

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  11/14/2025
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)
<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Based on interview and record review, the facility failed to implement their abuse and neglect prevention policies, when the facility failed to complete a criminal background check (CBC), an employee disqualification list (EDL - a list of individual prohibited from working in a long-term care facility in Missouri due to a finding of abuse or neglect) check, a Nurse Aide (NA) Registry (list of individual with a Federal Indicator (a marker given to a potential employee who has committed abuse, neglect, or misappropriation of property against residents) prohibiting them from working in a certified facility) check, and the Nurse License Verification Report (provides official, board-of-nursing-approved details on a nurse's license) check for four sampled staff (Licensed Practical Nurse (LPN) A, LPN B, LPN C, and LPN D). The facility census was 39. Review of the facility policy titled Background Investigations, dated 12/27/24, showed the following:-Job reference checks, drug screenings, licensure verifications, and criminal conviction record checks are conducted on all personnel making application for employment with this company;-The Human Resource department will conduct all applicable background investigation(s) on each individual making application for employment with this company and on any current employee if such background investigation is appropriate for position for which the individual has applied;-For all applicants applying for a position as a certified nurse aide, the human resources department will contact the nurse aide registry of the state in which the individual is certified and/or previously employed to verify that the applicant's certification is in good standing.1. Review of Licensed Practical Nurse (LPN) A personnel record showed the following:-Hire date of 09/07/25;-Start date on the floor of 09/11/25;-The facility staff documented completion of a NA registry, EDL check, and Nurse License Verification Report check on 09/17/25;-Staff did not have verification of a criminal background check requested or received.2. Review of LPN B personnel record showed the following:-Hire date of 09/05/25;-Start date on the floor of 09/05/25;-The facility staff documented completion of a NA registry, EDL, and Nurse License Verification Report check on 09/17/25;-Staff did not have verification of a criminal background check requested or received.3. Review of LPN C personnel record showed the following:-Hire date of 09/05/25;-Start date on the floor of 09/04/25;-The facility staff documented completion of a NA registry, EDL, and Nurse License Verification Report check on 09/17/25;-Staff did not have verification of a criminal background check requested or received.4. Review of LPN D personnel record showed the following:-Hire date of unknown;-Start date on the floor of 09/06/25;-The facility staff documented completion of a NA registry, EDL, and Nurse License Verification Report check on 09/17/25;-Staff did not have verification of a criminal background check requested or received.5. During an interview on 09/17/25, at 3:04 P.M., the Director of Nursing (DON), said the following:-The Business Office Manager (BOM) obtains permission from the potential employee for a background check to be complete;-Background checks are completed by corporate office;-The DON was unsure what the background checks entail. During an interview on 09/17/25, at 3:15 P.M., the Business Office Manager (BOM) said the following: -The corporate office completes the background checks;-Recently, the corporate office employed new people to conduct background checks, and they did not have the proper access to complete the checks;-Prior to the new corporation, background checks were conducted in-house. The facility would check the EDL, FCSR (family care safety registry - completes multiple checks including EDL and CBC), NA registry, and Nurse License Verification Report;-Current as needed staff (LPN A, LPN B, LPN C, and LPN D) had not had a background check complete. During an interview on 09/17/25, at 3:35 P.M., the Social Services Director said the following:-Prior to the new corporation, he/she used to complete the pre-employment background checks for the facility;-He/she would check the EDL, the NA registry, the FCSR, and Nurse License Verification Report, if applicable. During an interview on 09/17/25, at 3:45 P.M., the Administrator said the following:-Corporate staff conducts the background checks;-The Business Manager works with corporate to ensure the checks are complete;-He/she was not familiar with the process of when all checks need to be complete. Complaint #2616644</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>(continued on next page)</p>

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Based on observation, interview, and record review, the facility failed to maintain sufficient nursing staffing at all times when the facility failed to schedule for and document nurse staffing 24 hours daily resulting in nurse staff working extended shifts to provide coverage due to lack of nursing staff. The facility census was 39. Review of the facility policy titled, Sufficient Staffing, dated 05/18/24, showed the following:-The facility will supply services by sufficient numbers of each of the following personnel types on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans, except with waived, licensed nurses, and other nursing personnel, including but not limited to nurse aides;-The facility is required to provide licensed nursing staff 24 hours a day, 7 days a week;-Staffing numbers and the skill requirements of direct care staff are determined by the needs of residents based on each resident's plan of care.1. Review of the facility's nursing schedules and time sheets, dated 09/04/25, showed the following-The Director of Nursing (DON) was scheduled from 8:00 A.M. to 4:00 P.M.;-The nursing schedules showed no scheduled nurse coverage for 6:00 P.M to 10:00 P.M.;-The time sheets showed no nurse coverage from 6:46 P.M. to 09/05/25 at 8:00 A. M.Review of the facility's nursing schedules and time sheets, dated 09/05/25, showed the following-The DON was scheduled 8:00 A.M. to 4:00 P.M.;-The schedules showed no nurse coverage from 4:00 P.M. to 6:00 P.M.;-The time sheets showed no nurse coverage from 4:00 P.M on 09/05/25 to 8:00 A.M. on 09/06/25. Review of the facility's nursing schedules and time sheets, dated 09/09/25, showed the following-The DON was scheduled 8:00 A.M. to 4:00 P.M.-LPN E was scheduled 6:00 A.M. to 6:00 P.M.;-The time sheets showed no nurse coverage from 6:44 A.M. to 8:00 A.M.;-The time sheets showed no nurse coverage from 4:00 P.M. to 6:02 P.M.Review of the nursing schedules and time sheets, dated 09/10/25, showed the following-The DON was scheduled from 8:00 A.M. to 4:00 P.M.-LPN E was scheduled from 6:00 A.M. to 6:00 P.M.;-The time sheets showed no nurse coverage from 6:38 A.M. to 8:00 A.M.;-The time sheets showed no nurse coverage from 4:00 P.M. to 5:57 P.M.Review of the facility's nursing schedules and time sheets, dated 09/11/25, showed the following-The DON was scheduled 8:00 A.M. to 4:00 P.M.;-The nursing schedule showed no nurse coverage scheduled from 4:00 P.M to 10:00 P.M.;-The time sheets showed no nurse coverage from 6:47 A.M. to 8:00 A.M.;-The time sheets showed no nurse coverage from 4:00 P.M. to 5:54 P. M.;-The time sheets showed no nurse coverage from 09/11/25, 10:10 P.M., to 09/12/25 at 5:59 A.M.Review of the facility's nursing schedules and time sheets, dated 09/12/25, showed the following-The DON was scheduled from 8:00 A.M. to 4:00 P.M.-LPN E worked from 6:00 A.M. to 6:00 P.M.-The times sheets showed LPN E clocked in on 09/12/25 at 6:00 A.M. and clocked out on 09/13/25, at 9:16 A.M.During an interview on 09/17/25, at 12:27 P.M., LPN E said on 09/12/25 to 09/13/25, he/she worked at a 26-hour shift as there was no nursing staff available.During an interview on 09/17/25, at 12:20 P.M., Certified Medication Technician (CMT) I said the following:-He/she has never worked a shift without a nurse on duty;-A nurse worked 24 hours because there was no one to relieve them.During an interview on 09/17/25, at 10:41 A.M., Certified Nursing Assistant (CNA) H said the nurses have been working long hours.-He/she has not been at the facility when a nurse was not present.During an interview on 09/17/25, at 12:08 P.M., the Business Office Manager (BOM) said the following:-The DON and RN G are salary employees;-Salary staff do not have to document additional hours;-The facility has hired several as needed staff;-The PRN staff are not in the time clock system; therefore, they have to document their hours on paper;-He/she cannot find all the handwritten times as corporate, or the Administrator might have them.During an interview on 09/17/25, at 1:58 P.M., the DON said the following:-He/she often comes in early and stays late to cover for nursing staff.-He/she is on salary and does not keep track of his/her hours;-He/she has recently worked a 20-hour shift but does not remember the exact date.During an interview on 09/17/25, at 3:45 P.M., the Administrator said the following:-Nursing staff works long hours;-The facility is meeting the resident's needs however he/she is concerned about nurses caring for the residents when they are tired;-The corporation will not provide agency staff. #2609923 and #2616644</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on record review and interview, the facility failed to maintain an effective infection prevention and control program when the facility failed to have processes in place to ensure all new staff were screened prior to employment for tuberculosis (TB - a serious illness that mainly affects the lungs and can be spread when a person with the illness coughs, sneezes or sings) when the facility did not complete TB testing for four staff (Licensed Practical Nurse (LPN) A, LPN B, LPN C, and LPN D). The facility census was 39. Review of the facility policy titled, Tuberculosis Testing, revised 06/29/23, showed the following:-Upon hire, a new employee will receive a two-step PPD (purified protein derivative - the protein solution used in the TB skin test to detect exposure to the tuberculosis bacterium). Review of 19 CSR 20-20.100 Tuberculosis Testing for Residents and Workers in Long-Term Care Facilities showed the following: -Long-term care facilities shall screen their residents and staff for tuberculosis using the Mantoux method purified protein derivative (PPD) five tuberculin unit (5 TU) test;-Each facility shall be responsible for ensuring that all test results are completed, and that documentation is maintained for all residents, employees, and volunteers;-All new long-term care facility employees and volunteers who work ten or more hours per week are required to obtain a Mantoux PPD two-step tuberculin test within one month prior to starting employment in the facility;-If the initial test is zero to nine millimeters (mm, the second test should be given as soon as possible within three weeks after employment begins, unless documentation is provided indicating a Mantoux PPD test in the past and at least one subsequent annual test within the past two (2) years;-It is the responsibility of each facility to maintain a documentation of each employee's and volunteer's tuberculin status. 1. Review of Licensed Practical Nurse (LPN) A personnel record showed the following:-Hire date of 09/07/25;-Start date on the floor of 09/11/25;-Staff did not have documentation of completion of the 2-step TB skin test. 2. Review of LPN B personnel record showed the following:-Hire date of 09/05/25;-Start date on the floor of 09/05/25;-Staff did not have documentation of completion of the 2-step TB skin test. 3. Review of LPN C personnel record showed the following:-Hire date of 09/05/25;-Start date on the floor of 09/04/25;-Staff did not have documentation of completion of the 2-step TB skin test. 4. Review of LPN D personnel record showed the following:-Hire date of unknown;-Start date on the floor of 09/06/25;-Staff did not have documentation of completion of the 2-step TB skin test. 5. During an interview on 09/17/25, at 1:58 P.M., the Director of Nursing (DON) said the following: -TB testing needs to be complete prior to the staff's start date;-Any nurse can administer the TB test;-He/she did not complete TB testing on the new hires. During an interview on 09/17/25, at 3:15 P.M., the Business Office Manager (BOM) said the following:-TB testing is normally completed before staff start working;-TB testing has not been complete on the new as needed staff;-All the as needed staff work in other long-term care facilities but have not provided verification of their TB testing from their other facility. During an interview on 09/17/25, at 3:45 P.M., the Administrator said the following:-Any nurse can complete TB testing;-TB testing should be done before they start and can be read the day the start on the floor. Complaint #2616644</p>		

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<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</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>

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<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to provide residents with an approved call light system when the facility failed to have process in place to notify staff of sounding call lights when call lights notifications could not be heard on the hall and the facility did not provide staff with pagers for notification of call lights. The facility census was 33. Review of the facility Call light Accessibility and Timely Response Policy, revised [DATE], showed the following:-The purpose of this policy is to assure the facility is adequately equipped with a call light at each resident's bedside, toilet, and bathing facility to allow residents to call for assistance. Call lights will directly relay to a staff member or centralized location to ensure appropriate response;-All staff will be educated on the proper use of the resident call system, including how the system works and ensuring resident access to the call light;-Staff will report problems with a call light or the call system immediately to the supervisor or the maintenance director and will provide immediate or alternative solutions until the problem can be remedied;-Ensure the call light system alerts staff members directly or goes to a centralized staff work area;-All staff members who see or hear an activated call light are responsible for responding. If the staff member cannot provide what the resident desires, the appropriate personnel should be notified.Review of the Department of Health and Senior Services Exemption Database showed the following: -An exception was in place from prior owner for the omission of the indicator lights at the corridor entrance of each bedroom and audible signal and indicating panel in each utility room;-The exception approval was dependent on all direct care staff carrying and using the wireless nurse call pagers at all times. 1. Observation on [DATE], at 2:45 P.M., showed the following:-Four pagers at the nurses' station;-Three pagers had no back covering the battery;-One pager had the back taped on. The pager, which was sitting at the nurses' station, sounded. The light above the resident's door did not illuminate. The pager could be heard mid-way down the hall.-The pager could not be heard in the room at the end of the hall;-Individual staff were not always carrying their own pager. One functional pager was available for all staff and kept at the nurses' station. During an interview on [DATE], at 10:30 A.M., Certified Nursing Assistant (CNA) H said the following:-He/she checked the computer at the nurse's station to check call lights;-The facility only had one working pager;-He/she also looked into resident's rooms as he/she walked down the halls to check if any residents needed anything. During an interview on [DATE], at 11:15 A.M., CNA I said the following:-He/she relied on the computer at the nurses' station to check call lights;-Only one pager has worked for the last month;-The pager was left at the nurses' station. During an interview on [DATE], at 11:25 A.M., the Business Office Manager (BOM) said the following:-The facility only had one working pager since at least [DATE];-There was no sound, staff had to check the computer located at the nurses' station, that indicated if a resident had pressed their call light;-The facility was working on getting a new call light system. They are currently receiving bids from companies. During an interview on [DATE], at 2:05 P.M., Nursing Assistant (NA) K said the following:-The pagers were very old and only one worked;-He/she had worked at the facility for four months and there had always been one working pager;-He/she checked the computer to see if a resident activated their call light. The computer was easier to read than the pager;-The pager system required staff to delete off notifications and it was difficult to see if the call light had been answered.During an interview on [DATE], at 2:10 P.M., Certified Medication Technician (CMT) J said the following:-The facility had only had one pager that works for at least two to three months;-The pager was kept at the nurses' station;-He/she also checked the computer at the nurses' station to check if a resident pressed their call light. During an interview on [DATE], at 3:00 P.M., the Director of Nursing said the following:-He/she believed two pagers worked, but was unsure how long the other ones had been broken;-The pagers normally stay at the nurses' station;-Staff also check the computer at the nurses' station to see which residents have rung their call lights.</p>		