

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265649	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/27/2025
NAME OF PROVIDER OR SUPPLIER Sarcoxie Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1505 Miner Sarcoxie, MO 64862	
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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. (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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to report an allegation of abuse involving two residents (Resident #1 and Resident #2) to the Department of Health and Senior Services (DHSS) within two hours of receiving the allegation. The facility census was 39. Review of the facility's Abuse and Neglect Policy, dated 06/12/24, showed the facility must ensure that all alleged violations involving abuse, neglect, exploitation, mistreatment, or sexual assault, including injuries of unknown source and misappropriation of resident property, are reported immediately, but no later than two hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury to the State Survey Agency. 1. Review of Resident #1's face sheet showed the resident admitted to the facility on [DATE]. Record review of the resident's admission Minimum Data Set (MDS - a federally mandated assessment instrument completed by facility staff), dated 12/29/17, showed the following: -Severe cognitive impairment;-Supervision or touch assistance when walking;-No behaviors.Review of resident's nurse's note dated 08/22/25, at 9:21 P.M., showed the following:-A nurse aide informed the nurse of an incident with Resident #2, causing Resident #1 to fall;-The nurse observed Resident #1 lying on his/her back, face up;-Resident #2 said Resident #1 slapped him/her twice so he/she kicked Resident #1;-Resident #2 was removed from the area;-Resident #1 was assessed and found to have a hematoma (a closed wound where blood collects and fills a space inside the body) on the back right side of his/her head and pain in bilateral lower extremities (legs) with manipulation;-Staff contacted Administrator at 6:03 P.M. and informed him/her of the incident and intention to send Resident #1 out emergent;-Staff contacted 911 at 6:06 P.M.;-Staff contacted the Nurse Practitioner at 6:12 P.M. to inform of emergent transfer to the hospital;-Staff notified Resident #1's family of the incident;-Resident #1 left the facility at 6:33 P.M.(Staff did not document notification of DHSS.)2. Review of Resident #2's face sheet showed the resident admitted to the facility on [DATE]. Review of the resident's quarterly review MDS, dated [DATE], showed the following information:-Cognitively intact;-Propels with wheelchair;-No behaviors. Review of resident's nurse's note dated 08/22/25, at 9:17 P.M., showed the following: -A nurse aide informed the nurse of an incident involving Resident #2 causing Resident #1 to fall in the hallway;-The nurse observed Resident #1 lying on his/her back, face up;-Resident #2 implied he/she caused Resident #1 to fall;-Resident #2 said Resident #1 slapped him/her twice, and then he/she kicked Resident #1;-Resident #2 was removed from the area;-Resident #1 was assessed and found to have a hematoma on the back right side of his/her head and pain with bilateral lower extremities manipulation;-Staff contacted the Administrator and informed him/her of the incident at 6:03 P.M.;-Resident #2 was placed on 15-minute checks;-Staff educated on monitoring and keeping Resident #1 and Resident #2 separated and to redirect Resident #2 away from Resident #1 if nearby;-Resident #2 was assessed and no injuries noted;-Staff educated the resident on proper reporting to staff when a situation with other residents starts to escalate;-Resident #2 verbalized understanding.(Staff did not document notification of DHSS.)3. Review of the DHSS online reporting form showed a self-report from the facility was submitted on 08/23/25 at 11:11 A.M. (the day following the allegation of abuse between the residents).4. During an interview on 08/27/25, at 1:27, LPN D said the following:-On 08/22/25, at 6:00 P.M., a CNA reported there was an altercation between Resident #1 and Resident #2;-LPN D found Resident #1 lying on the floor at the end of the hall. He/she immediately assessed Resident #1;-At 6:03 P.M., LPN D contacted the Administrator-At 6:06 P.M., LPN D contacted 911;-At 6:12 P.M., LPN D contacted Resident #1's physician;-At 6:14 P.M., LPN D contacted Resident #1;s family;-The Administrator arrived at the facility shortly after the incident-Physical altercations are reported to the State, by the Administrator, within two hours.During an interview on 08/27/25, at 1:03 P.M., Certified Nurse Aide (CNA) A said the following:-If there was an altercation between residents, he/she would report the incident to the nurse;-The nurse would have to report the incident to the State within two hours.During an interview on 08/27/25, at 1:11 P.M., Certified Medication Tech (CMT) B said the following:-Physical altercations between residents are reported to the nurse;-Administration would report the altercation to the State within two hours.During an interview on 08/27/25, at 1:30 P.M., CNA C said the following:-He/she would notify the nurse if residents got into a physical altercation;-The nurse would report the incident to the Administrator;-The Administrator reports the altercation to the State within two hours. During an interview on 08/27/25 at 1:51 Housekeeper (HK) G said		

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F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	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. Based on interview and record review, the facility failed to provide the services of a registered nurse (RN) for at least eight consecutive hours per day seven days per week. The facility census was 39. Review of the facility's Registered Nurse Policy, dated 04/30/24, showed the following information:-The facility will utilize the services of a RN for at least eight consecutive hours per day, seven days per week;-The Director of Nursing (DON) may serve as a charge nurse only when the facility has average daily occupancy of 60 or fewer residents. 1. Review of the facility's provided nurse schedules, dated 08/07/25 through 08/26/25, showed no RN coverage on any shift for the following dates:-08/07/25;-08/08/25;-08/09/25;-08/10/25;-08/16/25;-08/17/25;-08/25/25;-08/26/25. During an interview on 08/27/25, at 1:03 P.M., Certified Nursing Assistant (CNA) A said he/she was unsure if a RN was on duty every day. During an interview on 08/27/25, at 1:11 P.M., Certified Medication Technician (CMT) B said the following:-He/she believed the facility had daily RN coverage;-CMT B believed a RN was at the facility on the weekends. During an interview on 08/27/25, at 1:20 P.M., CNA C said there was a RN at the facility almost every day. During an interview on 08/27/25, at 1:27 P.M., Licensed Practical Nurse (LPN) D said the following:-There was not a RN at the facility every day;-An RN was needed at the facility daily as the acuity of the residents was increasing, especially in regard to wounds and behaviors. During an interview on 08/27/25, at 2:36 P.M., the CNA E said he/she believed there was a RN at the facility every day. During an interview on 08/27/25, at 2:56 P.M., LPN F said the following:-Typically, a RN was on duty every day;-Some days the facility has been without a RN coverage due to the change of DON;-Staff are not informed if a RN is not on duty. During an interview on 08/27/25, at 3:02 P.M., the DON said the following:-There was not 8 hours of RN coverage on 08/25/25 and 08/26/25;-Staff are made aware if there is not a RN on duty;-The DON is the only RN;-If the DON cannot work, he/she does not know who will provide RN coverage. During an interview on 08/27/25, at 3:11 P.M., the Administrator said the following:-The DON is the only RN;-Several days the facility has been without RN coverage;-If an RN is not available, the Administrator will contact the company's nurse consultant and regional director of operations, who could assist with pulling a RN from a sister facility. Complaint #2595323		