

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265385	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/06/2025
NAME OF PROVIDER OR SUPPLIER  Heritage Hall Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  750 E Highway 22 Centralia, MO 65240	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review facility staff failed to document treatments as ordered by the physician for four residents (Resident #1, #2, #3 and #4). The facility census was 40.1. Review of the facilities Wound Treatment Management policy, revised 11/07/25, showed the purpose of the policy is to promote wound healing of various types of wounds, it is the policy of this facility to provide evidence-based treatments in accordance with current standards of practice and physician orders. Treatments will be documented on the Treatment Administration Record or in the electronic health record.2. Review of Resident #1's Quarterly Minimum Data Set, dated [DATE], a federally mandated assessment tool, showed staff assessed the resident with moderate cognitive impairment and diagnoses of gluteal cleft wound.Review of the resident's physician order sheet (POS), dated September 2025, showed staff were directed to administer Hydrocortisone External Cream 2.5 % one time a day and Dakins 0.25% solution (topical antimicrobial agent used to cleanse and disinfect wounds) twice a day.Review of the resident's Treatment Administration Record (TAR), dated September 2025, showed staff did not document they provided the resident Hydrocortisone External Cream 2.5 % (used for psoriasis treatment) on 09/06/25, 09/13/25 and 09/16/25 and Dakin's 0.25% solution, lightly pack wound with four-by-four gauze, cover with protective dressing on 09/23/25 as ordered. Review of the resident's TAR, dated October 2025, did not contain documentation staff completed the resident's treatments for Dakin's 0.25% solution, lightly pack wound with four by four gauze, cover with protective dressing on 10/04/25 and 10/11/25 as directed.3. Review of Resident #2's admission MDS, dated [DATE], showed staff assessed the residents as cognitively intact with diagnoses of right gluteus wound, and osteoarthritis.Review of the residents POS, dated September 2025, showed staff were directed to administer Voltaren (used for pain) External Gel 1% topical two times a day.Review of the resident's TAR, dated September 2025, showed staff did not contain document they provided the residents Voltaren External Gel 1% topical on 09/21/25 and 09/27/25 ordered.Review of the residents POS, dated October 2025, showed staff were directed to administer Voltaren External Gel 1% topical two times a day.Review of the resident's TAR, dated October 2025, showed staff did not document they provided the residents Voltaren External Gel 1% topical on on 10/11/25 as ordered.4. Review of Resident #3's Quarterly MDS, dated [DATE], showed staff assessed the resident as cognitively intact with diagnoses of lymphedema, cellulitis, localized edema, and weakness.Review of the residents POS, dated September 2025, showed staff were directed to cleanse wound, pat dry, place Xeroform (sterile, non adherent gauze dressing) over any open wounds, cover with secondary dressing, wrap with gauze one time a day, apply ace wraps for edema two times a day, and Triamcinolone Acetonide (for rash treatment) External Cream 0.1 percent two times a day.Review of the resident's TAR, dated September 2025, did not contain documentation staff completed the resident's treatments wound cleanser, pat dry, place Xeroform over any open wounds, cover with secondary dressing, wrap with Kerlix for wound healing on 9/15/25 and 9/23/25 and ace wraps on 09/06/25, 09/13/25, 09/21/25 and 09/27/25, Triamcinolone Acetonide External Cream 0.1 percent on 09/15/25, 09/21/25, 09/23/25 and 09/27/25 as directed.Review of the residents POS, dated October 2025, showed staff were to apply ace wraps for edema two times a day, and Triamcinolone Acetonide External Cream 0.1 percent two times a day. Review of the resident's TAR, dated October 2025, did not contain documentation staff completed the resident's treatments as directed for Ace wraps on 10/11/25 and Triamcinolone Acetonide External Cream 0.1 percent on 10/08/25 as directed.During an interview on 11/06/25 at 10:23 A.M., the resident said he/she often does not get treatments on his/her legs even after he/she asks staff.5. Review of Resident #4's Quarterly MDS, dated [DATE], showed staff assessed the resident as cognitively intact with diagnoses of stroke, edema, and wounds.Review of the residents POS, dated August 2025, showed staff were directed to apply ace wraps for edema and remove at bedtime one time a day.Review of the resident's TAR, dated August 2025, did not contain documentation staff completed the resident's treatments for ace wraps on 08/16/25 as directed.Review of the residents POS, dated September 2025, showed staff were directed to cleanse wound to the right foot great toe wound with wound cleanser, pat dry, and apply Sorbact (wound dressing) ribbon, gauze, and secure with tape one time a day and apply ace wraps for edema and remove at bed time one time a day.Review of the resident's TAR, dated September 2025 ,showed staff did not document they completed the resident's treatments for cleanse wound with wound cleaner, pat dry, and apply Sorbact ribbon, gauze, and secure with tape on 09/25/25 and ace wraps on 09/06/25, 09/13/25 and</p>		