

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265398	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/18/2025
NAME OF PROVIDER OR SUPPLIER  Wellsville Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  250 E Locust Wellsville, MO 63384	

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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>Based on interview and record review, facility staff failed to provide the services of a full-time Director of Nursing (DON) 24 hours a day, seven days a week with an average daily occupancy of 60 or more residents. The facility census was 62. 1.Review showed the did not provide a policy for DON coverage. 2.Review of the Facility Assessment, dated 07/07/25, showed staff documented an average daily census of 62.3.Review of the facility nursing staff daily logs and facility daily census showed: -08/08/25: Facility census 66; from 6:00 A.M., to 6:00 P.M., the DON worked as the charge nurse;-08/09/25: Facility census 65; from 6:00 A.M., to 6:00 P.M., the DON worked as the charge nurse;-08/10/25: Facility census 65; from 6:00 A.M., to 6:00 P.M., the DON worked as the charge nurse;-08/14/25: Facility census 64; from 6:00 A.M., to 6:00 P.M., the DON worked as the charge nurse;-08/15/25: Facility census 65; from 6:00 A.M., to 6:00 P.M., the DON worked as the charge nurse;-08/17/25: Facility census 65; from 6:00 P.M., to 08/18/25 6:00 A.M., the DON worked as the charge nurse;-08/21/25: Facility census 63; from 10:00 P.M., to 08/22/25 6:00 A.M., the DON worked as the charge nurse;-08/29/25: Facility census 63; from 10:00 P.M., to 08/30/25 6:00 A.M., the DON worked as the charge nurse;-08/30/25: Facility census 62; from 10:00 P.M., to 08/31/25 6:00 A.M., the DON worked as the charge nurse;-09/01/25: Facility census 63; from 10:00 P.M., to 09/02/25 6:00 A.M., the DON worked as the charge nurse;-09/05/25: Facility census 62; from 6:00 A.M., to 2:00 P.M., the DON worked as the charge nurse;-09/06/25: Facility census 61; from 6:00 A.M., to 2:00 P.M., the DON worked as the charge nurse;-09/07/25: Facility census 61; from 6:00 A.M., to 2:00 P.M., the DON worked as the charge nurse;-09/10/25: Facility census 61; from 2:00 P.M., to 10:00 P.M., the DON worked as the charge nurse;-09/11/25: Facility census 61; from 2:00 P.M., to 10:00 P.M., the DON worked as the charge nurse;-09/19/25: Facility census 63; from 2:00 P.M., to 10:00 P.M., the DON worked as the charge nurse;-09/21/25: Facility census 63; from 2:00 P.M., to 10:00 P.M., the DON worked as the charge nurse;-09/22/25: Facility census 63; from 2:00 P.M., to 10:00 P.M., the DON worked as the charge nurse. During an interview on 09/24/25 at 9:00 A.M., LPN B said he/she took over staffing and scheduling for CNA's and NA's the end of July. LPN B said he/she is responsible to complete the schedule and ensure floor coverage is adequate for the CNA's. He/She said the DON is responsible for staffing and scheduling of nurses along with hiring and terminating any staff. During an interview on 09/24/25 at 1:00 P.M., the Administrator said the DON and LPN B are responsible for the staffing and scheduling of nursing staff. The Administrator said the facility does not have enough staff to adequately cover each shift every day. The Administrator said the DON also works as a charge nurse on the floor to ensure nursing coverage for the facility. During an interview on 09/25/25 at 10:48 A.M., the DON said he/she is responsible for scheduling and staffing of nurses along with hiring new employees. The DON said he/she is aware with the facility census over 60 he/she should not be working as a charge nurse. The DON said he/she has worked as the charge nurse to ensure there is nurse coverage. The DON said he/she has been trying to hire new employees, but the facility still needs more staff. The DON said he/she has placed ads for help on social media, and with online job sites. Complaint#2624554</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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