

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265496	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/17/2025
NAME OF PROVIDER OR SUPPLIER Puxico Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 540 North Highway 51 Puxico, MO 63960	
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 - Many	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. This had the potential to affect all residents. The facility census was 40. Review of the facility's policy titled, Food Preparation and Service, dated November 2022, showed: - Danger zone means temperatures above 41 degrees Fahrenheit (F) and below 135 F that allow the rapid growth of pathogenic microorganisms that can cause foodborne illness;- The longer potentially hazardous foods (PHF) remain in the danger zone, the greater the risk for growth of harmful pathogens, and must be maintained at or below 41 F or at or above 135 F;- Raw foods cooked in a microwave reach 165 F in all parts of the food, the items are rotated and stirred during the cooking process so that all parts of the food reached 165 F, and allowed to stand covered for at least two minutes after cooking;- Mechanical altered hot foods prepared for a modified consistency diet remain above 135 F during preparation or they are reheated to 165 F for at least 15 seconds if holding for hot service;- The temperatures of foods held in steam tables are monitored throughout the meal service by food and nutrition services staff;- Steam tables are never used to reheat foods. Review of the facility's policy titled, Food Receiving and Storage, dated November 2022, showed: - Foods shall be received and stored in a manner that complies with safe food handling practices;- Dry foods are goods handled and stored in a manner that maintains the integrity of the packaging until they are ready to use;- Dry foods that are stored in bins are removed from original packaging, labeled and dated with a use by date, and such foods are rotated using a first in - first out system. 1. Observations on 09/24/25 at 9:15 A.M., 11:32 A.M., and 12:02 P.M., of the kitchen showed:- One 3 quart (qt.) dented can mixed fruit received on 07/31/25;- Five 3 qt. dented cans spaghetti sauce received on 09/18/25;- One 3 qt. dented can short cut green beans received on 09/18/25;- Four unlabeled and undated clear plastic containers of raisin bran, fruit rings, crispy rice, and toasted oat rings cereals; - An approximate 10 gallon (gal.) white plastic container of cornmeal loosely covered, undated, and mislabeled fish;- An approximate 10 gal. white plastic container of sugar loosely covered and undated;- A nonfunctioning plate warmer with a damaged electrical cord;- The ice machine with a white grime build up on the exterior surfaces and interior plastic surface, ventilation louvers with a brown substance, plastic drain line with a black grime build up, and scattered debris on the floor beneath; - The dishwasher with a white grime build up on the exterior surfaces and scattered debris on the floor beneath;- The gas range with an oily grime build up and scattered food debris around each burner and on the floor beneath; - Two 12 inch (in.) diameter ceiling diffusers (one of the few visible parts of an air conditioning system) with dust buildup and a brown substance on the front exterior surface and in between the ventilation louvers;- Commercial style can opener with an oily film build up and a discolored blade with a grime build up;- The 3-compartment sink with hot water faucet at 88 F;- No cleaning log. 2. Observation on 09/24/25 at 11:35 A.M., of the food service steam table showed:- Dietary Aide (DA) F dipped various food items from the steam table trays onto room temperature plates;- Ground roast beef at 115 F in a steam table tray;- [NAME] gravy at 80 F in a steam table tray. 3. Observation on 09/24/25 at 12:02 P.M., of the food service test tray showed:- Plate cool to (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 265496 If continuation sheet Page 1 of 8

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	touch; - Sliced ham at 108 F;- Spinach at 110 F;- Diced potatoes at 104 F;- Roast beef at 115 F.During an interview on 09/24/25 at 9:58 A.M., Resident #23 said he/she ate in the dining room and sometimes the food was cold when he/she received it from the kitchen. During an interview on 09/24/25 at 11:51 A.M., DA F said the plate warmer did not work and it had not been used in the four months since he/she began working at the facility. The food should be served warm to the residents.During an interview on 09/26/25 at 3:08 P.M., the Dietary Manager (DM) said the steam table food temperatures should have been around 165 F. The gravy was probably warmed in the microwave and wasn't heated enough. It should have been warmer and at least 135 F. All the foods should have been warmer on the steam table, and it should be turned on earlier in the day so the food would stay warm once it was placed in the bins. There were not dated food labels on the large white food storage bins but there should be. Staff don't label clear dry cereal bins. The plate warmer doesn't work due to a damaged electrical cord that was taped up and it was reported to the Dietician. The ice machine should not have had hardwater build up on the exterior. The drainpipes should be clean below the ice machine, and he/she had not spoken with the Maintenance Director about cleaning the ice machine or the drainpipes. There should be a shelf that was labeled dented cans in the food storage area. The dented cans should have been discarded or placed on the dented can shelf. Sugar was not dated because the bin was refilled every week. The air vents should be kept clean in the kitchen ceiling. The can opener was damaged and had grime on it. Once a month the staff deep cleaned the range, but spills should be cleaned as needed around the burners. There hadn't been any cleaning logs kept for the dietary service staff.During an interview on 09/26/25 at 3:20 P.M., the Administrator and the Director of Nursing (DON) said the kitchen should be ran according to the facility policy and regulations. It should have had more deep cleaning, and hot meals should not be served cool. There were issues they had been aware of in the kitchen that included food storage and equipment problems.		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to implement proper infection control practices when staff performed incontinent care for three residents (Residents #3, #14, and #35) out of three sampled residents, catheter (a flexible tube inserted into the bladder to drain urine) care for two residents (Residents #3 and #35) out of two sampled residents, wound care for two residents (Residents #3 and #12) out of two sampled residents, and during glucose monitoring and insulin administration for four residents (Residents #5, #26, #28, and #36) out of four sampled residents. The facility also failed to ensure the laundry building remained in good condition to promote infection control. The facility census was 40. Review of the facility's policy titled, Standard Precautions, revised September 2022, showed:- Hand hygiene refers to handwashing with soap (anti-microbial or non-antimicrobial) or the use of alcohol-based hand rub (ABHR), which does not require access to water;- Hand hygiene is performed with ABHR or soap and water before and after contact with the resident, before performing an aseptic task, before moving from work on a soiled body site to a clean body site on the same resident, after contact with items in the resident's room, and after removing gloves;- Gloves (clean, non-sterile) are worn when in direct contact with blood, body fluids, mucous membranes, non-intact skin, and other potentially infected material;- Gloves are worn when handling or touching resident-care equipment that is visibly soiled or potentially contaminated with blood, body fluids, or infectious organisms;- Gloves are changed and hand hygiene performed before moving from a contaminated-body site to a clean-body site during resident care;- Gloves are changed as necessary, during the care of a resident to prevent cross-contamination from one body site to another (when moving from a dirty site to a clean one).- Gloves are removed promptly after use, before touching non-contaminated items and environmental surfaces, and before going to another resident;- After gloves are removed, hands are washed immediately to avoid transfer of microorganisms to other residents or environments. Review of the facility's policy titled, Urinary Catheter Care, dated August 2022, showed:- Be sure the catheter tubing and drainage bag are kept off the floor;- Keep the drainage bag lower than the bladder at all times to prevent urine from flowing back into the urinary bladder;- Use one area of the washcloth with each stroke. The facility did not provide linen storage and laundry room policies. 1. Observation on 09/24/25 at 10:22 A.M., Resident #14's incontinent care showed:- Nursing Assistant (NA) G and NA H entered the resident's room, did not perform hand hygiene, and put on gloves; - NA G touched the incontinent supplies, the resident's blanket, and the resident's shirt; - NA G and NA H rolled the resident to the left side, lowered the pants, unfastened the brief, rolled the resident to the right side, NA H lowered the back of the brief soiled with fecal material, NA G and NA H did not perform hand hygiene, and did not change gloves; - NA H wiped the right groin area soiled with fecal material with a wipe, wiped the left groin area with a new wipe, wiped the peri area soiled with fecal material, folded the wipe and wiped the right groin area two times with the same area of the wipe, did not check to ensure the right groin and peri areas were clean, changed gloves, and did not perform hand hygiene;- NA G wiped fecal material from the right inner thigh area with a wipe, did not change gloves, did not perform hand hygiene, and touched the resident's upper left arm and shirt; - NA H wiped fecal material from the buttock area, folded the wipe, wiped the buttock area again, wiped the buttock area with a new wipe, folded the wipe, wiped the buttock area three times with the same area of the wipe soiled with fecal material, wiped the buttock area again with a clean wipe, did not perform hand hygiene, and did not change gloves;- NA G handed NA H a clean wipe, NA H wiped the area between the buttocks twice with the same area of the wipe soiled with fecal material, and wiped the anal area with a clean wipe three times with the same area of the wipe;- NA G and NA H did not change gloves, did not perform hand hygiene, NA H retrieved barrier cream from his/her pocket, opened the tube and squeezed the barrier cream onto NA G's glove, NA G applied the barrier cream to the resident's buttocks, and NA H returned the tube of barrier cream to his/her pocket; - NA G and NA H changed gloves, did not perform hand hygiene, rolled (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	the resident to the left side, touched the resident's shirt and clean brief, pulled the resident's pants up into place, and rolled the resident to the right, NA H placed a Hoyer lift (a mechanical lift) pad under the resident, turned the resident to the left side, and NA G unrolled the Hoyer lift pad under the resident;- NA H removed gloves, removed the trash and the soiled linens from the resident's room, did not perform hand hygiene, exited the resident's room, took the trash and the soiled linens to the dirty utility room and placed in the appropriate barrels, and performed hand hygiene;- NA I entered the resident's room, did not perform hand hygiene, did not put on gloves, and assisted NA G to reposition the resident;- NA H did not perform hand hygiene, did not put on gloves, entered the resident's room with a Hoyer lift, and assisted NA G to attach the Hoyer lift pad to the Hoyer lift;- NA G removed gloves, attempted to perform hand hygiene with ABHR but the dispenser in the room was empty, did not perform hand hygiene, exited the room, retrieved clean linen from the hall linen cart, entered the resident's room, did not perform hand hygiene, and assisted NA H to put the clean linen on the resident's bed;- NA I assisted NA H to transfer the resident with the Hoyer lift to the wheelchair;- NA H did not perform hand hygiene touched the resident's hair bows and hat/visor, placed the hat/visor on the resident's head, and touched the blanket;- NA I did not perform hand hygiene, and exited the room;- NA G and NA H did not perform hand hygiene and exited the room.2.Observation on 09/25/25 at 9:08 A.M., of Resident #35's incontinent, catheter, and wound care showed:- Enhanced barrier precautions (EBP) signage outside the resident's door;- Licensed Practical Nurse (LPN) C, Certified Nursing Assistant (CNA) A, and CNA B put on gowns, did not perform hand hygiene, did not put on gloves, and entered the resident's room; - LPN C wiped down the bedside table with a disinfectant wipe, placed a clean towel on the table, and placed the supplies on the clean barrier;- CNA A and CNA B performed hand hygiene and put on gloves;- CNA B performed incontinent care to the resident's peri area, did not change gloves, did not perform hand hygiene, cleaned down the catheter, did not change gloves, did not perform hand hygiene, and rolled the resident to the right side and touched his/her shoulders and hip;- CNA A cleaned the resident's buttocks and an open area multiple times with the same area of the washcloth, did not change gloves, and did not perform hand hygiene;- CNA A and CNA B rolled the resident to his/her back, changed gloves, and did not perform hand hygiene;- LPN C performed the resident's wound care, did not change gloves, did not perform hand hygiene, covered the wound with a bandage, and applied barrier cream to the red area outside of the bandaged area, removed the gloves and performed hand hygiene.3. Observation on 09/25/25 at 11:05 A.M. to 12:45 P.M., of blood glucose monitoring and insulin administration showed:- At 11:05 A.M., LPN E did not perform hand hygiene, put on gloves, performed blood glucose monitoring for Resident #28, did not remove gloves, did not perform hand hygiene, and exited the room; - At 11:11 A.M., LPN E did not perform hand hygiene, entered Resident #36's room, requested the personal glucose monitoring receiver to review the resident's current glucose reading, the resident removed the receiver from top of his/her leg stocking and sat it on the bedside table. LPN E touched the receiver, did not perform hand hygiene, and exited the room;- At 12:27 A.M., LPN E did not perform hand hygiene, drew up insulin with an insulin syringe, put on gloves, entered Resident #28's room, administered the insulin to the resident, removed gloves, did not perform hand hygiene, and exited the room; - At 12:29 P.M., LPN E entered Resident #26's room, performed hand hygiene, put on gloves, administered insulin to the resident, removed gloves, did not perform hand hygiene, and exited the room;- At 12:35 P.M., LPN E did not perform hand hygiene, drew up insulin with an insulin syringe, put on gloves, entered Resident #5's room, administered the insulin to the resident, removed gloves and did not perform hand hygiene; - At 12:45 P.M., LPN E did not perform hand hygiene, drew up insulin with an insulin syringe, put on gloves, entered Resident #36's room, administered the insulin to the resident, removed gloves, did not perform hand hygiene, and exited the room. 4.Observation on 09/25/25 at 1:30 P.M., of Resident #3's catheter care showed:- EPB signage outside the resident's door;- LPN C and LPN E put on gowns, performed hand hygiene, and put on gloves;- LPN C removed the dressing from the suprapubic catheter (a thin, flexible tube inserted directly into the bladder through a small incision in the lower (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	abdomen), did not change gloves, did not perform hand hygiene, performed catheter care, dried the catheter tubing toward instead of away from the insertion site;- LPN E applied gentamicin (an antibiotic medication) ointment to a gloved finger and applied it around the suprapubic catheter site, did not change gloves, did not perform hand hygiene, applied a new dressing to the suprapubic catheter site, did not change gloves, and did not perform hand hygiene;- LPN C changed gloves, didn't perform hand hygiene, and applied nystatin (an antifungal medication) powder to the resident's peri area;- LPN C and LPN E changed gloves and didn't perform hand hygiene;- LPN C removed dressings to the left leg, did not change gloves, and did not perform hand hygiene;- LPN E removed the dressing to the right leg, did not change gloves, didn't perform hand hygiene, performed the treatment to the resident's toes, did not change gloves, and did not perform hand hygiene;- LPN C cleaned the resident's left and right legs, did not perform hand hygiene, and did not change gloves;- LPN C dried the left leg wounds, LPN E dried the right leg wound, and LPN C and LPN E did not change gloves and did not perform hand hygiene;- LPN C lay the jar of Silvadene (an antibiotic cream) on the resident's bed without a clean barrier, applied the Silvadene with his/her gloved fingers to the wounds on both legs, did not change gloves and did not perform hand hygiene between each wound treatment, did not change gloves, did not perform hand hygiene, and put the Silvadene jar back into the resident's wound supply tub;- LPN C did not change gloves, did not perform hand hygiene, calcium alginate (a type of wound treatment) to the wounds on both legs, did not change gloves and did not perform hand hygiene between each wound treatment;- LPN E applied skin prep (a type of wound treatment) to both heels and toes, did not change gloves, didn't perform hand hygiene between each wound treatment, did not perform hand hygiene, did not change gloves;- LPN C applied ABD pads (a large absorbing dressing) to the wounds on the right leg, LPN E ABD pads to the wounds on the left leg, and LPN C and LPN E changed gloves and didn't perform hand hygiene;- LPN C cleaned the wound on the left buttock, changed gloves, didn't perform hand hygiene, applied Medi-honey (a type of wound treatment) to a gloved finger, applied the Medi-honey to the left buttock wound, did not change gloves, did not perform hand hygiene, applied a bordered gauze to the wound, changed gloves, and didn't perform hand hygiene;-LPN C and LPN E put touched the resident's blankets and LPN C handed the resident his/her Bible;- LPN E did not change gloves, did not perform hand hygiene, did not remove the gown, and exited the room to get an incontinent pad;- LPN C emptied the basin of water, did not change gloves, and did not perform hand hygiene;-LPN E did not change gowns, entered the resident's room, did not perform hand hygiene, did not put on gloves, and handed the incontinent pad to LPN C;- LPN C placed the incontinent pad under the resident;- LPN C and LPN E removed the gowns and gloves, performed hand hygiene, and exited the room.During a phone interview on 09/25/25 at 10:53 P.M., NA H said hand hygiene should be completed when going into a resident's room for care and put gloves on. Change gloves and wash hands when gloves were visibly soiled. Change gloves and wash hands when moving from incontinent care to other care. When performing incontinent care, the wipe/washcloth should be folded in half when soiled or throw the wipe away and get a new one, do not wipe with the same soiled area multiple times. Remove gloves and sanitize hands before exiting the room. During an interview on 09/26/25 at 10:05 A.M., with LPN E said during incontinent care, hand hygiene should be completed before and after care. If hands were visibly soiled or other contaminates, use soap and water. Change gloves when going from soiled to clean care and moving from different areas. Incontinent care with wipes, he/she would do one wipe for each swipe. Shouldn't use same side of the cloth and should keep wiping until visually clean and free from odor. Catheter placement hanging on side of bed a few inches off the floor and covered. For catheter care, clean around the site, clean the catheter itself about three inches or so using a different washcloth, wipe from the insertion point down, don't use same area of the washcloth to wipe the catheter. For wound care, perform hand hygiene more frequently between the different sites, don't go from one site to another, and hand hygiene with glove changes, that's why there's hand sanitizer in resident rooms. Place supplies on a clean area, if a hard surface, use a disinfectant wipe. For a medication pass and (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	insulin administration, perform hand hygiene between each resident to prevent infection. During an interview on 09/26/25 at 1:10 P.M., LPN C said when cleaning or drying catheter tubing, it should be done from the insertion point down. During all care, hand hygiene should be done upon entering the room, when going from clean to dirty care, with glove changes, and exiting the room. Q-tips or applicators were preferred to be used when applying ointments or creams to wounds. During an interview on 09/26/25 at 1:20 P.M., the Assistant Director of Nursing (ADON) said when cleaning catheter tubing, it should be done from the insertion point down. With wound care, incontinent care, and catheter care, hand hygiene should be done when starting care, going from dirty to clean care, or changing sites, with glove changes, and exiting the room. During an interview on 09/26/25 at 1:30 P.M., CNA B said when cleaning a catheter, it should be done from the insertion point down. With incontinent care and catheter care, hand hygiene should be done at the start, going from dirty to clean care, with glove changes, and when exiting the room. Glove changes should happen when going from dirty to clean care or changing sites, like cleaning the front versus cleaning the back. During an interview on 09/26/25 at 1:45 P.M., the Director of Nursing (DON) said when cleaning catheter tubing, it should be done from the insertion point down. With wound care, incontinent care, and catheter care, hand hygiene should be done when starting care, going from dirty to clean care, or changing sites, with glove changes, and exiting the room. 5. Observation on 09/26/25 at 10:24 A.M., of the laundry room showed:- An air conditioner (AC) unit with dirty towels placed between the window opening and the AC unit on the left side, the AC unit filter covered with a brown substance hung half off the vent and the unfiltered portion of the vent covered with a brown substance, a brown substance along the wall under the AC unit, and two areas of approximately 8 inches (in.) X 1.5 in of dry wall with boards exposed under the AC unit on the clean laundry side;- A covered linen cart full of clean linen with dust on the cover where the AC unit blew on the clean linen on the clean laundry side;- An uncovered linen cart full of clean linen and pillows to the right of the AC unit and the AC unit blew on the clean linens on the clean laundry side; - A towel draped over the hot water hose attached to the washer, a wet towel lay at the back of the washer due to leaking water in front of the washer, a dirty towel draped over three hoses where they entered the building and water dripped off the hoses continuously, the dry wall around the three leaking hoses with a large hole approximately 8 feet (ft.) by 1 ft. with insulation and daylight showing in several places, a large area approximately 6 ft X 4 ft on the wall above the leaking hoses with a black substance, and one dead mouse beside the washer on a sticky pad on the dirty laundry side. During an interview on 09/26/25 at 10:50 A.M., Housekeeping Staff J said he/she knew of the leak in the laundry room for about five months due to him/her helping with laundry. During an interview on 09/26/25 at 11:05 A.M., the Maintenance Supervisor said he/she knew of the leak in the laundry room for several months and had been told by word of mouth from other employees about the leak. The company had been notified of the leak. During an interview on 09/26/25 at 12:45 A.M., the Regional Consultant said he/she had not been into the laundry building since it was not attached to the facility. The building, pipes, and AC needed repairs to maintain infection control practices. During an interview on 09/26/25 at 2:15 P.M., the Administrator said she would expect staff to follow infection control policies regarding hand hygiene and glove changes. She would expect staff to follow the catheter care policy and procedures as well. She would expect the laundry building to be clean and functional.		

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure a urinary indwelling catheter (a tube inserted into the bladder to drain urine) drainage bag was maintained in the proper position for two residents (Residents #3 and #35) out of two sampled residents. The facility census was 40. Review of the facility's policy titled, Urinary Catheter Care, dated August 2022, showed:- Be sure the catheter tubing and drainage bag are kept off the floor;- Keep the drainage bag lower than the bladder at all times to prevent urine from flowing back into the urinary bladder. 1. Review of Resident #3's medical record showed:- admitted on [DATE];- Diagnoses of neuromuscular dysfunction of the bladder (a condition where the nerves or muscles that control the bladder function are impaired which leads to abnormal bladder control), benign prostatic hyperplasia (BPH - a noncancerous enlargement of the prostate), other obstructive and reflux uropathy (the flow of urine is blocked), and retention of urine. Review of the resident's Physician Order Sheet (POS), dated September 2025, showed:- An order to change the 16 French (Fr - size of the catheter) suprapubic (a thin, flexible tube inserted directly into the bladder through a small incision in the lower abdomen) catheter and drainage bag monthly and as needed (PRN) as indicated on the night shift starting on the 4th and ending on the 5th of every month for leakage or obstruction related to neuromuscular dysfunction of the bladder. Hospice (end of life care) will change the 1st Tuesday of the month and PRN for leaks or obstruction, dated 02/28/25. Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated process for clinical assessment of all residents in certified nursing homes), dated 06/23/25, showed:- Used an indwelling catheter;- Required assistance for toileting. Review of the resident's Care Plan, dated 04/16/25, showed:- Urinary catheter due to urinary retention due to BPH;- Check for kinks, change monthly, and monitor;- Activities of daily living (ADLs) deficit and dependent for toileting. Observation on 09/24/25 at 10:16 A.M., and 12:15 P.M., and on 09/25/25 at 1:30 P.M., showed:- The resident lay in bed and the catheter drainage bag hung from the bed frame. The catheter drainage bag had a cover that opened at the bottom and the drainage bag touched the floor. 2. Review of Resident #35's medical record showed:- admitted on [DATE];- Diagnoses of neuromuscular dysfunction of the bladder, BPH, other obstructive and reflux uropathy, and retention of urine. Review of the resident's POS, dated September 2025, showed:- An order for catheter care every shift, dated 08/21/25;- An order to change the 16 Fr 30 milliliter (ml) bulb urinary catheter and drainage bag once a month on the day shift starting on the 21st and ending on the 22nd and PRN for occlusion or leakage, dated 08/21/25. Review of the resident's admission MDS, dated [DATE], showed:- Used a urinary catheter;- Dependent for toileting. Review of the resident's Care Plan, dated 09/24/25, showed;- Assist with ADLs;- An indwelling Foley (a type of catheter) catheter and to monitor and change monthly. Observation on 09/24/25 at 10:16 A.M., and 12:15 P.M., and 09/25/25 at 1:30 P.M., showed:- The resident lay in bed and the catheter drainage bag hung from the bed frame. The catheter drainage bag had a cover that opened at the bottom and the drainage bag touched the floor. Observation on 09/25/25 at 9:08 A.M., of the resident's catheter care showed:- Licensed Practical Nurse (LPN) C, Certified Nursing Assistant (CNA) A, and CNA B performed catheter care;- LPN C unhooked the catheter from the resident's right side of the bed frame and placed it on the left side of the foot of the bed where it was not below the level of the resident's bladder;- CNA A rolled the resident to his/her left side and the catheter drainage bag fell off the bed and onto the floor at 9:16 A.M. The bottom of the drainage bag and one inch of the catheter tubing touched the floor;- At 9:20 A.M., CNA A rolled the resident to his/her back, picked up the catheter drainage bag off the floor, and hung it on the bed frame;- At 9:25 A.M., LPN C lowered the bed to the low position and the bottom of the catheter drainage bag rested on the floor;- LPN C, CNA A, and CNA B exited the resident's room. During an interview on 09/26/25 at 1:10 P.M., LPN C said a catheter drainage bag or tubing should not touch the (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265496	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/17/2025
NAME OF PROVIDER OR SUPPLIER Puxico Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 540 North Highway 51 Puxico, MO 63960	
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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	floor. During an interview on 09/26/25 at 1:20 P.M., the Assistant Director of Nursing (ADON) said a urinary catheter should always remain below the level of the bladder. The catheter drainage bag and tubing should not touch the floor. During an interview on 09/26/25 at 1:30 P.M., CNA B said a catheter drainage bag or tubing should not touch the floor. The bag should always remain below the level of the bladder. During an interview on 09/26/25 at 1:45 P.M., the Director of Nursing (DON) said a catheter should always remain below the level of the bladder and the drainage bag and tubing should not touch the floor. During an interview on 09/26/25 at 2:45 P.M., the Administrator said a catheter drainage bag should not touch the floor. The catheter tubing should not touch the floor either. It was expected that staff would follow the catheter and infection control policies and procedures.		