

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265633	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/03/2025
NAME OF PROVIDER OR SUPPLIER Cameron Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 801 Euclid Cameron, MO 64429	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations and interviews, the facility failed to maintain a clean, neat and orderly environment in the resident room [ROOM NUMBER] and shared resident restrooms for room numbers 201, 202, 203, and 204. restrooms. The facility census was 75. Review of the facility's undated Resident Rooms Cleaning policy showed:-Staff are to pick up any trash off the floors and counters, take out trash;-Look around room from ceiling down for cobwebs/dust, wipe off windowsills, night stands, dressers, TV stands, TVs and picture frames;-Use clean rag to wipe off door knobs and light switches, clean off counters beside and around sink, clean sink and faucet, clean mirror;-Sweep and mop floor, ring out mop pads, change mop x2 for each room, if there is a fall mat, clean/mop under the fall mat; -Clean bathroom, handrails, toilet, mop floor, wipe off walls. 1. Observation of the resident restroom in room [ROOM NUMBER] on November 3, 2025, at 12:12 P.M., showed:-A dried, brown substance on the door frame, door and toilet tank; -A puddle of liquid on the floor next to the toilet; -The graduate (container used to measure urine) used to empty the catheter bag on top of the toilet tank, uncovered, with yellow liquid in the bottom of the graduate; -A strong smell of urine.2. Observation of the restroom shared between resident rooms #203 and #204 on November 3, 2025, at 12:45 P.M., showed:-A dried, brown substance on the toilet riser and toilet tank;-A puddle of liquid on the floor next to the toilet; -A strong smell of urine.3. Observation of the restroom shared between resident rooms #201 and #202, on November 3, 2025, at 12:19 P.M., showed:-Dried yellow substance on the toilet seat;-A strong smell of urine.4. During an interview on November 3, 2025 at 1:39 P.M., Housekeeper A stated:-When he/she cleaned the resident restrooms, he/she scrubbed the toilet, mopped the floor and behind the toilet, swept the floor. He/She also took a rag and wiped down the toilet seat, toilet tank, doors and other surfaces; -There should not be dried substances on any surface of the restroom or puddles on the floor. During an interview on November 3, 2025 at 1:37 P.M., Certified Nurses Assistant (CNA) A stated:-The resident bathrooms should be cleaned daily and if the staff see a restroom that needs attention, they should immediately tell the charge nurse or a member of housekeeping; -The graduate used when emptying a catheter bag should be rinsed after use. It is then supposed stored on the top of the toilet tank, covered. During an interview on November 3, 2025, at 1:45 P.M., Licensed Practical Nurse (LPN) A said:-The resident restrooms are cleaned daily by housekeeping staff;-If a resident, visitor or staff member sees a restroom needs to be cleaned, they should inform the charge nurse, housekeeping or Administrator; -After using the graduate to empty a catheter bag, the graduate should be rinsed then stored on the toilet tank, covered. During an interview on November 3, 2025 at 1:57 P.M., the Administrator said:-It is his/her expectation that the housekeeping staff follow the facility's policy when cleaning resident restrooms; -It is his/her expectation that resident restrooms are cleaned daily and as needed; -There should not be dried substances on the toilet, riser or any other surface;-There should not be a strong odor; -After staff use the graduate to empty a catheter bag, they should then rinse it out, and place it, covered on the toilet tank. Complaint 2655967</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265633	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/03/2025
NAME OF PROVIDER OR SUPPLIER Cameron Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 801 Euclid Cameron, MO 64429	

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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265633	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/03/2025
NAME OF PROVIDER OR SUPPLIER Cameron Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 801 Euclid Cameron, MO 64429	
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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations and interviews, the facility failed to provide appropriate and adequate methods for residents to call for staff while the call light system is being repaired. Resident #1 experienced shortness of breath when being required to use a whistle to summon staff while the call system is malfunctioning. Other residents (Residents #2, #3, #4) experienced anxiety and emotional distress related to the call system not functioning. Facility census was 75. The facility did not provide a policy on the call light system. 1. Review of Resident #1's electronic medical record on November 3, 2025 showed:-The resident has the diagnoses of acute and chronic congestive heart failure (CHF; a condition where the heart cannot pump blood effectively enough to meet the body's needs), chronic obstructive pulmonary disease (COPD, a group of lung diseases that block airflow and make it difficult to breathe), intervertebral disc degeneration (a condition where the intervertebral discs, which act as cushions between the vertebrae in the spine, gradually deteriorate over time), anemia (a condition where the intervertebral discs, which act as cushions between the vertebrae in the spine, gradually deteriorate over time), chronic respiratory failure, chronic respiratory failure (a condition where the lungs are unable to adequately exchange oxygen and carbon dioxide over a prolonged period), chronic pulmonary edema (a condition where fluid accumulates in the lungs over an extended period, leading to breathing difficulties), diabetes mellitus type 2 (a long-term condition in which the body has trouble controlling blood sugar and using it for energy), chronic kidney disease (CKD, a progressive, irreversible condition where the kidneys are damaged and lose their ability to filter waste and fluids from the blood). Review of the resident's annual Minimum Data Set (MDS, a federally mandated assessment completed by staff) dated August 12, 2025, showed:-The resident had clear speech;-He/She was able to make him/herself understood;-He/She scored 15 on the Brief Interview for Mental Status (BIMS, a structured evaluation aimed at evaluating aspects of cognition in elderly residents), indicating no cognitive impairment;-He/She used a walker and wheelchair for mobility;-The resident required substantial assistance with bathing and moderate assistance with transferring. Review of the resident's comprehensive care plan, dated September 18, 2025, showed;-Interventions related to breathing treatments related to COPD;-Oxygen tank to remain by his/her chair at all times;-The resident was at risk for falls and had an actual fall with minor injury;-Activities of Daily Living (ADL) self-care performance deficit related weakness;-The resident has limited physical mobility related to weakness;-The resident was incontinent of bowel and bladder;-The resident had impaired visual function, shortness of breath, oxygen therapy related to CHF (oxygen as ordered, encourage or assist with ambulation, use portable oxygen tank as required). During an observation and interview on 11/3/25 at 1:02 P. M., Resident #1 said:-It has been two weeks that the call light system has not worked;-The call lights by the beds don't work, but the one in the bathroom does work;-The resident had the whistle on the bedside table next to her bed;-The resident also wears oxygen;-Resident #1 stated that two days ago, the resident needed staff assistance;-He/She blew the whistle for several minutes until he/she was very out of breath;-No staff came to assist the resident, so he/she had to walk to the bathroom and pull the call light next to the toilet;-The resident said that he/she was very short of breath while walking to the bathroom and very afraid he/she was going to fall;-The resident also stated that he/she was afraid that if he/she were to fall, no one would hear the whistle or hear him/her yelling and he/she would lay on the floor for a long time. 2. Review of Resident #2's electronic medical record on November 3, 2025 showed:-Diagnoses included: Diabetes mellitus type 2, dysphagia (difficulty swallowing), cognitive communication deficit (a difficulty with communication that's caused by an underlying issue with cognition), reduced mobility, Melas Syndrome (a rare genetic disorder that affects the mitochondria, the energy-producing organelles within cells), major depressive disorder (a mental health disorder characterized by persistently depressed mood or loss of interest in activities, causing a significant impairment in daily life), anxiety disorder (GAD, a mental health disorder characterized by severe, ongoing anxiety that interferes with daily activities), heart disease (heart conditions that include diseased vessels, structural problems, and blood clots). Review of the resident's quarterly MDS, dated [DATE], showed:-The resident had highly impaired hearing and vision;-He/she scored 15 on the BIMS, indicated no cognitive impairment;-He/She required partial to moderate assistance with ADL's, including bathing, transfers and mobility;-The resident used a walker for mobility. Review of the resident's comprehensive care plan, dated April 14, 2025, showed:-Interventions related to difficulty hearing;-ADL self-care deficit related to activity intolerance/limited balance/limited mobility;-Risk for falls</p>		