

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265581	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/06/2026
NAME OF PROVIDER OR SUPPLIER  Kingdom Care Senior Living LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  811 Center Street Fulton, MO 65251	

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 0838</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies.</p> <p>Based on interview and record review, facility staff failed to conduct and document an annual facility-wide assessment to determine what resources are necessary to care for facility residents competently during both day-to-day operations and emergencies as required. The facility census was 26. 1. Review of the facility's Facility Assessment Report, dated July 2024, showed the assessment did not contain information on staffing for day-to-day operations and emergencies as required. During an interview on 1/6/25 at 10:02 A.M., Licensed practical Nuse (LPN) A said he/she is responsible for the nursing staff schedule. He/She said he/she schedules a consistent schedule based on the census and not according to resident acuity. He/She said he/she does not know what the facility assessment directs for staffing. During an interview on 1/6/25 at 11:01 A.M., the corporate director of finance said the previous administrator left abruptly and he/she at the facility to help until a new administrator is hired. He/She said the July 2024 is the only facility assessment the facility has and he/she does not know how often it needs to be updated. He/She said he/she does not know why the previous administrator did not keep up with the facility assessment. He/She said LPN A does the staffing schedule. During an interview on 1/21/26 at 9:09 A.M., The corporate administrator said the facility has been without a director of nursing (DON) since 12/16/25. He/She said they had one hired for start date of 1/5/26 but he/she let them know 12/29/25 that he/she had taken a different position. He/She said there are adds out on indeed and multiple other places to hire a DON. He/She said the Assistant DON who is a Registered Nurse (RN) returned to work on 1/19/26 and will be placed in the role of DON until one is hired. He/She said the facility has a new administrator that starts on 1/26/25. Complaint #2708397</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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