STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265531	A. Building B. Wing	02/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Nursing Center - Skilled Nursing by Ameri	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)
F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure that a working call system is available in each resident's bathroom and bathing area. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure all components of the call light system was functioning correctly. The facility also failed to ensure call lights were placed within reach to meet resident needs. This deficient practice had the potential to affect all the residents in the facility. The facility census was 48.Review of the facility's policy titled, Call Lights: Accessibility and Timely Response, revised 2025, showed:- The purpose of this policy is to assure the facility is adequately equipped with a call light at each resident's bedside, toilet, and bathing facility to allow residents to call for assistance. Call lights will directly relay to a staff member or centralized location to ensure appropriate response;- All staff will be educated on the proper use of the resident call system, including how the system works and ensuring resident access to the call light;- All residents will be educated on how to call for help by using the resident call system;- Staff will ensure the call light is within reach of resident and secured, as needed;- The call light system will be accessible to residents while in their bed or other sleeping accommodations within the resident's room;- The call system must be accessible to the resident at each toilet and bath and shower facility. The call system should be accessible to a resident lying on the floor;- Staff will report problems with a call light or the call system immediately to the supervisor and/or maintenance director and will provide immediate or alternative solutions until the problem can be remedied;- Ensure the call system alerts staff members directly or goes to a centralized staff work area;- All staff who see or hear an activated call light are responsible for responding. If the staff member cannot provide what the resident desires, the appropriate personnel should be identified. Review of Resident Council Meeting minutes showed:- [DATE], unanswered call light complaints addressed for one hour or more with a resolution to notify the Director of Nursing (DON) of a concern;- [DATE], staff taking too long to get residents to the restroom complaints with a resolution to notify the DON of a concern;- [DATE], call lights being on too long complaints with no documentation of a resolution. Observation on [DATE] showed:- At 2:48 P.M., Resident #29 lay in bed with the call light out of reach of the resident where it lay on the floor; - At 2:49 P.M., Resident #7 lay in bed with the call light out of reach of the resident where it lay on the floor;- At 2:50 P.M., Resident #24 lay in bed with the call light out of reach of the resident where it lay on the floor;- At 2:51 P.M., Resident #30 lay in bed with the call light out of reach of the resident where it lay on the floor;- At 2:52 P.M., Resident #4 lay in bed with the call light out of reach of the resident where it lay on the floor;- At 2:53 P.M., Resident #43 lay in bed with the call light out of reach of the resident where it lay on the floor; - At 2:54 P.M., Resident #35 lay in bed with the call light out of reach of the resident where it lay on the floor; - 2:55 P.M., showed Resident #39 lay in bed with the call light out of reach of the resident where it lay on the floor. Observations on [DATE] at 2:55 P.M. of the Call Light Indicator panel, located on the wall at the main nurses' station on the North Hall, showed each call light in each room on the North Hall had a corresponding light on the panel. When a call light was activated in a room, the indicator light on the panel would turn red and light up. During this observation, red lights activated for rooms N#3 and N#4. No audible sound came from the indicator panel. Observations on [DATE] at 2:57 P.M., showed no light indicated an activated call light above any of the resident doorways on the North Hall. No audible sound indicated a call light (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	was on. During an interview on [DATE] at 2:59 P.M., Certified Nurse Assistant (CNA) A said he/she monitored the call light indicator panel to see if there were any rooms with red lights to show a call light was activated. The call light panel did not always make a sound, and if it did, the sound was very faint because there wasn't much volume to it. The facility was aware of the concern. Observations on [DATE], of the Call Light Indicator panel on the Homeward Bound Hall, showed:- At 8:26 A.M., room [ROOM NUMBER] with a red light activated on the call light system panel and no audible sound;- At 8:44 A.M., room [ROOM NUMBER] with a red light activated on the call light system panel and no audible sound;- At 8:46 A.M., room [ROOM NUMBER] with a red light activated on the call light system panel and no audible sound;- At 8:48 A.M., room [ROOM NUMBER] with a red light activated on the call light system panel and no audible sound;- From 8:26 A.M. - 8:50 A.M., CNA C walked by the call light system panel as he/she picked up the breakfast meal trays and exited the unit with the breakfast meal cart;- From 8:26 A.M. - 8:50 A.M., Registered Nurse (RN) A sat at the nurse's station with his/her back to the call light system panel. Observations on [DATE] at 8:51 A.M., showed no light indicated an activated call light above any of the resident doorways on the Homeward Bound Hall. No audible sound indicated a light was on. During an interview on [DATE] at 8:53 A.M., CNA C said he/she had a concern with the call light system not making an audible sound. He/She had been employed at the facility for some time and the call light system never made an audible sound. The facility was aware of the concern. During an interview on [DATE] at 8:58 A.M., RN A said the call light panel had never made an audible sound for the rooms on the Homeward Bound Hall since he/she had been employed. Facility administration was aware of the concern that there was no audible alert for a call light. During the Resident Council Meeting on [DATE] at 9:37 A.M., Residents #8, #9, and #43 said they had concerns related to the call lights not being answered in a timely manner. The three residents did not know if the reason for the delay was staffing, or the call lights themselves not operating correctly. The three residents said call lights and the delay in answering them had been a topic at the last few Resident Council meetings. Observations on [DATE] at 4:06 P.M., of the Homeward Bound Hall, showed:- room [ROOM NUMBER]'s bathroom emergency call light pushed by the Administrator to activate the light; - room [ROOM NUMBER] call light with a red light activated on the unit's call light system panel and no audible sound. During an interview on [DATE] at 3:02 P.M., the Administrator said there was no way to turn the call light volume up or down. It did not make a noise for homelike environment purposes. There was no report to check call light times to see how long lights had been activated. Staff used the call light board at the main nurse's wing to see when call lights were on, but usually the residents just told them or yelled out when they needed something. The call light system didn't have any type of visual lights near the resident rooms to alert staff a call light was activated. She would expect call lights to be within reach at all times of the residents. During an interview on [DATE] at 4:14 P.M., the Administrator said she was not aware the call lights in Room N3 and Room N5 did not make an audible sound at times and no reports from staff had been made regarding the issue. She was aware of staff requests for lights to be placed on the outside of resident rooms for visual monitoring. She was not aware the call light system on the unit did not have an audible sound for staff to hear. Staff had not made her aware of the unit concern and no reports had been brought to her attention on the issue.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. 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

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F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. Based on interview and record review, the facility failed to follow per the facility policy to complete a criminal background check (CBC) for one employee of eight sampled employees prior to hire. The facility census was 48.Review of the facility policy titled, Criminal Background Checks, not dated, showed:- The facility representative shall be responsible for processing a criminal background check on each employee, prior to the employee starting the job, in which they have been hired;- The purpose is to comply with Criminal Records Review Law (House [NAME] 1362) requiring criminal background checks be done on all applicants through a qualified agency;- Once the information on the applicant is received by the facility, and no pertinent criminal history is indicated, the applicant may begin work. 1.Review of Employee C's personnel file showed:- A hire date of 11/06/25;- No documentation the CBC was completed before the employee's hire date. During an interview on 02/18/26 at 1:45 P.M., the Director of Nursing (DON) said she was responsible for doing the CBCs on employees and did not know how this one was missed. During an interview on 02/18/26 at 1:50 P.M., the Administrator said the CBC should be checked on all new hires before they began work in the facility. The DON was responsible for doing the pre-hire paperwork and the Administrator was responsible for making sure everything was completed, but the paperwork did not get to her. She did not know what happened in this case.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **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 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 (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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.

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. Based on observation, interview, and record review, the facility failed to follow physician's orders for one resident (Resident #37) out of one sampled resident with a PureWick (a type of external catheter). The facility census was 48. Review of the facility's policy titled, External Catheter for Urinary Incontinence Management, undated, showed:- The Interdisciplinary Team (IDT) will review and determine along with the practitioner which resident(s) would be appropriate for the use of an external catheter to manage urinary incontinence;- The nurse will obtain and verify the physician's order for use of the external catheter. 1. Review of Resident #37's medical record showed:- A diagnosis for overactive bladder, dated 04/17/25;- An order for a PureWick external catheter at bedtime, place in the evening, 04/18/25;- An order for a PureWick external catheter at bedtime, remove in the morning, 04/18/25. Observations on 02/15/26 at 11:38 A.M., 02/15/26 at 1:17 P.M., 02/17/26 at 10:28 A.M., and 3:36 P.M., and 02/18/26 at 12:49 P.M., showed the resident sat in a recliner in his/her room with the PureWick catheter in place. Observation on 02/16/26 at 2:38 P.M., showed the resident lay in bed with the PureWick in place. Observation on 02/18/26 at 9:28 A.M., showed:- The resident sat in a recliner;- Certified Nurse Aide (CNA) F put on gloves and placed the PureWick for the resident. During an interview on 02/18/26 at 9:28 A.M., CNA F said he/she placed the PureWick external catheter every morning because that's what the resident wanted. During an interview on 02/15/26 at 11:38 A.M., Resident #37 said he/she wore the PureWick anytime he/she was in the recliner or in the bed because that was what when he/she wanted to wear it. During an interview on 02/18/26 at 1:39 P.M., the Director of Nursing (DON) said the PureWick was only ordered for the resident at nighttime, but the family and the resident insisted the PureWick was in place at all times. The staff hadn't notified the physician the resident wore it more often that what was ordered because it was the resident's decision to do so. During an interview on 02/18/26 at 1:44 P.M., CNA A said the PureWick was on the resident during the day because the resident asked for it to be put in place. During an interview on 02/18/26 at 2:27 P.M., CNA E said he/she put the PureWick in place because the resident always asked for it to be applied. During an interview on 02/18/26 at 3:25 P.M., the Administrator said the PureWick external catheter should be applied to the resident as ordered by the physician.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on observation, interview, and record review, the facility failed to reconcile the overflow (extra, not currently in use) narcotics (a process to count and document the exact narcotic inventory on hand) for one out of two observed medication carts. This practice affected one resident (Resident #16) and could potentially affect all residents. The facility census was 48.Review of the facility's policy titled, Controlled Substance Administration and Accountability, not dated, showed:- Two licensed nurses or a licensed nurse and Certified Medication Technician (CMT) account for all controlled substances and access keys at the end of each shift. Observation on 02/16/26 at 3:15 P.M., of the Northwest Hall medication cart showed: - One card of hydrocodone/acetaminophen (a narcotic medication used for pain control) 10/325 milligram (mg) with 30 tablets for Resident #16's;- One card of gabapentin (a controlled nerve pain medication) 100 mg with 16 tablets for Resident #16's. Review of the Northwest Hall Overflow (extra, not currently in use) Narcotic Count Log on 02/16/26 at 3:16 P.M., showed:- No documentation for 30 tablets of hydrocodone/acetaminophen 10/325 mg for Resident #16;- No documentation for 16 tablets of gabapentin 100 mg for Resident #16. During an interview on 02/16/26 at 4:17 P.M., Licensed Practical Nurse (LPN) I said they did not reconcile the overflow narcotic medications at the change of every shift like they should. During an interview on 02/16/26 at 4:20 P.M., CMT L said that he/she did not reconcile the overflow narcotic medications every shift change. During an interview on 02/16/26, at 4:26 P.M., the Director of Nursing (DON) said he expected staff to reconcile the narcotic medications and the overflow narcotic medications at each shift change. During an interview on 02/18/26, at 3:26 P.M., the Administrator said she expected staff to reconcile all narcotic medications on the medication cart which included the overflow narcotic medications every shift change.