

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 06/18/2025
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 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** Based on observation, interview and record review, the facility failed to carry out activities of daily living (ADL) to maintain grooming and personal hygiene for three sampled residents (Resident #1, #3, and #4) out of three sampled residents. The facility census was 56.</p> <p>Review of the facility's ADL Policy revised 5/18/24, showed:</p> <ul style="list-style-type: none"> -The facility would based on the resident's comprehensive assessment and consistent with the residents needs and choices, ensure a residents abilities in ADL's did not deteriorate unless unavoidable. -Care and services would be provided for bathing, dressing, grooming and oral care. -A resident who was unable to carry out activities of daily living would receive the necessary services to maintain good grooming, and personal and oral hygiene. <p>Review of the facility's Resident Showers Policy revised 6/26/24, showed:</p> <ul style="list-style-type: none"> -It was the practice of the facility to assist residents with bathing to maintain proper hygiene, stimulate circulation and help prevent skin issues as per current standards of practice. -Residents were provided showers as per request or as per facility schedule protocols based on resident safety. <p>1. Review of Resident #1's admission Record showed he/she was admitted to the facility on [DATE].</p> <p>Review of the resident's quarterly MDS (MDS- a federally mandated assessment instrument completed by facility staff for care planning) dated 3/23/25 showed he/she was cognitively intact and required partial/moderate assistance with bathing.</p> <p>Review of the resident's care plan revised on 6/3/24 showed:</p> <ul style="list-style-type: none"> -The resident had an ADL self-care performance deficit related to weakness from Parkinson's disease. -The resident required assist by 1 staff with bathing/showering twice weekly and as necessary. <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>Review of the resident's Skin Monitoring: Comprehensive Certified Nurse Assistant (CNA) Shower Reviews on 6/17/25, showed:</p> <ul style="list-style-type: none"> -The resident had a shower on 6/13/25. -The resident had a shower on 6/6/25. -The resident had a shower on 5/20/25. -The resident had a shower on 5/16/25. -The resident had a shower on 5/13/25. -The resident had a shower on 5/2/25. <p>-In 5/25, the resident missed 3 out of 9 opportunities to get a shower.</p> <p>-In 6/25, the resident missed 3 out of 5 opportunities to get a shower.</p> <p>During an interview on 6/17/25 at 11:47 A.M. the resident said:</p> <ul style="list-style-type: none"> -He/She was not getting bathed as much as he/she should be. -He/She was suppose to get and a shower twice weekly on Tuesday and Thursdays. -He/She has requested to get showered on several occasions to the staff and the staff told him/her there was not enough staff to give him/her a shower. <p>2. Review of the Resident #3's admission Record showed he/she was admitted to the facility on [DATE].</p> <p>Review of the resident's quarterly MDS dated [DATE] showed he/she was cognitively intact and required supervision or touching assistance with bathing.</p> <p>Review of the resident's care plan revised 10/24 showed:</p> <ul style="list-style-type: none"> -The resident had an ADL self-care performance deficit related to impaired balance/weakness in lower extremities, chronic pain, chronic fatigue syndrome and related diagnoses. -The resident required moderate assist by 1 staff with bathing/showering 2-3x week and as necessary. <p>Review of the resident's Skin Monitoring: Comprehensive CNA Shower Reviews on 6/17/25 showed:</p> <ul style="list-style-type: none"> -The resident had a shower on 6/11/25. -The resident had a shower on 6/7/25. <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 had a shower on 5/28/25.</p> <p>-The resident had a shower on 5/3/25.</p> <p>-In 5/25, the resident missed 6 out of 9 opportunities to get a shower.</p> <p>-In 6/25, the resident missed 3 out of 5 opportunities to get a shower.</p> <p>Observation and interview on 6/17/25 at 6:25 A.M. showed the resident:</p> <p>-The resident's hair was greasy and dirty.</p> <p>-The resident had a body odor smell.</p> <p>-He/She has not had a shower in over a week.</p> <p>-He/She was supposed to get two showers a week, and many times, does not get even one shower per week.</p> <p>-He/She desired a minimum of two showers per week.</p> <p>-He/She asked staff several times to give him/her a shower, but they don't.</p> <p>-He/She had an odor that was embarrassing to him/her.</p> <p>-He/She had yeast rashes under his/her breast from the lack of hygiene.</p> <p>-He/She had yeast in his/her abdominal fold due to lack of hygiene.</p> <p>3. Review of Resident #4's admission Record, showed he/she was admitted to the facility on [DATE].</p> <p>Review of the resident's quarterly MDS dated [DATE], showed he/she was cognitively intact and required substantial/maximal assistance with bathing.</p> <p>Review of the resident's care plan dated 10/14/24 showed:</p> <p>-The resident an ADL self-care performance deficit related to difficulty in walking and muscle weakness.</p> <p>-The resident required sit to stand lift by 2 staff with bathing/showering as necessary.</p> <p>Review of the resident's Skin Monitoring: Comprehensive CNA Shower Reviews on 6/17/25, showed:</p> <p>- The resident had a shower on 6/13/25.</p> <p>-The resident had a shower on 6/6/25.</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>-Some residents were going weeks without getting bathed.</p> <p>-When a resident got a bath, the CNA's filled out a shower review sheet and gave it to the charge nurse.</p> <p>-The residents were complaining about not getting bathed and feeling unclean.</p> <p>During an interview on 6/17/25 at 5:51 A.M. CNA E said:</p> <p>-Residents were not getting their showers or baths because there were not enough staff to give the residents their baths/showers.</p> <p>-He/She was aware that some residents were going weeks without getting their bath or showers.</p> <p>-He/She informed the Administrator that there was not enough staff to bath the residents.</p> <p>-CNA's filled out shower sheets when they bathed residents.</p> <p>-He/She felt bad for the residents because he/she knew that they wanted their baths and showers but were not getting them.</p> <p>During an interview on 6/17/25 at 8:57 A.M. the Ombudsman said he/she received numerous complaints from the facility about residents not getting bathed.</p> <p>During an interview on 6/18/25 at 4:46 P.M. the Administrator said:</p> <p>-The residents were not getting bathed twice per week.</p> <p>-He/She would expect the residents to get showers or bathed twice per week, if that is what the resident's choice was.</p> <p>-There were currently no assigned staff to give residents their baths.</p> <p>MO00255047, MO00255403, MO00255632, MO00255324</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>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** Based on observation, interview and record review, the facility failed to have sufficient staffing on a 24-hour basis to care for resident's basic needs and to ensure resident safety for three sampled residents (Resident # 1, #3 and #4) out of three sampled residents. This practice had the potential to affect all residents. The facility census was 56 residents.</p> <p>Review of the facility Sufficient Staff Policy updated 5/18/24, showed:</p> <p>-It was the policy of the facility to provide sufficient staff with appropriate competencies and skills sets to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well being of each resident.</p> <p>-The facility census, acuity and diagnosis of the resident population will be considered based on the facility assessment.</p> <p>Review of the Facility Assessment Tool revised 4/25, showed:</p> <p>-Based on the facility resident population and their needs for care and support, the average daily facility staffing plan included:</p> <p>--1 Administrator full time days.</p> <p>--1 Director of Nursing (DON) full time days.</p> <p>--2 nurses.</p> <p>--8 Certified Nurse Assistants (CNA's).</p> <p>--2 Certified Medication Technicians (CMT's).</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 6/15/25 showed:</p> <p>-Two staff members, a Registered Nurse and Nurse Aide (Not Certified) for the evening/night shift from 6:00 P.M. to 6:00 A.M.</p> <p>-One Dietary Aide from 2:23 P.M. to 8:48 P.M.</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>-One Certified Medication Technician (CMT) from 5:54 A.M. to 9:37 P.M.</p> <p>-One CMT from 7:15 A.M. to 10:27 P.M.</p> <p>-The census was 56 residents and there were only 2 staff members in the building from 10:27 P.M. to 6:00 A.M.</p> <p>Review of the facility staff daily time punches dated 6/14/25 showed:</p> <p>-Two staff members, a Licensed Practical Nurse (LPN) and Nurse Aide (Not Certified) for the evening/night shift from 6:00 P.M. to 6:00 A.M.</p> <p>-One Dietary Aide from 2:25 P.M. to 4:04 A.M.</p> <p>-One CMT from 5:50 A.M. to 9:27 P.M.</p> <p>-The census was 56 residents and there were only 2 staff members in the building from 4:04 A.M. to 6:00 A.M.</p> <p>Review of the facility staff daily time punches dated 6/10/25 showed:</p> <p>-Two staff members, a CNA and Nurse Aide (Not Certified) for the evening/night shift from 6:00 P.M. to 6:00 A.M.</p> <p>-One Maintenance Director from 10:03 P.M. to 1:00 A.M.</p> <p>-One CMT from 6:26 A.M. to 12:44 A.M.</p> <p>--One CNA from 4:01 A.M. to 6:06 P.M.</p> <p>-The census was 56 residents and there were only 2 staff members in the building from 4:01 A.M. to 6:00 A.M.</p> <p>-Note: This night the Administrator stated that he/she was in the building but unable to provide his/her punch time.</p> <p>Review of the facility staff daily time punches dated 6/9/25 showed:</p> <p>-One staff member, Nurse Aide (Not Certified) for the evening/night shift from 6:00 P.M. to 6:00 A.M.</p> <p>-One CMT from 5:58 A.M. to 10:20 P.M.</p> <p>-The census was 56 residents and there were only 1 staff member in the building from 10:20 P.M. to 6:00 A.M.</p> <p>-Note: This night the Administrator stated that he/she was in the building but unable to provide his/her punch time.</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>Review of the facility staff daily time punches dated 6/5/25 showed:</p> <ul style="list-style-type: none"> -One staff member, a CNA for the evening/night shift from 6:00 P.M. to 6:00 A.M. -One CMT from 5:45 A.M. to 10:27 P.M. -The census was 56 residents and there were only 1 staff member in the building from 10:26 P.M. to 6:00 A.M. -Note: This night the Administrator stated that he/she was in the building but unable to provide his/her punch time. <p>Review of the facility staff daily time punches dated 6/4/25 showed:</p> <ul style="list-style-type: none"> -No staff members for the evening/night shift from 6:00 P.M. to 6:00 A.M. -One CMT from 5:53 P.M. to 10:48 P.M. -One dietary aide from 2:29 P.M. to 5:44 A.M. -One housekeeper from 6:58 A.M. to 6:22 A.M. -The census was 56 residents and there were only 2 non-certified staff members in the building from 10:48 P.M. to 6:00 A.M. -Note: This night the Administrator stated that he/she was in the building but unable to provide his/her punch time. <p>Review of the facility staff daily time punches dated 6/2/25 showed:</p> <ul style="list-style-type: none"> -2 staff members, a LPN and a CNA for the evening/night shift from 6:00 P.M. to 6:00 A.M. -One RN from 4:52 P.M. to 9:52 P.M. -The census was 56 residents and there were only 2 staff members in the building from 9:52 P.M. to 6:00 A.M. <p>2. Review of Resident #1's admission Record, showed:</p> <ul style="list-style-type: none"> -The resident was admitted to the facility on [DATE]. -The resident had a diagnosis of compression fracture of the first lumbar vertebra. -The resident had a diagnosis of Parkinson's Disease (a movement disorder of the nervous system). -The resident had a diagnosis of difficulty in walking. -The resident had a diagnosis of history of falls. <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>-The resident had a diagnosis of muscle weakness.</p> <p>Review of the resident's quarterly MDS (MDS- a federally mandated assessment instrument completed by facility staff for care planning) dated 3/23/25, showed he/she was cognitively intact.</p> <p>During an interview on 6/17/25 at 11:47 A.M., the resident said:</p> <p>-The facility was short staffed.</p> <p>-He/She had to wait for long periods of time to get his/her call light answered.</p> <p>Review of the Resident #3's admission Record, showed:</p> <p>-The resident was admitted to the facility on [DATE].</p> <p>-The resident had a diagnosis of Rheumatoid Arthritis (RA-a chronic, autoimmune disease primarily affecting the joints, causing inflammation, pain, and stiffness).</p> <p>-The resident had a diagnosis of lumbar spondylosis (an age-related degeneration of the vertebrae and disks of the lower back).</p> <p>Review of the resident's quarterly MDS dated [DATE], showed he/she was cognitively intact.</p> <p>During an interview on 6/17/25 at 6:25 A.M. the resident said:</p> <p>-The facility only had one aide for both halls.</p> <p>-His/Her call light stayed on for 30-45 minutes before being answered.</p> <p>-He/She does not get bathed due to the facility being short staffed.</p> <p>-His/Her blood sugars are not getting checked until after dinner because the facility is short staffed.</p> <p>Review of Resident #4's admission Record showed:</p> <p>-The resident was admitted to the facility on [DATE].</p> <p>-The resident had a diagnosis of spinal stenosis (a condition where the spinal canal narrows, potentially compressing the spinal cord and/or nerve roots).</p> <p>-The resident had a diagnosis of cognitive communication deficit (difficulties in communication that stem from impairments in cognitive processes like attention, memory, and executive function).</p> <p>Review of the resident's quarterly MDS dated [DATE], showed he/she was cognitively intact.</p> <p>During an interview on 6/17/25 at 8:40 A.M. the resident said:</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>-Residents call lights stayed on for a long time before being answered.</p> <p>-His/Her needs are not getting met due to lack of staffing.</p> <p>-Residents are not getting their baths.</p> <p>-Food is always late and cold because it takes the staff so long to get the trays passed out.</p> <p>3. During an interview on 6/17/25 at 4:05 A.M., LPN A said:</p> <p>-Many nights there was only one CNA on the floor for the entire building.</p> <p>-At times the CMT will join the CNA's on the floor to help when they are done passing medications to the residents.</p> <p>-The written daily schedules that were located at the nurse's station more times than did not match who was actually in the facility working.</p> <p>-There were times that the facility is so short staffed at night that some residents do not receive their medications.</p> <p>-Residents were going long periods of time without showers/bathing due to the staffing issues at the facility.</p> <p>-When only one CNA in on the floor during the evening time, he/she felt that it placed the residents at risk because the CMT was constantly interrupted while they were trying to pass their medications to the residents to help the CNA with resident cares.</p> <p>-During the evening/night shift, call lights stayed on up to an hour because there were not enough staff to meet all of the resident needs.</p> <p>-2-3 times per week, he/she had to stay past his/her shift because there was not a nurse to replace him/her.</p> <p>-He/she tried his/her best but really did not have the time to help the staff on the floor.</p> <p>During an interview on 6/17/25 at 5:15 A.M. CNA A said:</p> <p>-He/She was many times the only staff member on the floor until 10:00 P.M. and sometimes until 4:00 A.M.</p> <p>-One-night last week, he/she was the only staff member on the floor until 4:00 A.M.</p> <p>-In the evening time, he/she had to lay down around 30 residents, that included four sit to stand and two Hoyer lift residents.</p> <p>-Most nights, since it was only her/him on the floor that could transfer residents, residents were up and weren't able to be all laid down until 11:30 P.M., or later.</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 had to ask for help from the CMT on many occasions.</p> <p>During an interview on 6/17/25 at 5:35 A.M. CMT A said:</p> <p>-There was only 1 CNA on the floor most nights.</p> <p>-He/She is the full-time night CMT.</p> <p>-He/She must help the CNA on most nights, and he/she often got interrupted during his/her medication pass to help the CNA.</p> <p>-He/She was unable to sometimes give medications because he/she got too busy helping the residents with their basic needs.</p> <p>-Most nights the residents are not getting laid down until after 11:00 P.M.</p> <p>-He/She felt like he/she was doing the job of 3 people and was very overwhelmed.</p> <p>-He/She had been a CNA for over 14 years and had never seen a facility be such short staffed that it was negatively affecting the residents' cares.</p> <p>-Residents were not getting bathed due to being short staffed.</p> <p>-Call lights were not getting answered due to being short staffed.</p> <p>-He/She had seen names on the written schedule of people that he/she has never met and that have never showed up to work their shift.</p> <p>-The nurses really did not have much time to help but he/she helped when needed.</p> <p>During an interview on 6/17/25 at 5:15 A.M. CNA C said:</p> <p>-4-5 nights per week, there was only 1 CNA on the floor for the entire building.</p> <p>-The residents were not getting bathed, not getting changed, and not getting proper hygiene.</p> <p>-The evening/night shift must feed residents and lay down the entire building.</p> <p>-There have been staff put on the schedule that never showed up.</p> <p>-He/She sometimes had to transfer people by him/herself that should have been a 2 person transfer because there was no one else to help.</p> <p>-The night shift was expected to get 12 residents up in the morning before they go home.</p> <p>Observation on 6/17/25 at 7:11 A.M. showed 15 residents were still in bed and not ready for breakfast. Breakfast was scheduled for 7:30 A.M.</p> <p>(continued on next page)</p>

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 06/18/2025
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>During an interview on 6/17/25 at 7:15 A.M. CNA D said:</p> <ul style="list-style-type: none"> -He/She was the only CNA on the hall most of the time. -When he/she got residents up in the mornings, they were always very soiled. -The residents were not getting the cares that they needed because the facility was so short staffed. <p>Observation on 6/17/25 at 11:58 A.M. showed CNA D looked for help to get a resident up with a sit to stand lift for over 20 minutes.</p> <p>During an interview on 6/17/25 at 11:58 A.M. Housekeeper staff A said:</p> <ul style="list-style-type: none"> -The Administrator informed all non-certified staff that they have to work the floor even though the staff expressed that they didn't feel comfortable doing so. -This morning the Administrator instructed him/her to go turn a resident bathroom light off and tell the resident Someone would be right back. He/She was unsure how long the resident sat there without being helped off of the toilet. -Non-certified staff were instructed to always turn off call lights and tell the residents that someone would be back to help them. <p>During an interview on 6/17/25 at 12:08 P.M. laundry staff A said:</p> <ul style="list-style-type: none"> -The facility was short staffed in every department. -When he/she gets the overnight laundry in the mornings urine pours out of the sheets. <p>During an interview on 6/17/25 at 12:20 P.M. Environmental Services staff A said:</p> <ul style="list-style-type: none"> -He/She had to transfer residents and feed residents because the facility is short staffed. -He/She is not certified and has had no training. -When he/she comes to work in the mornings, the urine smell in the facility is strong. -He/She has observed linens in laundry that were drenched from residents not being changed during the night. <p>During an interview on 6/18/25 at 9:09 A.M. CNA B said the residents were having to wait 30 minutes to an hour to get their call lights answered, go to the bathroom, or get up because that facility is short staffed.</p> <p>During an interview on 6/18/25 at 4:46 P.M. The Administrator said:</p> <ul style="list-style-type: none"> -He/She has been covering some shifts as the charge nurse. <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 has been coming in on nights when no nurse is available.</p> <p>-He/She would expect the facility to have enough staff to meet the resident's needs.</p> <p>-He/She would expect the facility be staffed overnight with 1 nurse, 1 CMT, and 3 aides to meet the needs of the residents in the facility.</p> <p>Complaint #'s: MO00255324, MO00255403, MO00255632, MO00255047</p>

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<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 interview and record review, facility staff failed to provide the services of a Registered Nurse (RN), for at least eight consecutive hours per day, seven days a week and to designated a Director of Nursing (DON) . The facility census was 56 residents.</p> <p>1. Review of the facility policy titled Registered Nurse (RN), revised 4/30/24, showed:</p> <ul style="list-style-type: none"> -It was the intent of the facility to comply with Registered Nurse staffing requirements. -The facility would utilize the services of a Registered Nurse for at least 8 consecutive hours per day, 7 days a week. -The facility would designate a Registered Nurse to serve as the Director of Nursing (DON) on a full-time basis <p>Review of the Facility Assessment Tool, revised 4/1/25, showed:</p> <ul style="list-style-type: none"> -The facility needed one Administrator, one DON, and one RN to provide support and care for the residents. -Based on the facility's resident population and needs for care and support, the administrator and the DON would be in the facility full time, days. <p>During an interview on 6/17/25 at 4:05 A.M., Licensed Practice Nurse (LPN) A said:</p> <ul style="list-style-type: none"> -The facility had been without a DON or RN coverage for approximately 3 weeks. -A Regional Nurse Consultant started the previous day as the DON. -The facility had been without RN coverage on the weekdays and the weekends prior to the new DON starting. -The facility Administrator covered the charge nurse position on the day shift most days. <p>During an interview on 6/17/25 at 5:15 A.M., Certified Nurse Assistant (CNA) A said he/she has never observed a RN in the building at any time.</p> <p>During an interview on 6/17/25 at 7:48 A.M., the Administrator said:</p> <ul style="list-style-type: none"> -He/She could not provide proof of RN coverage. -The DON started at the facility yesterday, 6/16/25. <p>During an interview on 6/18/25 at 9:09 A.M., CNA B said the facility was without a RN for a couple of weeks until the new DON started.</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>Review of the facility's Daily Punches on 6/18/25, showed:</p> <ul style="list-style-type: none"> -No RN clocked in on the day shift on 6/15/25. -No RN clocked in on the day shift on 6/14/25. -No RN clocked in on the day shift on 6/13/25. -No RN clocked in on the day shift on 6/10/25. -No RN clocked in on the evening/night shift on 6/10/25. -No RN clocked in on the day shift on 6/9/25. -No RN clocked in on the evening/night shift on 6/9/25. -No RN clocked in on the evening/night shift on 6/5/25. -No RN clocked in on the day shift on 6/4/25. -No RN clocked in on the evening/night shift on 6/4/25. -No RN clocked in on the day shift on 5/31/25. <p>During an interview on 6/18/25 at 4:40 P.M., the new DON said:</p> <ul style="list-style-type: none"> -He/She has only been the Acting DON at the facility for a couple of days. -He/She was not aware of how the mandatory RN coverage was being completed prior to him/her taking the position at the facility. <p>During an interview on 6/18/25 at 4:46 P.M., the Administrator said:</p> <ul style="list-style-type: none"> -The previous DON stopped working for the facility a while back, but he/she could not recall the exact date. -The facility has had the current DON for around two days. -He/She can't prove RN staff coverage due to RN's not clocking in. <p>-Note: This surveyor requested a Payroll Based Journal (PBJ) from the Administrator, and it was never provided.</p> <p>Complaint #: MO00255047</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure residents were provided food that was at a safe and appetizing temperature for three sampled residents (Residents #1, #3, and #4) out of 4 sampled residents. The facility census was 56.</p> <p>A facility's Food Temperature policy was requested and not provided.</p> <p>1. Review of Resident #1's admission Record showed he/she was admitted to the facility on [DATE].</p> <p>Review of the resident's quarterly MDS (MDS- a federally mandated assessment instrument completed by facility staff for care planning) dated 3/23/25 showed he/she was cognitively intact.</p> <p>During an interview on 6/17/25 at 11:47 A.M., the resident said:</p> <ul style="list-style-type: none"> -He/She often received food that was cold in temperature and not appetizing. -He/She often received food trays in his/her room. <p>2. Review of the Resident #3's admission Record showed he/she was admitted to the facility on [DATE].</p> <p>Review of the resident's quarterly MDS dated [DATE] showed he/she was cognitively intact.</p> <p>During an interview on 6/17/25 at 6:25 A.M., the resident said:</p> <ul style="list-style-type: none"> -The food at the facility has gone downhill. -The food at the facility was always served cold. <p>3. Review of Resident #4's admission Record showed he/she was admitted to the facility on [DATE].</p> <p>Review of the resident's quarterly MDS dated [DATE] showed he/she was cognitively intact.</p> <p>During an interview on 6/17/25 at 8:40 A.M. the resident said:</p> <ul style="list-style-type: none"> -His/Her food is often served cold. -The cold food often influenced how much he/she ate. <p>4. Observation on 6/17/25 at 12:45 P.M. showed:</p> <ul style="list-style-type: none"> -The resident's beef stroganoff was 102.8 degrees F. -The resident's steamed broccoli was 99.8 degrees F. -The resident's mashed potatoes was 99.1 degrees F. <p>(continued on next page)</p>

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 6/17/25 at 12:55 P.M. showed:</p> <ul style="list-style-type: none"> -The room tray cart had one remaining tray that was being served to a resident. -The hamburger on the tray was 101.7 degrees F. -The pudding on the tray was 67.3 degrees F. <p>During an interview on 6/17/25 at 4:05 A.M. Licensed Practice Nurse (LPN) A said:</p> <ul style="list-style-type: none"> -Dinner was often served over an hour late to the residents. -He/She had heard many residents complain about the food being cold when served. <p>During an interview on 6/17/25 at 5:15 A.M. Certified Nurse Assistant (CNA) A said:</p> <ul style="list-style-type: none"> -The residents were always complaining about cold food, and nothing gets done about it. -He/She has had some residents refuse to eat meals due to the food not being warm. <p>During an interview on 6/17/25 at 5:51 A.M. CNA C said:</p> <ul style="list-style-type: none"> -Residents often complained about the food at the facility. -Due to being short staffed it can take 30-45 minutes for all of the resident's room trays to be delivered. -He/She has observed meals being served up to nearly 2 hours later than the scheduled mealtimes. -He/She has had to warm up resident's food on many occasions due to the food being served cold. <p>During an interview on 6/18/25 at 10:20 A.M. Dietary Staff A said:</p> <ul style="list-style-type: none"> -The facility was short staffed and it was causing issues with the resident's receiving their meal trays timely and warm. -He/She has observed meal trays waiting for CNA's to get picked up from dietary to serve to the resident's for up to 30 minutes. -The facility had over 20 room trays being served at each meal. -The facility did not have enough plate covers to cover all of the room trays for each meal. -Some room trays had to be placed on the room tray cart without a heated plate cover. -The room tray cart was not heated. <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-He/She had requested more plate covers and a heated cart but has not received either request from the facility.</p> <p>-There were kitchen staff who were under disciplinary actions due to the way they were cooking and serving the residents' their meals.</p> <p>During an interview on 6/18/25 at 11:30 A.M. Dietary Staff B said:</p> <p>-Staff have not been using the steam tables in the kitchen to keep the resident's food warm and he/she was unsure why.</p> <p>-Very seldom did the resident's get good and warm food.</p> <p>-Staff that were preparing and cooking the resident meals up to 3 hours in advance and the food was sitting out after preparation until mealtimes.</p> <p>During an interview on 6/18/25 at 4:46 P.M. The Administrator said:</p> <p>-He/She would expect that the resident's food be prepared no more than 30 minutes before serving time.</p> <p>-He/She would expect resident's meals to be warm and appetizing when being served to the resident.</p> <p>Complaint #: MO00255047</p>

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>Based on observation, interview and record review, the facility failed to ensure the facility was administered in a manner that allowed residents to attain or maintain their highest practicable physical well-being by not having administrative oversight to the residents on a full time basis and by not having a Registered Nurse (RN) or a Director Of Nursing (DON) physically present in the facility for a minimum of 8 hours within a 24 hour period. This had the potential to affect all residents of the facility. The facility census was 56.</p> <p>Review of the facility policy titled Registered Nurse (RN), revised 4/30/24, showed:</p> <ul style="list-style-type: none"> -It was the intent of the facility to comply with Registered Nurse staffing requirements. -The facility would utilize the services of a Registered Nurse for at least 8 consecutive hours per day, 7 days a week. -The facility would designate a Registered Nurse to serve as the Director of Nursing on a full-time basis <p>Review of the facility policy titled Sufficient Staff Policy, revised 5/18/24, showed:</p> <ul style="list-style-type: none"> -It was the policy of the facility to provide sufficient staff with appropriate competencies and skill sets to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. -Except when waived, the facility used the services of a RN for at least 8 consecutive hours a day, 7 days a week. <p>A policy for administrative duties was requested and not provided.</p> <p>Review of the Facility Assessment Tool, revised 4/1/25, showed:</p> <ul style="list-style-type: none"> -The facility needed one administrator, one DON, and one RN to provide support and care for the residents. -Based on the facility's resident population and needs for care and support, the administrator and the [NAME] would be in the facility full time, days. <p>1. During an interview on 6/17/25 at 4:05 A.M. Licensed Practice Nurse (LPN) A said:</p> <ul style="list-style-type: none"> -The facility had been without a DON or RN coverage for approximately 3 weeks. -A regional nurse consultant started the previous day as the DON. -The facility had been without RN coverage on the weekdays and the weekends prior to the new DON starting. <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-The facility Administrator covered the charge nurse position on the day shift most days.</p> <p>-He/She had to stay 2-3 times per week past his/her shift ending to wait for the Administrator to come to work and take over because there was no nurse to replace him/her.</p> <p>-The facility Administrator covered the charge nurse position on the evening and night shift when no nurse was able to work the evening and night shift.</p> <p>-The facility had 2 LPNs on staff that worked the night shift.</p> <p>During an interview on 6/17/25 at 5:15 A.M. Certified Nurse Assistant (CNA) A said:</p> <p>-He/She has never observed a RN in the building at any time.</p> <p>-The Administrator has worked as the day shift charge nurse on several occasions.</p> <p>-The Administrator has worked as the evening/night shift charge nurse on several occasions.</p> <p>During an interview on 6/17/25 at 7:48 A.M. the Administrator said:</p> <p>-He/She was working as the charge nurse for the day shift.</p> <p>-He/She covered many shifts as the charge nurse, day and night.</p> <p>-He/She could not provide proof of RN coverage.</p> <p>-The DON started at the facility yesterday, 6/16/25.</p> <p>During an interview on 6/18/25 at 9:09 A.M. CNA A said:</p> <p>-The Administrator has been acting as the charge nurse, social worker, and Administrator during the day shifts.</p> <p>-The Administrator was working as the charge nurse today, 6/18/25.</p> <p>-The facility was without a RN for a couple of weeks until the new DON started.</p> <p>During an interview on 6/18/25 at 9:40 A.M. Activities Director said:</p> <p>-The Administrator was the charge nurse on most days.</p> <p>-When the Administrator was the charge nurse, the Administrator spends most of his/her time in his/her office with the office door closed.</p> <p>-The facility was without nursing supervision on most days.</p> <p>Review of the facility's Daily Schedule on 6/18/25 showed:</p> <p>(continued on next page)</p>

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-The charge nurse was the Administrator on the day shift on 6/13/25.</p> <p>-The charge nurse was the Administrator on the day shift on 6/10/25.</p> <p>-The charge nurse was the Administrator on the evening/night shift on 6/10/25.</p> <p>-The charge nurse was the Administrator on the day shift on 6/9/25.</p> <p>-The charge nurse was the Administrator on the day shift on 6/5/25.</p> <p>-The charge nurse was the Administrator on the evening shift on 6/4/25.</p> <p>-The charge nurse was the Administrator on the day shift on 6/1/25.</p> <p>During an interview on 6/18/25 at 4:46 P.M. the Administrator said:</p> <p>-He/She has been covering some shifts as the charge nurse.</p> <p>-He/She can't prove that he/she has been able to dedicate 40 hours per week as the Administrator.</p> <p>-The previous DON stopped working for the facility a while back, but he/she could not recall the exact date.</p> <p>-The facility has had the current DON for at least 2 days.</p> <p>-He/She can't prove RN staff coverage due to RN's not clocking in.</p> <p>Note: This surveyor requested a Payroll Based Journal (PBJ) from the Administrator, and it was never provided.</p> <p>Complaint #: MO00255047</p>

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<p>F 0839</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Employ staff that are licensed, certified, or registered in accordance with state laws.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure certified/trained personal provided Activities of Daily Living (ADL- a set of basic tasks that individuals need to perform to maintain their daily life and independence. These tasks typically include bathing, dressing, eating, toileting, and mobility) care to the resident. The facility census was 56 residents.</p> <p>Review of Facility assessment dated [DATE] showed:</p> <ul style="list-style-type: none"> -Staff competencies for resident population included: --Resident rights and dignity. --Confidentiality. --Infection control and standard precautions. --Emergency procedures and disaster preparedness. --Fall prevention and safety protocols. --Abuse, neglect, and exploitation prevention. --Dementia care, including trauma informed practices. --De-escalation techniques and behavioral support. --Documentation procedures and electronic health record usage. -The foundational training was completed prior to independent resident contact. -Certified Nurse Assistants (CNA's) must complete a state approved nurse aide training program and pass the competency exam. -45 out of 56 residents required assist of 1-2 staff with ADLs of dressing, bathing, and transfers. -5 out of 56 residents required assist of 1-2 staff with ADLs of feeding. -40 out of 56 residents required assist of 1-2 staff with ADLs of toileting. -9 out of 56 residents required total dependent care with ADL's. <p>Review of the facility Screening-Application, Employee, Volunteer, and Vendor policy revised 6/12/25, showed:</p> <p>(continued on next page)</p>		

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 06/18/2025
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 0839</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-The facility was committed with compliance with federal and state regulations regarding the screening of individuals who may be in contact with residents or providing services that are, in whole or in part, payable by a government healthcare program.</p> <p>-No employee worked in a position requiring a license or certification if that license or certification was expired.</p> <p>Review of the facility Nurse Aide Training Program Policy revised 5/18/24, showed:</p> <p>-In service training will be provided by qualified personnel and will be based on the special needs of the residents of the facility. Minimum training will include:</p> <ul style="list-style-type: none"> --Effective communication. --Dementia management and care of cognitively impaired. --Abuse, neglect, and exploitation prevention. --Elements and goals of the facility's Quality Assurance (QA) and Performance Improvement (PI) program. <p>1. During an interview on 6/17/25 at 12:20 P.M., Environmental Services staff A said:</p> <ul style="list-style-type: none"> -He/She worked on the floor on 6/4/25 in the evening/night shift. -He/She assisted staff with resident cares. -He/She assisted staff with resident transfers. -He/She assisted with changing briefs and perineal cares (the cleaning and maintenance of the genital and anal areas, also known as the perineum). -He/She assisted residents with feedings. -He/She was instructed to assist the residents by the previous Director of Nursing (DON). -He/She was not certified. -He/She has never had nurse aide training. -There were no other certified nurse aides on the floor during the shift. -He/She did not feel comfortable performing the resident cares but did not want to leave the residents in need. <p>Review of the facility staff daily time punches dated 6/4/25 showed:</p> <ul style="list-style-type: none"> -One CMT from 5:53 P.M. to 10:48 P.M. <p>(continued on next page)</p>

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0839</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-One dietary aide from 2:29 P.M. to 5:44 A.M.</p> <p>-One housekeeper from 6:58 A.M. to 6:22 A.M.</p> <p>-The census was 56 residents.</p> <p>Review of the Environmental Services employee file on 6/18/25, showed:</p> <p>-No training for resident contact cares.</p> <p>-No previous nurse aide experience.</p> <p>-No certifications.</p> <p>During an interview on 6/18/25 at 10:43 A.M. Dietary Staff C said:</p> <p>-He/She was under the age of 18.</p> <p>-He/She was in high school.</p> <p>-He/She was hired as a dietary aide.</p> <p>-He/She was placed on a mandatory staffing calendar to meet the minimum requirements for fire code.</p> <p>-He/She worked on overnight shift in June until approximately 4:00 A.M.</p> <p>-He/She passed ice and answered the call lights.</p> <p>Review of the facility Dietary Aide Job Description copyrighted in 2023, showed:</p> <p>-The required qualification for a dietary aide was to have a high school diploma.</p> <p>-The purpose of the position was to provide assistance in all food functions as directed/instructed and in accordance with established food policies and procedures.</p> <p>During an interview on 6/18/25 at 4:46 P.M. the Administrator said:</p> <p>-He/She was aware that noncertified staff were being mandated to come in on the night shift.</p> <p>-He/She was the one who mandated this in order to try to have enough staff to meet fire code regulations.</p> <p>-He/She was not aware that any of the noncertified staff were instructed to provide nursing aide hands on cares to the residents.</p> <p>-He/She would not expect any staff member who was not certified or had the proper training to be performing hands on resident cares.</p> <p>(continued on next page)</p>

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0839</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Requested the job description for non-certified staff and the environmental services was not provided.</p> <p>Complaint: MO00255047</p>