

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265531	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2026
NAME OF PROVIDER OR SUPPLIER Heritage Nursing Center - Skilled Nursing by Ameri		STREET ADDRESS, CITY, STATE, ZIP CODE 1802 St Francis Kennett, MO 63857	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<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>Based on observation, interview, and record review, the facility failed to provide a clean and homelike environment by not finding the source of a persistent, lingering, foul odor inside the building. This deficient practice had the potential to affect all residents. The facility census was 48. Review of the facility's policy titled, Safe and Homelike Environment, not dated, showed:- In accordance with resident's rights, the facility will provide a safe, clean, comfortable and homelike environment;- Housekeeping and maintenance services will be provided as necessary to maintain a sanitary, orderly and comfortable environment. Observations showed:- On 02/15/26 at 9:00 A.M., and 2:00 P.M., the facility with strong foul odors near the front entrance, commons area, south and northwest halls;- On 02/16/26 at 8:30 A.M., and 1:00 P.M., the facility with strong foul odors in the commons area, south and northwest halls;- On 02/17/26 at 8:20 A.M., the facility with strong foul odors near the front entrance, south and northwest halls;- On 02/17/26 at 9:45 A.M., the Administrator cleaned the carpet with a towel and spray bottle on the south hall;- On 02/18/26 at 8:30 A.M., and 2:20 P.M., the facility with a strong foul odor at the front entrance. During an interview on 02/18/26 at 1:30 P.M., Certified Nurse Aide (CNA) D said there were odors that linger at times in the facility and were really strong at times. During an interview on 02/18/26 at 2:20 P.M., CNA E said there were odors in the facility at times and for the most part was just a stale smell of some kind. He/She never reported it to anyone due to thinking all staff could smell the odors. During an interview on 02/18/26 at 2:55 P.M., the Administrator said she had someone report to her today the facility had strong odors. She knew the northwest hall smelled because some of the male residents urinated on the floors when using the bathroom. Complaint #2743167</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 265531	If continuation sheet Page 1 of 3

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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 interview and record review, the facility failed to provide resident care for activities of daily living (ADLs) when the residents did not receive scheduled showers for six residents (Residents #1, #2, #4, #8, #37 and #43) out of 12 sampled residents. The facility census was 48. Review of the facility's policy titled, Resident Showers, not dated, showed:- It is the practice of this facility to assist residents with bathing to maintain proper hygiene, stimulate circulation, and help prevent skin issues as per current standards of practice:- Resident will be provided showers as per request, or as per facility schedule and based upon resident safety;- Partial baths may be given between regular shower schedules;- Did not address residents receiving shower/baths given by hospice staff. 1. Review of Resident #1's medical record showed:- admitted on [DATE];- Diagnosis of cerebrovascular (stroke) event with hemiplegia (total paralysis on one side of the body) and hemiparesis (weakness or partial paralysis on one side of the body);- Dependent upon staff for bathing. Review of the resident's Shower Schedule, dated 01/01/26 - 02/18/26, showed:- The resident scheduled bed baths/showers from the hospice staff on Tuesday and Thursday. Review of the resident's Hospice Shower Sheets, dated 01/01/26 - 02/18/26, showed:- The resident did not receive a shower/bed bath on 01/01/26, 01/22/26, 01/26/26, 01/29/26, and 02/17/26;- Five missed out of 13 opportunities. During an interview on 02/18/26 at 1:40 P.M., Certified Nurse Aide (CNA) D said when the facility had a shower aide, then the shower aide did the resident's showers. However, when the facility did not have a shower aide, then the assigned aide on the hall gave the showers when scheduled. CNA D said he/she had never given Resident #1 a shower or bath. Hospice did his/her showers. 2. Review of Resident #2's medical record showed:- admitted on [DATE];- Diagnoses of right femur (thigh bone) fracture, history of falls, depression (a serious medical illness that negatively affects how you feel, the way you think and how you act)and anxiety (persistent worry and fear about everyday situations);- Substantial/maximal assistance with bathing and showers. Review of the resident's Shower Schedule, undated, showed:- The resident scheduled for showers on Tuesday and Friday. Review of the resident's Shower Sheets, dated 01/01/26 - 02/18/26, showed:- The resident did not receive a shower on 01/02/26, 01/13/26, 01/16/26, 01/20/26, 01/23/26, 01/27/26, 01/30/26, 02/03/26, 02/06/26, 02/10/26, 02/13/26, and 02/17/26;- 12 missed out of 13 opportunities for scheduled showers. During an interview on 02/18/26 at 10:38 A.M., Resident #2 said staff sometimes assisted him/her with bathing while in bed or at the table beside his/her bed. 3. Review of Resident #4's medical record showed:- admitted on [DATE];- Diagnoses of chronic obstructive pulmonary disease (COPD - a chronic inflammatory lung disease that causes obstructed airflow from the lungs), depression, anxiety, Alzheimer's disease (progressive mental deterioration), dementia (a disorder marked by memory loss, personality changes, and impaired reasoning that interferes with daily functioning), schizophrenia (a condition characterized by abnormal thought processes and deregulated emotions), and urinary tract infection (UTI - a kidney or bladder infection);- Substantial/maximal assistance with bathing and showers;- Severely impaired vision. Review of the resident's Shower Schedule, undated, showed:- The resident scheduled for showers on Monday and Thursday. Review of the resident's Shower Sheets, dated 01/01/26 - 02/18/26, showed:- The resident did not receive a shower on 01/01/26, 01/05/26, 01/08/26, 01/12/26, 01/19/26, 01/29/26, 02/02/26, 02/05/26, 02/09/26, 02/12/26, and 02/16/26;- 11 missed out of 14 opportunities for scheduled showers. 4. Review of Resident #8's medical record showed:- admitted on [DATE];- Diagnosis of cerebrovascular event with hemiplegia and hemiparesis;- Substantial/maximal assistance with bathing and showers. Review of the resident's Shower Schedule, undated, showed:- The resident scheduled for showers on Tuesday and Friday. Review of the</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 - Few</p>	<p>resident's Shower Sheets, dated 01/01/26 - 02/18/26, showed:- The resident did not receive a shower/bed bath on 01/02/26, 01/06/26, 01/09/26, 01/13/26, 01/16/26, 01/20/26, 01/23/26, 01/30/26, 02/06/26, 02/10/26, 02/13/26, and 02/17/26;- 12 missed out of 14 opportunities for scheduled showers. During an interview on 02/18/26 at 9:34 A.M., Resident #8 said he/she did not get showers twice a week. 5. Review of Resident #37's medical record showed:- admitted on [DATE];- Diagnoses of heart failure, muscle wasting, and stroke with hemiplegia and hemiparesis;- Partial to moderate assistance with bathing and showers. Review of the resident's Shower Schedule, undated, showed:- The resident scheduled for showers on Monday and Thursday during the morning. Review of the Resident's Shower Sheets, dated 01/01/26 - 02/18/26, showed:- The resident did not receive a shower on 01/01/26, 01/05/26, 01/08/26, 01/12/26, 01/15/26, 01/19/26, 01/22/26, 01/26/26, 01/29/26, 02/02/26, 02/05/26, 02/09/26, 02/12/26, and 02/16/26;- 14 missed out of 14 opportunities for scheduled showers. During an interview on 02/15/26 at 11:38 A.M., Resident #37 said he/she thought his/her assigned shower day was Friday and couldn't remember the last time he/she had a shower or bed bath. 6. Review of Resident #43's medical record showed:- admitted on [DATE];- Diagnosis of cerebrovascular event with hemiplegia and hemiparesis;- Substantial/maximal assistance with bathing and showers. Review of the resident's Shower Schedule, undated, showed:- The resident scheduled for showers on Tuesday and Friday. Review of the resident's shower sheets, dated 01/01/26 - 02/18/26, showed:- The resident did not receive a shower/bed bath on 01/02/26, 01/09/26, 01/13/26, 01/16/26, 01/23/26, 01/27/26, 01/30/26, 02/06/26, 02/13/26, and 02/17/26;- 10 missed out of 14 opportunities for scheduled showers. During an interview on 02/18/26 at 9:35 A.M., Resident #43 said he/she did not get a shower twice a week and was lucky to get one a week because staff always told him/her it wasn't his/her shower day. During an interview on 02/18/26 at 3:01 P.M., the Director of Nursing (DON) said he would expect residents to receive a shower at least twice a week. Staff did not give hospice residents showers on a regular basis, only if there was some kind of accident or need. He tried to check the shower sheets every three to four days to make sure staff were doing showers like they should. He said the facility didn't contact hospice on why showers/baths weren't given for a resident. If showers/baths weren't documented as given, it was probably because the resident refused it. During an interview on 02/18/26 at 3:27 P.M., the Administrator said she expected the residents to get at least two showers a week. She expected the DON and ADON to check the shower sheets regularly and if a resident had refused a shower, for it to be documented.</p>		