STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265761	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lincoln Community Care Center	205 Timberline Drive Lincoln, MO 65338

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, facility staff failed to review and revise the plan of care for three residents (Resident #6, #26, and #46) out of 16 sampled residents. The facility census was 44.1.Review of the facility policy titled, Comprehensive Person-Centered Care Plans, dated 12/2016, showed:-A Comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident;-The care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive;-The comprehensive, person-centered care plan will:-Incorporated identified problem areas;--Incorporated risk factors associated with identified problems;-Areas of concern that are identified during the resident assessment will be evaluated before interventions are added to the care plan;-Assessments of residents are ongoing and care plans are revised as information about the residents and the residents' conditions change. 2. Review of Resident #6's Quarterly Minimum Data Set (MDS), a federally mandated assessment tool, dated 01/16/26, showed staff assessed the resident as moderate cognitive impairment, diagnosis of non-Alzheimer's Dementia, impairment on both sides of lower extremities, dependent on staff for chair/bed to chair transfers, and did not previously use a mechanical lift.Observation on 01/13/26 at 9:40 A.M., showed the resident in his/her wheelchair with a mechanical lift sling under him/her.Observation on 01/14/26 at 1:12 P.M., showed two certified nursing assistants (CNA's) wheeled a mechanical lift into the resident's room. The CNA's transferred the resident from his/her wheelchair to the resident's bed using the mechanical lift.Review of the resident's care plan, undated, showed the resident used a sit to stand lift for all transfers due to leg weakness. Staff did not update the residents care plan to include the use of a mechanical lift.During an interview on 01/15/26 at 1:51 P.M., the Director of Nursing (DON) said the resident was sent out to the hospital on [DATE] and returned on 12/29/25. The DON said since the resident returned to the facility on [DATE], he/she is now using a mechanical lift for transfers and not the sit to stand. The DON said he/she should have updated the residents care plan showing the change in how the resident is being transferred and said he/she just hadn't done so yet. He/She said updating the residents care plan to reflect the type of transfer is important to ensure the staff caring for the resident are all aware the resident uses a mechanical hoyer lift for transfers. 3. Review of Resident #26's Annual MDS, dated [DATE], showed staff assessed the resident as severe cognitive impairment, no behavioral symptoms and did not reject care, with a diagnosis of Cerebral palsy (a brain disorder that appears in infancy or early childhood, and permanently affects the body's movement and muscle coordination), Spastic hemiplegia affecting left nondominant side (a form of cerebral palsy causing muscle stiffness, weakness and coordination on one side of body).Observation on 01/13/25 at 2:30 P.M., showed the resident in his/her recliner with left hand contracted without interventions in place.Observation on 01/14/25 at 3:00 P.M., showed the resident in his/her recliner with left hand contracted without interventions place.Observation on 01/15/25 at 10:10 A.M., showed the resident in his/her recliner with left hand contracted without interventions place.Review of the resident's care plan, undated, (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	showed staff did not address the resident's contractures.During an interview on 01/15/2026 at 1:49 P.M., the DON said all resident risks should be addressed on the care plan and that includes contractures. 4. Review of Resident #46's quarterly MDS, dated [DATE], showed the resident had severe cognitive impairment and did not have a foley catheter.Review of the resident's Physician Order Sheet (POS), date 12/2026, showed the record did not contain an order for a foley catheter.Review of the resident's care plan, undated, showed the resident had a foley catheter in place and staff were instructed to monitor intake and output of the catheter.Review of the resident's health status report, dated 4/16/24, showed the residents foley catheter removed.Review of the resident's POS, showed an order, dated 10/06/23, showed the order for foley catheter changes were discontinued on 4/16/24.Observation on 1/12/26 at 12:15 A.M., showed the resident in his/her wheelchair in the dining room and did not have a foley catheter attached to the chair.During an interview on 01/15/2026 at 1:49 P.M., the DON said the resident does not have a catheter. He/She said all risks should be addressed on the care plan. He/She said the care plan was overlooked. 5. During an interview on 01/15/26 at 1:51 P.M., the DON/Care plan coordinator said he/she is in charge of completing and revising resident care plans. The DON said he/she reviews resident care plans when completing MDS's each quarter and will update care plans as needed in between MDS assessment dates. The DON said the facility has daily report sheets where staff can identify any changes to resident care areas which may also require a care plan revision and said he/she reviews the report sheets each Monday, if not sooner. The DON said he/she would expect for residents with a transfer changes, catheters, contractions, and weight loss to all be included on resident care plans. The DON said updating the resident care plans is important to help staff understand resident care needs and how to care for residents. During an interview on 01/15/2026 at 2:01 P.M., the Administrator said the DON is the care plan coordinator and is responsible for maintain care plans. He/She said every day, every resident gets a report sheet that the nurse puts updates on, and that sheet gets shared with the DON, and that is where she gets updates along with Monday meetings, updated MDS, and by looking at the resident's medical record. He/She said he/she would expect updates to catheters, changes to the type of transfer, contractures, and weight loss to be done. He/She said he/she would expect changes to be done within 24 hours unless it's on a weekend. He/She said it is important that the care plans are updated because that's how staff know how to safely care for the resident.

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement a program that monitors antibiotic use. Based on interview and record review, facility staff failed to implement an Antibiotic Stewardship Program with antibiotic use protocols and a system to monitor and track antibiotic use within the facility. The facility census was 44. 1.Review of the facility's policy titled, Antibiotic Stewardship-Review and Surveillance of Antibiotic Use and Outcomes, revised 12/16, showed the following:-Antibiotic usage and outcome data will be collected and documented using a facility-approved antibiotic surveillance tracking form. The data will be used to guide decisions for improvement of individual resident antibiotic prescribing practices and facility-wide antibiotic stewardship;-As part of the facility Antibiotic Stewardship Program, all clinical infections treated with antibiotics will undergo review by the IP or designee;-All resident antibiotic regimens will be documented on the facility-approved antibiotic surveillance tracking form. The information gathered will include:--Resident name and medical record number;--Unit and room number;--Date symptoms appeared;--Name of antibiotic;--Start date of antibiotic;--Pathogen identified;--Site of infection;--Date of culture;--Stop date;--Total days of therapy;--Outcome;--Adverse events. Review of the facility's policy titled, Surveillance for Infections, revised 9/2017, showed the purpose of the surveillance of infections is to identify both individual cases and trends of epidemiologically significant organisms and Healthcare-Associated Infections, to guide appropriate interventions, and to prevent future infections. The infection preventionist or designated control personnel is responsible for gathering and interpreting surveillance data. The Infection Control Committee and/or QAPI Committee may be involved in interpretation of data. For targeted surveillance using facility-created tools, follow these guidelines: -Daily: record detailed information about the resident and infection on an individual infection report form;-Monthly: Collect information form individual resident infection reports and enter line listing of infections by resident for the entire month;-Monthly: summarize monthly data for each nursing unit by site and by pathogen;-Monthly/Quarterly: Identify predominate pathogens among residents in the facility r in particular units by recording them month to month and observing trends;-Monthly/Quarterly: compare incidence of current infections to previous data to identify trends and patterns. Use an average infection rate over a previous time period (for example, over the past 12 months) as the baseline. Compare subsequent rates to the average rate to identify possible increases in infection rates. Review of the facility's antibiotic stewardship program showed staff did not have a process in place to track and trend antibiotic usage. During an interview on 01/15/2026 at 11:34 A.M., the Assistant Director of Nursing (ADON) said he/she is responsible for maintaining the antibiotic stewardship program. He/She said he/she is overseen by the administrator who carries the Infection Preventionist (IP) certificate. He/She said he/she tries to pull the Order Listing Report from the Facility's electronic medical record system, that list all residents on antibiotics, the antibiotic ordered and the date it was started. He/She said he/she then fills out a Mcgreers (standardized definitions for identifying infections in long-term care facilities (LTCFs), focusing on new or worsening signs/symptoms like fever, functional decline, or localized signs (e.g., pain, redness) plus lab data, to guide consistent infection surveillance and antibiotic stewardship, distinguishing between catheter-associated UTIs, respiratory infections, and other conditions using specific symptom combinations) assessment on each resident using an antibiotic. He/She said if the medication is not warranted, he/she reaches out to the ordering physician. He/She said he/she does not have the printed Order Listing reports, does not have the documentation of contacting the physician regarding antibiotics, and does not have any documentation of tracking or trending the antibiotics for the last year. He/She said he/she does not know the top infection for October or any of the months. During an interview on 01/15/2026 at 1:49 P.M., the DON said the ADON is responsible for the antibiotic stewardship program. He/She said the administrator has his/her certificate for IP and over sees the ADON. He/She said he/she only uses the Antibiotic Stewardship program for Minimum Date Set (MDS) purposes but does not participate otherwise. During an interview on 01/15/2026 at 2:01 P.M., (continued on next page)

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	the Administrator said the ADON is responsible for maintaining the antibiotic stewardship program and he/she oversees his/her work as the certified IP. He/She said he/she prints the reports for the ADON and the ADON fills in the required information and talks to physicians as needed. He/She said he/she meets weekly as a team to go over the infections and trends. He/She said the ADON should be keeping track of the information, maintaining documentation, and should know what their top infection trends are.