STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265634	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lacoba Homes Inc	850 Highway 60 Monett, MO 65708

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 - Minimal harm or potential for 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 observation, interview, and record review, the facility failed to ensure an environment as free from safety hazards as possible when staff failed to transfer a with an appropriate placed gait belt (a transfer belt placed around the waist to assist with standing, walking, or transferring and to help prevent falls) and when staff were not aware of the best manner in which to transfer for one resident (Resident #8) out of 14 sampled residents. The facility census was 44. Review of the facility policy Assistive Lifting Devices, undated, showed the following:-The goal was to decrease possible injuries to all staff and/or residents when transferring, toileting, or ambulating;-Gait belt was to be implemented with all ambulation and transfer procedures. Staff was to explain procedure to resident;-Staff was to place the gait belt securely around the waist on all residents who ambulate;-The belt must be snug as it will loosen when standing;-Always protect women's breasts during placement of belt;-Staff to stand behind and slightly to the side of the resident, on the resident's strong side, and grasp the belt firmly with closed hand palm up. Review of the facility policy Transfer with Gait Belt, showed the following:-Transfer with gait belt was to be used with all transfers unless the resident refused to use the gait belt;-If resident had an ostomy (a surgical opening in the stomach rerouting waste (urine or stool) from the digestive or urinary tract to exit the body in a collection pouch), suprapubic catheter (tube inserted into the bladder through the abdominal wall to drain urine from the bladder) or abdominal incision, the gait belt should be placed around the resident's chest;-Explain procedure to resident;-Place gait belt on the resident. Belt must be snug since it will loosen when resident stands;-Instruct the resident to slide to edge of bed or chair;-For a two-person transfer, each staff should grasp the gait belt toward the resident's back;-Assist resident to stand by both lifting on the gait belt. Assist to pivot and sit down in the chair;-Remove the gait belt; -If a resident was a two-person transfer but needed more assistance, staff can use a mechanical lift if the resident was agreeable.Review of the Missouri Nurse Aide Candidate Handbook, effective January 2026, showed the following: -Properly place the gait belt around the resident's waist to stabilize the trunk; -Tighten the gait belt. Check the gait belt for tightness by slipping fingers between the gait belt and the resident;-Grasp the gait belt with both hands; -Bring the resident to a standing position using proper body mechanics;-Assist the resident in pivoting and sitting in the wheelchair in a controlled manner that ensures safety; -Remove the gait belt. 1. Review of Resident #8's face sheet (admission information at a glance) showed the following:-admission date of 03/03/22;--Diagnoses included vascular dementia (decline in thinking skills from reduced blood flow to the brain which causes issues with reasoning, memory, judgement, and problem-solving) without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety; polyneuropathy (nerve damage affecting multiple peripheral nerves causing numbness, tingling, weakness, and pain), poly-osteoarthritis (affecting several joints with pain, stiffness, and inflammation in joints), and anxiety disorder.Review of the resident's care plan, revised 09/17/25, showed the following:-Activities of Daily Living (ADL - dressing, toileting, eating) self-care performance deficit related to impaired balance with fall risk and history of post-traumatic stress disorder (PTSD) in past;-Moderate staff assistance to do personal hygiene;-Moderate assistance of two staff with (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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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	getting in and out of bed;-Maximal assistance of two staff to transfer with use of a gait belt;-Unable to alert staff of need to toilet due to severe cognitive impairment. The resident was on a scheduled toileting program and needed two-person assist for transfers.(Staff did not care plan related to special placement of the gait belt on the resident.) Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated assessment instrument) completed by facility staff, dated 11/14/25, showed the following:-Short and long-term memory problem;-Cognition was moderately impaired;-Did not reject cares;-Had impairment of both lower extremities;-Used wheelchair for mobility;-Toileting hygiene required substantial/maximal assistance;-Personal hygiene, which included washing/drying face and hands, required partial/moderate assistance-Dependent for transfers. Review of the resident's physician's order, dated 12/06/24, showed the resident was a two-person transfer.Observation on 01/12/26, at 3:12 P.M., showed the following:-The resident tried to get up out of his/her low bed with a fall mat on floor next to the bed;-Certified Nurse Aide (CNA) A came into the room to assist the resident who was restless and trying to sit up; -CNA A helped the resident sit up and put on his/her shoes. The resident said he/she had to go to the bathroom. CNA A said he/she had to get someone to help him/her take the resident to the bathroom;-CNA A placed the gait belt around on the resident's chest. The resident's knees were bent. The resident kept pulling at the gait belt and said he/she did not want this thing on him/her;-CNA B came into the room to assist CNA A. The resident was restless;-The CNAs transferred the resident into the wheelchair and pushed the resident to the doorway of the small bathroom. Both CNA A and CNA B went under the resident's arm and lifted the resident on both sides with the gait belt on the chest level. The belt slipped up on the resident's chest as they transferred the resident to the toilet;-The resident sat on the toilet and pulled at the gait belt on his/her chest;-CNA A removed the resident's brief as the resident sat on the toilet. They placed the clean incontinence brief in the resident's pants as the resident kept asking them to take the gait belt off him/her;-CNA A and CNA B went under the resident's arms on both sides and assisted the resident to stand and had him/her lean over to hold on to the sink while CNA A took the washcloth with the peri wash and did perineal care to the back side of the resident;-The resident said, I'm going to fall!;-They CNAs quickly pulled up the resident's pants with the clean brief inside them and quickly turned to pivot the resident to the wheelchair; -CNA B pushed the resident in the wheelchair over by the bed and attached the call light to the resident's lower part of his/her shirt.-Both CNA A and CNA B left the room. Review of the resident's progress notes, dated 01/12/26, showed the resident became combative when staff attempted to put a gait belt back on and resident transferred without gait belt to the wheelchair. Staff implemented intervention to respect resident's wishes while ensuring safe transfers using alternative safety measures. Staff will continue to comply with resident preferences and prioritize safe transfer techniques. Review of the resident's care plan, updated 01/12/26, resident can be combative at times, and sometimes refuses gait belts. Facility will comply with resident's wishes and transfer safely. Observation on 01/15/26, at 12:43 P.M., showed the following: -The resident sat in his/her wheelchair in his/her room;-CNA E went into the resident's room and CNA D put a gait belt around the resident's waist;-The resident grabbed the gait belt and said he/she was going to take it off;-CNA D placed the gait belt above the resident's waist on his/her chest;-CNA D pushed the resident in the wheelchair to the door of the resident's bathroom; -CNA D told the resident they were going to have him/her stand up;-CNA D and CNA E took one arm and went under the resident's arm on both sides, and lifted the resident under the arm and the other hand under the gait belt, and pivoted the resident from the wheelchair to the toilet with the resident's legs both bent at the knees;-The gait belt slipped up higher on the resident's chest during the transfer;-The resident urinated in the toilet as both aides waited for him/her;-CNA E asked the resident if he/she was ready to stand and hold on to the sink in front of the toilet. The resident refused to stand;-Both CNA D and CNA E put one arm under the resident's arms on each side, and held on to the gait belt to stand the resident with the gait belt which was up at chest leve;;-The gait belt slipped up some on his/her chest;-CNA E provided incontinence care, as CNA D held the resident up with his/her arm under the (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	resident's arm and under the gait belt to the back of the resident;-The resident said he/she was going to fall as his/her right foot began to slide forward and he/she leaned back;-CNA E with one arm under the resident's right arm, grabbed the back of the resident's pants and pulled them up, as they both quickly pivoted the resident around to the wheelchair by the toilet;-CNA E removed the resident's gait belt;-The resident said, I didn't know that thing was on me. During interviews on 01/15/26, at 8:43 A.M. and 12:56 P.M., CNA E said the following:-If residents had a change in their transfer, they would talk to therapy who will evaluate the residents for transfers;-The resident's electronic medical record says what type of transfer for the resident;-The resident used to be a gait belt transfer and now was a sit to stand transfer;-On the resident's name card outside their room, the little red happy face sticker meant the resident was a two-person transfer;-They can use the gait belt in the daytime where he/she was more alert and will transfer easier;-They would use the sit to stand later in the day when the resident was more tired;-They were to place the gait belt on top of the breasts or bottom of breasts as taught in CNA class. They were to make sure they were not hurting his/her breasts;-The resident's bathroom was small. When they hold on to the gait belt, the gait belt slid up, and the resident was slipping, he/she had to grab his/her pants; -Sometimes the resident stands and sometimes he/she won't stand. It was hit and miss with him/her. It depended on how he/she was doing that time when he/she transferred;-The resident did bear weight some, but a lot of the resident's weight was on his/her arm during the transfer;-He/ did not like the sit to stand transfer. During interview on 01/15/26, at 1:14 P.M., CNA D said the following: -If a resident kept refusing for them to take to the toilet, they may have to get another staff to try; -The resident was sometimes weight bearing, and sometimes did better than other days; -If the resident will start to slide when they do a gait belt transfer, they will block the resident's feet with their feet to keep the resident from falling; -They can place the gait belt on the waist or above the waist especially if the resident had a fractured bone like a rib fracture; -They can take some of the lifts into the bathroom, and they can take the resident to the shower room and use the lift for them to use the toilet; During interview on 01/15/26, at 1:43 P.M., Certified Medication Technician (CMT) G said the following: -They were to transfer generally with the gait belt around the resident's waist; -If a resident's knees buckled during the transfer, he/she would let the nurse know and they would have therapy look at the resident. He/she would get a second person to assist or use the sit to stand lift to transfer the resident; -He/she had not transferred the resident since he/she had not worked on that hall.During an interview on 01/15/26, at 1:20 P.M., Registered Nurse (RN) F said the following: -For a gait belt transfer, if the resident required a one or two person assist or standby transfer, they were to use the gait belt; -Unless the resident had gastrointestinal surgery, they were to place the gait belt at the waist to transfer them. It was acceptable to place the gait belt above on breasts to transfer. If a resident refused the gait belt to be placed below on the waist, they can place the belt up on the chest. They were to try to tighten this belt snugly; -If the resident's knees were bent during a transfer, therapy should evaluate the resident for a lift transfer. They do have a referral form for this. Sometimes a resident has generalized weakness or has an upper respiratory infection or urinary tract infection, and/or had a change in their condition which can cause a temporary change in how they transfer;-The last time he/she saw the resident transfer, the resident stood up okay. With the resident's dementia, it depends on the way and his/her want to in general with transferring him/her;-If a resident was not bearing weight, they can move them up to a mechanical lift. Therapy does annual training for transfers. During interview on 01/15/26, at 2:07 P.M., the Director of Nursing (DON) said the following:-For a gait belt transfer, there was a gait belt on the back of each resident's door for them to use;-They were to place the gait belt higher up around the resident's waist; -She had never seen it up high on a resident's chest. She had only seen a gait belt around the resident's waist and not on his/her chest;-If the resident refused the gait belt, she expected staff to stop and try it again in a few minutes if the resident gets agitated;-They were to let the charge nurse or her know when this happens, and staff were to make sure the resident was safe. They were to treat residents with (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	dignity and if the resident says, no, no, staff were to stop and give them time. During interview on 01/12/26, at 2:29 P.M., Physical Therapist (PT) H said the following:-The resident had asked staff to place the gait belt on his/her chest;-If staff can explain it, a resident will let them place it on their waist. He/she can't explain it to the resident. If he/she was anxious or upset, the resident won't let staff put a gait belt on him/her;-The resident's knees do buckle when the resident transfers. This was common, and he/she would go dead weight;-If the resident was upset, they should not engage him/her to transfer; -They do screen transfers quarterly on residents. They will screen a resident when staff report a decline or concern, and/or the resident had a fall; -The resident's transfer may be different depending on the time of day for the resident. The resident fluctuates mentally. During interview on 01/15/26, at 2:45 P.M., the Administrator said the following:-For gait belt transfers, 90% of the time, staff were to place the gait belt at the resident's waist or abdomen. If a resident had fractured ribs, tubes or drains on the abdomen, she would expect staff to place the belt above the waist and above on breasts or on the chest. Some residents will tell you they don't want it down at their waist;-She hadn't seen the resident transferred for the past couple of weeks. If the resident's knees were buckling, he/she may need to be a full transfer lift. The resident should be a sit to stand transfer or a full mechanical lift.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to provide appropriate infection control practices when staff failed to wash and/or sanitize hands before and during personal cares for one resident (Resident #8) out of 14 sampled residents. The facility census was 44. Review of the facility policy Hand Hygiene/Handwashing, undated, showed the following:-Hand hygiene will be regarded as the single most important means of preventing the spread of infections;-The use of alcohol-based sanitizers/had rub is an acceptable method of hand hygiene instead of soap and water in all clinical situations except when hands were visibly soiled (such as blood or body fluids), or after caring for a resident with known or suspected clostridium difficile(bacterial infection causing severe diarrhea or colon inflammation or Norovirus(infection causing sudden vomiting and diarrhea, stomach pain and highly contagious) during an outbreak, if infection rates of c. difficile infection (CDI) were high, then soap and water should be used;-Staff must perform hand hygiene (even if gloves were used) before and after contact with resident, after contact with blood, body fluids, visibly contaminated surfaces, or after contact with objects in the resident's room; and after removing personal protective equipment (gloves, gown, face mask). Review of the facility policy Routine Peri Care, updated 09/21/24, showed the following:-Peri care will be provided to residents after each incontinent episode and once per shift if resident was not incontinent;-Spray peri wash in perineal area, use a wet washcloth, cleanse perineal area and wipe downward from front to back;-Discard wash cloth in a plastic bag for dirty linen;-After each wipe, discard wash cloth in plastic bag for linen and get a clean washcloth;-After cleansing is complete, take off gloves disposing them in the plastic bag for trash, and wash hands;-Staff to wash their hands each time they changed their gloves. 1. Review of Resident #8's face sheet (admission information at a glance) showed the following:-admission date of 03/03/22;-Diagnoses included vascular dementia (decline in thinking skills from reduced blood flow to the brain which causes issues with reasoning, memory, judgement, and problem-solving) without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety; polyneuropathy (nerve damage affecting multiple peripheral nerves causing numbness, tingling, weakness, and pain), poly-osteoarthritis (affecting several joints with pain, stiffness, and inflammation in joints), and anxiety disorder.Review of the resident's care plan, revised 09/17/25, showed the following:-Activities of daily living (ADL - toileting, grooming, eating, etc.) care performance deficit related to impaired balance with fall risk and history of post-traumatic stress disorder (PTSD) in past;-Moderate staff assistance to do personal hygiene. Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated assessment instrument completed by facility staff dated 11/14/25, showed the following:-Short and long-term memory problem;-Cognition was moderately impaired;-Did not reject cares;-Toileting hygiene required substantial/maximal assistance;-Personal hygiene included washing/drying face and hands required partial/moderate assistance. Observation on 01/12/26, at 3:12 P.M., showed the following:-Certified Nurse Aide (CNA) A came into the room to assist the resident who was restless and trying to sit up. CNA A put on gloves without performing hand hygiene;-CNA A helped the resident sit up and put on his/her shoes. The resident said he/she had to go to the bathroom. CNA A said he/she had to get someone to help him/her take the resident to the bathroom;-CNA B came into the room to assist CNA A. CNA A removed his/her gloves, did not perform hand hygiene, and then both CNAs assisted the resident. CNA B did not perform hand hygiene;-The CNAs transferred the resident into the wheelchair and pushed the resident to the doorway of the small bathroom, donned gloves without performing hand hygiene, and transferred the resident to the toilet;-CNA A removed the resident's brief as the resident sat on the toilet and placed a clean incontinence brief in the resident's pants;-CNA A and CNA B went assisted the resident to stand and had him/her lean over to hold on to the sink while CNA A took the washcloth with the peri wash and did perineal care to the back side of the resident;-The resident said, I'm going to fall!;-The CNAs quickly pulled up the resident's pants with the clean brief inside them and (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	quickly transferred the resident to the wheelchair;-The CNAs did not change gloves or perform hand hygiene;-CNA B pushed the resident in the wheelchair over by the bed. Without removing gloves or performing hand hygiene, CNA B attached the call light to the resident's lower part of his/her shirt;-CNA B removed his/her gloves, did not perform hand hygiene, and picked up one of the soiled linen trash bag;-CNA A picked up one bag with trash after removing his/her gloves;-Both CNA A and CNA B used the hand sanitizer on the wall behind the resident's door before they left the room. During an interview on 01/15/26, at 1:43 P.M., Certified Medication Technician (CMT) G said the following: -They were to wash hands when visibly soiled and or after they use the hand sanitizer after the third time; -They were to wash hands before putting on gloves and after removing gloves and before or after with hand sanitizer. During an interview on 01/15/26, at 1:20 P.M., Registered Nurse (RN) F said he/she would expect staff to sanitize or wash their hands before gloving and between gloving, and to wash his/her hands if they were visibly soiled. During interview on 01/15/26 at 2:07 P.M., the Director of Nursing (DON) said staff were to wash hands before applying gloves, and then wash hands after removing gloves during perineal care. During interview on 01/15/2,6 at 2:45 P.M., the Administrator said the following:-Staff were to wash hands before and after they do cares with a resident;-During perineal care, they were to always wash hands before, during, and when hands got soiled;-They were to wash hands before applying gloves, when removing gloves, and before exiting their room.