

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265853	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/23/2025
NAME OF PROVIDER OR SUPPLIER  Joplin Gardens		STREET ADDRESS, CITY, STATE, ZIP CODE 2810 South Jackson Avenue Joplin, MO 64804	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49585</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure all dependent residents received services necessary to maintain good grooming and personal hygiene when the staff failed to provide assistance with bathing to three residents (Resident #1, #2, and #3) out of a sample of thirteen residents. The facility's census was 71.</p> <p>Review of the facility's policy titled Daily Care Needs, dated March 2015, showed the following:</p> <ul style="list-style-type: none"> <li>-The purpose of daily care needs is to refresh the resident and provide cleanliness, comfort, and neatness;</li> <li>-Before beginning care, staff should check the bathing schedule.</li> </ul> <p>Review of the facility's policy titled Bath (Shower), dated March 2015, showed the following:</p> <ul style="list-style-type: none"> <li>-It is the policy of the facility to provide a shower to maintain skin integrity, comfort, and cleanliness;</li> <li>-Staff should encourage the resident to do as much of his/her own care as possible;</li> <li>-Supervise and assist as necessary.</li> </ul> <p>1. Review of Resident #1's face sheet (a document that gives a patient's information at a quick glance) showed the following:</p> <ul style="list-style-type: none"> <li>-admitted [DATE];</li> <li>-Diagnoses included paraplegia (paralysis that affects all or part of the trunk, legs, and pelvic organs).</li> </ul> <p>Review of the resident's admission Minimum Data Set (MDS - a federally mandated assessment instrument completed by facility staff), dated 11/06/24, showed the following:</p> <ul style="list-style-type: none"> <li>-Resident was cognitively intact;</li> </ul> <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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Resident required supervision for oral and personal hygiene and substantial assistance from staff for toilet hygiene and showering;</p> <p>-Resident used a wheelchair for mobility.</p> <p>Review of the resident's care plan, revised 01/22/25, showed the following:</p> <p>-Resident required staff assistance with showering;</p> <p>-Resident required limited staff assistance with grooming and hygiene;</p> <p>-Resident required two staff assistance with mobility and transfers.</p> <p>Review of the resident's November 2025 Shower Sheets showed the resident received a shower on 11/21/24.</p> <p>Review of the resident's December shower sheets showed the resident received a shower on the following dates:</p> <p>-On 12/04/24, resident offered shower but refused;</p> <p>-On 12/16/24;</p> <p>-On 12/28/24.</p> <p>Review of the resident's January 2025 shower sheets showed the resident received a shower on 01/22/24.</p> <p>During interviews on 01/21/25, at 11:39 A.M., and on 01/23/25, at 9:40 A.M., the resident said the following:</p> <p>-The resident reported he/she had been at facility for three months and only had two showers;</p> <p>-The resident asked the Administrator about showers and was informed corporate would not allow the hiring of a shower aide;</p> <p>-Resident reported he/she liked to get two showers weekly and felt crappy not getting one;</p> <p>-Resident received a third shower since admission last night.</p> <p>2. Review of Resident #2's face sheet showed the following information:</p> <p>-admitted [DATE];</p> <p>-Diagnoses included congestive heart failure (a long-term condition in which the heart can't pump blood well enough to meet the body's needs).</p> <p>Review of the resident's quarterly MDS, dated [DATE], showed the following information:</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Moderate cognitive impairment;</p> <p>-Used wheelchair for mobility;</p> <p>-Dependent for transfers, showers, and lower body dressing;</p> <p>-Substantial staff assistance with upper body dressing;</p> <p>-Partial to moderate staff assistance with personal hygiene;</p> <p>-Set up and clean up assistance with oral hygiene.</p> <p>Review of the resident's care plan, dated 10/17/24, showed the resident required assistance with activities of daily living (ADL - dressing, grooming, bathing, eating, and toileting). Staff assistance needed with showers including hair care.</p> <p>Review of the resident's shower sheets showed staff did not document a shower offered or provided in October 2024.</p> <p>Review of the resident's November 2024 Shower Sheets showed resident received a shower on the following dates:</p> <p>-On 11/01/24;</p> <p>-On 11/10/24;</p> <p>-On 11/15/24;</p> <p>-On 11/19/24, resident refused shower;</p> <p>-On 11/20/24.</p> <p>Review of the resident's December 2024 Shower Sheets showed resident one sheet, dated 12/05/24, which indicated resident in the hospital and no shower given.</p> <p>3. Review of Resident #3's face sheet showed the following information:</p> <p>-admitted [DATE];</p> <p>-Diagnoses included hemiplegia and hemiparesis affecting right dominate side (muscle weakness or partial paralysis on one side of the body that can affect the arms, legs, and facial muscles) and obesity.</p> <p>Review of the resident's annual MDS, dated [DATE], showed the following information:</p> <p>-Moderate cognitive impairment;</p> <p>-Used wheelchair or cane for mobility;</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Independent with oral hygiene, dressing, personal hygiene, and toileting;</p> <p>-Moderate staff assistance with showers.</p> <p>Review of the resident's care plan, revised 12/13/24, showed the resident was mostly independent with ADL's, but required one staff assistance with showers and hair brushing.</p> <p>Review of the resident's October 2024 and November 2024 Shower Sheets showed staff did not document offering or completion of a shower for the month.</p> <p>Review of the resident's December 2024 Shower Sheets showed the resident received a shower on 12/15/24 and on 12/28/24.</p> <p>Review of the resident's January 2025 shower sheets showed resident received a shower on 01/14/25 and on 01/22/25.</p> <p>During an interview on 01/21/25, at 11:00 A.M., the resident said he/she had a shower once every two weeks. He/she was supposed to have one shower per week, but would like more.</p> <p>4. During an interview on 01/23/25, at 2:20 P.M., Nurse Assistant (NA) A said residents should receive two showers per week. Staff should complete shower sheets upon completion of resident shower.</p> <p>During an interview on 01/23/25, at 2:40 P.M., Certified Medication Technician (CMT) B said he/she did not provide resident showers, but residents should be receiving two showers weekly.</p> <p>During an interview on 01/23/25, at 2:45 P.M., Licensed Practical Nurse (LPN) C said the following:</p> <p>-Residents should receive showers two to three times per week;</p> <p>-Staff do not get a chance to shower residents twice weekly sometimes;</p> <p>-Residents receive at least one shower per week;</p> <p>-Shower sheets should be completed after the shower and given to the Director of Nursing (DON).</p> <p>During an interview on 01/23/25, at 3:25 P.M., Licensed Practical Nurse (LPN) C said residents should receive showers twice per week.</p> <p>During an interview on 01/23/25, at 11:35 A.M., the Director of Nursing (DON) said that he/she had recently been working on a new process to improve resident showers. Staff should provide him/her with a completed shower sheet. He/she has requested staff sign shower sheets even if the resident refused.</p> <p>During an interview on 01/23/25, at 5:00 P.M., the Administrator said the following:</p> <p>-Residents should have a shower at least one time per week;</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-He/she would prefer residents to have showers based on preference or at least two showers per week.</p> <p>MO00246671, MO00246674, MO00246824</p>

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49585</b></p> <p>Based upon record review and interviews, the facility failed to perform a complete admission assessment, including a skin assessment, and did not identify and provide timely treatment for a pressure ulcer (injury to skin and underlying tissue resulting from prolonged pressure on the skin) for one resident (Resident #1). The facility census was 71.</p> <p>Review of a facility policy titled Admission Nurse's Note, dated March 2015, showed the following:</p> <ul style="list-style-type: none"> <li>-The purpose of the policy is to ensure information is documented for the resident upon admission;</li> <li>-Upon admission of a resident, the nurse will document a body audit which includes site and size of the scars, rashes, bruises or abrasions, pressure sores (injury to skin and underlying tissue resulting from prolonged pressure on the skin) or stasis ulcer (wound to the leg or ankle caused by abnormal or damaged veins), and general overall appearance and cleanliness.</li> </ul> <p>1. Review of Resident #1's face sheet (a document that gives a patient's information at a quick glance) showed the following:</p> <ul style="list-style-type: none"> <li>-admitted [DATE];</li> <li>-Diagnoses included paraplegia (paralysis that affects all or part of the trunk, legs, and pelvic organs), diabetes mellitus (disease that results in too much sugar in the blood), and pressure ulcer of the sacral (area located above the tailbone) region, stage 3 (wound that extends through the entire thickness of skin and damages the underlying tissue).</li> </ul> <p>Review of the resident's admission Minimum Data Set (MDS - a federally mandated assessment instrument completed by facility staff), dated 11/06/24, showed the following:</p> <ul style="list-style-type: none"> <li>-Resident was cognitively intact;</li> <li>-Resident required supervision for oral and personal hygiene and substantial assistance from staff for toilet hygiene and showering;</li> <li>-Resident had a stage 3 pressure ulcer;</li> <li>-Resident used a wheelchair for mobility.</li> </ul> <p>Review of the resident's care plan, revised 01/22/25, showed the following:</p> <ul style="list-style-type: none"> <li>-Required two staff assistance with mobility and transfers;</li> <li>-Nursing should check skin routinely, treat and perform all preventative cares (turning, propping, repositioning) to prevent pressure injury;</li> </ul> <p>(continued on next page)</p>

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Had skin breakdown to coccyx (tailbone) that the wound nurse and wound care provider will monitor and treat.</p> <p>Review of the resident's admission clinical assessment, dated 10/30/24, showed the resident had the following risk factors for skin breakdown: a history of pressure sores, poor skin turgor, and predisposing diseases. The nurse documented he/she was unable to do a skin assessment as the resident was up in a power chair and arranging new room.</p> <p>Review of the resident's progress notes, dated 10/31/24 to 11/01/24, showed staff did not document regarding skin, or attempts to assess skin.</p> <p>Review of the resident's progress note, dated 11/02/24, showed staff notified the nurse that the resident had a brown adhesive foam dressing on. The nurse observed a brown adhesive dressing to the coccyx upon assessment. Resident noted to have open area to coccyx and a piece of calcium alginate (highly absorptive dressing) to area beneath dressing. Area cleansed and new dressing applied. Air mattress ordered and wound care nurse notified.</p> <p>Review of the resident's physician order report showed an order, dated 11/02/24, to cleanse area to coccyx with hypochlorous acid (fights bacteria), apply sure prep (skin protectant) to peri wound area, apply calcium alginate to wound bed, and cover with adhesive foam border gauze as needed for loose or soiled dressing (three days after the resident admitted to the facility with the wound).</p> <p>Review of the resident's progress notes, dated 11/03/24, showed staff did not document regarding the resident's coccyx wound.</p> <p>Review of the resident's progress note, dated 11/04/24, showed the Wound Care Nurse assessed wound to coccyx and noted wound bed was pink with small amount of bloody drainage noted with firm scar tissue noted to peri wound. Order updated and outside wound provider notified (five days after the resident admitted to the facility with the wound).</p> <p>Review of the resident's weekly skin assessment, dated 11/04/24, showed the resident had an open area to the coccyx and resident had effective treatment in place.</p> <p>During an interview on 01/23/25, at 1:31 P.M., Licensed Practical Nurse (LPN) E said the following:</p> <ul style="list-style-type: none"> <li>-He/she was the facility wound care nurse;</li> <li>-The admission nurse was responsible for skin assessments, but if he/she was at the facility during admission they will assist;</li> <li>-The initial skin assessment should not be completed after resident has been in facility two or three days;</li> <li>-Admission skin assessment should occur within two hours of admission to the facility.</li> </ul> <p>During an interview on 01/23/25, at 2:45 P.M. LPN C said the following:</p> <ul style="list-style-type: none"> <li>-Skin assessments should be completed within two hours of admission;</li> </ul> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-The nurse should try again if the resident refuses first attempt at skin assessment and it should be completed within the first 24 hours.</p> <p>During an interview on 01/23/25, at 3:25 P.M. LPN D said the following:</p> <p>-The nurse on duty when the resident was admitted was responsible for the admission assessment;</p> <p>-He/she would document any refusal of assessment and notify the oncoming shift to have it completed;</p> <p>-A skin assessment should be completed with two hours of admission so the facility can assume responsibility for any wounds.</p> <p>During an interview on 01/23/25, at 5:00 P.M. the Director of Nursing (DON) said the following:</p> <p>-The nurse should complete a skin assessment within two hours of admission;</p> <p>-The nurse should notify the wound care nurse if a resident refuses a skin assessment so he/she can follow up the next day;d-The nurse should notify physician and family if resident continues to refuse a skin assessment.</p> <p>During an interview on 01/23/25, at 5:00 P.M. the Administrator said a resident should not go three days without a skin assessment. The nurse should notify the Administrator, the physician, and the resident's family of refusals.</p> <p>MO00246671</p>		