

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265433	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/17/2025
NAME OF PROVIDER OR SUPPLIER Lincoln County Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 1145 East Cherry Street Troy, MO 63379	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46506</p> <p>Based on observation, interview, and record review, the facility failed to ensure staff provided the necessary care and services to maintain comfortable positioning in bed for one resident (Resident #4), nail care for one resident (Resident #10) and bathing for three residents (Resident#1, #5, and #14) who required assistance to perform their activities of daily living, in a review of 14 sampled residents. The facility census was 71.</p> <p>Review of the facility's Bath (Bed) policy, undated showed care of fingernails is part of the bath, be certain nails are clean, and licensed nurses cut fingernails of diabetic residents.</p> <p>1. Review of Resident #4's undated face sheet, showed the following:</p> <ul style="list-style-type: none"> -The resident admitted on [DATE]; -Diagnoses included flaccid hemiplegia affecting left dominant side (the left side of the body is completely limp and unable to move effectively) caused by a stroke. <p>Review of the resident's baseline care plan, dated 1/8/25, showed the following:</p> <ul style="list-style-type: none"> -The resident was cognitively intact; -He/She had disease management concerns of diabetes (chronic condition that occurs when the pancreas can no longer make insulin, or the body cannot effectively use insulin), hypertension (high blood pressure), weakness, post cerebrovascular accident (CVA; stroke) and psychiatric illness; -He/She required assistance of two staff members for bed mobility and transfer; -Assist with activities of daily living care (ADL) as needed to promote health, hygiene, and safety; -Always incontinent of bladder and bowel; -The resident was unable to manage own toileting functions and required all cares to be provided by staff; <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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-The resident will receive cares necessary to maintain hygiene, promote dignity, and avoid skin breakdown;</p> <p>-He/She used incontinence briefs and pads.</p> <p>Review of the resident's nurse's note, dated 12/31/24 at 1:01 A.M., showed the following:</p> <p>-The resident admitted post cerebrovascular accident (CVA, stroke);</p> <p>-Able to make some needs known, the resident speaks rapidly and at times had difficulty expressing needs;</p> <p>-Flaccid from the CVA on the left side;</p> <p>-Dependent on staff for activities of daily living (ADL) required a mechanical lift with transfers, and needed supervision and reminders with eating and completing tasks;</p> <p>-Incontinent of bladder.</p> <p>Observation on 1/16/25 at 11:00 A.M., showed the following:</p> <p>-The resident lay in bed, wearing a facility gown with the head of bed elevated. The resident slid down in bed, his/her legs hung off the foot of the bed, the resident's neck was located in the bed at the angle in the middle of the bed (head of bed raised and foot of bed flat);</p> <p>-A urinal with urine in it sat on the overbed table;</p> <p>-A towel in the bed that the resident rubbed on his/her abdomen.</p> <p>Observation on 1/16/25 at 12:15 P.M., showed the following:</p> <p>-The resident lay in bed on his/her right side on the flat section in the middle of the bed, the head of the bed remained elevated;</p> <p>-His/her legs continued to hang off the foot of the bed;</p> <p>-A Certified Medication Technician (CMT) entered the room and administered medications to the resident's roommate. When finished the CMT emptied the resident's urinal. The towel remained on the resident's bed;</p> <p>-The CMT left the room without repositioning the resident.</p> <p>During an interview on 1/16/25 at 12:15 P.M., the resident said the following:</p> <p>-He/She was not comfortable and felt cramped up;</p> <p>-The staff gave him/her the towel to clean up urine if the urinal spilled;</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-The resident was cognitively intact;</p> <p>-He/She required supervision from staff with bathing.</p> <p>Review of the resident's care plan, dated 12/19/24, showed the following:</p> <p>-The resident had minimal deficits in ADLs related to minimal weakness, but usually independent in all ADLs;</p> <p>-Determine his/her preferences for shower days to assure the staff were meeting the resident's needs</p> <p>Review of the resident's shower sheets, dated 11/3/24 through 1/15/25, showed the following:</p> <p>-The resident's shower days were Wednesdays and Saturdays;</p> <p>-The staff assisted the resident with a shower on 11/11/24, seven days from the previous shower;</p> <p>-The staff assisted the resident with a shower on 11/20/24, nine days from the previous shower;</p> <p>-The staff assisted the resident with a shower on 12/21/24;</p> <p>-The staff assisted the resident with a shower on 12/28/24, seven days from the previous shower;</p> <p>-The staff assisted the resident with a shower on 1/1/25;</p> <p>-The staff assisted the resident with a shower on 1/8/25, seven days from the previous shower.</p> <p>During an interview on 1/16/25 at 11:30 A.M., the resident said the following:</p> <p>-He/She did not always get a bath twice a week, he/she was lucky to get a bath once a week;</p> <p>-He/She wanted to have two showers a week.</p> <p>4. Review of Resident #5's care plan, updated 12/10/24, showed the following:</p> <p>-The resident had limited mobility due to hemiplegia and hemiparesis (hemiplegia refers to a severe or complete loss of strength, whereas hemiparesis refers to a relatively mild loss of strength) following a stroke affecting right side;</p> <p>-The resident preferred showers to bed baths and will receive showers twice weekly.</p> <p>Review of the resident's quarterly MDS, dated [DATE], showed the following:</p> <p>-The resident had modified independent cognitive skills for daily decision making;</p> <p>-He/She required moderate assistance with bathing.</p> <p>(continued on next page)</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Staff showered the resident on 11/20/24, seven days since the previous shower;</p> <p>-Staff showered the resident on 11/27/24, seven days since previous shower;</p> <p>-Staff showered the resident on 12/4/24, seven days since previous shower;</p> <p>-Staff showered the resident on 12/18/24, 14 days since the previous shower;</p> <p>-Staff showered the resident on 12/29/24, eleven days since previous shower;</p> <p>-Staff showered the resident on 1/1/25;</p> <p>-Staff showered the resident on 1/11/25, ten days since the previous shower.</p> <p>Observation on 1/16/25 at 3:10 P.M., showed the following:</p> <p>-The resident self-propelled the wheelchair down the hallway;</p> <p>-His/Her hair was disheveled and oily.</p> <p>During an interview on 1/16/25 at 3:10 P.M., the resident said he/she did not get a shower twice a week, but did not complain because the staff were busy.</p> <p>During an interview on 1/16/25 at 2:20 P.M., Nurse Aide (NA) C said the following:</p> <p>-Resident showers were often missed;</p> <p>-He/She had difficulty keeping up with brushing hair, brushing teeth and providing incontinence care while making sure all the residents got up in the morning and before meals.</p> <p>During an interview on 1/16/25 at 3:30 P.M., Certified Nurse Aide (CNA) D said the following:</p> <p>-When a resident refused to take a shower/bath, staff were supposed to ask again later on in the shift;</p> <p>-A different staff member should offer the resident a shower/bath because sometimes a resident would refuse for some staff but liked other staff members better;</p> <p>-Staff could offer to give the shower/bath on the next shift or another day.</p> <p>During an interview on 1/16/25 at 12:45 P.M., Licensed Practical Nurse (LPN) A said the following:</p> <p>-Staff are supposed to give residents a shower twice a week;</p> <p>-The aide scheduled on the hall was responsible for making sure the showers were done.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 1/16/25 at 1:12 P.M., LPN B said when a resident refused a bath or shower, staff were supposed to ask again during the shift and have a different staff member approach the resident about a shower/bath.</p> <p>During an interview on 1/16/25 at 4:00 P.M., the Assistant Director of Nursing (ADON) said the following:</p> <ul style="list-style-type: none"> -He/She collected shower sheets; -If he/she was aware showers/baths were not completed or offered, it should have been addressed with the staff to ensure the showers/baths were completed. <p>During an interview on 1/23/25 at 9:55 A.M., the Director of Nursing said the following:</p> <ul style="list-style-type: none"> -Staff were supposed to shower/bath residents twice a week; -For the most part, there was enough staff to complete showers/baths; -The Assistant Director of Nursing tracked the shower sheets; -The staff were supposed to check incontinent residents every two hours; -If a staff member saw a resident needed to be repositioned, staff should reposition or ask for help to reposition a resident; -Staff should check resident fingernails on their shower day and as needed. <p>MO247389</p> <p>MO248026</p>

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46506</p> <p>Based on observation, interview, and record review, the facility failed to provide sufficient staffing to meet residents' needs, including bathing for three residents (Resident #14, #5, and #1), in a review of 14 sampled residents. The facility census was 71.</p> <p>Review of an email from the Administrator on 1/23/25 showed the facility did not have a policy on staffing.</p> <p>1. Review of the facility assessment, dated 7/1/24, showed the following:</p> <ul style="list-style-type: none"> -The facility had an average daily census of 60; -Forty residents required assistance of one to two staff with bathing; -Eighteen residents were dependent on staff for bathing: -Twenty-four residents required assistance of one to two staff for transfers; -Fourteen residents were dependent on staff for transfers; <p>-Based on the average census of sixty, the staffing criteria was 112 certified nurse aide (CNA) hours per day.</p> <p>2. Review of the facility's daily staffing sheets, dated 12/26/24 through 1/15/2025, showed the following:</p> <ul style="list-style-type: none"> -On 12/29/24 the census was 68, the CNA hours totaled 84 hours, 28 hours less than the criteria listed in the facility assessment; -On 12/30/24 the census was 68, the CNA hours totaled 101 hours, 11 hours less than the criteria listed in the facility assessment; -On 12/31/24 the census was 68, the CNA hours totaled 104 hours, eight hours less than the criteria listed in the facility assessment; -On 1/1/25 the census was 69, the CNA hours totaled 98 hours, 14 hours less than the criteria listed in the facility assessment; -On 1/2/25 the census was 69, the CNA hours totaled 80 hours, 32 hours less than the criteria listed in the facility assessment; -On 1/3/25 the census was 69, the CNA hours totaled 104 hours, eight hours less than the criteria listed in the facility assessment;; <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-On 1/4/25 the census was 69, the CNA hours totaled 80 hours, 32 hours less than the criteria listed in the facility assessment;</p> <p>-On 1/5/25 the census was 69, the CNA hours totaled 96 hours, 16 hours less than the criteria listed in the facility assessment;</p> <p>-On 1/6/25 the census was 69, the CNA hours totaled 68 hours, 44 hours less than the criteria listed in the facility assessment;</p> <p>-On 1/7/25 the census was 69, the CNA hours totaled 105 hours, seven hours less than the criteria listed in the facility assessment;</p> <p>-On 1/8/25 the census was 69, the CNA hours totaled 93.5 hours, 18.5 hours less than the criteria listed in the facility assessment;</p> <p>-On 1/11/25 the census was 69, the CNA hours totaled 88 hours, 24 hours less than the criteria listed in the facility assessment;</p> <p>-On 1/12/25 the census was 69, the CNA hours totaled 96 hours, 16 hours less than the criteria listed in the facility assessment;</p> <p>-On 1/13/25 the census was 69, the CNA hours totaled 82 hours, 30 hours less than the criteria listed in the facility assessment;</p> <p>-On 1/14/25 the census was 69, the CNA hours totaled 98 hours, 14 hours less than the criteria listed in the facility assessment;</p> <p>-On 1/15/25 the census was 70, the CNA hours totaled 84 hours, 28 hours less than the criteria listed in the facility assessment.</p> <p>3. Review of Resident #14's Care Plan, updated 8/13/24, showed the following:</p> <p>- The resident displayed signs of moderate dementia sequencing and steps of tasks if asked to deliberately perform, i.e., dressing and showers;</p> <p>-The staff provided cues and supervision for tasks which required numerous steps if he/she appears confused or stressed.</p> <p>Review of the resident's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument required to be completed by facility staff, dated 11/26/24, showed the following:</p> <p>-The resident was cognitively intact;</p> <p>-He/She required moderate assistance with showering.</p> <p>Review of the resident's shower sheets, dated 11/3/24 through 1/15/25, showed the following dates when staff provided showers for the resident:</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-The resident's shower days were Wednesdays and Saturdays;</p> <p>-No documentation the resident received a shower from 11/3/24 through 11/12/24, nine days;</p> <p>-11/13/24;</p> <p>-11/20/24, seven days since the previous shower;</p> <p>-11/27/24, seven days since previous shower;</p> <p>-12/4/24, seven days since previous shower;</p> <p>-12/18/24;</p> <p>-12/29/24, eleven days since previous shower;</p> <p>-1/1/25;</p> <p>-1/11/25, ten days since previous shower.</p> <p>Observation on 1/16/25 at 3:10 P.M., showed the following:</p> <p>-The resident self-propelled the wheelchair down the hallway;</p> <p>-His/Her hair was disheveled and oily.</p> <p>During an interview with the resident on 1/16/25 at 3:10 P.M., the resident said he/she did not get a shower twice a week, but he/she did not complain because the staff were busy.</p> <p>4. Review of Resident #5's Care Plan, updated 12/10/24, showed the following:</p> <p>-The resident had limited mobility due to hemiplegia and hemiparesis (Hemiplegia refers to a severe or complete loss of strength, whereas hemiparesis refers to a relatively mild loss of strength) following cerebral vascular accident (CVA, stroke) affecting the right side;</p> <p>-The resident preferred showers to bed baths and will receive showers twice weekly.</p> <p>Review of the resident's quarterly MDS, dated [DATE], showed the following:</p> <p>-The resident had modified cognitive skills for daily decision making;</p> <p>-He/She required moderate assistance with bathing.</p> <p>Review of the resident's shower sheets, dated 11/3/24 through 1/15/25, showed the following dates staff provided the resident a shower:</p> <p>-The resident's shower days were Tuesdays and Fridays;</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-11/25/24;</p> <p>-Staff offered but the resident refused a shower on 12/9/24, 14 days since last shower;</p> <p>-12/23/24, 14 days since the resident's last shower;</p> <p>-Staff offered the resident a shower on 12/26/24, but he/she refused;</p> <p>-Staff offered the resident a shower on 12/30/24, but he/she refused;</p> <p>-Staff offered but the resident refused a shower on 1/13/25, 14 days since staff offered the resident a shower.</p> <p>Observation on 1/16/25 at 10:45 A.M., showed the resident lay in bed with eyes closed, his/her hair was disheveled and oily.</p> <p>During an interview with Resident #6 (Resident #5's roommate) on 1/16/25 at 10:45 A.M., he/she said the following:</p> <p>-Resident #5 usually received one shower a week because the facility was short staffed;</p> <p>-When Resident #5 started to smell from across the room, Resident #6 and the staff Resident #5 liked, convinced him/her into taking a bath.</p> <p>5. Review of Resident #1's quarterly MDS, dated [DATE], showed the following:</p> <p>-The resident was cognitively intact;</p> <p>-He/She required supervision from staff with bathing.</p> <p>Review of the resident's Care Plan, dated 12/19/24, showed the following:</p> <p>-The resident had minimal deficits in ADLs related to minimal weakness, but was usually independent in all ADLs;</p> <p>-Determine his/her preferences for shower days to assure the staff were meeting the resident's needs</p> <p>Review of the resident's shower sheets, dated 11/3/24 through 1/15/25, showed staff showered the resident on the following dates:</p> <p>-The resident's shower days were Wednesdays and Saturdays;</p> <p>-No documentation staff offered or provided a shower to the resident from 11/3/24 through 11/10/24 (nine days);</p> <p>-11/11/24;</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265433	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/17/2025
NAME OF PROVIDER OR SUPPLIER Lincoln County Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 1145 East Cherry Street Troy, MO 63379	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-11/20/24, nine days from the previous shower;</p> <p>-12/21/24;</p> <p>-12/28/24, seven days from the previous shower;</p> <p>- 1/1/25;</p> <p>-1/8/25, seven days from the previous shower.</p> <p>During an interview on 1/16/25 at 11:30 A.M., the resident said the following:</p> <p>-He/She did not always get a bath twice a week, he/she was lucky to get a bath once a week;</p> <p>-He/She wanted two showers a week.</p> <p>6. During an interview on 1/16/25 at 2:20 P.M., Nurse Aide (NA) C said the following:</p> <p>-There was not enough staff to get everything done;</p> <p>-Showers were missed;</p> <p>-He/She had difficulty keeping up with brushing hair, brushing teeth, providing incontinence care while making sure all the residents got up in the morning and before meals.</p> <p>During an interview on 1/16/25 at 1:12 P.M., LPN B said the following:</p> <p>-There was not enough staff to get showers done, especially since the facility cut agency staffing;</p> <p>-The residents were lucky if they received two showers a week;</p> <p>-The facility had four certified nurse aides (CNA) for four halls with some residents requiring two staff members assistance;</p> <p>-Evening shift was the worst with staffing.</p> <p>During an interview on 1/23/25 at 8:56 A.M., the Assistant Director of Nursing said the following:</p> <p>-He/She had difficulty filling open slots on the nursing schedule at times;</p> <p>-The staff member on-call covered when a staff member called off or did not show up for the shift, however, if the on-call staff was already in the building for several hours, then another staff member covered;</p> <p>-He/She did not know the hours per day per discipline required on the facility assessment.</p> <p>During an interview on 1/23/25 at 9:55 A.M., the Director of Nursing said the following:</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-She assisted the Staffing/Wound Nurse and Assistant Director of Nursing with the schedule;</p> <p>-The issue was multiple staff calling off;</p> <p>-There were four nursing administrative staff to cover openings in the schedule, the Assistant Director of Nursing, Staffing/Wound Nurse, MDS Coordinator, and herself;</p> <p>-She did not know the hours per discipline needed to care for 60 residents as listed on the facility assessment until recently.</p> <p>During an interview on 1/17/25 at 9:53 A.M., the Administrator said the following:</p> <p>-The Director of Nursing, Assistant Director of Nursing, and Staffing/Wound Nurse worked together to make the nursing schedule;</p> <p>-Her expectation was enough nursing staff be scheduled to provide quality care to the residents;</p> <p>-She was not sure if the Staffing/Wound Nurse, Assistant Director of Nursing or Director of Nursing, who were responsible for staffing, knew the number of hours needed per discipline according to the facility assessment.</p> <p>MO247389</p> <p>MO248026</p>