

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265409	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/18/2024
NAME OF PROVIDER OR SUPPLIER  Gideon Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  300 Lunbeck Gideon, MO 63848	

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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48532</b></p> <p>Based on observation, interview and record review, the facility failed obtain a physician's order for code status and to consistently document a resident's code status with Cardiopulmonary Resuscitation (CPR- an emergency procedure consisting of chest compressions if the heart stops beating or the person stops breathing) or Do Not Resuscitate (DNR - does not want CPR) for one resident (Resident #31) out of 15 sampled residents. The facility census was 60.</p> <p>Review of the facility's policy titled, Do Not Resuscitate Order, last revised, [DATE], showed:</p> <ul style="list-style-type: none"> <li>- DNR orders must be signed by the resident's attending physician on the physicians' order sheet maintained in the resident's medical record;</li> <li>- A DNR order form must be completed and signed by the attending physician and resident (or resident's legal surrogate, as permitted by state law) and placed in the front of the resident's medical record;</li> <li>- Use only state-approved DNR forms;</li> <li>- If no state form is required, use facility-approved form;</li> <li>- DNR orders will remain in effect until the resident (or legal surrogate) provides the facility with a signed and dated request to end the DNR order;</li> <li>- Verbal orders to cease the DNR will be permitted when two staff members witness such request;</li> <li>- Both witnesses must have heard the request and both individuals must document such information on the physician's order sheet;</li> <li>- The attending physician must be informed of the resident's request to cease the DNR order;</li> <li>- The interdisciplinary care planning team will review the advance directive with the resident during quarterly care planning sessions to determine if the resident wishes to make changes in such directives.</li> </ul> <p>1. Review of Resident #31's medical record showed:</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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> <li>- admitted [DATE];</li> <li>- Facesheet with a CPR code status;</li> <li>- A red dot which represented a DNR status on the spine of the hard chart;</li> <li>- A red sheet in the front of the hard chart labeled DNR;</li> <li>- Outside the Hospital Do Not Resuscitate Order (OHDNR), signed by the resident and the attending physician, dated [DATE].</li> </ul> <p>Review of the resident's [DATE] Physician Order Sheet (POS) showed:</p> <ul style="list-style-type: none"> <li>- An order for CPR status, dated [DATE].</li> </ul> <p>During an interview on [DATE] at 9:17 A.M., Resident #31 said he/she wished to have a DNR status and signed a piece of paper that should be in the chart.</p> <p>During an interview on [DATE] at 11:54 A.M., Registered Nurse (RN) D said he/she would look at the resident's face sheet in the electronic medical record for the resident's code status.</p> <p>During an interview on [DATE] at 3:40 P.M., the Director of Nursing (DON) said a resident's code status should be consistent throughout the medical record.</p> <p>During an interview on [DATE] at 3:40 P.M., the Administrator said the resident's code status should be the same in the electronic medical record and the hard chart.</p>

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45872</b></p> <p>Based on observation, interview, and record review, the facility failed to provide a safe, clean and comfortable homelike environment. This deficient practice had the potential to affect all residents in the facility. The facility census was 60.</p> <p>Review of the facility's policy titled, Homelike Environment, February 2021, showed:</p> <ul style="list-style-type: none"> <li>- Residents are provided a safe, clean, comfortable and homelike environment and encouraged to use their personal belongings to the extent possible;</li> <li>- The facility staff and management maximizes, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting which include clean, sanitary, and orderly environment;</li> <li>- Comfortable and adequate lighting is provided in all areas of the facility to promote a safe, comfortable and homelike environment such as sufficient lighting in resident-use areas.</li> </ul> <p>Observations on 12/16/24 at 2:12 P.M., 12/17/24 at 11:18 A.M., and 1:18 P.M., of the 100 Hall showed:</p> <ul style="list-style-type: none"> <li>- Multiple areas of peeled paint and exposed sheetrock on the wall behind and above bed by the door in room [ROOM NUMBER];</li> <li>- A large area of peeled paint on the bottom right side corner of the wall next to the sliding door closet in room [ROOM NUMBER];</li> <li>- A large area of peeled paint and exposed sheetrock on the wall below the light fixture of of the bed near the door in room [ROOM NUMBER];</li> <li>- Multiple small areas of peeled paint and exposed sheetrock on the wall next to the bed by the window in room [ROOM NUMBER];</li> <li>- Two ceiling light fixtures not working in the women's bath area.</li> </ul> <p>Observations on 12/16/24 at 2:25 P.M., 12/17/24 at 11:22 A.M., and 1:33 P.M., of the 300 Hall showed:</p> <ul style="list-style-type: none"> <li>- Multiple long areas of peeled paint and exposed sheetrock on the right-side wall next to the bed by the window in room [ROOM NUMBER];</li> <li>- A 24 inch (in.) long area of peeled paint and dark scuffed marks on top of the decorative trim on the wall next to the window in room [ROOM NUMBER].</li> </ul> <p>Observations on 12/15/24 at 9:02 A.M., 12/16/24 at 2:12 P.M., and 12/17/24 at 2:29 P.M., showed:</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> <li>- A buildup of dirt and debris inside a light fixture cover on the ceiling inside the double-glassed door area at the front entrance of the facility;</li> <li>- A buildup of spider webs on the outside ceiling of the awning at the main entrance of the facility;</li> <li>- A buildup of spider webs on the outside ceiling of the awning at the entrance/exit wooden doors of the secured unit;</li> <li>- A buildup of spider webs on the outside ceiling of the awning at the exit door of the 300 Hall;</li> <li>- A buildup of spider webs on the outside ceiling of the awning at the exit door of the 400 Hall.</li> </ul> <p>Review of the maintenance log, dated 11/25/24 - 12/18/24, showed no areas of concern documented.</p> <p>During an interview on 12/18/24 at 9:52 A.M., Housekeeper A said he/she wrote down any environmental concerns on the maintenance log located at the nurse's station. He/She had written down environmental concerns recently on the maintenance log such as the toilet not working. The Maintenance Supervisor (MS) was responsible for the outside cleaning of the facility.</p> <p>During an interview on 12/18/24 at 10:29 A.M., Housekeeper B said he/she wrote down environmental concerns on the maintenance log and verbally told the MS. He/She hadn't seen anything recently to report to the maintenance department. The MS was responsible for checking the outside environment for any areas needing to be cleaned.</p> <p>During an interview on 12/18/24 at 10:40 A.M., Housekeeper C said he/she wrote down environmental concerns on the maintenance log and verbally told the MS. He/She hadn't seen anything recently to report to the maintenance department. It was the responsibility of the MS to clean the outside of the facility.</p> <p>During an interview on 12/18/24 at 12:21 P.M., the MS said he/she would expect staff to write down any environmental concerns on the maintenance log to be addressed in a timely manner. The MS was responsible for cleaning the outside of the facility.</p> <p>During an interview on 12/18/24 at 3:47 P.M., the Administrator said she would expect staff to write down any environmental concerns down on the maintenance log in addition to verbally telling the MS. The MS was responsible for the maintaining the outside of the facility and the grounds area.</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 26904</p> <p>Based on observation, interview, and record review, the facility failed to implement a care plan with specific interventions to meet individual needs for five residents (Residents #36, #38, #41, #48 and #56) out of 15 sampled residents. The facility census was 60.</p> <p>Review of the facility's policy titled, Comprehensive Person-Centered Care Plans, dated March 2022, showed:</p> <ul style="list-style-type: none"> <li>- A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident;</li> <li>- The interdisciplinary team (IDT), in conjunction with the resident and or his/her family or legal representative, develops and implements a comprehensive, person-centered care plan for each resident;</li> <li>- The care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment;</li> <li>- The comprehensive person-centered care plan describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being;</li> <li>- The IDT reviews and updated the care plan: <ul style="list-style-type: none"> <li>1. When there has been a significant change in the resident's condition;</li> <li>2. When the resident has been readmitted to the facility from a hospital stay and;</li> <li>3. At least quarterly, in conjunction with the required quarterly Minimum Data Set (MDS -a federally mandated assessment completed by facility staff) assessment.</li> </ul> </li> </ul> <p>1. Review of Resident #36's medical record showed:</p> <ul style="list-style-type: none"> <li>- admitted [DATE];</li> <li>- Diagnoses of muscle weakness, chronic obstructive pulmonary disease (COPD - a lung disease which the lungs are damaged), pressure ulcer stage 2 (partial thickness loss of the skin) and a pressure ulcer stage 3 (full-thickness tissue loss where subcutaneous fat is visible within the wound).</li> </ul> <p>Review of the resident's care plan, dated 12/12/24, showed:</p> <ul style="list-style-type: none"> <li>- Did not address the pressure ulcers with interventions.</li> </ul> <p>2. Review of Resident #38's medical record showed:</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- admitted [DATE];</p> <p>- Admission to hospice on 10/07/24;</p> <p>- Diagnoses of Alzheimer's disease (disease that destroys memory and other mental function), major depressive disorder (persistent depressed mood &amp; loss of interest), hypertension (high blood pressure), hypothyroidism (condition where thyroid does not produce enough thyroid hormones), and diabetes mellitus (DM - a condition where the blood sugar gets too high).</p> <p>Review of the resident's care plan, dated 10/21/24, showed:</p> <p>- Did not address the hospice admission with interventions.</p> <p>3. Review of Resident #41's medical record showed:</p> <p>- admitted [DATE];</p> <p>- Admission to hospice on 10/04/24;</p> <p>- Diagnoses of Alzheimer's disease, hyperlipidemia (high cholesterol), generalized anxiety (excessive and persistent worry), psychosis (disorder where you disconnect from reality), hypertension, and hypothyroidism.</p> <p>Review of the resident's care plan, dated 10/11/24, showed:</p> <p>- Did not address the hospice admission with interventions.</p> <p>4. Review of Resident #48's medical record showed:</p> <p>- admitted [DATE];</p> <p>- Admission to hospice on 11/02/24;</p> <p>- Diagnoses of cerebral infarction (disrupted blood flow to the brain), major depressive disorder, hypothyroidism, vascular dementia (disrupted blood flow to brain causes memory problems), atrial fibrillation (irregular heart beat), hemiplegia left side (paralysis), and dysphagia (difficulty swallowing).</p> <p>Review of the resident's care plan, dated 11/08/24, showed:</p> <p>- Did not address the hospice admission with interventions.</p> <p>5. Review of Resident #56's medical record showed:</p> <p>- admitted [DATE];</p> <p>- Diagnoses of COPD, DM, Parkinsonism (condition that causes slowed movements, stiffness, tremors, difficulty with balance and walking), hypertension (persistent elevated blood pressure);</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's Smoking Assessment, dated 09/25/24, showed:</p> <ul style="list-style-type: none"> <li>- IDT determined the resident was safe to smoke without supervision.</li> </ul> <p>Review of the resident's admission MDS, dated [DATE], showed the resident smoked.</p> <p>Review of the resident's care plan, last reviewed on 07/10/24, showed:</p> <ul style="list-style-type: none"> <li>- Resident required supervision while smoking.</li> </ul> <p>During an interview on 12/18/24 at 3:48 P.M., the Administrator said she would expect the care plan to reflect the resident and the care of the resident. She would expect the hospice admission to be reflected on a resident's care plan.</p> <p>45872</p> <p>Surveyor: Levart, [NAME]</p> <p>48532</p> <p>50260</p>

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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>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48532</b></p> <p>Based on interview and record review, the facility failed to obtain a physician order for one hospice (healthcare focused on the quality of life of a terminally ill person) resident (Resident #20) out of three sampled residents and failed to follow insulin (a hormone that helps regulate blood sugar levels by moving glucose from the bloodstream into cells for energy) administration order times for one resident (Resident #31) out of one sampled resident and two residents (Residents #10 and #15 ) outside the sample. The facility census was 60.</p> <p>Review of the facility's policy titled, Hospice Program, revised 2017, showed:</p> <ul style="list-style-type: none"> <li>- Hospice services are available to residents at end of life;</li> <li>- The resident may choose to specify his/her attending physician, or another physician/practitioner, as the hospice attending physician;</li> <li>- Physician certification and recertification of the terminal illness specific to each resident;</li> <li>- Hospice medication information specific to each resident;</li> <li>- Hospice physician and attending physician (if any) orders specific to each resident.</li> </ul> <p>Review of the facility's policy titled, Insulin Administration, dated September 2014, showed:</p> <ul style="list-style-type: none"> <li>- Three characteristics of insulin are: onset of action-how quickly the insulin reaches the bloodstream and begins to lower blood glucose; peak effects- the time when the insulin is at its maximum effectiveness; duration of effects- the length of time during which the insulin is effective;</li> <li>- Types of Insulin: rapid acting-onset of 10-15 minutes with a peak time of 30 minutes-3 hours (hrs.) and a duration of 3-6 hrs.; regular/short-acting-onset of 30 minutes-1 hr with a peak time of 2.5-5 hrs and a duration of 8-12 hrs.; intermediate acting-onset: 1-1.5 hrs. with a peak time of 4-12 hrs. and a duration of 24 hrs.; long acting-onset of 1-2 hrs., with a peak time of up to 8 hrs. and a duration of up to 24 hrs.</li> </ul> <p>1. Review of Resident #10's medical record showed:</p> <ul style="list-style-type: none"> <li>- admitted [DATE];</li> <li>- Diagnoses of systolic congestive heart failure (CHF - an inability of the heart to pump sufficient blood flow to meet the body's needs) and diabetes mellitus (DM - a chronic disease that causes high blood sugar levels);</li> <li>- An order for Novolin R (a short acting insulin) FlexPen 20 unit subcutaneously (injection beneath the skin) before meals, dated 06/27/24.</li> </ul> <p>Review of the resident's Medication Administration Records (MAR), dated December 2024, showed:</p> <p>(continued on next page)</p>		

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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>- On 12/15/24, Novolin R insulin ordered for 7:00 A.M., and administered at 9:22 A.M.;</p> <p>- On 12/15/24, Novolin R insulin ordered for 11:00 A.M., and administered at 12:43 P.M.;</p> <p>- On 12/16/24, Novolin R insulin ordered for 4:00 P.M., and administered at 9:20 P.M.;</p> <p>- On 12/17/24, Novolin R insulin ordered for 11:00 A.M., and administered at 12:30 P.M.,</p> <p>- On 12/17/24, Novolin R insulin ordered for 4:00 P.M., and administered at 8:57 P.M.</p> <p>2. Review of Resident #15's medical record showed:</p> <p>- admitted [DATE];</p> <p>- Diagnoses of dementia (gradual decline of cognitive function), dysphagia (difficulty swallowing) and DM;</p> <p>- An order for Fiasp (a rapid acting insulin) FlexTouch Pen inject as per sliding scale: if BS 151 - 200=4 units, 201-250=6 units, 251-300=8 units; 301-350=10 units; 351-400=12 units, call the physician if BS is over 400, subcutaneously before meals and at bedtime for DM, dated 10/14/24.</p> <p>Review of the resident's MAR, dated December 2024, showed:</p> <p>- On 12/15/24, Fiasp insulin ordered for 7:00 A.M., and administered at 9:23 A.M.;</p> <p>- On 12/15/24, Fiasp insulin ordered at 11:00 A.M., and administered at 12:43 P.M.;</p> <p>- On 12/16/24, Fiasp insulin ordered for 4:00 P.M., and administered at 9:20 P.M.;</p> <p>- On 12/17/24, Fiasp insulin ordered for 11:00 A.M., and administered at 1:10 P.M.;</p> <p>- On 12/17/24, Fiasp insulin ordered for 4:00 P.M., and administered at 8:58 P.M.</p> <p>3. Review of Resident #20's medical record showed:</p> <p>- admitted [DATE];</p> <p>- Diagnoses of Parkinson's Disease (a disease of the central nervous system that affects movement, often including tremors), hypertension (high blood pressure) and osteoarthritis (a type of arthritis marked by cartilage deterioration of the joints and vertebrae);</p> <p>- admitted to hospice on 03/10/24.</p> <p>Review of the resident's December 2024 Physician Order Sheet (POS), showed:</p> <p>- No physician order for hospice services.</p> <p>Review of the resident's Hospice Physician's Order, dated 03/10/24, showed:</p> <p>(continued on next page)</p>

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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>- An order to admit to hospice, not signed and dated by the physician;</p> <p>- The hospice Registered Nurse (RN) signed and dated on 03/10/24.</p> <p>Review of the resident's significant change Minimum Data Set (MDS - a federally mandated assessment instrument completed by the facility staff), dated 03/17/24, showed the resident received hospice services.</p> <p>Review of the resident's care plan, dated 10/03/24, showed:</p> <p>- The resident received hospice services.</p> <p>4. Review of Resident #31's medical record showed:</p> <p>- admitted [DATE];</p> <p>- Diagnoses of hypertensive heart (a heart that has been damaged or weakened over time due to high blood pressure), chronic kidney disease (gradually declining kidney function) and DM;</p> <p>- An order for Fiasp FlexTouch Pen inject as per the sliding scale: if BS 131-180=4 units, 181-240=6 units, 241-300=8 units, 301-350=10 units, 351-400=12 units, if over 400 give 12 units and call the physician, subcutaneously two times a day, dated 4/1/24.</p> <p>Review of the resident's MAR, dated December 2024, showed:</p> <p>- On 12/15/24, Fiasp insulin ordered for 7:00 A.M., and administered at 9:21 A.M.;</p> <p>- On 12/16/24, Fiasp insulin ordered for 4:00 P.M., and administered at 9:16 P.M.;</p> <p>- On 12/17/24, Fiasp insulin ordered for 4:00 P.M., and administered at 8:39 P.M.</p> <p>During an interview on 12/18/24 at 3:40 P.M., the Director of Nursing (DON) said insulin should be administered right before a resident eats a meal.</p> <p>During an interview on 12/18/24 at 3:40 P.M., the Administrator said medications, such as insulin, should be administered 10-15 minutes prior to a resident eating.</p> <p>During an interview on 12/18/24 at 3:47 P.M., the DON said she would expect a resident receiving hospice care to have a physician order for the hospice services.</p> <p>During an interview on 12/18/24 at 3:49 P.M., the Administrator said she would expect a resident to have a physician order for hospice services if a resident was receiving hospice care.</p>

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 26904</p> <p>Based on observation, interview, and record review, the facility staff failed to ensure residents with limited range of motion (ROM) received appropriate treatment and services to increase their ROM and/or prevent a further decrease in their ROM when facility staff failed to perform restorative services as ordered for three residents (Residents #23, #30 and #35) out of four sampled residents. The facility census was 60.</p> <p>Review of the facility's policy titled, Restorative Nursing Services, dated July 2017 showed:</p> <ul style="list-style-type: none"> <li>- Residents will receive restorative nursing care as needed to help promote optimal safety and independence;</li> <li>- Restorative nursing care consists of nursing interventions that may or may not be accompanied by formalized rehabilitative services;</li> <li>- Residents may be started on a restorative nursing program upon admission, during the course of stay or when discharge rehabilitative care;</li> <li>- Restorative goals and objectives are individualized and resident-centered, and are outlined in the resident's plan of care;</li> <li>- Restorative goals may include, but are not limited to supporting and assisting the resident in: <ul style="list-style-type: none"> <li>a. adjusting or adapting to changing abilities;</li> <li>b. developing, maintaining or strengthening his/her physiological and psychological resources;</li> <li>c. maintaining his/her dignity, independence and self-esteem;</li> <li>d. participating in the development and implementation of his/her plan of care.</li> </ul> </li> </ul> <p>1. Review of Resident #23's medical record showed:</p> <ul style="list-style-type: none"> <li>- admitted [DATE];</li> <li>- Diagnoses of generalized muscle weakness, abnormalities of gait and mobility, chronic obstructive pulmonary disease (COPD - a group of lung diseases that causes difficulty breathing, due to damage to the lungs), and low back pain.</li> </ul> <p>Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated comprehensive assessment instrument completed by facility staff), dated 12/04/24, showed:</p> <ul style="list-style-type: none"> <li>- Supervision with self care;</li> </ul> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> <li>- Substantial to maximal assistance with showers;</li> <li>- Impairment to both lower extremities.</li> </ul> <p>Review of the resident's care plan, dated 12/04/24, showed:</p> <ul style="list-style-type: none"> <li>- The resident with weakness and gait/balance impairment, needs help at times to complete care;</li> <li>- Restorative nursing to see the resident three times a week for functional maintenance.</li> </ul> <p>Review of the resident's Physician's Order Sheet (POS), dated December 2024, showed:</p> <ul style="list-style-type: none"> <li>- An order for restorative nursing services to be provided three times weekly for functional maintenance, dated 05/13/24.</li> </ul> <p>Review of the resident's restorative nursing documentation, dated 10/01/24 - 12/17/24 , showed:</p> <ul style="list-style-type: none"> <li>- Restorative nursing three times weekly for functional maintenance;</li> <li>- October 2024 with 10 missed opportunities out of 12 opportunities for restorative services;</li> <li>- November 2024 with six missed opportunities out of 12 opportunities for restorative services;</li> <li>- December 1- 17, 2024 with four missed opportunities out of six opportunities for restorative services.</li> </ul> <p>2. Review of Resident #30's medical record showed:</p> <ul style="list-style-type: none"> <li>- admitted [DATE];</li> <li>- Diagnoses of osteoarthritis, generalized muscle weakness, respiratory failure, and chronic kidney disease (progressive loss of kidney function).</li> </ul> <p>Review of the resident's quarterly MDS, dated [DATE], showed:</p> <ul style="list-style-type: none"> <li>- Dependent for all activities daily living (ADL's) and self care;</li> <li>- Impairment to both sides both upper and lower extremities.</li> </ul> <p>Review of the resident's care plan, dated 11/27/24, showed:</p> <ul style="list-style-type: none"> <li>- Restorative nursing to see the resident three times a week for functional maintenance.</li> </ul> <p>Review of the residents POS, dated December 2024, showed:</p> <ul style="list-style-type: none"> <li>- An order for restorative nursing to be provided three times weekly for functional maintenance, dated 06/14/24.</li> </ul> <p>(continued on next page)</p>

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's restorative nursing documentation, dated 09/12/24 - 12/17/24 , showed:</p> <ul style="list-style-type: none"> <li>- Restorative nursing three times weekly for functional maintenance;</li> <li>- October 2024 with nine missed opportunities out of 12 opportunities for restorative services;</li> <li>- November 2024 with five missed opportunities out of 12 opportunities for restorative services;</li> <li>- December 1-17, 2024 with four missed opportunities out of six opportunities for restorative services.</li> </ul> <p>3. Review of Resident 35's medical record showed:</p> <ul style="list-style-type: none"> <li>- admitted [DATE];</li> <li>- Diagnoses of dementia (a disorder marked by memory loss, personality changes, and impaired reasoning that interferes with daily functioning), type II diabetes mellitus (DM - a condition that affects the way the body processes blood sugar) and cerebral infarction (stroke).</li> </ul> <p>Review of the resident's quarterly MDS, dated [DATE], showed:</p> <ul style="list-style-type: none"> <li>- Dependent for all ADL's and self care;</li> <li>- Impairment to both lower extremities.</li> </ul> <p>Review of the resident's care plan, dated 11/12/24, showed:</p> <ul style="list-style-type: none"> <li>- Restorative nursing to see the resident three times a week for functional maintenance.</li> </ul> <p>Review of the resident's POS, dated December 2024, showed an order for restorative nursing to see the resident three times weekly for functional maintenance, dated 6/13/24.</p> <p>Review of the resident's restorative nursing documentation, dated 10/01/24 - 12/17/24, showed:</p> <ul style="list-style-type: none"> <li>- Restorative nursing three times weekly for functional maintenance;</li> <li>- October 2024 with six missed opportunities out of 15 opportunities for restorative services;</li> <li>- November 2024 with three missed opportunities out of 12 opportunities for restorative services;</li> <li>- December 1-17, 2024 with four missed opportunities out of six opportunities for restorative services.</li> </ul> <p>During an interview on 12/17/24 at 11:15 A.M., Restorative Nurse Aide (RNA) E said he/she was on transports at times when the transported residents required a two-person assist. The RNA said he/she was pulled to do showers and work the floor at times also,</p> <p>(continued on next page)</p>

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview of 12/18/24 at 3:45 P.M., the Director of Nursing (DON) said she would expect the residents that have orders for restorative nursing to receive what was ordered.</p> <p>During an interview on 12/18/24 at 3:46 P.M., the Administrator said she would expect restorative services to be completed. She thought the RNA did restorative services when he/she was pulled to do showers but didn't know if it was documented or not.</p> <p>45872</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>50260</p> <p>Based on observation, interview, and record review, the facility failed to label and date food, follow use by dates and record daily freezer temperatures, increasing the risk of cross-contamination and food-borne illness. These deficient practices had the potential to affect all residents. The facility census was 60.</p> <p>Review of the facility's policy titled, Refrigerators and Freezers, revised November 2022, showed;</p> <ul style="list-style-type: none"> <li>- Monthly tracking sheets for all refrigerators and freezers are posted to record temperatures;</li> <li>- Tracking sheets include time, temperature, initials, and action taken if needed;</li> <li>- Food service supervisors or designated employees check and record temperatures daily with first opening and at closing in the evening;</li> <li>- All food is appropriately dated to ensure proper rotation by expiration date. Use by dates are completed with expiration dates on all prepared food in refrigerators. Expiration dates on unopened food are observed and use by dates are indicated once food is opened;</li> <li>- Supervisors are responsible for ensuring food items in pantry, refrigerators, and freezers are not past the use by or expiration dates. Supervisors should contact vendors or manufacturers when expiration dates are in question.</li> </ul> <p>1. Observation of the stand-up refrigerator on 12/15/24 at 9:33 A.M., showed:</p> <ul style="list-style-type: none"> <li>- Two sausage biscuits wrapped in plastic wrap with no label or date;</li> <li>- A plastic container of soup with no label and dated 12/08/24.</li> </ul> <p>2. Observation of the walk-in refrigerator on 12/15/24 at 9:39 A.M., showed:</p> <ul style="list-style-type: none"> <li>- A plastic bag of ham with no label or date.</li> </ul> <p>3. Observation of the walk-in freezer on 12/15/24 at 9:43 A.M., showed:</p> <ul style="list-style-type: none"> <li>- A bag of opened sausage patties in an open box exposed to the air, with no label or date.</li> </ul> <p>4. Observation of the back storage room on 12/15/24 at 10:06 A.M., showed:</p> <ul style="list-style-type: none"> <li>- Two bags of opened riblet patties in the bottom drawer with no label or date;</li> <li>- The chest freezer temperature log with no documented temperatures for 12/13/24-12/15/24.</li> </ul> <p>5. Observation of the triple sink in the kitchen on 12/15/24 at 10:15 A.M., showed:</p> <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> <li>- A large metal baking pan sat on the floor catching the dripping water from the pipes under the triple sink.</li> </ul> <p>6. Observation of the chest freezer in the kitchen on 12/15/24 at 10:06 A.M., showed;</p> <ul style="list-style-type: none"> <li>- A bag of frozen biscuits opened and exposed to the air, with no label and no date;</li> <li>- An opened bag of frozen okra with no label and no date;</li> <li>- The chest freezer temperature log with no documented temperatures for 12/08/24-12/15/24.</li> </ul> <p>7. Observation of the walk-in refrigerator on 12/16/24 at 8:48 A.M., showed;</p> <ul style="list-style-type: none"> <li>- A large storage container labeled weenies and with a use by date of 12/15/24.</li> </ul> <p>During an interview on 12/16/24 at 8:58 A.M., the Dietary Manager (DM) said he/she expected staff to check the temperatures every shift and he/she checked them daily. The DM was aware there were some temperatures missing. When food was opened, it should be labeled and dated with a use by date. The pan under the triple sink holding the leaking water had been there since he/she started around March 2024. Maintenance had tried to correct it but it continued to leak.</p> <p>During an interview on 12/18/24 at 2:35 P.M., Dietary Staff A said when food was opened it should be labeled and dated with a use by date. All staff was responsible for checking the food to make sure the food was dated and temperature logs were completed. The metal pan under the triple sink had been there holding water for at least four months.</p> <p>During an interview on 12/18/24 at 2:38 P.M., Dietary Staff B said when food was opened, staff should write the date, a use by date, and label what the food was. The dietary aides were responsible for checking the temperature logs for the chest freezer in the kitchen and the freezers in the back storage room. He/She was unsure about the metal pan holding water under the sink.</p> <p>During an interview on 12/18/24 at 3:44 P.M., the Administrator said she would expect staff to be labeling food items when opened and checking the expiration dates. The temperature logs should be filled out daily according to the policy. She was unsure about the metal pan being used to catch the leaking water.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>50260</p> <p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and record review, the facility failed to implement proper infection control practices when staff were accessing and administering medications through a peripherally inserted central catheter (PICC - a thin, soft, flexible tube that is placed in a vein that leads to the heart) for one resident (Resident #36) out of one sampled resident. The facility failed to implement enhanced barrier precautions (EBP) and failed to use proper hand hygiene during incontinent care and catheter (a flexible tube placed in the bladder to drain urine) care for two residents (Residents #38 and #48) out of four sampled residents. The facility also failed to store biohazard waste properly when the red biohazard a biological substance that poses a threat to the health of living organisms, primarily that of humans) bags sat on the resident's room floor and trash protruded out of the barrels. This deficient practice had the potential to affect all residents in the facility. The facility census was 60.</p> <p>Review of the facility's policy titled, Peripheral and Midline Intravenous (IV) Catheter Flushing and Locking, dated October 2024, showed:</p> <ul style="list-style-type: none"> <li>- Flushing to maintain patency of the catheter:             <ol style="list-style-type: none"> <li>1. Assemble supplies, which includes 10 milliliter (ml) barrel syringe with preservative, medication to be administered, disinfecting wipes, and non-sterile gloves;</li> <li>2. Perform hand antisepsis. Put on non-sterile gloves;</li> <li>3. Disinfect needleless access device (end cap, access port) with disinfecting wipe for at least 15 seconds. Allow to air dry completely;</li> <li>4. Attach prefilled saline syringe to the needleless access device.</li> </ol> </li> </ul> <p>Review of the facility's policy titled, Enhanced Barrier Precautions, dated August 2022, showed:</p> <ul style="list-style-type: none"> <li>- Enhanced barrier precautions are used as an infection prevention and control intervention to reduce the spread of multi-drug resistant organisms to the residents;</li> <li>- EBPs employ target gown and glove use during high contact resident care activities when contact precautions do not otherwise apply;</li> <li>- Gloves and gowns are applied prior to performing the high contact resident care activities (as opposed to before entering the room);</li> <li>- Examples of high-contact care activities requiring the use of gown and gloves for EBPs include:             <ol style="list-style-type: none"> <li>1. Changing briefs or assisting with toileting;</li> <li>2. Device care or use (central line, urinary catheter) and wound care (any skin opening requiring a dressing);</li> </ol> </li> </ul> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> <li>- EBPs are indicated for residents with wounds and/or indwelling medical devices regardless of colonization;</li> <li>- Signs are posted on the door or wall outside the resident's room indicating the type of precautions and personal protective equipment (PPE) required;</li> <li>- PPE is available outside of the resident rooms.</li> </ul> <p>1. Observation on 12/15/24 at 10:35 A.M., of Resident #36's room showed:</p> <ul style="list-style-type: none"> <li>- EBP signage on the resident's door;</li> <li>- A red biohazard bags sat in the floor, an IV pole sat in the room, and a urinary catheter drainage bag hung on the side of the bed;</li> <li>- No EBP supplies.</li> </ul> <p>Observation of the resident's room on 12/15/24 at 12:20 P.M., showed:</p> <ul style="list-style-type: none"> <li>- The red biohazard bags were placed in a covered upright barrel.</li> </ul> <p>During an interview on 12/18/24 at 3:50 P.M., the Administrator said she would expect the biohazard bags to be in a barrel.</p> <p>During an interview on 12/24/24 at 9:08 A.M., Registered Nurse (RN) D said staff should empty the biohazard barrels when they were two-thirds full. The trash should not have been out of the barrel.</p> <p>When accessing a PICC line, he/she would remove the cap, scrub the hub for 15 seconds with an antiseptic, and let the hub air dry before connecting anything to the PICC line. When disconnecting the tubing from the PICC line, he/she would scrub the hub again and place a cap on the end.</p> <p>2. Observation on 12/17/24 at 9:06 A.M., of Resident #36's PICC line access care showed:</p> <ul style="list-style-type: none"> <li>- EBP signage on the resident's door;</li> <li>- RN D put on a gown, performed hand hygiene, and put on gloves;</li> <li>- RN D disconnected the IV tubing from the PICC line access;</li> <li>- The male end of the PICC line hub lay on the resident's gown sleeve;</li> <li>- RN D attached the syringe to the hub without using an antiseptic agent before placing the lock cap;</li> <li>- The biohazard barrels were full and trash hung outside the barrel and the lid did not close.</li> </ul> <p>3. Observation of Resident #38's incontinent care on 12/17/24 at 3:31 P.M., showed;</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> <li>- Certified Nurse Assistant (CNA) F and CNA G entered the resident's room;</li> <li>- CNA F and CNA G did not perform hand hygiene and applied gloves;</li> <li>- CNA G removed the trash can from the resident's floor and placed it on the resident's bed during incontinent care;</li> <li>- CNA G cleaned the resident's peri area, did not perform hand hygiene, did not change gloves, and touched the resident's bed linens;</li> <li>- CNA F completed the incontinent care, changed gloves, and did not perform hand hygiene;</li> <li>- CNA G did not change gloves, did not perform hand hygiene, and adjusted the resident's head;</li> <li>- CNA F and CNA G removed the gloves, did not perform hand hygiene, picked up the trash from the incontinent care, and exited the room.</li> </ul> <p>4. Observation of Resident #48's catheter care on 12/17/24 at 3:42 P.M., showed;</p> <ul style="list-style-type: none"> <li>- EBP signage and personal protective equipment (PPE) hung on the outside of the room door;</li> <li>- CNA F entered the the resident's room and did not perform hand hygiene, did not put on gloves, did not put on a gown, and entered the resident's room;</li> <li>- CNA F did not perform hand hygiene and put on gloves;</li> <li>- CNA F removed the residents bedding and brief, changed gloves, and did not perform hand hygiene;</li> <li>- CNA F performed catheter care, did not change gloves, did not perform hand hygiene, pulled the resident's pants up, and adjusted the resident's bed linens and the resident's head;</li> <li>- CNA F removed the gloves and did not perform hand hygiene.</li> </ul> <p>During an interview on 12/27/24 at 2:31 P.M., CNA F said he/she did not normally do hand hygiene in between glove changes during incontinent care or catheter care. Gloves should be removed after care and before touching a resident or the bed linens. At no time during care should the trash can be placed on a resident's bed. CNA F was not familiar with EBP and did not normally wear a gown when providing catheter care.</p> <p>During an interview on 12/27/24 at 2:35 P.M., CNA G said he/she would normally change gloves after care and before touching a resident or the bed linens. He/She did normally do hand hygiene before care and in between glove changes, and he/she would not normally set the trash can on a resident's bed.</p> <p>During an interview on 12/18/24 at 3:44 P.M., the Director of Nursing (DON) said she would expect staff to perform hand hygiene before care, after glove changes, and after care. She would not expect staff to place the trash can on the bed during incontinent care. All staff should be following BP.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 12/18/24 at 3:50 P.M., the Administrator said she expected staff to wash hands before care, after glove changes, and after care. She would not expect the trash can to be placed on the bed during care, and all staff should follow EBP.</p> <p>During an interview on 12/27/24 at 10:32 A.M., the Administrator said she would expect staff to follow the facility policy in regards to medications being administered by the PICC line.</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48532</b></p> <p>Based on interview and record review, the facility failed to document pertinent education provided to the residents or the resident's representative regarding benefits, side effects or warnings of the influenza (a viral respiratory infection) and/or the pneumococcal (an infectious lung disease) vaccine for four residents (Residents #7, #21, #30, and #56) out of five sampled residents. The facility's census was 60.</p> <p>Review of the facility's policy titled, Vaccination of Resident, revised October 2019, showed:</p> <ul style="list-style-type: none"> <li>- Prior to the vaccination, the resident (or resident's legal representative) will be provided information and education regarding the benefits and potential side effects of the vaccinations. Provision of such education shall be documented in the resident's medical record;</li> <li>- If vaccines are refused, the refusal shall be documented in the resident's medical record.</li> </ul> <p>1. Review of Resident #7's medical record showed:</p> <ul style="list-style-type: none"> <li>- admitted [DATE];</li> <li>- Influenza vaccine administered on 10/04/24;</li> <li>- No documentation the facility provided information and education to the resident or the resident's representative of the influenza vaccine.</li> </ul> <p>2. Review of Resident #21's medical record showed:</p> <ul style="list-style-type: none"> <li>- admitted [DATE];</li> <li>- Influenza vaccine refused on 10/04/24;</li> <li>- No documentation the facility provided information and education to the resident or the resident's representative of the influenza vaccine.</li> </ul> <p>3. Review of Resident #30's medical record showed:</p> <ul style="list-style-type: none"> <li>- admitted [DATE];</li> <li>- Influenza vaccine administered on 10/04/24;</li> <li>- No documentation the facility provided information and education to the resident or the resident's representative of the influenza vaccine.</li> </ul> <p>4. Review of Resident #56's medical record showed:</p> <ul style="list-style-type: none"> <li>- admitted [DATE];</li> </ul> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265409	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/18/2024
NAME OF PROVIDER OR SUPPLIER  Gideon Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  300 Lunbeck Gideon, MO 63848	

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 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Influenza vaccine administered on 10/04/24;</p> <p>- No documentation the facility provided information and education to the resident or the resident's representative of the influenza vaccine.</p> <p>During an interview on 12/18/24 at 9:53 A.M., the Assistant Director of Nursing (ADON) said the facility did not document in the medical record of providing the education on vaccines to the residents or the resident's representative.</p> <p>During an interview on 12/18/24 at 3:40 P.M., the Director of Nursing (DON) said the facility should be educating the resident and/or resident's representative of risks and benefits of vaccines prior to administering.</p>