STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265593	A. Building B. Wing	06/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hartville Care Center	649 West Rolla Street Hartville, MO 65667

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 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on interview and record review, the facility failed to keep residents free accidents when staff failed to transfer one resident (Resident #1) per the resident's care plan and therapy assessment/direction resulting in a fall and bilateral tibia plateau fractures (break in the top of the shinbones). The facility census was 43.Review of the facility's policy titled Transfer Activities, undated, showed the following:-To transfer the resident from bed to chair, toilet, or tub safely with mechanical lift, or positioning devices, obtain assistance of another individual if necessary for safe transfer;-Obtain equipment from designated area and bring it to bedside. 1. Review of Resident #1"s face sheet (brief resident profile sheet) showed the following:-readmission date of 06/18/26;-Diagnoses included frontal lobe and executive function deficit following cerebral infarction (affects the blood flow to the brain and cuts off supply to brain cells which manages thinking, emotions, judgement, self-control and muscle movements), fracture of upper and end of left tibia (fracture or break in the shinbone just below the knee), chronic pain, morbid obesity (excess weight), paraplegia (inability to voluntarily move the lower parts of the body), muscle weakness, and depression (persistent sadness). Review of the resident's care plan, dated 01/30/26, showed the following:-Resident at risk of falls;- During transfers monitor for any new changes in balance;-Assist resident with daily living needs related to little to no functioning in legs;-Resident requires two staff to assist with transfers using the sit-to-stand (mechanical lift);-Resident is not actually appropriate for sit-to-stand due to not being able to support 25%-75% of his/her weight with legs, but resident does support a significant amount of weight with his/her arms;-Facility staff use sit-to-stand so staff can pull pants up and down when toileting;-Use sit-to-stand in room to toilet;-Resident required substantial assist with toileting, showering, dressing, personal hygiene, sit to stand, and transfers. Review of the resident's admission Minimum Data Set (MDS - a federally mandated assessment instrument completed by facility staff), dated 04/15/26, showed the following information:-Cognitively intact;-Impairment to both sides of lower extremities;-Dependent on staff with toileting, personal hygiene, showers, and upper body dressing;-Dependent upon staff for lower body dressing. Review of the resident's physical therapy (PT) treatment note, dated 06/11/26, showed the following:-Resident educated on safely sequencing transfers as well as hand placement with resident continuing to require verbal cues to remind resident to reach back for armrests when sitting and push up from the armrests when standing to decrease change of fall with functional activities. Review of the resident's occupational therapy (OT) note, dated 06/12/26, showed the following:-Resident completed toilet transfer;-Staff training initiated/included transfer to/from wheelchair at grab bars with minimum assistance of two staff for safety with balance/activity tolerance/BLE (bilateral lower extremities) management. Review of the resident's progress note dated 06/14/26, at 5:06 P.M., showed the resident had a witnessed fall with no injury. Resident was being transferred from commode to wheelchair when his/her knee gave out and he/she went down on his/her knees. Certified nurse aide (CNA) had gait belt on the resident and held onto it but was unable to slow the resident down. The resident landed on both of his/her knees Review of resident's OT notes, dated 06/15/26, showed the following:-The resident experienced a recent fall when staff that (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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