

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265632	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/28/2025
NAME OF PROVIDER OR SUPPLIER  Hickory Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 209 Hickory Street Licking, MO 65542	

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 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>Based on observation, interview, and record review, the facility failed to provide showers for one resident (Resident #1) out of four sampled residents. The facility's census was 39</p> <p>Review of facility's policy titled, Bath, Shower/Tub dated 2001, showed:</p> <ul style="list-style-type: none"> <li>- The purpose of this procedure is to promote cleanliness, provide comfort to the resident and to observe the condition of the resident's skin. Resident will have bath/shower per their request;</li> <li>- Documentation: the date, time the shower/tub bath was performed; name and title of who performed shower/tub bath; all assessment data (skin assessment) obtained during shower/tub bath; If resident refused the shower/tub bath and reasons; Notify supervisor if the resident refuses the shower/tub bath with reasons.</li> </ul> <p>Review of Resident #1's medical record showed:</p> <ul style="list-style-type: none"> <li>- An admission date of 02/04/25;</li> <li>- Diagnoses of hypertension (high blood pressure), Peripheral vascular disease (a slow and progressive circulation disorder caused by narrowing, blockage or spasms in a blood vessel), chronic obstructive pulmonary disease (a group of lung diseases that block airflow, making it difficult to breathe), chronic pain, arthritis, Stage Three Pressure Ulcers ( involves full-thickness skin loss, exposing the subcutaneous tissue) and Stage Two Pressure Ulcer (involves partial-thickness skin loss, exposing the dermis, and may present as a shallow open ulcer with a red or pink wound bed, or as an intact or open/ruptured blister. The wound bed should be viable);</li> <li>- Minimum Data Set (MDS) showed resident is dependent, requires partial/moderate assistance with shower/bathing and personal hygiene;</li> <li>- Progress notes, 04/24/25 to 5/22/25 showed no documentation related to refusal of showers or not receiving showers.</li> </ul> <p>Review of facility's shower assignment sheet showed resident was scheduled for showers every Wednesday and Saturday.</p> <p>Review of Resident #1's weekly shower sheets 05/02/25 to 05/22/2025 showed He/She received a shower on Monday, 05/02/25, and Thursday, 05/15/25</p> <p>(continued on next page)</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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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation of Resident #1 showed his/her hair to be greasy and a general unkempt appearance.</p> <p>During an interview on 05/22/25 at 1:00 P.M. Resident #1 said:</p> <ul style="list-style-type: none"> <li>- He/She has not had a shower in the past ten days;</li> <li>- He/She frequently went without showers for ten to fourteen days;</li> <li>- He/ She did want his her showers twice a week.</li> </ul> <p>During an interview on 05/22/25 at 1:20 P.M., Certified Nurse Assistant (CNA) A said:</p> <ul style="list-style-type: none"> <li>- Residents are scheduled for showers at least twice a week;</li> <li>- A shower sheet is completed for resident and the CNA signs off and turns it in to the charge nurse;</li> <li>- If a resident refuses a shower, the resident signs a refusal if able and it is reported to the charge nurse to follow up on;</li> <li>- Any abnormalities or problems are reported to the charge nurse.</li> </ul> <p>During an interview on 05/22/25 at 1:28 P.M., Licensed Practical Nurse (LPN) B said:</p> <ul style="list-style-type: none"> <li>- Residents are assigned showers twice a week;</li> <li>- Shower list is at the nurses station;</li> <li>- If a resident refused a shower, staff will go back later and offer shower again;</li> <li>- The CNAs complete shower sheets and turn in to charge nurse and charge nurse reviews them, signs them and turns them in to the Director of Nurses.</li> </ul> <p>During an interview on 05/22/25 at 4:00 P.M., the Director of Nurses (DON) said:</p> <ul style="list-style-type: none"> <li>- Residents are assigned showers twice a week;</li> <li>- Shower list is at the nurses station;</li> <li>- If resident refused shower, staff will go back later and offer shower again;</li> <li>- The CNAs complete shower sheets and turn in to charge nurse and charge nurse reviews them, signs them and turns them in to the Director of Nurses;</li> <li>- Resident # 1 did not complain about not getting showers twice a week so did not know there was a problem about him/her not getting showers;</li> </ul> <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>- Residents should receive showers at least twice a week and should have follow up to ensure they are receiving showers.</p> <p>Compliant #MO00254267</p>		