

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 03/17/2026
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)
F 0689 Level of Harm - Actual harm Residents Affected - Few	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Based on record review and interviews, the facility failed to ensure all residents were kept free from possible accident hazards when staff failed to follow the care plan regarding the use of a mechanical lift for a transfer resulting in one resident (Resident #1) suffering a fracture to the upper arm. A sample of six residents was reviewed for transfer safety. The facility census was 76. On 02/17/26, the Administrator and Director of Nursing (DON) were notified of the Past Non-Compliance that occurred on 02/16/26, at 10:30 A.M., which resulted in injury to Resident #1. On 02/17/26, the Administrator completed a root cause analysis and investigation into the incident and educated employees involved. The Administrator and DON in-serviced all employees regarding company expectations and policies for resident transfers, including following care plans pertaining to the use of mechanical lifts or gait belt assist for transfers. The noncompliance was corrected on 3/10/26. Review of the facility's policy entitled Hydraulic Lift (Hoyer Lift), undated showed the following:-Follow the manufacturer's instructions when using any type of hydraulic lift;-The purpose of the use of a hydraulic lift was to enable one individual to lift and move a resident safely. Review showed the facility did not provide a policy related to care plans. 1. Review of Resident #1's face sheet (gives basic profile information at a glance) showed the following:-admission date of 07/08/24;-Diagnoses included stroke, right/dominant side weakness/paralysis and speech difficulty following stroke, obesity, cognitive communication deficit, arthritis pain in right knee, left arm pain, generalized muscle weakness, difficulty in walking, and restlessness and agitation. Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated comprehensive assessment tool completed by facility staff), dated 01/30/26, showed the following:-Moderately impaired cognition;-Functional limitation on range of motion of one-sided upper extremity, bilateral lower extremities;-Dependent on assistance for transfer to/from chair/bed. Review of the resident's care plan, last reviewed 01/21/26, showed the following:-Staff to assist with a Hoyer lift and two staff assist out of bed each day;-Needs the use of a Hoyer lift and two persons to safely transfer resident in and out of bed and wheelchair; -Follow protocol and policy when using the Hoyer lift to assist with transfers;-Two person assist with repositioning to avoid skin friction/shearing. Review of the resident's nurses' notes showed the following information:-On 02/16/26, at 10:30 A.M., a certified nurse aide (CNA) called out for the nurse from resident's room. Upon entering the room nurse found CNA holding resident on side of bed, bottom not touching ground and back against the bed. Nurse assisted CNA with getting the resident back into bed. No head injury noted. Resident noted to have a little redness to mid-back area with no skin tears or bruising noted at this time. CNA stated he/she was transferring the resident into bed and resident's feet slipped from underneath him/her. CNA stated he/she lowered the resident down and resident did not hit his/her head. The resident complained of generalized pain and staff administered as needed Tramadol (pain medication) given. Staff notified hospice, physician, on call management, and emergency contact;-On 02/17/26, at 2:50 P.M., resident complained of pain and decreased mobility to left shoulder. Hospice gave order for x-ray. Staff notified resident who was agreeable;-On 02/17/26, at 2:18 P.M., resident had an x-ray of the left humerus (upper arm bone). Imaging showed a possible fracture. Staff called hospice, (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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>physician, and family and they wanted him/her sent out to the hospital for an evaluation. Resident was given a dose of Tramadol, morphine (used to treat moderate to severe pain) and lorazepam (sedative) for the pain. Staff called emergency medical services (EMS) was called at 1:55 P.M. EMS arrived at 2:08 P.M. and left facility at 2:15 P.M. Resident assisted to stretcher with no incident. Family at bedside at time of transfer. Nurse notified Administrator and Director of Nursing (DON) notified;-On 02/17/26, at 5:58 P.M., resident returned to facility from hospital emergency department with no new orders except to follow up with physician's office on 02/18/26;-On 02/18/26, at 10:52 P.M., Resident continued on fall follow-up with left arm in sling and signs/symptoms of pain during incontinence care. Staff administered pain medication given.During an interview on 03/17/26, at 3:25 P.M., CNA C said the following: -He/she came to work at 6:00 A.M. on 02/16/26, and the resident was sitting in his/her wheelchair;-Later that morning as the resident's family member was leaving and asked CNA C to put the resident back in bed;-There was no Hoyer sling under the resident, so he/she thought maybe the resident was now a one-person assist for transfers;-The CNA did not look at the resident's care plan or ask anyone else how the resident transferred-CNA C placed a gait belt on the resident and assisted him/her from the wheelchair to the bed;-As the resident sat on the bed, he/she started to slide down the edge of the bed;-CNA C grabbed the resident from the front, under the arms, and heard a crack as the CNA held onto the resident to keep him/her from sliding to the floor;-The CNA called out to the nurse for assistance to get the resident into bed;-Two staff were required to transfer a resident via Hoyer lift or sit-to-stand lift. During an interview on 03/17/26, at 3:12 P.M., CNA D said staff should follow the care plan pertaining to the resident's transfer status. Staff should ask the nurse if they aren't sure.During an interview on 03/17/26, at 3:18 P.M., CNA E said staff should check a resident's care plan, which would show the transfer requirements. Staff should follow the care plan or ask the nurse if they are not sure.During an interview on 03/17/26, at 12:53 P.M., Certified Medication Technician (CMT) A said the following: -Nurses should inform the nursing staff of a resident's transfer needs/status upon their admit;-The transfer status is entered into the care plan;-If the resident's care plan states that the resident is a Hoyer lift or two-person gait belt assist to transfer, staff should follow those instructions and guidelines;-If in doubt the staff should ask the nurse.During an interview on 03/17/26, at 1:01 P.M., CMT B said the following:-The therapy department assesses residents on admission and tells the nursing staff how they transfer;-The facility policy required two staff to assist with a Hoyer transfer or sit-to-stand lift transfer;-Staff transfer status information in report from the previous shift for a new resident or if there has been a change in status;-Staff should follow the directions given in report or listed on the care plan. If it stated the resident required two-person assist or Hoyer transfer.During an interview on 03/17/26, at 2:35 P.M., the Administrator said the following: -The resident should be transferred using a Hoyer lift;-During the night shift on 02/15/26, the staff found the resident partway out of his/her bed; -Two staff quickly lifted the resident over into the wheelchair without using the Hoyer lift; -There was no Hoyer sling left under the resident;-After breakfast on 02/16/26, CNA C was going to put the resident back in bed;-The CNA said he/she wasn't sure of the resident's ability to transfer, but sized him/her up and decided he/she could transfer the resident without another staff to assist;-As the CNA was moving the resident to the bed, the resident began sliding off of the bed;-The CNA grabbed the resident from the front to keep him/her from sliding to the floor and called out to the nurse for assistance;-Staff must use a gait belt to assist any resident needing transfer assist and to follow the care plan or information given by the nurse regarding a resident's transfer status. Complaint #2787938</p>		