STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265382	A. Building B. Wing	04/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Memory Lane of Dexter	415 S Catalpa Street Dexter, MO 63841

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0569 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death. Based on interview and record review, the facility failed to notify three residents (Residents #25, #34, and #36) out of 16 sampled residents and/or the responsible parties of the resident fund balances remaining above $6,068.80 (the limit which should trigger a notification when the amount in the resident's account reached $200 of the Supplemental Security Income (SSI) resource limit) for the months of February 2026 through April 2026. The facility census was 63. Review of the facility's policy titled, Deposit of Resident Funds, revised 2021, showed:- Resident personal funds that are held and managed by the facility will be safeguarded;- Should the resident permit the facility to hold, safeguard, and manage his/her personal funds, the facility will:a. deposit funds in excess of 50 dollars into an interest bearing account separate from facility operating funds;b. credit all interest earned on resident funds to the resident's account, and;c. provide the resident access to funds of 50 dollars or less within 24 hours;- The facility will not charge the resident a fee for managing his/her personal funds;- Inquiries concerning the resident account and resident petty cash fund should be referred to the administrator or to the business office;- Did not address notifying the resident and/or responsible party when the amount in the resident's account reached $200 of the SSI resource limit. 1. Review of Resident #25's Skilled Nursing Trust Current Account Balance printed on 04/17/26, showed:- The resident's fund balance was $6,486.08. Review of the resident's record showed no documentation the resident and/or the responsible party was notified the resident's balance reached $200 of the SSI resource limit. 2. Review of Resident #34's Skilled Nursing Trust Current Account Balance printed on 04/17/26, showed:- The resident's fund balance was $9,723.31. Review of the resident's record showed no documentation the resident and/or the responsible party was notified the resident's balance reached $200 of the SSI resource limit. 3. Review of Resident #36's Skilled Nursing Trust Current Account Balance printed on 04/17/26, showed:- The resident's fund balance was $7,308.23. Review of the resident's record showed no documentation the resident and/or the responsible party was notified the resident's balance reached $200 of the SSI resource limit. During an interview on 04/17/26 at 10:08 A.M., the Business Office Manager (BOM) said he/she became aware Resident #25's account was over the SSI resource limit on 02/11/26, Resident #34's account was over the SSI resource limit on 03/04/26, and Resident #35's account was over the SSI resource limit on 02/11/26. The BOM said there was no documentation the resident and/or the responsible party was notified of the balance nearing and/or the over-the-limit amount in the resident trust account. The resident and/or the responsible party should have been notified. During an interview on 04/17/26 at 10:11 A.M., the Administrator said the resident and/or the responsible party should be notified when the amount in the resident's trust account reached $200 of the SSI resource limit or when the balance was over the maximum limit to meet the eligibility requirement for recipients.

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on observation, interview, and record review, the facility failed to provide adequate incontinent care for two residents (Residents #48 and #58) out of three sampled residents. The facility census was 63.Review of the facility's policy titled, Perineal Care, dated February 2018, showed:- Wash the perineal area, wiping from front to back. Continue to wash the perineummoving from inside outwards to the thighs; - Wash the rectal area thoroughly, wiping from the base of the perineum andextending over the buttocks. 1. Observation on 04/16/26 at 10:20 A.M., of Resident #48's incontinent care showed:- The resident lay in bed on his/her back with knees bent and legs together;- Certified Nurse Assistant (CNA) G removed the resident's urine-soaked brief;- CNA H cleaned the perineal area, left the legs together, and did not clean the inner thighs;- CNA H cleaned the left rectal and hip area and did not clean the right side of the rectal and hip area. 2. Observation on 04/17/26 at 10:54 A.M., of Resident # 58's incontinent care showed:- The resident lay in bed with a urine-soaked brief filled with a large amount of fecal material;- CNA F removed the brief and cleaned the perineal area;- CNA E rolled the resident to his/her right side, cleaned the rectal area, and did not clean the buttocks or the hips;- CNA E placed a clean brief under the resident, rolled the resident to his/her back and fastened the brief in place. During an interview on 04/17/26 at 1:28 P.M., CNA E said he/she was nervous and just forgot to clean all areas of the resident's body. He/She said any area that had been wet or dirty should have been cleaned. During an interview on 04/17/26 at 1:35 P.M., CNA F said all areas of the resident's body that were in contact with the dirty brief should have been cleaned. During an interview on 04/17/26 at 3:15 P.M., the Director of Nursing (DON) said staff should clean all areas that were contaminated when providing care for the residents.

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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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to store and distribute food under sanitary conditions, increasing the risk of cross-contamination and food-borne illness. These deficient practices had the potential to affect all residents. The facility census was 63.Review of the facility's policy titled, Sanitation, revised November 2022, showed:- The food service area is maintained in a clean and sanitary manner;- All kitchens, kitchen areas, and dining areas are kept clean, free from garbage and debris, and protected from rodents and insects;- All utensils, counters, shelves and equipment are kept clean, maintained in good repair and are free from breaks, corrosion, open seams, cracks and chipped areas that may affect their use or proper cleaning;- Ice machines and ice storage containers are drained, cleaned and sanitized per manufacturer's instructions. 1. Observations on 04/14/26 at 9:30 P.M., and 3:02 P.M., 04/15/26 at 2:12 P.M., and 04/16/26 at 3:36 P.M., of the ice machine showed:- A thick buildup of dirt and debris underneath and behind on areas of the floor;- A thick buildup of black grime on the white pipes connected to the backside area and the wall;- A buildup of a white substance on the front and side surfaces;- Several cracked 12 inch (in.) x 12 in. floor tiles in the front. 2. Observations on 04/14/26 at 9:41 P.M., and 3:06 P.M., and on 04/15/26 at 2:15 P.M., of the kitchen floors showed:- Several large areas of chipped paint underneath the three-compartment sink and eyewash station;- A missing doorframe floor strip and several cracked 12 in. x 12 in. floor tiles near the eyewash station area;- A missing floor drain cover with several cracked 12 in. x 12 in. floor tiles in front of the dish machine;- A long area of black stains and markings above the cove base under the table with a microwave and Robo-coupe (a high-powered food processor). 3. Observations on 04/14/26 at 9:51 P.M., and 3:12 P.M., and on 4/15/26 at 2:18 P.M., of the kitchen hallway showed:- Several missing sections of cove base trim along the bottom of the floor on both sides of the hall;- Several areas of black stains and markings on the door and doorframe entering the kitchen near the eyewash station;- Several areas of black stains and markings on the door and the doorframe entering the kitchen near the ice machine. Review of the facility's maintenance request log, dated 01/30/26 - 04/14/26, showed no documentation of areas of concern addressed. During an interview on 04/14/26 at 10:02 A.M., [NAME] A said the back of the ice machine should be free of dirt and debris. He/She verbally told the Maintenance Supervisor (MS) when there was something that needed to be fixed or repaired. The kitchen walls, doors, and floors should be in good repair. During an interview on 04/16/26 at 3:02 P.M., the Dietary Manager (DM) said the back of the ice machine should be free of dirt and debris. He/She verbally told the Maintenance Supervisor (MS) when there was something that needed to be fixed or repaired. The kitchen walls, doors, and floors should be in good repair. During an interview on 04/17/26 at 10:02 A.M., Housekeeper B said he/she had been employed at the facility for almost a year. The kitchen hallway had looked the same since he/she started working at the facility. He/She said maintenance was responsible for repairs such as replacing cove base trim at the facility. During an interview on 04/17/26 at 2:00 PM, Housekeeper C said he/she had been employed at the facility for almost a year. The kitchen hallway had looked the same since he/she started working at the facility. He/She said maintenance was responsible for repairs such as replacing cove base trim at the facility. During an interview on 04/17/26 at 2:02 PM, Housekeeper D said he/she has been employed at the facility for almost six months. The kitchen hallway had looked the same since he/she started working at the facility. He/She was not aware of a maintenance repair log to write down environmental concerns. During an interview on 04/17/26 at 2:08 P.M., the MS said he/she would like the staff to write down environmental concerns or repairs on the maintenance repair log instead of verbally telling him/her in passing. If staff wrote down the area of concern, the issue could be addressed and completed in a timely manner. He/She was not aware the floor around the ice machine was his/her responsibility to clean. During an interview on 04/17/26 at 2:12 P.M., the Administrator said the ice machine should be free of dirt and debris buildup. The (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	kitchen walls, doors, and floors should be in good repair. Dietary staff should be writing down areas of concern regarding the kitchen on the maintenance request log to be addressed in a timely manner.

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure two residents (Residents #7 and #19) out of five sampled residents received the pneumococcal (an infection caused by a common type of bacteria) immunization after the resident and/or the resident's representative received the education and signed the consent form for the pneumococcal immunization administration. The facility census was 63.Review of the facility's policy titled, Pneumococcal Vaccine, dated October 2019, showed:- All residents are offered pneumococcal vaccines to aid in preventing pneumonia/pneumococcal infections;- Prior to or upon admission, residents are assessed for eligibility to receive the pneumococcal vaccine series, and when indicated, are offered the vaccine series within 30 days of admission to the facility unless medical contraindicated or the resident has completed the current recommended vaccine series;- The resident or representative is provided with the most current vaccine information stated (VIS) prior to vaccine administration;- The resident or representative has the right to refuse vaccines. If refused, date of and stated reason for the refusal of the vaccine are documented in the resident's medical record. 1. Review of Resident #7's medical record showed:- admitted to the facility on [DATE];- Diagnoses of a stroke and major depressive disorder (a mental health disorder characterized by a persistent, intense, and long-lasting depressed mood or loss of interest in activities);- Pneumococcal consent was signed by the resident's representative on 11/18/25; - No documentation the resident received the pneumococcal vaccine. 2. Review of Resident #19's medical record showed:- admitted to the facility on [DATE];- Diagnoses of Alzheimer's disease (a progressive and irreversible brain disorder) and major depressive disorder;- Pneumococcal consent was signed by the resident's representative on 05/21/25; - No documentation the resident received the pneumococcal vaccine. During an interview on 04/16/26 at 2:00 P.M., the Director of Nursing (DON) said the facility had a pharmacist who came to the facility about every six months and completed a vaccination clinic for the residents. The facility did not keep the pneumococcal immunizations in the facility. During an interview on 04/17/26 at 10:05 A.M., the Administrator said a pharmacist came to the facility and held vaccination clinics for the residents.