

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265393	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/20/2025
NAME OF PROVIDER OR SUPPLIER Shepherd of the Hills Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 996 State Highway 248 Branson, MO 65616	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to obtain a physician order, care plan the use of and monitor one resident's (Resident #1) cardiac life vest (a portable device that monitors and protects individuals at risk for sudden cardiac arrest (sudden, unexpected loss of heart function, breathing, and consciousness)) out of a sample size of 7 residents. The facility census was 78. Review of the facility policy titled, Physician Orders, undated, showed a current list of orders must be maintained in the clinical record of each resident to avoid confusion and errors. Physician orders must be reviewed and renewed. Review of the facility policy titled, Care Plan Comprehensive, undated, showed the following:-An individualized comprehensive care plan that includes measurable goals and time frames will be developed to meet the resident's highest well-being;-The comprehensive care plan will be based on a thorough assessment;-A well-developed care plan will be oriented to preventing avoidable declines in functioning; managing risk factors to the extent possible; applying current standards of practice in the care planning process; evaluating treatment of measurable goals, timetables and outcomes of care; and assessing and planning for care to meet the resident's medical, nursing, mental, and psychosocial needs;-Involve the direct care staff with the care planning process relating to the resident's outcomes.-The interdisciplinary team (IDT) is responsible for updating of care plans when changes occur that impact a resident's care. Review of the [NAME] (manufacturer of the cardiac life vest) website showed the following:-The life vest is designed to detect certain life-threatening rapid heart rhythms and, if needed, deliver a treatment shock to save a person's life;-While wearing the life vest, a patient may hear an alert. It is important to know what the alert means and how to respond;-Patients should always wear the life vest, including when sleeping;-The life vest should only be removed when showering or bathing;-It is important to care for the life vest by charging the battery and a second battery every day;-The life vest should be washed every one to two days. 1. Review of the Resident #1's face sheet (document that gives a resident's information at a quick glance) showed the following:-admission date of 09/16/25; -Diagnoses included congestive heart failure (CHF - chronic condition in which the heart does not pump blood as well as it should) and chronic obstructive pulmonary disease (COPD - a group of lung diseases that block airflow and make it difficult to breathe). Review of the resident's admission Minimum Data Set (MDS - a federally mandated comprehensive assessment instrument completed by facility staff), showed the resident had moderate cognitive impairment. Review of the resident's admission assessment, dated 09/16/25, showed staff did not address the use of a cardiac life vest. Review of the resident's nursing progress note, dated 09/16/25, showed the resident had a life vest on to monitor heart rate and rhythm. Review of the resident's care plan, dated 09/17/25, showed staff did not address the use of a cardiac life vest. Review of the resident's nursing progress note, dated 09/18/25, showed the resident reported the life vest's Velcro was scratchy. Review of the resident's physician progress note, dated 09/22/25, showed staff did not document if the resident was utilizing a cardiac life vest. Review of the resident's physician progress note, dated 09/24/25, showed no documentation regarding the use of the cardiac life vest. Review of the resident's physician progress note, dated 09/28/25, showed no documentation regarding the use of the cardiac life vest. Review of the resident's current Physician Order Sheet (POS) showed staff did not obtain and document orders related to the resident's cardiac life vest, including when to apply, change the battery, cleanse, or monitor the resident's cardiac life vest. During an interview on 10/07/25, at 10:40 A.M., Licensed Practical Nurse (LPN) E said the facility had no current residents that utilized a life vest. He/she had sent the resident out to the hospital recently and he/she was wearing a life vest. He/she did not have experience with cardiac life vests and had no training on the use of it. The resident cared for the vest and would ask nursing staff if a battery change was required. A resident should have orders to wear a cardiac life vest. An order for a life vest should include skin assessments under the vest and battery checks. Nurses should be responsible for the life vest monitoring and battery changes. A cardiac life vest should be included in the care plan. During an interview on 10/07/25, at 11:05 A.M., Certified Nurse Assistant (CNA) A said the facility had a resident that wore a cardiac life vest recently. He/she did not work on the hall of the resident the wore the life vest resided on. A cardiac life vest should be in the care plan for the nursing staff to be aware of it. During an interview on 10/07/25, at 11:11 A.M., LPN B said he/she was responsible for physician orders, allergies, and diagnoses upon resident admission. The nurses working on the floor are responsible for the clinical admission assessment. There are no current residents with a cardiac</p>		