STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265747	A. Building B. Wing	05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ratliff Care Center	717 North Sprigg Cape Girardeau, MO 63701

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 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47447 Based on interview and record review, the facility failed to notify the resident and/or the resident's representative in writing of a facility-initiated transfer when four residents (Resident #4, #9, #30, and #32) out of four sampled residents transferred to the hospital. The facility's census was 40. Review of the facility's policy titled, Bed Hold, undated, showed the resident and/or representative will be notified, in writing of the resident transfer. 1. Review of Resident #4's medical record showed: - Transferred to the hospital on 03/24/24, and readmitted to the facility on [DATE]; - No documentation the resident or resident representative was informed in writing of the transfer/discharge to the hospital. 2. Review of Resident #9's medical record showed: - Transferred to the hospital on 01/31/24, and readmitted to the facility on [DATE]; - No documentation the resident or resident representative was informed in writing of the transfer/discharge to the hospital. 3. Review of Resident #30's medical record showed: - Transferred to the hospital on 08/18/23, and readmitted to the facility on [DATE]; - Transferred to the hospital on 02/24/24, and readmitted to the facility on [DATE]; - No documentation the resident or resident representative was informed in writing of the transfer/discharge to the hospital. 4. Review of Resident #32's medical record showed: - Transferred to the hospital on 10/06/23, and returned to the facility on [DATE]; (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265747	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/16/2024
NAME OF PROVIDER OR SUPPLIER Ratliff Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 717 North Sprigg Cape Girardeau, MO 63701	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Transferred to the hospital on 01/02/24, and returned to the facility on [DATE]; - Transferred to the hospital on 01/27/24, and readmitted to the facility on [DATE]; - Transferred to the hospital on 03/06/24, and readmitted to the facility on [DATE]; - No documentation the resident or resident representative was informed in writing of the transfer/discharge to the hospital. During an interview on 05/16/24 at 8:58 A.M., Registered Nurse (RN) C said when a resident was transferred to the hospital the nurse called the family and the physician for the order. The nurse printed the resident's cover sheet and a copy of the insurance card, arranged transportation and called report to the emergency room . During an interview on 05/16/24 at 9:42 A.M., the Social Services Designee said a transfer form was completed by the nurse on a transfer. A copy went with the resident to the hospital and the other was mailed to the family. During an interview on 05/16/24 at 12:30 P.M., the Administrator said that he would expect residents and/or their representatives to be notified in writing when a resident was transferred to the hospital. 49152 49999

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265747	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/16/2024

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Notify the resident or the resident’s representative in writing how long the nursing home will hold the resident’s bed in cases of transfer to a hospital or therapeutic leave. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47447 Based on interview and record review, the facility failed to inform the resident and/or legal representative in writing of their bed hold policy at the time of transfer to the hospital for four residents (Residents #4, #9, #30, and #32) out of four sampled residents. The facility's census was 40. Review of the facility's policy titled, Bed Hold, undated, showed: - If a resident is discharged to the hospital or goes out of the facility for an overnight leave of absence, the bed may be held by paying the current room rate for the bed being reserved; - Will notify all residents and/or their representatives of the bed hold policy upon admission; - Resident and/or representative will be notified, in writing of a resident transfer; - The resident and/or representative must notify the Social Services Department of choice to hold or not hold the bed within 72 hours of receipt of the transfer notice; - If the bed is held, the resident and/or representative will be charged the current room rate for days held. 1. Review of Resident #4's medical record showed: - Transferred to the hospital on 03/24/24, and readmitted to the facility on [DATE]; - No documentation the resident or resident representative was informed in writing of the facility bed hold policy at the time of the transfer. 2. Review of Resident #9's medical record showed: - Transferred to the hospital on 01/31/24, and readmitted to the facility on [DATE]; - No documentation the resident or resident representative was informed in writing of the facility bed hold policy at the time of the transfer. 3. Review of Resident #30's medical record showed: - Transferred to the hospital on 08/18/23, and readmitted to the facility on [DATE]; - Transferred to the hospital on 02/15/24, and readmitted to the facility on [DATE]; - Transferred to the hospital on 02/24/24, and readmitted to the facility on [DATE]; - No documentation the resident or resident representative was informed in writing of the facility bed hold policy at the time of the transfer. (continued on next page)

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Ratliff Care Center	717 North Sprigg Cape Girardeau, MO 63701

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F 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	4. Review of Resident #32's medical record showed: - Transferred to the hospital on 10/06/23, and readmitted to the facility on [DATE]; - Transferred to the hospital on 01/02/24, and readmitted to the facility on [DATE]; - Transferred to the hospital on 01/27/24, and readmitted to the facility on [DATE]; - Transferred to the hospital on 03/06/24, and readmitted to the facility on [DATE]; - No documentation the resident or resident representative was informed in writing of the facility bed hold policy at the time of the transfer. During an interview on 05/16/24 at 8:58 A.M., Registered Nurse (RN) C said he/she was not sure about the bed hold policy. During an interview on 05/16/24 at 8:59 A.M., Licensed Practical Nurse (LPN) D said the nurses did not have anything to do with the bed hold policy. That was handled by Administration or the Social Service Designee (SSD). During an interview on 05/16/24 at 9:42 A.M., the SSD said the bed hold agreement was signed on admission. During an interview on 05/16/24 at 12:30 P.M., the Administrator said he expected residents and/or their representatives to be given the bed hold notice when residents were transferred to the hospital. 49152 49999

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NAME OF PROVIDER OR SUPPLIER: Ratliff Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 717 North Sprigg, Cape Girardeau, MO 63701	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47447 Based on observation, interview, and record review, the facility failed to assess residents for the use of bed rails, and failed to obtain an informed consent from the resident or the resident's representative for four residents (Resident #7, #25, #28, and #41) out of four sampled residents with bed rails. The facility's census was 40. Review of facility's policy titled, Restraints - Seatbelts - Side Rails, not dated, showed residents with side rails in place will be assessed for the need and safety of such devices upon admission, quarterly, and with any change in condition. 1. Review of Resident #7's medical record showed: - An admitted [DATE]; - Diagnoses of high blood pressure, dementia (a disorder marked by memory loss, personality changes, and impaired reasoning that interferes with daily functioning), anxiety (persistent worry and fear about everyday situations), and depression (a serious medical illness that negatively affects how you feel, the way you think, and how you act); - No documentation of any attempts made with alternative methods prior to the bed rail use; - No documentation of an informed consent signed explaining the risks and benefits for the bed rail use; - No documentation of a bed rail assessment completed. Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated assessment completed by the facility), dated 03/22/24, showed: - Impaired cognition; - Partial/ moderate assistance with bed mobility; - No bed rail use. Review of the resident's care plan, dated 05/05/22, showed the assist bar bed rail use not addressed. Observations of the resident on 05/13/24 at 11:16 A.M., 05/14/24 at 1:35 P.M., and 05/15/24 at 3:05 P.M., showed the resident lay in bed with the 4 inch U-shaped assist bar bed rail in the upright position on the right side of the bed. 2. Review of Resident #25's medical record showed: (continued on next page)

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NAME OF PROVIDER OR SUPPLIER: Ratliff Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 717 North Sprigg, Cape Girardeau, MO 63701	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- An admitted [DATE]; - Diagnoses of chronic obstructive pulmonary disease (COPD - a chronic inflammatory lung disease that causes obstructed airflow from the lungs), dysphagia (difficulty swallowing), atrial fibrillation (an irregular, often rapid heart rate that commonly causes poor blood flow), malignant neoplasm (cancer) of the larynx and bladder, congestive heart failure (a chronic condition in which the heart doesn't pump blood as well as it should), lack of coordination, and muscle weakness; - No documentation of any attempts made with alternative methods prior to the bed rail use; - No documentation of an informed consent signed explaining the risks and benefits for the bed rail use; - No documentation of a bed rail assessment completed. Review of the resident's admission MDS, dated [DATE], showed: - Moderately impaired cognition; - Substantial/ max assistance with bed mobility; - No bed rail use. Review of the resident's care plan, dated 02/24/24, showed the assist bar bed rail use not addressed. Observations of the resident on 05/13/24 at 11:05 A.M., and 05/16/24 at 10:30 A.M., showed the resident lay in bed with the 4 inch wide U-shaped assist bar bed rails in the upright position on the right and left side of the bed. 3. Review of Resident #28's medical record showed: - An admitted [DATE]; - Diagnoses of dementia, malignant neoplasm of the prostate, secondary malignant neoplasm of the bone, neuropathy (burning and numbness in the hands and feet), and chronic pain; - No documentation of any attempts made with alternative methods prior to the bed rail use; - No documentation of an informed consent signed explaining the risks and benefits for the bed rail use; - No documentation of a bed rail assessment completed. Review of the resident's annual MDS, dated [DATE], showed: - Impaired cognition; (continued on next page)

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F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Substantial/moderate assistance with bed mobility; - No bed rail use. Review of the resident's care plan, dated 04/18/24, showed showed bed rail use not addressed. Observation of the resident showed: - On 05/15/24 at 1:44 P.M., and 3:34 P.M., the resident lay in bed with the 4 inch wide U-shaped assist bar bed rail in the upright position on the left side side of the bed; - On 05/16/24 at 10:20 A.M., the resident lay in bed with the 4 inch wide U-shaped assist bar bed rail in the upright position on the right side of the bed. 4. Review of Resident #41's medical record showed: - An admitted [DATE]; - Diagnoses of pneumonia (infection in one or both lungs), depression, high blood pressure, atrial fibrillation, falls, back pain, and failure to thrive; - No documentation of any attempts made with alternative methods prior to the bed rail use; - No documentation of an informed consent signed explaining the risks and benefits for the bed rail use; - No documentation of a bed rail assessment completed. Review of the resident's admission MDS, dated [DATE], showed: - Impaired cognition; - Substantial/ max assistance with bed mobility; - No bed rail use. Review of the resident's care plan, dated 04/18/24, showed the assist bar bed rail use not addressed. Observations of the resident on 05/13/24 at 4:02 P.M., 05/14/24 at 2:00 P.M., and 05/15/24 at 2:30 P.M., showed the resident lay in bed with the 4 inch U-shaped assist bar bed rails in an upright position on the right and left sides of the bed. During an interview on 05/13/24 at 4:02 P.M., Resident #41 said he/she used the bed rails to get around in the bed and pull him/herself up in the bed. (continued on next page)

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F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 05/15/24 at 3:12 P.M., the Assistant Director of Nursing (ADON) said there was a screening tool for bed rails they used but there was no physician's order obtained or a consent signed. There was not an official bed rail reassessment. If a resident started to decline in function, the assist bar bed rail was removed. 49152 49999

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. 47447 Based on interview and record review, the facility failed to electronically submit to The Center of Medicare and Medicaid Services (CMS) complete and accurate direct care staffing information no less frequently than quarterly, for the quarter immediately preceding the annual survey. The census was 40. The facility did not provide a policy for direct care staffing information. Review of the facility's Payroll Based Journal (PBJ) staffing Data Report, for fiscal year quarter 1, 2024 (October 1 through December 31), showed the facility triggered for failing to submit data for the quarter. During an interview on 05/14/24 at 10:30 A.M.,, the Administrator said that he had not been submitting the PBJ information and he knew it should be submitted quarterly.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0909 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Regularly inspect all bed frames, mattresses, and bed rails (if any) for safety; and all bed rails and mattresses must attach safely to the bed frame. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47447 Based on observation, interview, and record review, the facility staff failed to conduct regular inspections of all bed frames, mattresses and bed rails as part of a regular maintenance program for four residents (Resident #7, #25, # 28, and #41) out of four sampled residents with bed rails. The facility's census was 40. Review of facility's policy titled, Restraints - Seatbelts - Side Rails, not dated, showed residents with side rails in place will be assessed for the need and safety of such devices upon admission, quarterly, and with any change in condition. 1. Review of Resident #7's medical record showed: - admitted on [DATE]; - No documentation of maintenance assessments for the bed rails. Observations of the resident showed on 05/13/24 at 11:16 A.M., 05/14/24 at 1:35 P.M., and 05/15/24 at 3:05 P.M., the resident lay in bed with the 4 inch wide U-shaped assist bar bed rail in the upright position on the right side of the bed. 2. Review of Resident #25's medical record showed: - admitted on [DATE]; - No documentation of maintenance assessments for the bed rails. Observations of the resident on 05/13/24 at 11:05 A.M., and 05/16/24 at 10:30 A.M., the resident lay in bed with the 4 inch wide U-shaped assist bar bed rails in the upright position on the right and left sides of the bed. During an interview on 05/13/24 at 3:36 P.M., Resident #25 said that he/she used the bed rails to help turn in the bed. 3. Review of Resident #28's medical record showed: - admitted on [DATE]; - No documentation of maintenance assessments for the bed rails. Observation of the resident showed: - On 05/15/24 at 1:44 P.M., and 3:34 P.M., the resident lay in bed with the 4 inch wide U-shaped assist bar bed rail in the upright position on the left side side of the bed; (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0909 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- On 05/16/24 at 10:20 A.M., the resident lay in bed with the 4 inch wide U-shaped assist bar bed rail in the upright position on the right side of the bed. 4. Review of Resident #41's medical record showed: - admitted on [DATE]; - No documentation of maintenance assessments for the bed rails. Observations of the resident on 05/13/24 at 4:02 P.M., 05/14/24 at 2:00 P.M., and 05/15/24 at 2:30 P.M., showed the resident lay in bed with the 4 inch wide U-shaped assist bar bed rails in the upright position on the right and left sides of the bed. During an interview on 05/13/24 at 4:02 P.M., Resident #41 said he/she used the bed rails to get around in bed and pull him/herself up in the bed. During an interview on 05/15/24 at 3:12 P.M., the Assistant Director of Nursing (ADON) said there was a screening tool for bed rails they used but there was no physician's order obtained or a consent signed. There was not an official bed rail reassessment. If a resident started to decline in function, the assist bar bed rail was removed. During an interview on 05/15/24 at 2:44 P.M. Administrator said the facility did not have a maintenance person. He had divided up the maintenance duties between other employees. He got the assessment from the nurse and he put the rails on the bed. No assessments had been completed. 49152 49999