

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265598	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2025
NAME OF PROVIDER OR SUPPLIER Brunswick Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 721 West Harrison St Brunswick, MO 65236	
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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>Based on interview and record review, the facility failed to provide a Registered Nurse (RN) eight consecutive hours a day, seven days a week and did not have a full-time director of nursing. The facility census was 36. Review of the facility's Registered Nurse (RN) Policy, revised on 4/30/24, showed the following:- Full time is defined as working 40 or more hours a week;-The facility will utilize the services of a registered nurse for at least eight consecutive hours per day, seven days per week;-The facility will designate a registered nurse to serve as the director of nursing on a full time basis. 1. Review of the nursing staff schedule, dated 7/1/25 through 7/5/25, showed no documentation of RN coverage on 7/1/25, 7/4/25, and 7/5/25. Review of the nursing staff schedule, dated 7/6/25 through 7/12/25, showed no documentation of RN coverage on 7/6/25, 7/7/25, 7/8/25, 7/9/25, 7/10/25, 7/11/25 or 7/12/25. Review of the nursing staff schedule, dated 7/13/25 through 7/19/25, showed no documentation of RN coverage on 7/13/25, 7/14/25, 7/15/25, 7/16/25, 7/17/25, 7/18/25 and 7/19/25. Review of the nursing staff schedule, dated 7/20/25 through 7/26/25, showed no documentation of RN coverage on 7/20/25, 7/21/25, 7/22/25, 7/23/25, 7/24/25, 7/25/25 and 7/26/25. Review of the nursing staff schedule, dated 7/27/25 through 7/31/25, showed no documentation of RN coverage on 7/27/25, 7/28/25, 7/29/25, 7/30/25 and 7/31/25. 2. Review of the nursing staff schedule, showed no documentation of hours for the Director of Nursing for 7/1/25 through 7/31/25. 3. During an interview on 7/31/25 at 2:44 P.M., the administrator said the following:-The interim DON was a corporate nurse, who had to share time with another facility that did not have a DON;-The interim DON was onsite two days a week; -She did not think the interim DON kept a record of the days she worked at the facility;-When the interim DON was onsite, she monitored medication orders, medication administration, medication and supply availability, presence of documentation, and documentation accuracy;-The facility was able to borrow a Licensed Practical Nurse (LPN) from another facility for coverage, but had not been able to borrow a registered nurse. During an interview on 7/31/25 at 3:00 P.M., the DON said the following:-She was a corporate regional nurse that started coverage for the facility on 6/28/25;-She was aware the facility was out of compliance, but they were working on finding replacements;-She had two facilities she was covering as director of nursing;-She was onsite at the facility twice a week, but last week she only made it in one day;-The days she was onsite, she checked medication orders, checked the administrations were recorded, checked documentation, and discuss the status and orders on the residents with wounds to make sure the wounds were healing and give instructions to the nurses to implement for wound care;-The facility did not have any other registered nurses to meet the eight hour per day coverage. Complaint 1761706</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: 265598
		If continuation sheet Page 1 of 1