

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265501	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2025
NAME OF PROVIDER OR SUPPLIER Odessa Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 609 Golf Street Odessa, MO 64076	

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 - Many</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>Based on interview and record review, the facility failed to have sufficient staffing on a 24-hour basis to care for resident's needs and to ensure resident safety by not having adequate staff in the building for night shifts and failed to meet the minimum staffing requirements for fire safety. This practice had the potential to affect all residents. The facility census was 54 residents.</p> <p>Review of the facility Minimum Staffing Requirements for Fire Safety policy revised 3/13/25 showed:</p> <p>-11:00 P.M. to 7:00 A.M. (night shift) one personnel for every 3-20 residents.</p> <p>-The flow chart showed staffing requirements per census required staff for night shift (11:00 P.M. to 7:00 A.M.) with a census range of 41-60 residents would require 3 staff members assigned for the shift.</p> <p>1. Review of the facility staff daily time punches dated 4/7/25 showed:</p> <p>-Two staff members, a Licensed Practical Nurse (LPN) A and Certified Nurse Aide (CNA) A , for the evening/night shift from 6:00 P.M. to 6:00 A.M.</p> <p>-One Certified Medication Technician (CMT) or LPN scheduled from 6:00 P.M. to 10:00 P.M.</p> <p>-Time punch for evening/Night LPN A was from 6:04 P.M. to 7:52 A.M.</p> <p>-Time punch for evening LPN C was on from 5:55 P.M. to 10:43 P.M.</p> <p>-Time punch for evening/Night CNA C was on from 6:05 P.M. to 11:43 P.M.</p> <p>-Time Punch for evening/night CNA A was on from 5:53 P.M. to 6:15 A.M.</p> <p>-The facility did not provide the daily schedule for 4/7/25 and the census was 54 residents.</p> <p>-On 4/8/25 at 11:43 P.M. to 5:40 A.M. there was one LPN and one CNA time punched in for a total of 6:03 hours.</p> <p>Review of the facility daily schedule dated 4/8/24 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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-Two staff members, LPN A and CNA A, for the evening/night shift schedule from 6:00 P.M. to 6:00 A.M.</p> <p>-One LPN's name was handwritten in.</p> <p>-One CMT was scheduled from 6:00 P.M. to 10:00 P.M.</p> <p>-One CNA A's was name handwritten in.</p> <p>-One unknown CNA was listed as to assist other CNA's at 6:00 P.M.</p> <p>-The cense was 54 residents and there was only one LPN and one CNA assigned. There was no third staff member in the facility from 9:35 P.M. until 4:00 A.M.</p> <p>Observation and interview on 4/9/25 with CNA A at 5:00 A.M. showed:</p> <p>-Two CNA's and one LPN A were the staff members in the building.</p> <p>-CNA A said:</p> <p>--He/she and LPN A came into the facility at 6:00 P.M. on 4/8/25.</p> <p>--Another unknown CNA arrived on 4/9/25 around 4:00 A.M. to assist with getting the residents up and dressed that morning.</p> <p>--They were only two staff members in the building from 11:00 P.M. to 4:00 A.M.</p> <p>During an interview on 4/9/25 at 5:03 A.M. LPN A said:</p> <p>-The facility has had turn over the last few weeks.</p> <p>-Part of the evening /night shift only had one LPN and one CNA after 9:45 P.M. when the staff assigned a CNA to help lay residents down at 6:00 P.M. left.</p> <p>-On 4/8/25 Social Services stayed until 8:30 P.M. to help lay resident down for the night and left.</p> <p>-He/she had worked the night shift 4/7/25 and 4/8/25 and most of the night shift had only two staff working.</p> <p>-The facility census was 54 residents.</p> <p>During an interview on 4/9/25 at 8:18 A.M. the Regional Chief Nursing Officer (CNO) said:</p> <p>-He/she had not received any phone call from the facility nursing staff in the last two days.</p> <p>-It was reporting during a call that morning there were three staff members in the building.</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 - Many</p>	<p>-He/she was not aware the facility only had two staff members from around 10:00 P.M. to around 4:00 A.M.</p> <p>-He/she would expect facility administration to ensure the minimum required staff for the night shift was there to meet the resident needs and fire code.</p> <p>During an interview on 4/9/25 at 9:50 A.M. Social Services Designee (SSD) said:</p> <p>-The staffing schedule was already completed by the past DON, he/she would only assist finding replacement staff as needed.</p> <p>-He/she was aware the facility did not have three care staff assigned from 11:00 P.M. to 4:00 A.M. on 4/7/25 and 4/8/25 and there should have been.</p> <p>-He/she had been assigned to assist with laying resident down on 4/8/25 and then left the facility around 8:45 P.M.</p> <p>During an interview on 4/9/25 at 10:45 A.M. the Interim DON said he/she would expect to have the required three staff members assigned for the full night shift to meet the resident needs and ensure safety.</p> <p>Complaint # MO 00251633</p>

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>Based on observation and interview, the facility failed to ensure the services of a Registered Nurse (RN) were utilized eight hours per day, seven days per week and failed to ensure a Director of Nursing (DON) or interim DON was onsite full -time 8 hours a day for a minimum of 40 hours a per week. The facility census was 54 residents.</p> <p>The facility staffing policy for the DON and Registered Nurses requirement was requested and not provided.</p> <p>1. Review of the Facility Assessment revised on 4/1/25 showed one DON full time day shift and one RN where available.</p> <p>Review of facility's staffing sheet from 4/7/24 to 4/9/24 showed no time recorded for the facility RN or DON.</p> <p>Observation on 4/9/25 at 5:00 A.M. the facility had one Licensed Practical Purse (LPN) and two Certified Nursing Aides (CNA) in the building. There was no RN in the building.</p> <p>Observation on 4/9/25 at 5:25 A.M. of the facility list of Health care staff posted showed:</p> <ul style="list-style-type: none"> -Four LPN names listed and no RN names listed. -There was no DON listed. <p>Observation on 4/9/25 at 10:43 A.M. showed the new RN/Interim DON had just arrived.</p> <p>During an interview on 4/9/25 at 5:30 A.M. LPN A said:</p> <ul style="list-style-type: none"> -The DON quit on the evening of 4/6/25 without notice. -The facility did not have an RN assigned or in building on 4/7/25 and 4/8/25. -The facility was supposed to have an RN start on 4/9/25 on the evening shift. -He/she would contact the acting Regional Director of Operations by phone with any concerns related to residents care. <p>During an interview on 4/9/25 at 5:48 A.M. the Regional Director of Operations said:</p> <ul style="list-style-type: none"> -The facility DON had quit by email on the evening of 4/6/25. -They did not notify state of the changes of DON. -The corporate office was having a DON from another state coming to the building on 4/9/25 as Interim DON. <p>(continued on next page)</p>		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-He/she was unsure if there was RN coverage eight hours per day onsite on 4/7/25 and 4/8/25.</p> <p>-The facility nursing staff was able to contact himself/herself or regional nurse consultant as needed with any question or concerns.</p> <p>During an interview on 4/9/25 at 6:20 A.M. CNA A and CNA B said:</p> <p>-They were not sure if had RN or DON in the building.</p> <p>-They would contact the LPN charge nurse with any medical concerns.</p> <p>During an interview on 4/9/25 at 6:40 A.M. LPN A and LPN B said:</p> <p>-At that time there was no resident who required RN care.</p> <p>-They did not have the contact number for regional nursing staff.</p> <p>-The facility did not post the corporate phone numbers.</p> <p>During an interview on 4/9/25 at 6:50 A.M. LPN B said:</p> <p>-The facility did not have RN or DON in the building on 4/7/25 and 4/8/25 from 6:00 A.M. to 6:00 P.M. during the dayshift.</p> <p>-The past DON had worked as the evening CNA on duty on 4/6/25 and then quit.</p> <p>During an interview on 4/9/25 at 7:52 A.M. the Regional CEO said:</p> <p>-The facility DON had quit without notice by email on the evening of 4/6/25.</p> <p>-The corporation had made arrangements for a DON from another state come to the facility as interim DON who should be arrive 4/9/25 to the facility.</p> <p>-The Regional Chief Nursing Officer (CNO) would be available for the facility nursing staff to contact as needed.</p> <p>-He/she was unaware if the facility had RN coverage on 4/7/25 and 4/8/25.</p> <p>During an interview on 4/9/25 at 8:05 A.M., the Interim OPS Manager said:</p> <p>-The facility did not have a DON or RN in the building on 4/7/25 and 4/8/25.</p> <p>-The regional CNO could be reached by phone.</p> <p>During an interview on 4/9/25 at 8:18 A.M. the Regional CNO said:</p> <p>-He/she had not received any phone calls from the facility nursing staff in the last two days.</p> <p>(continued on next page)</p>		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-On 4/7/25 and 4/8/25 he/she would run audit reports for the facility and reviewed them daily.</p> <p>-The Regional Director of Operations was responsible for working the scheduling to include RN coverage.</p> <p>-He/she would expect to have RN onsite coverage 8 hour a day, 7 days a week.</p> <p>During an interview on 4/9/25 at 9:50 A.M. Social Services Designee (SSD) said:</p> <p>-He/she had just started to assist with staff scheduling.</p> <p>-The staffing schedule was already completed, he/she would only assist finding replacement as needed.</p> <p>-No RN was scheduled on 4/7/25 and 4/8/25.</p> <p>-The interim DON was on his/her way to the building.</p> <p>-No acting DON was in the building on 4/7/25 and 4/8/25.</p> <p>During an interview on 4/9/25 at 10:45 A.M. the Interim DON said:</p> <p>-This was his/her first day at the facility.</p> <p>-He/she planned to work as the RN/DON Monday-Friday for coverage.</p> <p>-The facility was working on getting weekend RN coverage.</p> <p>-He/she would expect the facility to ensure RN coverage for 8 hours a day 7 days a week.</p> <p>Complain# MO 00251633</p>

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<p>F 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Post nurse staffing information every day.</p> <p>Based on observation, interview and record review, the facility failed to post staffing information in a location that was easily accessible to residents on the Long Term Care (LTC) of the facility and to ensure staffing data was posted for visitors including the facility name, daily census, and the actual hours worked per shift for each of the three categories of nursing employees: Registered Nurses (RNs), Licensed Practical Nurses (LPNs), and Certified Nursing Assistants (CNAs)/Certified Medication Technicians (CMTs) directly responsible for resident care. The facility census was 54 residents.</p> <p>he facility staffing posting policy was requested and not provided.</p> <p>1. Observation on 4/9/25 at 5:00 A.M. the facility had one LPN and two CNAs with a census of 54 residents. There was no RN in the building.</p> <p>Observation on 4/9/25 at 5:25 A.M. of the facility list of Health Care staff posted on a bulletin board showed:</p> <ul style="list-style-type: none"> -Four LPN names listed, and no RN's names listed. -No DON was listed. -There was no daily staffing posted of the number of RN's, LPN's, CMT's and CNA's scheduled and hours for each shift, with the resident census for the day. <p>Observation on 4/9/25 at 5:25 A.M. around the nursing station showed no daily staffing posted of number of RN's, LPN's, CMT's and CNA's schedule, hours for each shift and the resident census.</p> <p>During an interview on 4/9/25 at 5:30 A.M. LPN A said:</p> <ul style="list-style-type: none"> -He/she has not seen the daily staff sheet completed in visible sight for few weeks or month. -The facility used to hand write the number of RN's, LPN's, CNA, CMT with census on the white board daily. <p>During an interview on 4/9/25 at 10:45 A.M. the Interim DON said he/she would expect the facility staff to have post daily staffing ratio in public view in lobby area and nursing station.</p> <p>Note: Daily staffing ratio for last few days or weeks was requested, the facility administration was not able to provide documentation at time of exit on 4/9/25.</p> <p>Complaint # MO 00251633</p>