of breath with exertion;</p> <p>-Vital signs taken.</p> <p>(Staff did not document subsequent neurological assessment.)</p> <p>Review of the resident's progress note dated 11/16/24, at 5:47 P.M., showed a nurse documented the following:</p> <p>-Does resident have pain? Yes, relieved with pain medication;</p> <p>-Neuro/cognitive: Alert, confused/forgetful, oriented to person;</p> <p>-Change in cognitive status: No change;</p> <p>-Respiratory status: Short of breath with exertion;</p> <p>-Vital signs taken.</p> <p>(Staff did not document subsequent neurological assessment.)</p> <p>(continued on next page)</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's progress note dated 11/17/24, at 2:03 A.M., showed a nurse documented the following:</p> <ul style="list-style-type: none"> <li>-Does resident have pain? Yes, relieved with pain medication;</li> <li>-Neuro/cognitive: Alert, confused/forgetful, oriented to person, lethargic;</li> <li>-Change in cognitive status: Deteriorated (consider significant change);</li> <li>-Respiratory status: Short of breath with exertion;</li> <li>-Vitals taken.</li> </ul> <p>(Staff did not document subsequent neurological assessment.)</p> <p>Review of the resident's progress note dated 11/17/24, at 10:16 A.M., showed a nurse documented the following:</p> <ul style="list-style-type: none"> <li>-Does resident have pain? No;</li> <li>-Neuro/cognitive: Alert;</li> <li>-Change in cognitive status: No change;</li> <li>-Vitals taken.</li> </ul> <p>(Staff did not document subsequent neurological assessment.)</p> <p>Review of the resident's progress notes dated 11/17/24, at 10:49 A.M., showed a nurse documented the following:</p> <ul style="list-style-type: none"> <li>-Fall follow-up with no latent injuries observed. No change in activities of daily living (ADLs) or range of motion (ROM). Neuros within normal limits for resident. Vital signs taken. (Staff did not document subsequent neurological assessment.)</li> </ul> <p>Review of the resident's progress note dated 11/19/24, at 10:16 A.M., showed a nurse documented observed the resident this morning to have quarter-sized, yellow bruise to his/her right upper back, left lower back, and left upper arm. with no signs/symptoms of pain. (Staff did not document subsequent neurological assessment.)</p> <p>4. Review of Resident #7's face sheet showed:</p> <ul style="list-style-type: none"> <li>-admitted [DATE];</li> <li>-Diagnoses included dementia, collapsed cervical vertebra (neck), seizures, high blood pressure, and depression.</li> </ul> <p>Review of the resident's admission MDS, dated [DATE], showed the following:</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Severe cognitive impairment;</p> <p>-No behavioral symptoms;</p> <p>-Used wheelchair for mobility device with assistance of staff to propel;</p> <p>-Fall prior to admission to the facility with no falls since admission.</p> <p>Review of the resident's progress note dated 02/07/24, at 2:33 A.M., (recorded as a late entry on 02/10/25) showed a nurse documented the following:</p> <p>-Resident heard calling for help. Resident stated he/she had to use the bathroom and when he/she attempted to stand, he/she misjudged the edge of the bed and rolled onto the floor. At the time, resident denied injury and/or pain.</p> <p>Review of the resident's fall event report dated 02/07/25, at 4:18 A.M., showed a nurse documented the following:</p> <p>-Unwitnessed fall in the resident's room;</p> <p>-What was resident doing just prior to fall? Sleeping;</p> <p>-Was fall witnessed? No;</p> <p>-Complaint of pain? No;</p> <p>-Location of injury? Not applicable</p> <p>-Range of motion: Without pain or limitation to all extremities;</p> <p>-Position of extremities: No rotation/deformity/shortening noted;</p> <p>-Level of consciousness: Alert/wakefulness;</p> <p>-Facial muscle movement: Strong;</p> <p>-Extremity movement/grasp: all four extremities strong;</p> <p>-Pupil size/response/shape: 3 cm/round/brisk;</p> <p>-Speech: Clear;</p> <p>-Resident responds to name;</p> <p>-Mental status: No changes;</p> <p>-Physician notified on 02/07/25 at 4:30 A.M.;</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Responsible party notified on 02/10/25 at 3:00 P.M.;</p> <p>-Vitals taken;</p> <p>-Resident was found on floor adjacent to bed and latent bruising became apparent on day shift 02/07/25. Bruising across left forehead, eye, and brow resolving. Resident denied pain. Pain was resolving. Injury was resolved/healing without complications. Care plan updated.</p> <p>Review of the resident's medical record showed no additional progress notes on 02/07/25.</p> <p>Review of a progress note dated 02/08/25, at 4:33 A.M., showed a nurse documented resident continued fall follow-up without latent injuries noted. Neurological checks within normal limits and denied pain or discomfort. (Staff did not document subsequent neurological assessment.)</p> <p>Review of the resident's medical record showed no additional progress notes on 02/08/25.</p> <p>Review of the resident's progress note dated 02/09/25, at 9:37 A.M., showed a nurse documented the following:</p> <p>-Was reported to this nurse that the resident had a fall on 02/07/25 on the overnight shift. No injuries were noted at the time of the fall. Resident remained on fall follow-up. Neurological checks were within normal limits at this time. Resident's pupils are reactive and equal bilaterally, grip strength was equal bilaterally. Bruising noted to the resident's left eye and left upper cheek area. No other latent injuries noted at this time. Vitals taken.</p> <p>Review of the resident's progress note dated 02/10/25, at 5:07 P.M., showed a nurse documented the following:</p> <p>-Fall follow up from 02/07/25 event. This nurse went to talk to the resident and review the environment. A fall mat was added next to the bed to promote his/her well-being, and an extra blanket was added to pad a couple of knobs that protrude from the bed frame a bit. Discoloration noted across the left side of the resident's forehead, brow, and eye, which appear to be turning yellow/green. When interviewed about the fall, the resident initially said he/she was stuck and could not get up. The resident resided in the SCU and had noted cognitive deficits. The nurse asked the resident a series of questions pertaining to safety and security. The resident stated he/she felt safe in his/her home. The resident mostly replied with word salad, about his/her youth. The resident's tone varied from a whisper to clear and loud. The resident's family member present at bedside during the interaction. Care plan updated.</p> <p>During an interview on 02/25/25, at 11:08 A.M., CNA M said the following:</p> <p>-He/she arrived to work one morning approximately two weeks ago and the night shift aide said the resident fell during the night;</p> <p>-The night shift reported the resident did not hit his/her head;</p> <p>-CNA M went to check the resident and found the resident had a purple area to his/her left eye;</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-The resident was crying and upset and said his/her face hurt;</p> <p>-He/she went and reported to one of the day shift nurses.</p> <p>During interviews on 02/26/25, at 10:01 A.M. and 11:15 A.M., Licensed Practical Nurse (LPN) H said the following:</p> <p>-He/she worked the day shift on 02/07/25;</p> <p>-The resident's fall occurred on the night shift;</p> <p>-The night nurse passed on information in report on the morning of 02/07/25 about the resident's fall;</p> <p>-The night nurse reported the resident fell overnight and hit his/her head;</p> <p>-The nurse went to the Special Care Unit (SCU) and assessed the resident, conducted neuro checks and made a progress note about the residents left forehead and eye bruise.</p> <p>5. During interviews on 02/26/25, at 10:01 A.M. and 11:15 A.M., Licensed Practical Nurse (LPN) H said the following:</p> <p>-After a resident fall, the nurse should assess the resident for any injury, check the resident's range of motion (ROM) and assess for pain;</p> <p>-If a resident falls and hits his/her head or if it is an unwitnessed fall and the resident is not able to remember whether or not he/she hit his/her head, the nurse should complete neurological checks;</p> <p>-Neurological checks are to be completed per policy, which is every 15 minutes for the first hour then every 30 minutes for an hour the every hour for a set number of hours, LPN H was unsure exactly, but said the neuro checks were generally performed for 48 to 72 hours in total, to ensure the resident did not have a head injury;</p> <p>-The nurse said the facility used to have a paper form to record the neuro checks on, but several months back, the facility started using an electronic health record system, and there was no place to record the neuro checks, so he/she conducted the neuro checks, but did not record them, but rather made a progress note;</p> <p>-After assessment of the resident for injury, the nurse should notify the resident's physician and the resident's responsible party, the nurse should then document the assessment in the progress note.</p> <p>During an interview on 02/25/25, at 11:50 A.M., LPN N said the following:</p> <p>-After a resident fall, the nurse should complete a head to toe skin assessment on the resident and complete neuro checks, if there is a possibility of head injuries;</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-The nurse should notify the physician and the resident's responsible party of the fall and any injuries;</p> <p>-The nurse would continue neuro checks and vital signs. He/she was unsure where to record neurological checks;</p> <p>-He/she completed neuro checks after a resident fall, if they hit their head, but he/she was not documenting the checks;</p> <p>-The nurse should continue to assess the resident's pain, skin, and check ROM to the resident's extremities as part of the fall follow up every shift for three days and should document in the progress notes;</p> <p>-The neuro check included assessing the resident's vital signs, handgrips, and pupil reactions.</p> <p>During an interview on 02/26/25, at 2:05 P.M., LPN J said the following:</p> <p>-If a resident fell and hit his/her head or if staff were unsure if the resident hit his/her head, the staff should assess the resident's vital signs and neuro checks;</p> <p>-The facility had a paper to document vital signs on, but no paper to specifically record neuro checks which included hand grips and no where to document that pupils and equal and reactive to light (PEARL);</p> <p>-Neuro checks should be completed every 15 minutes times 4, then every 30 minutes times 4, then every hour times 4, then every 4 hours times for, then every 8 hours times four;</p> <p>-After each fall, the nurse should assess the resident every shift for three days following the fall and document the assessment in the progress notes.</p> <p>During an interview on 02/26/25, at 1:55 P.M., LPN K said the following:</p> <p>-If a resident falls, the nurse should chart a head to toe assessment, any injuries and the resident's vital signs in the progress notes;</p> <p>-If the resident hit his/her head or if it is unknown if the resident hit his/her head, the nurse should complete neuro checks;</p> <p>-The nurse should document the follow up assessments every shift for three days;</p> <p>-The nurse should complete neuro checks per protocol every shift for three days;</p> <p>-LPN K said the nurses documentation after falls was not the best, but the nurses were working on improving their documentation.</p> <p>During an interview on 02/26/25, at 2:30 P.M., Registered Nurse (RN) E said the following:</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Nurses should assess the residents for injuries after each fall and document on the resident in the progress notes every shift for three days;</p> <p>-RN E said the nurses should do a better job documenting on residents after falls;</p> <p>-If the resident had a head injury or if the fall was unwitnessed, the nurse should conduct neuro checks every 15 minutes times 4, then every 30 minutes times 4, then every 1 hour times 4, then every 4 hours for the remainder of the 72 hours following the fall;</p> <p>-Neuro checks include assessing the resident's PEARL, reflexes, and grips;</p> <p>-The nurse should assess the re[TRUNCATED]</p>

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34906</p> <p>Based on observation, interview, and record review, the facility failed to ensure all residents maintained acceptable parameter of nutritional status when staff failed to implement and document recommended, care planned, or ordered, weekly resident weights for three residents (Resident #1, Resident #2, and Resident #3) and failed to provide meal assistance to two residents (Resident #1 and #2). The three resident has been identified as having weight loss. The facility census was 102.</p> <p>Review of the facility policy titled, Weight Management, dated 10/01/10, showed the following:</p> <ul style="list-style-type: none"> <li>-Purpose was the maintenance of adequate nutrition and hydration is necessary for the resident to maintain health and prevent complications such as malnutrition and pressure sores;</li> <li>-Residents should be weighed monthly unless there is a problem that warrants a deviation from that routine;</li> <li>-Suggested weight schedule of weigh newly admitted residents weekly for four weeks, weigh residents with weight loss weekly, and all other residents monthly;</li> <li>-The newly recorded resident weight should be compared to the previous weight. A significant change in weight is defined, by federal regulations, as 5% change in weight in one month (30 days), 7.5% change in weight in three months (90 days), and/or 10% change in weight in six months (180 days);</li> <li>-Though a weight change may not occur, the resident may be identified as below ideal body weight by the Dietary Manager (DM);</li> <li>-The physician should be informed of a significant change in weight and may order nutritional interventions. The physician should be encouraged to document the diagnosis of clinical conditions that may be contributing to the weight loss. Meal consumption information should be recorded and may be referenced by the interdisciplinary care team as needed. If the interdisciplinary care team desires to explore specific meal consumption information for a resident. Either the DM or the Registered Dietitian (RD) should be consulted to assist with interventions, actions are recorded in the dietary progress notes. Observations pertinent to the resident's weight status should be recorded in the medical record as appropriate. The interdisciplinary plan of care communicates care instructions to staff.</li> </ul> <p>Review of the facility policy titled, Feeding the Impaired Resident, dated 10/01/10, showed the following:</p> <ul style="list-style-type: none"> <li>-Residents are assisted, as needed, to consume each meal so adequate nutrition is provided;</li> <li>-Residents should eat in the location of their preference and should be provided with a pleasant dining environment, regardless of the location;</li> <li>-Remove dome lid from the tray, and check to be sure everything is included on the meal tray that is required by the diet cart and the resident's preference;</li> </ul> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Arrange dishes and silverware so the resident can reach them easily;</p> <p>-Open all cartons and give the napkin to the resident. Use clothing protectors as needed;</p> <p>-Ask the resident regarding the use of condiments such as salt, pepper, sugar, ketchup, and apply as desired;</p> <p>-Alternate food, readily available food, or supplements, should be offered consistent with the diet order, if the resident consumes less than half of the meal.</p> <p>1. Review of Resident # 1's face sheet showed an admitted [DATE] and diagnoses included of Alzheimer's disease.</p> <p>Review of the resident's weight record showed the following resident weights:</p> <p>-On 06/28/24, weight of 172.6 pounds (lbs);</p> <p>-On 07/25/24, weight of 171.0 lbs (a loss of 1.6 lbs);</p> <p>-On 08/09/24, weight of 169.0 lbs (a loss of 2 lbs);</p> <p>-On 09/09/24, weight of 168.0 lbs (a loss of 1 lb);</p> <p>-On 09/26/24, weight of 159.0 lbs (a loss of 9 lbs).</p> <p>Review of the resident's October 2024 Physician Order Sheet (POS) showed the following:</p> <p>-An order, dated 10/07/24, for Ensure (food supplement) two times per day at 8:00 A.M. and 1:00 P.M.;</p> <p>-An order, dated 10/08/24, for a regular, mechanical soft diet.</p> <p>Review of the resident's Registered Dietitian (RD) progress note, dated 10/09/24, showed recommendation of weekly weights to monitor the resident's weight loss.</p> <p>Review of the resident's weight record showed the following:</p> <p>-On 10/15/24, weight of 157. 0 lbs (a loss of two pounds). Staff did not document additional weights for October 2024;</p> <p>-Staff did not document weights for November 2024 or December 2024;</p> <p>-On 01/10/25, weight of 156.4 lbs (a loss of .6 lbs). Staff did not document additional weights for January 2025.</p> <p>Review of the resident's January 2025 POS showed an order, dated 01/29/25, to admit the resident to hospice services.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Webb City Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2077 Stadium Drive Webb City, MO 64870	

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's significant change Minimum Data Set (MDS - a federally mandated comprehensive assessment completed by facility staff), dated 02/05/25, showed the following:</p> <ul style="list-style-type: none"> <li>-Severe cognitive impairment;</li> <li>-Diagnoses included lipodystrophy (an abnormal loss of body fat with an unknown cause);</li> <li>-Received mechanical altered diet;</li> <li>-Resident did not reject care;</li> <li>-Required assistance of staff with meal set up or clean up;</li> <li>-Resident did not have a significant weight change.</li> <li>-Weight 156.0 pounds (a .4 lb loss).</li> </ul> <p>Review of the resident's care plan, updated on 02/19/25, showed the following:</p> <ul style="list-style-type: none"> <li>-Potential for weight loss;</li> <li>-Ice cream with lunch and dinner, ensure two times per day;</li> <li>-Mechanical soft diet;</li> <li>-Allow sufficient time to eat;</li> <li>-Assess for serving smaller portions more frequently;</li> <li>-Maintain a list of food likes and dislikes;</li> <li>-Medication review to determine if medications are contributing to decreased meal consumption;</li> <li>-Monitor intake and output;</li> <li>-Offer food alternatives when appropriate for any meal;</li> <li>-Provide snacks between meals;</li> <li>-Provide a quiet dining environment;</li> <li>-Provide socialization opportunities during meals, provide verbal encouragement/cueing, refer to RD for evaluation of current nutritional status.</li> </ul> <p>Review of the resident's weight record showed the following:</p> <ul style="list-style-type: none"> <li>-On 02/21/25, weight of 151.8. lbs;</li> </ul> <p>(continued on next page)</p>

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-The February 2025 weight represented a significant weight loss over the last 6 months. The recorded resident weight dropped from 169 lbs in August 2024 to 151.8 lbs in February 2025, a loss of 17.2 lbs or a 10 % loss.</p> <p>Observation on 02/21/25, at 12:22 P.M., in the special care unit (SCU), showed the following:</p> <ul style="list-style-type: none"> <li>-The resident sat at a dining room table in the SCU;</li> <li>-Facility staff served lunch to the resident;</li> <li>-Staff served the resident a one cup sized bowl containing chili, a small dessert cup of canned sliced peaches, and a Magic Cup (a 4 ounce pudding consistency dessert cup containing 290 calories and 9 grams of protein) for lunch;</li> <li>-Staff did not serve residents a baked potato as listed on the menu;</li> <li>-Staff served a glass of water to the resident and no other beverages;</li> <li>-The resident appeared able to feed him/herself.</li> </ul> <p>Observation on 02/26/25, in the SCU, showed the following:</p> <ul style="list-style-type: none"> <li>-At 12:00 P.M., the resident sat at a dining room table and one of the nurse assistants brought the resident a lunch tray and placed the tray on the table;</li> <li>-Part of the meal was a side salad and a packet of ranch dressing;</li> <li>-The staff member walked away without assisting the resident in opening his/her packet of dressing;</li> <li>-The resident attempted to open the packet using his/her fingers and teeth. The resident struggled for several minutes attempting to open the dressing packet, with no success;</li> <li>-At approximately 12:10 P.M., the NA re-approached the resident and asked if the resident if he/she was going to eat, but the resident did not reply. The NA did not offer to assist the resident with his/her salad dressing;</li> <li>-At approximately 12:20 P.M., the NA brought the resident a Magic Cup (in a plastic container with a thick paper lid in place) and walked away;</li> <li>-The resident attempted to open the Magic Cup, but could not remove the lid;</li> <li>-At approximately 12:30 P.M., the NA assisted the resident in removing the Magic Cup lid.</li> </ul> <p>2. Review of Resident #2's face sheet showed:</p> <ul style="list-style-type: none"> <li>-admitted [DATE];</li> <li>-Diagnoses included dementia, depression, reduced mobility, and muscle weakness.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's weight record showed the following resident weights;</p> <ul style="list-style-type: none"> <li>-On 07/25/24, weight of 160.0 lbs;</li> <li>-On 08/15/24, weight of 163.0 lbs;</li> <li>-On 09/09/24, weight of 158.0 lbs (a five pound loss);</li> <li>-On 10/15/24, weight of 152 0 lbs (a six pound loss).</li> </ul> <p>Review of the RD note, dated 10/30/24, showed the resident had a six pound weight loss in the last month. This was not significant, but lower than ideal body weight (IBW). Resident intake less than 50%. RD recommended adding weekly weights and house shakes twice per day.</p> <p>Review of the resident's physician orders, dated 11/07/24, showed the current diet order of regular, mechanical soft diet, high carbohydrate/calorie, assist with meals as needed, and offer puree foods to maximize caloric intake.</p> <p>Review of the resident's weight record showed the following resident weights;</p> <ul style="list-style-type: none"> <li>-On 11/11/24, weight of 148. 0 lbs;</li> <li>-Staff did not record weights for December 2024;</li> <li>-On 01/10/25, weight of 143.0 lbs (a five pound weight loss).</li> </ul> <p>Review of the resident's progress note dated 01/13/25, at 2:25 P.M., showed the following:</p> <ul style="list-style-type: none"> <li>-Resident reviewed for weight loss;</li> <li>-Resident had lost a significant amount of weight in the last 6 months. Staff will notify the physician and responsible party. New interventions placed in care plan or house shakes at every meal;</li> <li>-Will weigh weekly until stable.</li> </ul> <p>Review of the resident's weight record showed on 01/15/25 a weight of 144.8 lbs. Staff did not document any further weights in January 2025.</p> <p>Review of the resident's potential for weight loss care plan, updated 01/15/25, showed the following:</p> <ul style="list-style-type: none"> <li>-Fortified pudding with meals;</li> <li>-House shakes with meals;</li> <li>-Mechanical soft diet;</li> <li>-Sit at the assisted table for help as needed;</li> </ul> <p>(continued on next page)</p>

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> <li>-Allow sufficient time to eat;</li> <li>-Maintain list of food likes and dislikes;</li> <li>-Monitor intake and output;</li> <li>-Offer food alternatives when appropriate for any meal;</li> <li>-Provide quiet dining environment;</li> <li>-Provide verbal encouragement/cueing.</li> </ul> <p>Review of the resident's quarterly MDS, dated [DATE], showed the following:</p> <ul style="list-style-type: none"> <li>-admitted [DATE];</li> <li>-Severe cognitive impairment;</li> <li>-Exhibits a behavior of daily wandering;</li> <li>-Weight of 145 pounds;</li> <li>-No weight loss or gain.</li> </ul> <p>Review of the resident's weight record showed staff did not document resident weight from 02/01/25 to 02/21/25.</p> <p>Observation on 02/21/25, at 12:22 P.M., in the SCU showed the following:</p> <ul style="list-style-type: none"> <li>-The resident sat at a dining room table in the SCU;</li> <li>-Facility staff served lunch to the resident;</li> <li>-Staff served the resident a one cup sized bowl containing chili, a small dessert cup of canned sliced peaches, and a Magic Cup for lunch;</li> <li>-Staff did not serve residents a baked potato as listed on the menu;</li> <li>-Staff served a chocolate shake and a glass of water to the resident;</li> <li>-The resident appeared able to feed him/herself.</li> </ul> <p>Review of the resident's physician orders showed an order, dated 02/24/25, for weekly weights.</p> <p>Observation on 02/26/25, at 12:00 P.M., in the SCU showed the following:</p> <ul style="list-style-type: none"> <li>-The resident sat at a dining room table and one of the nurse assistants brought the resident a lunch tray and placed the tray on the table;</li> </ul> <p>(continued on next page)</p>

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Part of the meal was a side salad and a packet of ranch dressing;</p> <p>-The staff member walked away without assisting the resident in opening his/her packet of dressing;</p> <p>-The resident did not eat the salad or attempt to open the dressing packet.</p> <p>3. Review of Resident #3's face sheet showed:</p> <p>-admitted [DATE];</p> <p>-Diagnoses of unspecified severe protein-calorie malnutrition.</p> <p>Review of the resident's weight record showed on 08/09/24 the resident weighed 115 lbs. The facility did not provide any addition weights for 08/2024.</p> <p>Review of the resident's nurse practitioner (NP) progress note, dated 09/09/24, showed the following:</p> <p>-The resident was seen this day for weight loss review. The resident's current weight of 105 pounds and a previous month's weight was 115 pounds. This was a 10-pound weight loss in one month. Discussed with the resident who feels he/she was eating well. The resident was feeling well and continued to drink shakes. It is thought this could be an erroneous weight. Will have staff reweigh the resident and will then re-evaluate;</p> <p>-Continue protein shakes to three times per day.</p> <p>Review of the resident's record showed staff did not provide resident weight for 09/2024.</p> <p>Review of the resident's RD note, dated 10/08/24, showed the following:</p> <p>-Follow up to weight change;</p> <p>-Recommend weekly weights;</p> <p>-On supplement between meals;</p> <p>-Recommend fortified foods to meals.</p> <p>Review of the resident's record showed staff did not provide resident weight for 10/2024.</p> <p>Review of the resident's physician order sheet showed an order, dated 11/22/24, for Ensure plus 237 milliliters (mL) twice daily between meals.</p> <p>Review of the resident's record showed staff did not provide resident weight for 11/2024.</p> <p>Review of the resident's physician order sheet showed an order, dated 12/31/24, for a regular diet.</p> <p>Review of the resident's 5-day MDS, dated [DATE], showed the following:</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Re-entered the facility on 12/31/24;</p> <p>-Cognitively intact;</p> <p>-Diagnosis of malnutrition;</p> <p>-Independent with eating;</p> <p>-Weight of 106 pounds.</p> <p>Review of the resident's record showed staff did not provide resident weight for 12/2024.</p> <p>Review of the resident's nurse practitioner progress note, dated 01/09/25, showed the following:</p> <p>-Resident weight listed as 105 pounds;</p> <p>-Severe protein-calorie malnutrition;</p> <p>-Protein shakes two times per day.</p> <p>Review of the resident's potential for weight loss care plan, updated on 01/14/25, showed the following:</p> <p>-Provide ensure with breakfast and supper;</p> <p>-Assess for serving smaller portions more frequently;</p> <p>-Maintain list of food likes and dislikes;</p> <p>-Medication review to determine if medications are contributing to decreased meal consumption;</p> <p>-Monitor intake and output;</p> <p>-Offer food alternatives when appropriate for any meal;</p> <p>-Provide quiet dining environment;</p> <p>-Provide socialization opportunities during meals;</p> <p>-Provide verbal encouragement /cueing;</p> <p>-Refer to RD for evaluation of current nutritional status.</p> <p>Review of the resident's record showed staff did not provide resident weight for 01/2025.</p> <p>Review of the resident's NP progress note, dated 02/14/25, showed the following:</p> <p>-Weight of 105 pounds;</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Severe protein calorie malnutrition;</p> <p>-Protein shakes twice per day.</p> <p>Review of the resident's weight record, dated 02/24/24, showed a weight of 100 pounds. (This represented a significant weight loss of 15 pounds in 6 months from 115 lbs on 08/09/24 to 100 lbs on 02/24/25.)</p> <p>4. During an interview on 02/26/25, at 3:45 P.M., the Restorative Nurse Aide (RNA) said the following:</p> <p>-He/she was responsible for weekly and monthly weights and some of the aides help with the weights at times;</p> <p>-The facility used to have weekly weight meetings, but had not had them for at least a couple of months;</p> <p>-He/she was not always able to obtain all the resident weights due to working the floor as an aide and having other responsibilities.</p> <p>During an interview on 02/26/25, at 2:54 P.M., the DM said the following:</p> <p>-Prior to 02/21/25, he/she was unsure which residents had weight loss;</p> <p>-On 02/21/25, the corporate nurse and the RD told the DM how to view and print and resident weight loss report;</p> <p>-The RD did not tell the DM which residents needed weekly weights;</p> <p>-The RD recommendations for weekly weights go to the nursing department;</p> <p>-The RNA was responsible for obtaining the weekly and monthly weights and recording the weights;</p> <p>-The facility did not have any weight meetings during December 2024 because the RD was filling in as a DM at another facility;</p> <p>-Prior to that, in November of 2024, the facility was conducting weekly weight loss meetings;</p> <p>-He/she asked the Director of Nursing (DON) about weekly weight meetings and the DON told the DM he/she would look into it, but the meetings did not occur;</p> <p>-In December 2024, he/she asked for the December weights and nursing said the RNA did not obtain the December 2024 weights due to the RNA having to work the floor as an aide.</p> <p>During an interview on 02/26/25, at 4:15 P.M., the RD said the following:</p> <p>-In the past, he/she visited the facility weekly, but he/she had not been to the facility up until 02/21/25 in approximately one month due to responsibilities at another facility;</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-In the past the facility had weekly weight meetings, and he/she was unaware the weekly weight meetings had stopped occurring;</p> <p>-In January 2025, the Quality Assurance (QA) Nurse reviewed the resident weights and informed the RD there were gaps in the resident weights and gave the RD a list of residents that the facility was adding to the weekly weight list due to weight loss;</p> <p>-The RD said obtaining weights as recommended and having weekly weight loss meetings were important and could help prevent significant resident weight loss;</p> <p>-The nursing department was responsible for obtaining resident weights;</p> <p>-When he/she or the QA Nurse make recommendations to nursing for interventions to help with weight loss, such as weighing a resident weekly, nursing should notify the resident's physician or nurse practitioner and obtain an order for the recommended interventions.</p> <p>-The RNA should be obtaining weekly weights.</p> <p>During interviews on 02/25/25, at 10:05 A.M., and on 02/27/25, at 3:12 P.M., the DON said the following:</p> <p>-The facility had a weight meeting on 02/24/25 to discuss residents with weight loss;</p> <p>-The DON, the Registered Nurse (RN) Unit Manager, the DM, the Regional Nurse, and the RNA attended;</p> <p>-Based on the meeting he/she was made aware there were residents that had been identified with weight loss, that should have been on the weekly weight loss list, but staff were not weighing these residents weekly;</p> <p>-He/she found out at the meeting on 02/24/25, that staff did not complete the monthly resident weights in December 2024;</p> <p>-The RNA was responsible for weekly and monthly weights;</p> <p>-The RNA said he/she had not been able to complete all the assigned weights due to being pulled from his/her position as the RNA to work as an aide on the floor;</p> <p>-The facility's previous weight meeting was on 01/16/25 with the corporate nurse;</p> <p>-He/she said the DM should review the recommendations from the RD and should notify the nursing department of any recommendations, and should notify the DON of the recommendations;</p> <p>-Weekly weights need to be reviewed and interventions put in place.</p> <p>During an interview on 02/27/25, at 2:26 P.M., the Administrator said the following:</p> <p>-In the past, the RD came to the facility and reviews weights one time weekly and made recommendations;</p> <p>(continued on next page)</p>		

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<p>F 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs.</p> <p>34906</p> <p>Based on observation, interview, and record review, the facility failed to provide each resident with a nourishing, well-balanced diet that met the daily nutritional needs of the residents when the facility failed to prepare and serve meals for the residents per the facility approved menu and failed to make an nutritionally adequate substitutions to the menu. The facility census was 102.</p> <p>Review showed the facility did not provide a policy regarding serving sizes or nutritional values.</p> <p>1. Review of the facility's February 2025 Dietary Menu showed staff were to serve the following on 02/21/25, at lunch, to the residents:</p> <ul style="list-style-type: none"> <li>-Chili, 6 ounces (oz);</li> <li>-Baked potato, 1 each.;</li> <li>-Crackers, 2 packages;</li> <li>-Spiced peaches, 4 oz.;</li> <li>-Iced tea, 8 oz.;</li> <li>-Water, 8 oz.</li> </ul> <p>Observation on 02/21/25, at 12:08 P.M., showed the following:</p> <ul style="list-style-type: none"> <li>-The surveyor requested a test tray of a resident meal;</li> <li>-Staff delivered two test trays to the surveyors;</li> <li>-Each tray contained a bowl of chili and no additional food items.</li> </ul> <p>Observation on 02/21/25, at 12:22 P.M., in the special care unit (SCU) showed the following:</p> <ul style="list-style-type: none"> <li>-Facility staff served lunch to the residents in the special care unit (SCU) dining room;</li> <li>-Staff served the residents chili in an approximate one cup sized bowl containing chili and a small dessert cup of sliced peaches for lunch;</li> <li>-Staff did not serve residents a baked potato or crackers, as listed on the menu.</li> </ul> <p>Observation and interview on 02/21/25, at 12:45 P.M., with Resident #5 said the following:</p> <ul style="list-style-type: none"> <li>-Staff did not give him/her all the food on the menu for today;</li> </ul> <p>(continued on next page)</p>		

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<p>F 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-He/she was missing the baked potato, margarine, sour cream, and crackers</p> <p>-At times, staff only served half of the meal on the menu;</p> <p>-Observation showed the resident's tray contained a bowl of chili and a cup of sliced peaches.</p> <p>Observations and interview on 02/21/25, at 1:04 P.M., with Resident #14 said the following:</p> <p>-He/she did not get the full lunch meal;</p> <p>-Staff did not serve the baked potato with margarine and sour cream, or any crackers;</p> <p>-Staff did not bring him/her any iced tea;</p> <p>-Observation showed the resident's tray contained a bowl of chili and a cup of sliced peaches.</p> <p>Observation on 02/21/25, at 1:27 P.M., of the main dining room showed the following:</p> <p>-A table of 5 residents sat, eating lunch;</p> <p>-All residents had a bowl of chili and a cup of peaches;</p> <p>-None of the 5 residents had a baked potato, as listed on the menu.</p> <p>During interviews on 02/21/25, at 1:04 P.M. and at 1:45 P.M , Dietary Aide (DA) L said the following:</p> <p>-He/she assisted with resident lunch service;</p> <p>-As he/she was loading the resident food carts for the halls, he/she observed the meal ticket listed a baked potato with sour cream, but the resident meals did not include a baked potato;</p> <p>-He/she asked the cook about the absence of a baked potato on the resident trays and the cook said the facility did not have any potatoes to bake for the residents;</p> <p>-The cook told the DA, he/she was directed by the Dietary Manager (DM) to substitute Fritos for the baked potato;</p> <p>-The cook placed a layer of Fritos under the chili in the bowls and the sprinkled cheese on the top;</p> <p>-The DA said the facility frequently did not have available the menu listed foods and the cook had to make substitutions.</p> <p>During an interview on 02/21/25, at 1:10 P.M., [NAME] D said the following:</p> <p>-Earlier in the A.M., he/she checked the menu for today's lunch and the menu listed a baked potato;</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Webb City Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2077 Stadium Drive Webb City, MO 64870	

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<p>F 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-The [NAME] looked in the food storage area and found no potatoes;</p> <p>-He/she then asked the DM what to do and the DM said to substitute Frito chili pie;</p> <p>-He/she did not think the Fritos were an adequate substitution for the potato;</p> <p>-He/she placed a handful (approximately 2 layers of Fritos) in the bottom of each bowl. He/she did not measure the amount of Fritos;</p> <p>-He/she then placed chili on top of the Fritos. He/she did not measure the amount of chili, but rather used the bowl as the measurement, he/she then sprinkled shredded cheese on top;</p> <p>-He/she used canned peaches for dessert as per the menu;</p> <p>-The facility did not always have the items listed on the menu, he/she had to make substitutions fairly often;</p> <p>-When he/she asked the DM about why the facility did not have the listed foods, the DM said he/she was not able to purchase due to facility budget restrictions or because he/she was not aware the facility was out of a certain food item;</p> <p>-At times, the kitchen was shorting the residents on the amount of calories in a day, due to not having the menu listed foods or not having a sufficient amount of the listed foods;</p> <p>-Some of the residents complain about the substitutions or the lack of food;</p> <p>-He/she and a couple of the other kitchen staff went to the Administrator about the issues in the kitchen.</p> <p>During an interview on 02/26/25, at approximately 1:35 P.M., [NAME] B said the following:</p> <p>-The chili meal was way too small;</p> <p>-He/she was unsure why they did not have potatoes to serve the residents because he/she knew the night before and let the DM know;</p> <p>-He/she said the DM went to the store and bought Fritos instead of potatoes;</p> <p>-They put the Fritos in the bowl, under the chili;</p> <p>-He/she was aware this actually took away from what already looked to be a small amount of chili;</p> <p>-He/she had gotten used to residents complaining in the evening that they are hungry. He/she makes up plenty of sandwiches and snacks for every night.</p> <p>During an interview on 02/25/25, at approximately 9:50 A.M., Resident #6 said the kitchen only serves out small amounts of food. He/she felt residents should already get enough in the first place, that no one should have to ask for more</p> <p>(continued on next page)</p>

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<p>F 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 02/25/25, at approximately 10:00 A.M., Resident #11 said the following:</p> <ul style="list-style-type: none"> <li>-The amount of food given is small every time;</li> <li>-The chili was always a small amount like that;</li> <li>-He/she was unsure why the amounts are usually small.</li> </ul> <p>During an interview on 02/25/25, at approximately 12:30 P.M., the Restorative Nursing Aide (RNA), said the there have been a few times that residents have told him/her, following a meal, that they were still hungry.</p> <p>During an interview on 02/26/25, at approximately 3:15 P.M., the Dietary Manger (DM) said the following:</p> <ul style="list-style-type: none"> <li>-He/she does have a monthly budget that he/she is supposed to stay within each month;</li> <li>-He/she will run to the local grocery store, if the facility needs a certain food item, and it was not provided by their supplier;</li> <li>-He/she had to substitute potatoes because they had ran out;</li> <li>-He/she did go to the grocery store and purchased Fritos, due to not having time to cook baked potatoes;</li> <li>-He/she did not think to purchase or serve anything else;</li> <li>-The DM orders items, according to the menu, on a weekly basis;</li> <li>-None of the residents or staff have complained to him/her that there is not enough food being served.</li> </ul> <p>During an interview on 02/26/25, at approximately 4:10 P.M., the Registered Dietician (RD) said the following:</p> <ul style="list-style-type: none"> <li>-Staff should have served something more substantive, such as another starch or vegetable, to ensure the residents had enough to eat;</li> <li>-He/she would expect there to be plenty of food for all of the residents.</li> </ul> <p>During an interview on 02/25/25, at approximately 10:10 A.M., the Director of Nursing (DON) said he/she has not seen any problems with the amounts of food residents receive. If he/she were to have an issues with food, they would go to the dietary manager (DM), first to discuss any concerns.</p> <p>During an interview on 02/27/25, at 2:25 P.M., the Administrator said the following:</p> <ul style="list-style-type: none"> <li>-He/she said the DM would be expected to get an appropriate substitute;</li> </ul> <p>(continued on next page)</p>		

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F 0800  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Many	-If the DM was unsure what that would be, or what he/she should do, the administrator expected the DM to contact the RD for guidance.  MO00249859  37358

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 37358</p> <p>Based on observation, interview, and record review, facility staff failed to serve appetizing and palatable meals when kitchen staff overcooked and under seasoned foods served to residents, including two residents (Resident #6 and #5) who would not eat food/meals at times due to the poor palatability. The facility had a census of 102.</p> <p>Review of the facility policy, Hot and Cold Food Holding, dated 05/25/12, showed the following:</p> <ul style="list-style-type: none"> <li>-Purpose was to ensure optimal quality of foods held prior to and during meal service;</li> <li>-Foods should not be held on the steam table longer than 30 minutes prior to start.</li> </ul> <p>Review of the facility policy, Food Taste Test, dated 01/2002, showed the following:</p> <ul style="list-style-type: none"> <li>-Foods with a distinctively good taste and appearance help promote the resident/guest(s) dietary intake;</li> <li>-Foods should be tasted prior to meal service to test the quality of the food;</li> <li>-Check the food for appearance (appealing, appetizing, garnished properly, colorful);</li> <li>-Check for flavor, seasoning, texture and that hot foods are hot and cold foods are cold.</li> </ul> <p>1. Review of Resident Council Meeting Notes, dated 2/11/25, showed residents said food was cooked too hard and was hard to eat.</p> <p>2. Observation on 02/25/25, at approximately 9:30 A.M., showed the following:</p> <ul style="list-style-type: none"> <li>-A large pot of peas and carrots were boiling, on top of the stove;</li> <li>-A large pot of frozen, mixed vegetables, were boiling, on top of the stove.</li> </ul> <p>Observation on 02/25/25, at approximately 12:15 P.M., showed the following:</p> <ul style="list-style-type: none"> <li>-The rice was hard, making it difficult to chew;</li> <li>-The egg roll was hard and was difficult to eat. It was hard to bite into and was chewy;</li> <li>-The stir-fried vegetables had standing water on the plate around them and were very mushy.</li> </ul> <p>3. Observation on 02/26/25, at approximately 9:40 A.M., showed the following:</p> <ul style="list-style-type: none"> <li>-The spaghetti pasta noodles, for the lunch meal, were on the stove, boiling;</li> <li>-Spaghetti sauce was on the steam table, warming up for serve-out, for the lunch meal.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 02/26/25, at approximately 10:15 A.M., showed the spaghetti pasta noodles were on the steam table, being warmed until serve out at the lunch meal.</p> <p>Observation on 02/26/25, at approximately 12:35 P.M., showed the following:</p> <ul style="list-style-type: none"> <li>-The spaghetti pasta noodles were very mushy;</li> <li>-The spaghetti sauce was very plain, with very little or no seasoning.</li> </ul> <p>4. Review of Resident #6's face sheet showed the following:</p> <ul style="list-style-type: none"> <li>-admitted [DATE];</li> <li>-Diagnoses included Parkinson's disease (a progressive neurological disorder that affects movement, balance, and coordination), and chronic kidney disease, (decreased kidney function, typically indicated by an estimated glomerular filtration rate (eGFR) between 60 and 89, and usually with no noticeable symptoms).</li> </ul> <p>Review of the resident's care plan for nutritional status of potential weight loss/goal to prevent, updated 10/14/24, showed the following:</p> <ul style="list-style-type: none"> <li>-Allow sufficient time to feed/eat;</li> <li>-Maintain list of food likes and dislikes.</li> </ul> <p>Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated assessment instrument completed by facility staff), dated 01/10/25, showed the following information:</p> <ul style="list-style-type: none"> <li>-admitted [DATE];</li> <li>-Cognitively intact;</li> <li>-No behaviors;</li> <li>-Independent with eating.</li> </ul> <p>During an interview on 02/25/25, at approximately 9:50 A.M., the resident said the following:</p> <ul style="list-style-type: none"> <li>-The food was never good. Most days it tastes really bad;</li> <li>-The chili that was served on 03/21/25 was plain;</li> <li>-The cooks don't use seasoning, so food is always plain;</li> <li>-Meats are usually too hard, but the pork chops are especially hard to eat;</li> <li>-There is an alternate, but it is just as bad;</li> </ul> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-He/she thinks they are served leftovers for the alternate.</p> <p>5. Record review of Resident #5's face sheet showed the following:</p> <p>-admitted to the facility on [DATE].</p> <p>-Diagnoses include hypertensive heart disease with heart failure (a condition where high blood pressure (hypertension) damages the heart muscle over time, leading to an inability of the heart to pump blood effectively), chronic diastolic (congestive) heart failure ( a condition where the heart ' s left ventricle becomes stiff and cannot relax properly, leading to a buildup of fluid in the lungs and other parts of the body due to impaired filling between heartbeats, causing symptoms of congestive heart failure while still maintaining a normal ejection of fraction (the percentage of blood pumped out with each beat) and spinal stenosis (when the spinal canal and the space around the spinal canal become narrowed).</p> <p>Review of the resident's annual MDS, dated [DATE], showed the following information:</p> <p>-Cognitively intact;</p> <p>-No behaviors;</p> <p>-Independent with eating.</p> <p>Review of the resident's care plan for nutritional status of potential weight loss/goal to prevent, updated 02/24/25, showed the following:</p> <p>-Resident was not a breakfast eater and preferred to sleep in then asks for a drink when he/she wakes;</p> <p>-Allow sufficient time to feed/eat;</p> <p>-Assess for serving smaller portions more frequently;</p> <p>-Maintain list of food likes and dislikes;</p> <p>-Medication review to determine if medications contribute to decreased meal consumption;</p> <p>-Monitor intake/output.</p> <p>During an interview on 02/25/25, at approximately 1:45 P.M., the resident said the following:</p> <p>-He/she felt like there was enough to eat, but it was usually gross;</p> <p>-He/she was offered a ham and cheese sandwich, but by the time it was offered, he/she was so frustrated, he/she declined;</p> <p>-He/she had a snack of crackers instead of lunch. He/she does this a lot of the time;</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Today, the rice and chicken went uneaten, because it was too hard;</p> <p>-All of the meat patties that are served are terrible because they are too hard to eat.</p> <p>6. During an interview on 02/26/25, at approximately 1:35 P.M., [NAME] B said the following:</p> <p>-Some residents complain the food was just too bad to eat;</p> <p>-He/she makes up plenty of extra sandwiches every evening he/she works, so residents can have something else to eat in the evening;</p> <p>-He/she had let the Dietary Manager (DM) know his/her concerns.</p> <p>During an interview on 02/26/25, at approximately 2:00 P.M., [NAME] D said the following:</p> <p>-He/she had constant comments about how horrible the food was;</p> <p>-Residents ask for more seasoning, other than pepper;</p> <p>-He/she had let the DM know that residents complain about the taste of food.</p> <p>During an interview on 02/26/25, at approximately 3:15 P.M., the DM said the following:</p> <p>-The cooks tend to overcook items;</p> <p>-He/she was unsure why the cooks overcook items, because he/she has discussed this with them;</p> <p>-He/she has not reviewed any resident council meeting notes.</p> <p>During an interview on 02/26/25, at approximately 4:10 P.M., the Regional DM said the following:</p> <p>-Frozen vegetables should never be started too early, as they only need to be heated;</p> <p>-Nothing should be on the steam table for longer than 30 minutes prior to serve-out;</p> <p>-He/she has not reviewed any resident council meeting notes.</p> <p>During an interview on 02/25/25, at approximately 2:40 P.M., Registered Nurse (RN) F said the following:</p> <p>-Residents do often complain about the food that is served;</p> <p>-The biggest complaint is that it taste bad;</p> <p>-Some of them will say they just can't eat it;</p> <p>-He/she and other staff will offer the resident something else to eat;</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Sometimes the resident will choose the alternate, or something else;</p> <p>-If they decide not to eat lunch, they may have a snack or wait until dinner;</p> <p>-If it's dinner, they are strongly encouraged to eat something else and are offered many choices.</p> <p>During an interview on 02/27/25, at approximately 1:20 P.M., the Social Services Director (SSD) said the following:</p> <p>-Food was hit and miss;</p> <p>-It can be pretty good on most days, but if it's bad, it's really bad;</p> <p>-The meat is often really tough. He/she will not eat the meat because it's often too tough to chew, especially pork chops.</p> <p>During interviewed on 02/25/25, at approximately 10:10 A.M., and on 02/27/25, at approximately 3:10 P.M., the Director of Nursing (DON) said the following:</p> <p>-He/she would expect an alternate to be offered, if residents are not eating the food they are given;</p> <p>-Residents have said, here or there, that the food does not taste good, but has not been enough to go to the team about anything;</p> <p>-He/she has not gone to the DM about any food issues;</p> <p>-He/she has never eaten the food.</p> <p>During an interview on 02/27/25, at approximately 2:25 P.M., the Administrator said the following:</p> <p>-He/she had not had any real complaints of bad food;</p> <p>-If someone has a complaint, he/she expected staff to address it at that very moment and get the resident something they want to eat;</p> <p>-He/she would expect the DM to be notified immediately of any food concerns;</p> <p>-He/she would expect the DM to discuss food issues with residents immediately and to make all necessary changes, right away.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>37358</p> <p>Based on observation, interview, and record review, the facility staff failed to ensure food was protected from potential contamination at all times when staff failed to keep non-food contact services clean and free from debris. The facility census was 102.</p> <p>Review of the facility's policy titled Sanitation Principles, dated 02/01/02, showed the following information:</p> <ul style="list-style-type: none"> <li>-The purpose of the policy was to prevent the spread of bacteria that may cause food borne illnesses;</li> <li>-Food service areas should be maintained in a clean and sanitary manner;</li> <li>-The current Food Code should be utilized as guidelines for the department;</li> <li>-Utensils, counters, shelves, and equipment should be kept clean;</li> <li>-Cleaning schedule should developed and posted by the Food Service Manager (FNS) for the routine cleaning of all kitchen surfaces, equipment and utensils.</li> </ul> <p>Review of the Food and Drug Administration (FDA) 2022 Food Code showed non-food contact surfaces of facilities, equipment, and utensils used in the operation of the establishment must be cleaned and sanitized as frequently as necessary to prevent the creation of unsanitary conditions or the adulteration of product.</p> <p>1. Observation on 02/25/25, beginning at 9:30 A.M., of the kitchen showed the following:</p> <ul style="list-style-type: none"> <li>-Ceiling vents over the serve-out/steam table, had a build-up of a grease and dust covering the surface;</li> <li>-White pipes running across the ceiling, were discolored and had a build-up of a grease and dust covering the surface;</li> <li>-The convection oven top and knobs had a build-up of a grease and dust mixture covering the surface;</li> <li>-The Vulcan stove knobs had a build-up of a grease and dust mixture, covering the surface;</li> <li>-The back of the Vulcan stove had a build-up of a grease and dust mixture, covering the entire surface and the metal pipe going up into the ceiling;</li> <li>-The walk-in freezer had spots of a silvery-white build-up, that was spread across the ceiling and walls.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 02/25/25, beginning at approximately 11:30 A.M., the Maintenance Director said the kitchen staff are responsible for all cleaning duties in the kitchen. He/she will do maintenance on the walk-ins as needed.</p> <p>During an interview on 02/26/25, at approximately 3:15 P.M., the Dietary Manager (DM) said if there was a mess, staff were expected to clean it up and he/she has not seen a cleaning policy.</p> <p>During an interview on 02/27/25, at 3:10 P.M., the Director of Nursing (DON) said he/she would expect kitchen staff to keep the kitchen clean.</p> <p>During an interview on 02/27/25, at 2:25 P.M., the Administrator said he/she would expect deep cleaning to be done at least once a week. He/she was unsure why some of the kitchen surfaces are not clean at this time.</p> <p>MO00249859</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>37358</p> <p>Based on observation, interview, and record review, the facility staff failed to ensure the baseboards, walls, and windows were clean and free of dirt. The facility census was 102.</p> <p>Review of the facility's policy titled Sanitation Principles, dated 02/01/02, showed the following information:</p> <ul style="list-style-type: none"> <li>-The purpose of the policy was to prevent the spread of bacteria that may cause food borne illnesses;</li> <li>-Food service areas should be maintained in a clean and sanitary manner;</li> <li>-The current Food Code should be utilized as guidelines for the department;</li> <li>-Utensils, counters, shelves, and equipment should be kept clean;</li> <li>-Cleaning schedule should developed and posted by the Food Service Manage (FNS) for the routine cleaning of all kitchen surfaces, equipment and utensils.</li> </ul> <p>Review of the Food and Drug Administration (FDA) 2022 Food Code showed the non-food contact surfaces of facilities, equipment, and utensils used in the operation of the establishment must be cleaned and sanitized as frequently as necessary to prevent the creation of unsanitary conditions or the adulteration of product.</p> <p>1. Observation on 02/25/25, beginning at 9:30 A.M., of the kitchen showed the following:</p> <ul style="list-style-type: none"> <li>-The 4-light switch plate, the fire extinguisher, and panel box, all together on a small wall between the stove and dishwashing area, had a build-up of a grease and dust mixture, covering the surface;</li> <li>-The window over the sink was dirty and it was difficult to see out. There were cobwebs, visibly moving with any air, in both of the top corners;</li> <li>-The corner and floorboards between the sink and convection oven were dirty with particles of food and debris.</li> </ul> <p>During an interview on 02/25/25, beginning at approximately 11:30 A.M., the Maintenance Director said the kitchen staff are responsible for all cleaning duties in the kitchen. He/she will do maintenance on the walk-ins as needed.</p> <p>During an interview on 02/26/25, at 10:15 A.M., the Regional Dietary Manager said he/she had spoken to the Dietary Manager (DM) before about the cleaning schedule and that is should probably be posted.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265307	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/27/2025
NAME OF PROVIDER OR SUPPLIER  Webb City Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2077 Stadium Drive Webb City, MO 64870	
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 02/26/25, at 10:45 A.M. and 3:15 P.M., the DM said the following:</p> <ul style="list-style-type: none"> <li>-He/she did not feel a cleaning scheduled needed to be posted;</li> <li>-He/she does not think staff forget to clean the kitchen, when they are unable to see the cleaning schedule;</li> <li>-Having a cleaning schedule would not impact how clean the kitchen was or was not;</li> <li>-If there is a mess, staff are expected to clean it up;</li> <li>-Staff know to do this and do not have to be told.</li> </ul> <p>During an interview on 02/27/25, at 3:10 P.M., the Director of Nursing (DON) said he/she would expect kitchen staff to keep the kitchen clean for resident's safety and to keep out rodents.</p> <p>During an interview on 02/27/25, at 2:25 P.M., the Administrator said the following:</p> <ul style="list-style-type: none"> <li>-He/she would expect deep cleaning to be done at least once a week;</li> <li>-If staff would stay on top of the cleaning, it would get better and be easier to keep it clean.</li> <li>-He/she was unsure why some of the kitchen surfaces are not clean at this time.</li> </ul> <p>MO00249859</p>		