STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265663	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fulton Nursing & Rehab	1510 Bluff Street Fulton, MO 65251

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, facility staff failed to complete weekly skin assessments ordered by the physician for three residents (Resident #1, Resident #2, Resident and #3) out of five sampled residents. The facility census was 69.the purpose is prevent and treat further break down of skin or pressure ulcers. Treatment and prevention of pressure ulcers will vary depending on the orders of the attending physician. The nurse is responsible for carrying out the treatment as ordered by the attending physician and for implementing measures to prevent pressure ulcers. 2.Review of Resident #1's Quarterly Minimum Data Set (MDS) a federally mandated assessment tool, dated 10/31/25, showed staff assessed the resident as severely cognitively impaired and at risk for developing pressure ulcers.Review of the physician order sheet (POS), dated February 2026 and March 2026, showed the physician ordered weekly skin assessments. Review of the resident's weekly skin assessments showed did not contain documentation staff completed skin assessment for the resident on 2/20/26, 2/27/26, 3/13/26, 3/20/26 and 3/27/26. 3. Review of Resident's #2 Comprehensive MDS, dated [DATE], showed staff assessed the residents as cognitively intact with two stage three pressure ulcers present.Review of the resident's POS, dated January 2026, February 2026 and March 2026, showed a physician ordered for weekly skin assessments.Review of the resident's weekly skin assessments showed did not contain documentation staff completed skin assessment for the resident on 1/20/26, 2/3/26, 2/24/26, 3/3/26, 3/10/26 and 3/17/26.Review of the resident's Comprehensive MDS, dated [DATE], showed staff assessed the resident as cognitively intact with two stage three pressure ulcers present. 4.Review of Resident #3's Quarterly MDS, dated [DATE], showed staff assessed the resident as moderately cognitively impaired and at risk for developing pressure ulcers.Review of the resident's POS, dated January 2026, February 2026 and March 2026 showed a physician ordered for weekly skin assessments.Review of the resident's weekly skin assessments showed did not contain documentation staff completed skin assessment for the resident on 1/1/26, 1/8/26, 1/22/26, 1/29/26, 2/5/26, 2/12/26, 2/27/26, 3/6/36, 3/13/26, and 3/20/26. 5.During an interview on 4/9/26 at 11:32 A.M., the Interim director of Nursing (DON) said skin assessments should be done weekly. He/She said licensed nursing staff are required to do skin assessments even if the resident has a wound and is under supervision of wound care. He/She said all skin assessments are kept in the electronic health record under observations. He/She said he/she does not know why they are not getting done besides a heavy workload, he/she said they have recently added more licensed staff to shifts to help.During an interview on 4/9/26 at 12:19 P.M. the administrator said he/she is aware there is an issue with skin assessments being completed weekly. He/She said he/She believe the nurses get busy and they are just not done.

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