STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265479	A. Building B. Wing	04/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sikeston Convalescent Center	103 Kennedy Drive Sikeston, MO 63801

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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to store and distribute food under sanitary conditions, increasing the risk of cross-contamination and food-borne illness. These deficient practices had the potential to affect all residents. The facility census was 64.Review of the facility's policy titled, Sanitization, revised November 2022, showed:- The food service area is maintained in a clean and sanitary manner;- All utensils, counters, shelves, and equipment are kept clean, maintained in good repair and are free from breaks, corrosions, open seams, cracked and chipped areas that may affect their use or proper cleaning;- All equipment, food contact surfaces, and utensils are cleaned and sanitized;- The policy did not address refrigerator and/or freezer defrosting. Review of the facility's policy titled, Food Receiving and Storage, revised November 2022, showed:- Foods shall be received and stored in a manner that complies with safe food handling practices;- Dry foods and goods are handled and stored in a manner that maintains the integrity of the package until they are ready for use;- Dry foods that are stored in bins are removed from original packaging, labeled and dated, (use-by date). Such foods are rotated using a first in - first out system;- All foods stored in the refrigerator or freezer are covered, labeled and dated (use by date);- Refrigerated foods, are labeled, dated, and monitored so they are used by their use-by date, frozen, or discarded. 1. Observation on 03/31/26 at 9:44 A.M., and 04/01/26 at 8:53 A.M., of the walk-in freezer next to the five-shelf metal rack showed:- Two uncovered glasses of milk not labeled or dated;- A bag of shredded cheese not labeled or dated;- A rubber seal around the door frame unattached and hung loose. 2. Observation on 03/31/26 at 9:51 A.M., and 04/01/26 at 8:59 A.M., of the dishwashing machine showed:- Three worn scour pads lay on top;- A dirty squeegee lay on top;- An open bottle of testing strips lay sideways on top;- A buildup of a hard white substance on the top and side surfaces. 3. Observation on 03/31/26 at 9:59 A.M., and 04/01/26 at 9:06 A.M., of the kitchen floors showed:- Dirt and debris under the steam table;- Dirt and debris under a table with a coffee maker and coffee supplies;- Dirt, debris, and food particles under and behind the stove;- Dirt and debris under and around the deep fryer;- A grease-like substance around the stove and deep fryer area. 4. Observation on 03/31/26 at 10:09 A.M., and 04/01/26 at 9:11 A.M., of the walk-in freezer located inside the canned/dry goods area showed:- A buildup of ice/frost on a plastic resealable bag of meat patties not labeled or dated;- A buildup of ice/frost on a plastic resealable bag of meat patties not sealed;- A buildup of ice/frost on a large brown paper bag of potato fries not sealed, labeled, or dated. Review of the Maintenance Log, dated 01/01/26 - 04/03/26, showed:- No documentation of the unattached rubber seal around the door frame of the walk-in freezer was addressed. During an interview on 04/03/26 at 9:37 A.M., the Maintenance Supervisor (MS) said the maintenance log was for all staff to use when something needed to be repaired. Nothing had been brought to his/her attention regarding the repair of an unattached rubber seal hanging from one of the walk-in freezer doors in the kitchen. During an interview on 04/03/26 at 9:52 A.M., [NAME] A said the kitchen floors should be cleaned and free of grease, dirt, and debris. Kitchen equipment should be cleaned after each use for sanitation purposes. Food items should be labeled and dated when opened and placed back into the freezer. Maintenance should be notified of any issues regarding kitchen repairs. During an interview on (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265479	A. Building B. Wing	04/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sikeston Convalescent Center	103 Kennedy Drive Sikeston, MO 63801

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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	04/03/26 at 9:59 A.M., the Dietary Manager (DM) said the kitchen floors should be cleaned and free of grease, dirt, and debris. Kitchen equipment should be cleaned after each use for sanitation purposes. Food items should be labeled and dated when opened and placed back into the freezer. Maintenance should be notified of any issues regarding kitchen repairs. During an interview on 04/03/26 at 10:52 A.M., the Administrator said the kitchen floors should be cleaned and free of grease, dirt, and debris. Kitchen equipment should be cleaned after each use for sanitation purposes. Food items should be labeled and dated when opened and placed back into the freezer. Maintenance should be notified of any issues regarding kitchen repairs and written down on the maintenance log.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265479	A. Building B. Wing	04/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sikeston Convalescent Center	103 Kennedy Drive Sikeston, MO 63801

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)
F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to issue a Skilled Nursing Facility Advanced Beneficiary Notice (SNF ABN) and/or a Notice of Medicare Non-Coverage (NOMNC) form to the resident and/or the resident's representative in writing at least two calendar days before discharge from skilled services. This notice informs the beneficiary about potential non-coverage and the option to continue services with the beneficiary accepting the financial liability for those services. This practice affected two residents (Residents #100 and #101) out of three sampled residents. The facility census was 64.Review of the facility's policy titled, Medicare Advance Beneficiary and Medicare Non-Coverage Notices, undated, showed:- A resident (who is a Medicare beneficiary) is informed in advance and in writing when Medicare payment denial or change in coverage is likely;- Written notices of the likelihood of Medicare payment denial are provided to the resident/beneficiary: - As soon as the facility makes the assessment that Medicare payment certainly or probably will not be made and before the item or service is furnished;- Far enough in advance of an event (e.g., receiving a medical service) so that the beneficiary can make a rational, informed decision without undue pressure;- The SNF ABN is only issued if the resident/beneficiary intends to continue services, and the facility believes the services may not be covered under Medicare;- If the resident's Medicare covered Part A stay or when all of Part B therapies are ending, a Notice of Medicare Non-Coverage (CMS form 10123) is issued to the resident at least two calendar days before Medicare covered services end (or the second to last day of service if care is not provided daily). 1. Review of Resident #100's medical record showed:- The resident was discharged from skilled services on 10/22/25, but remained in the facility;- The resident's skilled services end date was 10/23/25;- The NOMNC form was issued and signed on 10/22/25;- The SNF ABN form was issued and signed on 10/22/25;- The facility did not provide at least a two-day notice of the skilled services end date. 2. Review of Resident #101's medical record showed:- The resident discharged from skilled services on 02/06/26;- The resident discharged home on [DATE];- The NOMNC form was issued and signed on 02/05/26;- The facility did not provide at least a two-day notice of the skilled services end date. During an interview on 04/03/26 at 10:06 A.M., the Social Services Designee (SSD) said he/she was not working at the facility at the time when the two residents were discharged from service. The SSD was aware that the NOMNC and SNF ABN needed to be given to the resident 2-3 days prior to the discharge date . The SSD was unsure why Resident #101's NOMNC was not completed in the appropriate timeframe. During an interview on 04/03/26 at 1:05 P.M., the Administrator said the SNF ABN and NOMNC forms should be signed by the resident or the resident representative two days prior to discharge from skilled services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265479	A. Building B. Wing	04/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sikeston Convalescent Center	103 Kennedy Drive Sikeston, MO 63801

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)
F 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Encode each resident?s assessment data and transmit these data to the State within 7 days of assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to electronically transmit Minimum Data Set (MDS - a federally mandated assessment instrument required to be completed by facility staff) in a timely manner and in accordance with guidelines for one resident (Resident #53) out of one sampled resident. The facility census was 64. Review of the facility's policy titled, Resident Assessments, dated [DATE], showed:- A comprehensive assessment of each resident is completed at intervals designated by the Omnibus Budget Reconciliation Act of 1987 (OBRA) regulations and Prospective Payment System (PPS) requirements. Data from the MDS is submitted to the Internet Quality Improvement Evaluation System (iQIES) as required;- OBRA-Required Assessments are federally mandated, and therefore, must be performed for all residents of Medicare/Medicaid certified homes. OBRA assessments include admission assessment, quarterly assessment, annual assessment, significant change in status assessment, significant correction to prior comprehensive assessment, significant correction to prior quarterly assessment and discharge assessment;- Non-comprehensive MDS assessments include a select number of items from the MDS used to track the resident's status between comprehensive assessments and to ensure monitoring of critical indicators of the gradual onset of significant changes in resident status;- The Resident Assessment Instrument (RAI) User's Manual (Chapter 2) provides detailed information on timing and submission of assessments;- The resident assessment coordinator is responsible for ensuring the interdisciplinary team conducts timely and appropriate resident assessments;- The policy did not address death in facility MDS assessment. 1.Review of Resident #53's MDS record showed:- admitted on [DATE];- Expired on [DATE];- Death in facility MDS assessment completed on [DATE];- No validation status the MDS assessment had been accepted;- The facility failed to electronically submit the MDS assessment in a timely manner (122 days late). During an interview on [DATE] at 10:46 A.M., the MDS Coordinator said Resident #53's death in facility assessment was completed but had not been accepted because the assessment had not been submitted for validation. The MDS Coordinator said the resident's assessment should have been submitted after completion and within a timely manner to meet the requirement. During an interview on [DATE] at 10:49 A.M., the Administrator said a resident's MDS death in facility assessment should be completed and submitted within a timely manner for validation purposes to meet the requirement.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265479	A. Building B. Wing	04/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sikeston Convalescent Center	103 Kennedy Drive Sikeston, MO 63801

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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to develop and implement care plans with specific interventions to meet individual needs for two residents (Residents #7 and #37) out of 16 sampled residents. The facility census was 64.Review of the facility's policy titled, Care Plans, Comprehensive Person-Centered, revised March 2022, showed:- The interdisciplinary team (IDT), in conjunction with the resident and his/her family or legal representative, develops and implements a comprehensive, person-centered care plan for each resident;- The comprehensive, person-centered care plan: includes measurable objectives and timeframes, describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being, including: services that would otherwise be provided for the above, but are not provided due to the resident exercising his/her rights, including the right to refuse treatment, any specialized services to be provided as a result of Preadmission Screening and Resident Review (PASRR - a federal program to prevent inappropriate admission and retention of people with mental disabilities in nursing facilities) recommendations and which professional services are responsible for each element of care, includes the resident's stated goals upon admission and desired outcomes, builds on the resident's strengths, reflects currently recognized standards of practice for problem areas and conditions;- Care plan interventions are chosen after data gathering, proper sequencing of events, careful consideration of the relationship between the resident's problem areas and their causes, and relevant clinical decision making;- When possible, interventions address the underlying source(s) of the problem area(s), not just symptoms or triggers;- Assessments of residents are ongoing and care plans are revised as information about the residents and the residents' conditions change;- The IDT reviews and updates the care plan: when there has been a significant change in the resident's condition, when the desired outcome is not met, when the resident has been readmitted to the facility from a hospital stay and at least quarterly, in conjunction with the required quarterly Minimum Data Set (MDS-a federally mandated assessment instrument completed by facility staff) assessment. 1. Review of Resident #7's medical record showed:- admitted on [DATE];- Diagnoses of chronic kidney disease (loss of kidney function, causing damage and cannot filter blood properly), spontaneous ecchymoses (bruises that occur without known trauma, often caused by fragile blood vessels, aging, medication (e.g., blood thinners), or underlying conditions like blood disorders), cerebrovascular disease (impaired blood vessels, restricting oxygen flow or causing bleeding, often leading to strokes), history of transient ischemic attack (TIA - when blood flow to a part of the brain stops for a brief period of time), and cerebral infarction (stroke) without residual deficits;- An order for apixaban (a blood thinner) 5 milligram (mg) by mouth two times a day for atrial fibrillation (abnormal heart rhythm), dated 11/07/24. Review of the resident's care plan, revised 01/13/26, showed:- Did not address the resident receiving a blood thinner medication and with person-centered interventions. 2. Review of resident #37's medical record showed:- admitted on [DATE];- Diagnoses of chronic obstructive pulmonary disease (COPD - a lung disease) and paroxysmal (a sudden, intense, and temporary onset of symptoms) atrial fibrillation;- An order for rivaroxaban (a blood thinner) 20 mg by mouth one time a day, dated 10/24/25. Review of the resident's care plan, revised 01/06/26, showed:- Did not address the resident receiving a blood thinner medication and with person-centered interventions. During an interview on 04/03/26 at 12:47 P.M., the Assistant Director of Nursing (ADON) said if a resident was on a blood thinner, it should be addressed on the resident's care plan with resident specific interventions. During an interview on 04/03/26 at 1:05 P.M., the Administrator said care plans should include medications, such as blood thinners, with specific interventions. During an interview on 04/07/26 at 2:00 P.M., the Director of Nursing (DON) said medications like blood thinners were discussed in the care plan meetings and should be on the care plan.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265479	A. Building B. Wing	04/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sikeston Convalescent Center	103 Kennedy Drive Sikeston, MO 63801

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to follow Enhanced Barrier Precautions (EBP - Precautions for use during high-contact resident care activities for residents infected with a multidrug-resistant organism (MDRO - microorganism that are resistant to one or more classes of antimicrobial agents) or any resident who has a chronic wound and or indwelling medical device) and proper infection control practices when staff administered medications through a peripherally inserted central catheter (PICC - a tube/catheter inserted into a vein for medication administration) for one resident (Resident #30) out of one sampled resident. The facility also failed to follow EBP during a dressing change for a suprapubic catheter (a sterile tube inserted into the bladder through the abdominal wall to drain urine) for one resident (Resident #75) out of two sampled residents. The facility census was 64.Review of the facility's policy titled, Enhanced Barrier Precautions, dated March 2024, showed:- The facility will have the discretion in using EBP for residents who do not have a chronic wound or indwelling medical device and are infected or colonized with an MDRO that is not currently targeted by the Center for Disease Control (CDC);- EBP will be initiated for residents with any of the following: wounds (e.g., chronic wounds such as pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and chronic venous stasis ulcers) and/or indwelling/implanted medical devices (e.g., central lines, ports, urinary catheters, feeding tube, tracheostomy/ventilator tubes) even if the resident is not known to be infected or colonized with a MDRO;- Make gowns and gloves available immediately near or outside of the resident's room;- Personal protective equipment (PPE) for enhanced barrier precautions is only necessary when performing high-contact care activities and may not need to be put on prior to entering the resident's room;- Ensure access to alcohol-based hand rub in every resident room (ideally both inside and outside of the room);- High-contact resident care activities include device care or use: central lines, urinary catheters, feeding tubes, tracheostomy/ventilator tubes and wound care: any skin opening requiring a dressing. Review of the facility's policy titled, Peripheral and Midline Intravenous (IV - administer into a vein) Catheter Flushing and Locking, dated June 2025, showed:- Disinfect needleless access device (end cap, access port) with disinfecting wipe for at least 15 seconds;- Allow to air dry completely (five seconds after disinfecting with 70% isopropyl alcohol, and at least 20 seconds when disinfecting with alcohol-based chlorhexidine gluconate);- Attach prefilled saline (salt water) syringe to needleless access device;- Unclamp catheter;- Flush with preservative-free 0.9% sodium chloride (salt water) using the push-pause technique. Leave 0.5 to 1.0 milliliters (ml) of flush in syringe to avoid pushing air into the catheter;- Disinfect needleless access device (end cap, access port) with disinfecting wipe for at least 15 seconds;- Allow to air dry completely (five seconds after disinfecting with 70% isopropyl alcohol, and at least 20 seconds when disinfecting with alcohol-based chlorhexidine gluconate);- Connect IV tubing. 1. Review of Resident #30's medical record showed:- admitted on [DATE];- Diagnoses of osteomyelitis (an infection of bone and bone marrow), congestive heart failure (impaired heart function), peripheral vascular disease (poor circulation), and acquired absence of toes of right foot (surgical amputation of toes);- An order to flush the PICC line each lumen (port) with 10 ml normal saline before and after each medication administration. Use at least a 10 ml syringe, dated 04/02/26;- An order for daptomycin (an antibiotic medication) 700 milligrams (mg) intravenously (administered into a vein) one time a day for 32 days, dated 03/27/26. Observation on 04/02/26 at 8:50 A.M., of the resident's IV medication administration showed:- EBP signage and PPE supplies outside of the resident's door;- Licensed Practical Nurse (LPN) B performed hand hygiene, put on gloves, and did not put on a gown;- LPN B removed the disinfection cap from the PICC line port, did not disinfect the PICC line port, attached a 10 ml syringe of normal saline to the port, flushed the port with 10 ml of normal saline, did not disinfect the port, and connected the IV tubing attached to the daptomycin IV bag;- LPN B started the IV pump to administer the daptomycin, removed gloves, did not (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265479	A. Building B. Wing	04/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sikeston Convalescent Center	103 Kennedy Drive Sikeston, MO 63801

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	perform hand hygiene, and exited the room. Observation on 04/02/26 at 9:53 A.M., of the resident's IV medication administration showed: - EBP signage and PPE supplies outside of the resident's door;- LPN B did not perform hand hygiene, did not put on a gown, put on gloves, and entered the resident's room; - LPN B removed the disinfection cap, used an alcohol swab to disinfect the PICC line port, the disinfected PICC line port touched the residents' pants, cleaned the PICC line port with an alcohol swab but did not scrub the port for at least 15 seconds to disinfect it, attached a 10 ml syringe of normal saline to the PICC line port, flushed the PICC line port with 10 ml of normal saline, disconnected the 10 ml syringe, did not disinfect the PICC line port, and connected the IV tubing attached to the daptomycin IV bag;- LPN B removed gloves, performed hand hygiene, and exited the room. Observation on 04/02/26 at 10:24 A.M., of the resident's disconnection from the IV medication showed:- EBP signage and PPE supplies outside of the resident's door;- LPN B did not perform hand hygiene, did not put on a gown, put on gloves, and entered the resident's room;- LPN B disconnected the IV tubing attached to the daptomycin IV bag from the PICC line port, did not disinfect the PICC line port, attached a 10 ml syringe of normal saline, flushed the PICC line port with 10 ml of normal saline, disconnected the 10 ml syringe, did not disinfect the PICC line port, and attached a disinfection cap to the PICC line port;- LPN B removed gloves, performed hand hygiene, and exited the resident's room. Observation on 04/03/26 at 11:15 A.M., of the resident's IV medication administration showed:- EBP signage and PPE supplies outside of the resident's door;- Registered Nurse (RN) C performed hand hygiene, put on gloves, did not put on a gown, and entered the residents' room;- RN C administered the daptomycin IV medication;- RN C removed gloves, performed hand hygiene, and exited the resident's room. During an interview on 04/02/26 at 10:30 A.M., LPN B said Resident #30 was on EBP for his/her wound and there was no need for the LPN to put on a gown when only administering IV medications. LPN B said he/she wasn't aware of a certain way to disinfect the PICC line port before and after accessing it. During an interview on 04/03/26 at 11:24 A.M., RN C said EBP was for residents with wounds and catheters. Resident #30 had a wound, but he/she wasn't providing care to the wound during the time he/she administered the resident's IV antibiotic medication. 2. Review of Resident #75's medical record showed:- admitted on [DATE];- Diagnoses of chronic obstructive pulmonary disease (COPD - a lung disease) and neuromuscular dysfunction of the bladder (the bladder does not empty properly due to nerve damage;- An order for a urinary catheter (a sterile tube inserted into the bladder to drain urine) 16 French (Fr - size of the catheter) 10 ml bulb every day shift starting on the 17th and ending on the 17th every month and as needed for occlusion (blockage) or leakage, dated 04/02/26;- An order for urinary catheter care- supra pubic catheter every shift for prophylaxis (prevention), dated 03/19/26. Observation on 04/03/26 at 11:33 A.M., of the resident's supra pubic catheter dressing change showed:- EBP signage and PPE supplies outside of the resident's door;- LPN D did not perform hand hygiene, put on gloves, and did not put on a gown;- LPN D cleaned the supra pubic catheter insertion site, removed gloves, and performed hand hygiene;- LPN D did not put on gloves, applied the split dressing to the supra pubic catheter insertion site with his/her bare hands, secured with tape, and dated and initialed the dressing;- LPN D did not perform hand hygiene and exited the resident's room. During an interview on 04/03/26 at 11:38 A.M., LPN D said he/she wasn't sure why Resident #75 was on EBP because he/she didn't have a wound. During an interview on 04/03/26 at 10:08 A.M., the Infection Preventionist (IP) said staff should wear gowns and gloves when providing care for residents on EBP. Residents that had wounds or any indwelling catheter, such as urinary or a PICC line, were put on EBP. The IP said before accessing the PICC line catheter, nurses should disinfect the connector for 10-15 seconds with an alcohol wipe before connecting and after disconnecting the flush or IV tubing and ensure the disinfection cap was replaced. During an interview on 04/03/26 at 12:47 P.M., the Assistant Director of Nursing (ADON) said residents with chronic wounds or indwelling devices, such as a urinary catheter or intravenous catheter, were put on EBP. Staff should put on gowns and gloves before providing care to residents on EBP. Nurses should disinfect the PICC line catheter connector before and after accessing it. During an interview on (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265479	A. Building B. Wing	04/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sikeston Convalescent Center	103 Kennedy Drive Sikeston, MO 63801

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	04/03/26 at 1:05 P.M., the Administrator said he would defer to the IP or the Director of Nursing (DON) for guidance on EBP and accessing the PICC line catheter. During an interview on 04/07/26 at 2:00 P.M., the Director of Nursing (DON) said residents with wounds or catheters require EBP. Staff should put on PPE for direct care with residents on EBP. Before administering medications or accessing the PICC line catheter, nurses should disinfect the PICC line port before and after accessing the line with an alcohol swab.