STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265837	A. Building B. Wing	04/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heisinger Bluffs Healthcare Western Campus	1306 West Main Street Jefferson City, MO 65109

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, facility staff failed to develop and implement a person-centered care plan to include use of compression stockings for edema for two residents (Residents #6 and #15), cleanliness and maintenance of oxygen equipment for two residents (Residents #15 and #81), and monitoring for risks of opioid administration for one resident (Resident #10) out of eight sampled residents. The facility census was 57.1. Review of the facility's policy titled Resident Centered Care Plan, dated 07/17/23, showed the facility will develop and implement a comprehensive care plan for each resident that includes measurable objectives and timeframes to meet a resident's medical, nursing, and medical and psychosocial needs as identified throughout the comprehensive Resident Assessment Instrument process. Each resident's care plan will describe services that are to be furnished to attain or maintain the resident's highest practicable physical well-being. The care plan will incorporate identified problem areas and risk factors associated with identified problems. 2. Review of Resident #6's Significant Change in Status Assessment (SCSA) Minimum Data Set (MDS), a federally mandated assessment tool, dated 01/09/26 showed staff assessed the resident as cognitively intact with diagnoses of congestive heart failure and blood clot. Review of the resident's care plan, dated 10/23/25, showed the care plan did not address the use of compression stockings for lower extremity edema.Review of the resident's physician order sheet (POS) showed an order, dated 02/19/26, for compression stocking (a tubular sleeve designed to provide even compression for general edema), to bilateral lower extremities. Apply in the morning and remove at bedtime.During an interview on 03/31/26 at 12:34 P.M., the resident said his/her feet and legs are swollen and staff assist him/her to put on compression stockings. Observation on 03/31/26 at 1:05 P.M., showed the resident had bilateral lower leg edema and wore compression stockings. 3. Review of Resident #10's Quarterly MDS, dated [DATE], showed staff assessed the resident as:-Severely cognitively impaired;-Diagnoses of hip and other fractures, altered mental status and delirium;-Opioids in use;-Dependent on staff for care and required substantial/maximum assistance with mobility.Review of the POS showed an order, dated 04/30/25, for hydrocodone-acetaminophen (opioids medication) 5-325 milligrams (mg) every six hours as needed for pain.Review of the resident's care plan, dated 02/18/26, showed the care plan did not address the risks associated with opioid administration. 4. Review of Resident #15's Quarterly MDS, dated [DATE], showed staff assessed the resident as:-Moderately cognitively impaired;-Diagnoses of peripheral vascular disease, kidney insufficiency, respiratory failure, pneumonia, stroke and dementia;-Required continuous oxygen therapy.Review of the resident's POS showed:-07/19/24: Tubi-grips to both lower extremities, on in the morning and off at bedtime;-03/04/26: Oxygen at two to four liters per minute via nasal cannula as needed.Review of the resident's care plan, revised 02/05/26, showed oxygen administration and use of compression stockings for lower extremity edema administration were not addressed.Observation on 04/01/26 at 9:55 A.M., showed the resident wore a double pair of socks to both feet and did not have oxygen on. 5. Review of Resident #81's admission MDS, dated [DATE], showed staff assessed the resident as:-Severe cognitively impaired;-Diagnoses of atrial fibrillation, (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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	coronary artery disease and kidney insufficiency;-Shortness of breath.Review of the resident's care plan, dated 03/05/26, showed it did not address oxygen administration.Review of the resident's POS showed an order, dated 03/05/26, for oxygen at two to four liters per minute via nasal cannula as needed. Observation on 04/01/26 at 9:02 A.M., showed the resident wore oxygen while he/she ate breakfast in the dining room.Observation on 04/02/26 at 10:07 A.M., showed the resident wore oxygen in bed. 6. During an interview on 04/03/26 at 10:50 A.M., the Director of Nursing (DON) said the Minimum Data Set (MDS) Coordinator is responsible for developing and revising care plans. He/She said the nurse's sand an email or report changes verbally to the MDS Coordinator. The DON said care plans should include oxygen therapy, use of compression stockings, and medication risks to be monitored.During an interview on 04/03/26 at 11:05 A.M., the MDS Coordinator said he/she is the primary person responsible for generating and updating care plans. For new admissions, he/she uses the admission paperwork, orders and MDS Care Area Assessment summary to identify care plan needs. Changes for existing residents are communicated by the nurses. He/She said oxygen therapy, use of compression stockings and medication risks to be monitored should be care planned. The MDS Coordinator said he/she did not know why they had not been care planned.During an interview on 04/3/26 at 11:21 A.M., the Administrator said care plans are the responsibility of the charge nurse, MDS Coordinator, DON and Assistant Director of Nursing (ADON). He/She said oxygen therapy, use of compression stockings and medication risks to be monitored should be included on the care plan.

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, facility staff failed to complete a Level I Pre-admission Screening (used to evaluate for the presence of psychiatric conditions to determine if a Pre-admission Screening and Resident Review (PASARR) level II screen is required) as required for one resident (Resident #7) out of 16 sampled residents with a new mental health diagnosis. The facility census was 62.1. Review of the facility's policy titled Resident Assessment-Coordination with PASARR Program, dated 09/24/24, showed a Negative Level I Screen-permits admission to proceed and ends the PASARR process unless a possible serious mental disorder or intellectual disability arises later. Review showed-A record of the pre-screening shall be maintained in the resident's medical record;-The Social Services Director (SSD) shall be responsible for keeping track of each resident's PASARR screening status, and referring to the appropriate authority;-Any resident who exhibits newly evident or possible serious mental disorder, intellectual disability or related condition will be referred promptly to the state mental health or intellectual disability authority for a level II resident review. 2. Review of Resident #7's Level I Nursing Facility Pre-admission Screening for Mental Illness, Intellectual Disability, or Related Condition, dated 03/30/23, showed the screening did not contain a diagnosis of Delusional Disorder.Review of the resident's Annual Minimum Data Set (MDS), a federally mandated assessment tool, dated 02/18/25, showed staff documented the resident admitted to the facility on [DATE], and did not have a diagnosis of delusional disorder.Review of the resident's Annual MDS, dated [DATE], showed:-readmitted to the facility 04/21/25;-Not currently considered by the state level II PASRR process to have a serious mental illness and/or intellectual disability or a related condition;-Psychotic disorder other than schizophrenia.Review of the resident's care plan, dated 10/10/25, showed:-Diagnosis of delusional disorders;-Behavioral health consultations as needed;-Observe for signs and symptoms of mania or hypomania, racing thoughts, euphoria, increased irritability, frequent mood changes, pressured speech, flight of ideas, marked changes in need for sleep, agitation or hyperactivity.Review of the resident's face sheet showed a diagnosis of Delusional disorders.Review of the resident's medical record did not contain documentation the resident had been referred to the appropriate state-designated authority for Level II PASARR evaluation and determination due to new psychiatric diagnosis.During an interview on 04/03/26, at 11:00 A.M., the SSD said he/she is responsible for completing Level I and Level II PASARRs on the residents. The SSD said he/she did not submit a new Level I PASARR for the resident with the new diagnosis of delusional disorder because he/she thought a new Level I only had to be submitted when a resident had a geriatric hospital stay.During interview on 04/03/26 at 11:00 A.M., the administrator said the SSD is responsible for completing the Level I and Level II PASARRs for residents. The administrator said he/she was not familiar with the requirements for submission.