

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

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No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>265503                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                   | (X3) DATE SURVEY<br>COMPLETED<br><br>11/17/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Heartland Care and Rehabilitation Center                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>2525 Boutin Drive<br>Cape Girardeau, MO 63701 |                                                 |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                            |                                                 |
| F 0584<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to provide a clean, comfortable, and homelike environment. This deficient practice had the potential to affect all residents in the facility. The facility census was 63. Review of the facility's policy titled, Maintenance Service, dated December 2009, showed:</p> <ul style="list-style-type: none"><li>- The maintenance department is responsible for maintaining the building, grounds, and equipment in a safe and operable manner at all times;</li><li>- Functions of maintenance personnel include maintaining the building in good repair and free from hazards;</li><li>- The maintenance director is responsible for developing and maintaining a schedule of maintenance service to assure that the buildings, grounds, and equipment are maintained in a safe and operable manner.</li></ul> <p>Observation on 09/30/25 at 11:24 A.M., of room [ROOM NUMBER] showed:</p> <ul style="list-style-type: none"><li>- The bathroom door could not be opened.</li></ul> <p>During an interview on 10/01/25 at 10:17 A.M., the resident in room [ROOM NUMBER] said he/she could not open the bathroom door, and it needed to be fixed.</p> <p>Observation on 09/30/25 at 11:30 A.M., of the [NAME] Court shower room showed:</p> <ul style="list-style-type: none"><li>- Eight broken tiles with pieces missing on the left side of the shower floor;</li><li>- Approximately 15 tiles cracked throughout the shower floor;</li><li>- Two tiles missing around the drain of the shower.</li></ul> <p>Observation on 10/02/25 at 11:55 A.M., of room [ROOM NUMBER] showed:</p> <ul style="list-style-type: none"><li>- Two 1-inch holes in the wall above the toilet tissue holder in the bathroom.</li></ul> <p>Observation on 10/03/25 at 10:00 A.M., of room [ROOM NUMBER] showed:</p> <ul style="list-style-type: none"><li>- Two 1-inch holes in the wall above the name plate outside of the room.</li></ul> <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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0584</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>During an interview on 10/03/25 at 9:07 A.M., the Maintenance Director said staff either tell him/her in person or wrote it on the maintenance log if there were repairs needed. There were maintenance logs for staff to fill out in the nurse's office on both 100 and 200 Halls. The tiles in the building were old and some of the doors swell during humid conditions.</p> <p>During an interview on 10/03/25 at 9:35 A.M., Certified Medication Technician (CMT) D said maintenance had a board on their office door that he/she wrote repair requests on. The maintenance office had been moved recently, and he/she didn't know where it was currently located.</p> <p>During an interview on 10/03/25 at 9:42 A.M., Licensed Practical Nurse (LPN) E said if he/she found anything that was in need of repair, it was written on the maintenance log to be addressed. The maintenance log was in the nurse's office on each hall.</p> <p>During an interview on 10/03/25 at 9:45 A.M., Certified Nursing Assistant (CNA) F said if he/she found items in need of repair during the day, he/she would find the maintenance person to tell him/her, and they would fix it right away. On night shift, staff filled out a maintenance log and he/she thought it was located by the reception area at the front of the building.</p> <p>During an interview on 10/03/25 at 9:50 A.M., LPN G said that if he/she found anything in need of repair, it was written on the maintenance log, or he/she told the maintenance staff. The maintenance staff usually fixed the issues quickly.</p> <p>During an interview on 10/03/25 at 11:16 A.M., the Administrator said she would expect the building to be in good repair and identified issues to be addressed in a timely manner.</p> |                                                                                            |                                                 |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and record review, the facility failed to maintain proper infection control practices when providing catheter (a flexible tube inserted into the bladder to drain urine) care for two residents (Residents #7 and #59) out of two sampled residents and blood sugar checks for two residents (Residents #16 and #27) out of five sampled residents. The facility census was 63. Review of the facility's policy titled, Enhanced Barrier Precautions (EBP), dated 2024, showed:</p> <ul style="list-style-type: none"> <li>- EBP refers to an infection control intervention designed to reduce transmission of multidrug-resistance organisms (MDROs) that employs targeted gown, and gloves use during high contact resident care activities;</li> <li>- High contact resident care activities include dressing, bathing, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, wound care, and care of central lines, urinary catheters, feeding tubes, and tracheostomy/ventilator tubes.</li> </ul> <p>Review of the facility's policy titled, Catheter Care, Urinary, dated August 2022, showed:</p> <ul style="list-style-type: none"> <li>- Use a washcloth with warm water and soap to cleanse the insertion site;</li> <li>- Use a clean washcloth with warm water and soap to cleanse and rinse the catheter from the insertion site to approximately four inches outward.</li> </ul> <p>Review of the facility's policy titled, Obtaining a Fingertick Glucose Level, dated October 2011, showed:</p> <ul style="list-style-type: none"> <li>- Wear clean gloves;</li> <li>- Obtain a blood sample by using a sterile lancet;</li> <li>- Place a drop of blood on the reagent strip;</li> <li>- Dispose of the lancet in the sharps disposal container;</li> <li>- Discard disposable supplies in the designated containers;</li> <li>- Clean and disinfect the reusable equipment between uses;</li> <li>- Remove gloves and discard into designated container;</li> <li>- Wash hands.</li> </ul> <p>Review of the facility's policy titled, Standard Precautions, dated October 2018, showed:</p> <ul style="list-style-type: none"> <li>- Gloves are worn when handling or touching resident-care equipment that is visibly soiled or potentially contaminated with blood, body fluids, or infectious organisms.</li> </ul> <p>1. Review of Resident #59's medical record showed:<br/>(continued on next page)</p> |                                                                                            |                                                 |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>- admission date of 07/10/19;</p> <p>- Diagnoses of neuromuscular dysfunction of bladder (muscle and nerve issues leading to bladder emptying problems) and retention of urine;</p> <p>- An order for urinary catheter care to be completed each shift to prevent infection, dated 08/21/24;</p> <p>- An order to implement EBP precautions two times a day, dated 06/13/24.</p> <p>Observation on 10/01/25 at 9:00 A.M., of the resident's catheter care showed:</p> <p>- Certified Nurse Assistant (CNA) C and Registered Nurse (RN) B did not put on a gown and entered the room;</p> <p>- CNA C and RN B performed the resident's catheter care.</p> <p>2. Review of Resident #7's medical record showed:</p> <p>- An admission date of 09/28/18;</p> <p>- Diagnoses of unspecified hydronephrosis (a condition where the kidneys become enlarged due to a blockage in the urinary tract, but the specific cause of the blockage is unknown) and retention of urine (a condition where a person is unable to empty their bladder completely);</p> <p>- An order to clean the suprapubic (a type of indwelling catheter) catheter site daily with wound cleaner, apply triple antibiotic ointment, and cover with a split gauze, dated 12/19/24;</p> <p>- An order to implement EBP precautions two times a day, dated 06/13/24.</p> <p>Observation on 10/01/25 at 9:36 A.M., of the resident's suprapubic catheter care showed:</p> <p>- Registered Nurse (RN) A did not put on a gown, performed hand hygiene, and put on gloves;</p> <p>- RN A wiped the catheter from approximately four inches outward and toward the insertion site with a washcloth and wiped the insertion site with the same area of the washcloth.</p> <p>3. Observation on 10/01/25 at 11:17 A.M., of Resident #27's blood sugar check showed:</p> <p>- RN B carried the entire container of test strips used by multiple residents into the resident's room;</p> <p>- RN B performed hand hygiene, put on gloves, and performed the resident's blood sugar check;</p> <p>- RN B removed the gloves, did not perform hand hygiene, and removed the test strip soiled with the resident's blood from the glucometer (a portable machine used to measure blood sugar levels).</p> <p>4. Observation on 10/01/25 at 11:21 A.M., of Resident #16's blood sugar check showed:</p> <p>- RN B carried the entire container of test strips used by multiple residents into the resident's room;<br/>(continued on next page)</p> |                                                                                            |                                                 |

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| F 0880<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>- RN B performed hand hygiene, put on gloves, and performed the resident's blood sugar check;</p> <p>- RN B removed the gloves, did not perform hand hygiene, and removed the test strip soiled with the resident's blood from the glucometer.</p> <p>During an interview on 10/02/25 at 2:10 P.M., RN A said residents with wounds, drains, and any lines would be on EBP. Gowns and gloves should be worn during care. Urinary catheters should be wiped outward from the insertion site. The container of test strips should not be taken into a resident's room because it would become contaminated, and gloves should be worn when removing the soiled test strip from the glucometer.</p> <p>During an interview on 10/02/25 at 2:20 P.M., RN B said gloves and gowns were to be worn during care of a resident on EBP. Urinary catheters should be cleaned from the insertion site and away. The container of test strips should not be taken into a resident room, and gloves should be worn when removing a soiled test strip from the glucometer.</p> <p>During an interview on 10/03/25 at 11:16 A.M., the Director of Nursing (DON) and the Administrator said they would expect staff to wear gowns during high contact care for residents on EBP. It was not appropriate for staff to carry the container of test strips into each resident's room during blood sugar checks. They would expect staff to wear gloves when removing a soiled test strip from a glucometer.</p> |                                                                                            |                                                 |