STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265340	A. Building B. Wing	03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Life Care Center of Sullivan	875 Dunsford Drive Sullivan, MO 63080

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. Based on observation, interview and record review, the facility staff failed to serve food in accordance with the nutritionally calculated menus to one of one residents (Resident #40) who received a pureed diet and 10 residents who received mechanically altered diets. The facility census was 76.1. Review of the facility's policy titled Food Preparation, revised 04/29/25, showed the policy directed for the Director of Food and Nutrition Services to provide recipes and the recipes were to be followed by food service associates Review also showed the policy directed staff to prepare menu items in accordance with the menu, recipes and production sheets. 2. Review of the facility's lunch menus dated 03/17/26 (Week 4, Day 24), showed staff directed to provide the residents who received a pureed diet with a #10 (3.2 ounces (oz.)) scoop of pureed fish, and a #8 (four oz.) scoop of pureed seasoned beans. Observation on 03/17/26 at 12:30 P.M., showed [NAME] A served Resident #40 a #16 (two oz.) scoop of pureed fish (1.2 oz. less than directed by the menu) and a #16 scoop of beans (two oz. less than directed by the menu). 3. Review of the facility's lunch menus dated 03/17/26 (Week 4, Day 24), showed staff directed to provide the residents who received a mechanical soft diet with four oz. of cabbage or mixed vegetables and four oz. of soft potatoes.Observation on 03/17/26 at 12:30 P.M., showed [NAME] A served the 10 residents who received mechanical soft diets received a #12 (2.6 oz.) scoop of mechanically altered broccoli (1.4 oz. less than directed by the menus) and a #12 scoop of potatoes (1.4 oz. less than directed by the menus). 4. During an interview on 03/17/26 at 12:32 P.M., [NAME] A said he/she reviewed the menu portions and put the scoops on the serving line. The cook said pureed foods were served with a blue scoop, but he/she did not know what size the scoop was because he/she could not see the size on the scoop. The cook said he/she asked [NAME] B, who said the scoop sizes were okay. The cook said he/she had been trained on proper scoop sizes in the past. During an interview on 03/17/26 at 12:38 P.M., [NAME] B said he/she told [NAME] A it was okay to use blue scoops for the pureed items. The cook said he/she did not look closely at the menu or scoop size before he/she said the scoops were okay. During an interview on 03/17/2026 at 12:39 P.M., the Registered Dietician said he/she would expect staff to check the menus and verify the proper scoop sizes to be used before they serve residents. During an interview on 03/18/26 at 11:45 A.M., the Director of Food and Nutrition Services said he/she is responsible to ensure the cooks serve residents in accordance with the menus. The director said the cooks should look at the menus and verify the proper scoops to use before they serve the residents. The director said he/she just started two weeks ago so he/she did not know how much staff were trained and believed staff were confused about correct scoop sizes. During an interview on 03/19/26 at 11:15 A.M., the administrator said the residents should be served in accordance with the menus and the Director of Food and Nutrition Services is responsible to ensure the kitchen staff follow the menus and serve the correct portion sizes to the residents. The administrator said he/she did not know staff did not follow the menus.

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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F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, facility staff failed to educate and offer the Coronavirus disease 2019 (COVID-19) (a respiratory disease that can cause severe illness) vaccination for four residents (Resident #7, #10, #21 and #66) out of five sampled residents. The facility census was 76.1. Review of the facility's COVID-19 (SARS-CoV) Vaccination Program Policy for Residents, revised 11/25/25, showed the facility will educate residents or the resident representative regarding benefits and potential side effects associated with the Covid-19 vaccine and offer the vaccine unless it is medically contraindicated, or the resident has already been immunized. The resident's medical record includes documentation that indicates, at a minimum the following: -The resident or representative was provided education regarding the benefits and potential risks associated with COVID-19 vaccine; -Each dose of COVID-19 vaccine administered to the resident; -If the resident did not receive the Covid-19 vaccine due to medical contraindication or refusal. 2. Review of Resident 7's medical record showed he/she admitted to the facility on [DATE]. The record did not contain documentation the resident received education on the COVID-19 vaccine or had received or refused the vaccination. 3. Review of Resident #10's medical record showed the resident admitted to the facility on [DATE]. The record did not contain documentation the resident received education on the COVID-19 vaccine or had received or refused the vaccination. 4. Review of Resident #21's medical records showed he/she admitted to the facility on [DATE]. The record did not contain documentation the resident received education on the COVID-19 vaccine or had received or refused the vaccination. 5. Review of Resident #66's medical records showed he/she admitted to the facility on [DATE]. The record did not contain documentation the resident received education on the COVID-19 vaccine or had received or refused the vaccination. 6. During an interview on 03/18/26 at 9:35 A.M., the Infection Preventionist (IP) said he/she has been in the role for seven months and is responsible for managing the resident vaccination program. The IP said vaccination documentation for the past year could not be located. During an interview on 03/19/26 at 1:04 P.M., the administrator said the IP is responsible for implementing the resident vaccination program. The administrator said after the past IP left a few months ago staff discovered he/she did not comply with the vaccine policy and much of the paperwork had disappeared.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0909 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Regularly inspect all bed frames, mattresses, and bed rails (if any) for safety; and all bed rails and mattresses must attach safely to the bed frame. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interview and record review, facility failed to conduct regular maintenance of all bedrails to identify areas of possible entrapment for 9 (Resident #1, #2, #5, #7, #9, #11, #12, #26, #70) of 11 sampled residents who used bed rails. The facility census was 76.1. Review of the facility's policy titled Bed Rails-Safe and Effective Use, dated 09/3/25, showed if bed rails are determined appropriate for use with a resident, a reassessment will be assessed at a minimum of quarterly or potentially with a change of condition utilizing the Evaluation for Use of Bed Rails form. When installing or maintaining bedrails, the Maintenance Department will follow the manufacturer's recommendations and specifications. 2. Review of Resident #1's admission Minimal Data Set (MDS), a federally mandated assessment tool, dated 02/6/26, showed staff assessed the resident as: -Cognitively intact; -Functional impairment on both sides; -Diagnosis of stroke; -Paraplegia (paralysis affecting the legs); Review of the resident's care plan, dated 06/3/24, showed use of one-quarter bedrail to aid in mobility. Review of the resident's medical record showed the record did not contain an entrapment assessment. Observation on 03/16/26 at 12:58 P.M., showed the resident in bed with bed rails raised on both sides. During an interview on 03/17/26, at 10:57 A.M., the resident said he/she used the bed rails to assist with bed mobility because his/her legs are paralyzed. 3. Review of Resident #2's admission MDS, dated [DATE], showed staff assessed the resident as cognitively impaired and restraints not used. Review of the resident's undated care plan documented use of bed rails. Observation on 03/16/26 11:13 A.M., showed the resident's bed with both bed rails in the upright position. The resident was not in the room. Review of the resident's medical record showed the record did not contain an entrapment assessment. 4. Review of Resident #5's Significant Change MDS, dated [DATE], showed staff assessed the resident as: (continued on next page)

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F 0909 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Moderately impaired cognition; -Mobility functions dependent or not assessed due to medical conditions or safety; -Diagnoses of debility and cardiorespiratory conditions; Review of the resident's care plan, dated 02/12/26, showed both quarter bed rails to aid in mobility. Review of the resident's medical record showed the record did not contain an entrapment assessment. Observation on 03/17/26 8:33 A.M., showed the resident in bed with raised bed rails on both sides. During an interview 03/17/20 8:35 A.M., the resident said he/she used the bed rails to assist with bed mobility. 5. Review of Resident #7's Quarterly MDS, dated [DATE], showed staff assessed the resident as: -Cognitively intact; -Upper extremity impairment; -Uses a wheelchair; -Diagnoses of non-Alzheimer's dementia, Parkinson's disease and psychotic disorder; Review of the resident's care plan, dated 02/10/26, showed right side quarter bed rail to aid in bed mobility and safe transfers. Review of the medical record showed the record did not contain an entrapment assessment. Observation on 03/16/26 1:13 P.M., showed raised bed rails on both side of the resident's bed. The resident was not in the room. Observation on 03/17/26 8:33 A.M., showed the resident in bed with raised bed rails on both sides of the bed. During an interview at 03/17/26 11:32 A.M., the resident said he/she uses the bed rails to assist with bed mobility. 6. Review of Resident #9's Quarterly MDS, dated [DATE], showed staff assessed the resident as cognitively intact and restraints not used. Review of the resident's undated care plan documented use of bed rails. Review of the resident's medical record showed the record did not contain an entrapment assessment. Observation on 03/16/26 12:00 P.M., showed bed rails raised on both sides of the resident's bed. The (continued on next page)

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F 0909 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	resident was not in the room. 7. Review of Resident #11's Quarterly MDS, dated [DATE], showed staff assessed the resident as cognitively intact and restraints not used. Review of the resident's undated care plan documented use of bed rails. Review of the resident's medical record showed the record did not contain an entrapment assessment. Observation on 03/16/26 12:10 P.M., showed raised bed rails on both sides of the resident's bed. The resident was not in the room. 8. Review of Resident #12's Quarterly MDS, dated [DATE], showed staff assessed the resident as cognitively intact and restraints not used. Review of the resident's care plan, revised 02/27/26, showed staff documented the resident uses a quarter bed rail to aid in mobility. Review of the resident's medical record showed the record did not contain an entrapment assessment. Observation on 03/16/26, at 9:00 A.M., showed the resident in bed, with bed rails in the upright position on both side of the bed. During an interview on 03/17/26, at 10:25 A.M., the resident said he/she uses the bed rails to assist with bed mobility. 9. Review of Resident #26's admission MDS, dated [DATE], showed staff assessed the resident as cognitively intact and restraints not used. Review of the resident's undated care plan documented use of bed rails. Review of the resident's medical record showed the record did not contain an entrapment assessment. Observation on 03/16/2026 12:20 P.M. showed the resident in bed with bed rails in the upright position on both side of the bed. 10. Review of Resident #70's Annual MDS, dated [DATE], showed staff assessed the resident as follows: -Did not assess resident's cognition level; -Independent with bed mobility; -Independent with transfers; Review of the resident's medical record showed the record did not contain an entrapment (continued on next page)

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F 0909 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	assessment. Observation on 03/16/26 at 12:00 P.M., showed the residents in bed with both bed rails in the upright position. The resident was not in the room early in the survey they were at dialysis. 11. During an interview on 03/18/26 at 1:15 P.M., the Maintenance Director said he/she is responsible for maintaining the bed rails, but at one point all bed rails were removed. As they were gradually re-installed it became very confusing to keep up with as beds are moved. The Maintenance Director said he/she does not have a schedule or process in place for bed rails maintenance. He/She said the Scheduler may have the completed documentation. During an interview on 03/18/26 at 1:22 P.M., the Scheduler said entrapment measurements have been completed, but the documentation disappeared while he/she was out sick for six months. During an interview on 03/19/26 at 1:04 P.M., the Administrator said bedrail measurements are done on admission, quarterly and as needed. The Administrator said it is the responsibility of the maintenance department to inspect the rails regularly to ensure proper function. The maintenance department receives a quarterly auto generated work order task in the computer for all bed rail inspections. The Administrator said the risk of not inspecting the bed rails is entrapment.