STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265885	A. Building B. Wing	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Salem Care Center	1203 N Jackson Salem, MO 65560

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 0570 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Assure the security of all personal funds of residents deposited with the facility. Based on interview and record review, facility staff failed to purchase a surety bond in an amount sufficient to assure security of all resident funds the facility holds. The facility census was 44.1. Review of the resident's trust fund account for March 2025 through February 2026, showed an average monthly balance of $47,132.42 which required a surety bond of $75,000 or greater.Review of the Department of Health and Senior Services (DHSS) database, showed the facility has an approved non-cancelable Escrow Agreement Account in the amount of $70,000.During an interview on 03/27/26 at 3:47 P.M., the business office manager (BOM) said he/she is responsible for resident funds and ensuring the bond is sufficient. The BOM said he/she said was not aware their bond needed to be increased.During an interview on 03/27/26 at 2:52 P.M., the administrator said the BOM is responsible for resident funds and ensuring the surety bond is sufficient. He/She was not aware their bond was insufficient. The administrator said the facility bond increased in 2024 so he/she believed it was enough.

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 0728 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure that nurse aides who have worked more than 4 months, are trained and competent; and nurse aides who have worked less than 4 months are enrolled in appropriate training. Based on interview and record review, facility staff failed to ensure three Nurse Aide's ((NA) NA A, NA D, AND NA E) of three completed the nurse aide training program within four months of his/her employment in the facility. The census was 44.1.Review of the facility's Nurse Aide Qualifications and Training Requirements, revised 12/2011, showed nursing assistants failing to successfully complete the required training program within the first four (4) months of their date of employment may be terminated from employment or may be reassigned to non-nursing related services.2.Review of NA A's personnel change form, showed he/she transferred from housekeeper to NA on 8/15/25. The file did not contain documentation the NA completed a nurse aide training program.During an interview on 3/26/26 at 2:55 P.M., NA A said he/she started at the facility in January of 2025 and started in nursing in July of 25. He/She is aware he/she is supposed to get certified. He/She has taken all the classes and finished the program when he/she worked in St. Louis. He/She has been working on trying to get the information transferred so that he/she can schedule the test. He/She works twice a week at the facility.3.Review of NA D's personnel record showed a hire date of 07/09/25. The personnel record did not contain documentation the NA completed a nurse aide training program.4.Review of NA E's personnel record showed he/she transferred from housekeeper to a NA on 09/15/25. The file did not contain documentation the NA completed a nurse aide training program.During an interview on 03/27/26 at 8:42 A.M., The Director of Nursing (DON) said he/she is responsible for NA qualifications, hire dates, and ensuring they are certified timely. He/She said he/she knows the requirement is to have the NA's certified within four months of hire. He/She said he/she had noticed the NA's being out of the compliance dates and made their home office aware. He/She said the instructor they were using, to teach the CNA classes, was terminated March 3rd, 2026, after their home office audited his/her pass/fail ratios and timing of NA class completion. He/She said he/she has three full time NA's that are outside of the 120 days. He/She said they started classes together 6/18/25 and finished 9/17/15. He/She said he/she is not sure why they have not tested yet, but they are trying to get them scheduled. During an interview on 03/27/26 at 9:48 A.M., the Business Office Manager (BOM) said he/she assists with new hire paperwork and filling out termination paperwork. He/She said the DON is responsible for nurse aides and ensuring the aides are certified timely. He/She said in a recent discussion about NA certification timing, he/she the DON said it was four months from hire, and the instructor believed it to be a year. He/She said the instructor they were using doesn't work for the facility anymore. He/She said he/she doesn't handle the NA classes, and he/she was not aware of the requirements to have them certified 120 days from date of hire.During an interview on 03/27/26 at 2:53 P.M., the Administrator said the DON is responsible for creating the nurse staff schedules and is responsible for ensuring NA's are certified within the appropriate amount of time. He/She said the DON is responsible for tracking classes and hire dates. He/She said he/she discussed the nurse aide's certification timing a few months ago. He/She said the requirement is to have the NA certified within 120 days from their date of hire. He/She was not aware there was any outside the requirements until today. He/She said the reason for not having them done was a lack of coordination between staff. He/She said they have three NA outside of the requirements. He/She said they have taken all the classes but are just waiting to take the test. He/She said the nurse who was in charge of the program is no longer working for them and they are working to get the required information submitted/uploaded so they can take the test.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, facility staff failed to maintain a comfortable and homelife. The facility census was 441. Review of the facility policy titled, Environment/Homelike, dated 01/01/2025, showed it is the policy of this facility to provide a safe, clean, comfortable and homelike environment.2. Observation on 03/24/26 at 11:30 A.M., showed 13 light bulbs need replacement in the main dining hall and four of the ceiling light fixtures missing covers.3. Observation on 03/24/26 at 11:40 A.M., showed the ceiling light fixture in the egress between the lobby and the nurse's desk missing its cover.4. Observation on 03/25/26 at 3:15 P.M., showed one ceiling light fixture on the 200 hall, one ceiling light fixture on the 300 hall missing covers and two light bulbs need replacement in the ceiling light fixtures at the end of the 100 hall.5. Observation on 03/26/26 at 9:17 A.M., showed the sheetrock next to room [ROOM NUMBER]'s hallway doorframe was peeling and exposed a large area of sheetrock paper.6. Observation on 03/26/26 at 9:20 A.M., showed call light covers missing above the doors outside of rooms 106, 107, 109, 302, 304, 310, the beauty shop.7. Observation on 03/27/26 at 10:17 A.M., showed a large amount of paint missing on the bottom half of the shower room door frame and the bottom half of the front door. Both areas excessively scuffed, scraped, and chipping.8. Observation on 03/25/2026 10:18 A.M., showed resident occupied room [ROOM NUMBER] with the baseboard off the wall near the resident's wall unit. The wall exposed moisture, chipped paint. The wall had black and brown spots.9. Observation on 03/25/26 at 10:26 A.M., showed resident occupied room [ROOM NUMBER] with the baseboard off the wall near the resident's wall unit. The wall with exposed holes, chipped paint and moisture. The baseboard near the bathroom showed a four-inch hole at the top of the baseboard and several areas of chipped paint and exposed holes.10. During an interview on 03/25/26 at 10:26 A.M., the resident said if this is where he/she has to live, he/she would like the facility to maintain it. The resident said he/she does not feel the staff do a good job with repairs.11. During an interview on 03/27/26 at 3:56 P.M., the maintenance director said there's been some major projects in the facility that he/she completed. He/She is aware there are rooms, light covers, broken lights that need repair. He/She does not keep a written document of projects to complete or updated.12. During an interview on 3/27/26 at 3:17 PM, the Administrator says he/she was aware of the missing call light covers the missing ceiling light fixture covers. The covers used are no longer in production and he/she attempted to find replacement covers that are compatible. The administrator says the maintenance director oversees the general upkeep of the building. He/she says that staff can submit work order requests on paper and place the request in a designated mailbox and the maintenance director collects these periodically. The administrator was unable to provide a specific schedule of request collection or a time frame for completion of requests.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview, and record review, facility staff failed to store medications in a safe and effective manner, when staff did not store insulin pens separately according to facility policy. The facility census was 44.1. Review of the facility policy titled, Policy and Procedure; Medication Storage' dated 11/1/2013, showed the purpose of the policy is to ensure medications and biologicals are stored in a safe, secure storage and safe handling. Each resident is assigned a cubicle or drawer to prevent the possibility of a drug for one resident being given to another.2. Observation on 03/24/26 at 11:45 A.M. showed the insulin cart contained 13 separate insulin pens belonging to 13 different residents stored together in one basket.3. Observation on 03/26/26 at 1:05 P.M. showed the insulin cart contained 11 separate insulin pens from 11 different residents stored together in the same basket.4. Observation on 03/27/26 at 12:06 P.M. showed the insulin cart contained 11 separate insulin pens for 11 different residents loose in the bottom of the drawer. Nine insulin pens for to nine different residents stored together in a singular basket. Four insulin pens for to four different residents stored together in a second basket. Two insulin pens from two different residents stored together in a third basket.5. During an interview on 03/27/2026 at 12:09 P.M. Registered Nurse (RN) B said insulin pens have always been stored this way, no one within the facility has questioned it. RN B said the nurses know who the insulin pens belong to by reading the label on the pen and that the pens are kept in the varying baskets according to med pass times. RN B said the insulin pens are sent by the pharmacy in a zip lock bag with a larger, more detailed label on it, and the unopened pens are stored in that bag in the fridge.6. During an interview on 03/27/2026 at 12:12 P.M. the Director of Nursing (DON) said he/she is responsible for overseeing the medication storage. He/She said insulin is kept in the fridge in the original pharmacy packaging until it is to be used. When any of the insulin is opened by the charge nurses, it is dated and placed in a designated basket in the cart. Each pen has a label from the pharmacy with the resident's name. The DON said they have always stored opened insulin pens in the baskets in the medication cart and the pen is considered clean if it doesn't get set down in the room. He/She said a pharmacy consultant audits the medication carts in the facility every few weeks, but is unsure of how the pharmacy recommends the insulin pens to be stored after opening.7. During an interview on 03/27/2026 2:56 P.M., the Administrator said the DON oversees the medication carts and medication storage practices in the facility. The Administrator said the extent of his/her knowledge with insulin storage limited, and he/she knows to keep it in the fridge if it has not been opened. He/She said the DON and pharmacy consultant work together to audit medication carts for proper medication storage and corrective actions. He/She is unaware of the facility policy terminology related to medication storage.

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on observation, interview and record review, the facility staff failed to ensure residents received food at safe and appetizing temperatures when the staff failed to ensure the internal temperature of pureed food placed in hot holding remained at least 140 degrees Fahrenheit (F) to prevent the growth of food-borne pathogens and prevent food-borne illness and. The facility census was 44.1. Review of the facility's policy titled, Preventing Foodborne Illness - Food Handling, undated, showed potentially hazardous foods will be cooked to the appropriate internal temperatures and held at the designated temperature for the appropriate length of time to destroy pathogenic organisms. Review of the facility's policy titled, Preventing Foodborne Illness - Food Preparation, dated 04/01/24, showed the danger zone should be observed (41 F to 135 F) for potential hazardous food and the rapid growth of pathogenic microorganisms that may cause foodborne illness, and mechanically altered hot foods prepared for modified consistency diet must stay above 135 F during preparation. Review of the facility menus dated 03/25/26, showed the menu directed staff to provide the residents on pureed diets with pureed peppered pork loin, mashed potatoes and gravy, pureed spinach, and pureed dinner roll at the lunch meal. During an interview on 03/25/26 at 10:20 A.M., the dietary supervisor (DS) said he/she substituted the spinach with green beans and received approval from the registered dietician. The DS said the facility had two residents who received pureed diets. Review of the facility's standardized recipes for the pureed peppered pork loin and pureed French style green beans showed the recipes directed staff to reheat the pureed food items internal temperature to 165 F after blending and to maintain an internal holding temperature of 135 F or 140 F (Based on current local state regulations). Observation on 03/25/26 at 11:15 A.M., showed the DS added two portions of prepared peppered pork loin with broth and food thickener into the food processor and blended it until smooth. Observation showed the DS scooped the pureed peppered pork loin into a metal pan and, without checking the internal temperature of the pureed food, placed the pan in the steamtable and walked away. Observation on 03/25/26 at 11:24 A.M., showed the DS placed mashed potatoes and gravy into the food processor and blended it until smooth. Observation showed the DS scooped the mashed potatoes and gravy into a metal pan, and without checking the internal temperature of the food, placed the pan in the steamtable and walked away. Observation on 03/25/26 at 11:40 A.M., showed the DS removed the pureed peppered pork loin and mashed potatoes and gravy from the steam table and placed both food items in a large metal pan with hot water. During an interview on 03/25/26 at 11:41 A.M., the DS said he/she ran out of space on the steam table for all the food items so he/she moved the pureed food items to the large metal pans with hot water until serving time. Observation on 01/07/26 at 11:47 A.M., showed the DS placed two portions of green beans into the food processor and blended it until smooth. Observation showed the DS scooped the pureed green beans into a metal pan, and without checking the internal temperature of the pureed food, placed the pan in a large metal pan with hot water and walked away. Observation on 03/25/26 at 12:30 P.M., showed the DS continued to not check the internal temperature of the pureed food items and mashed potatoes and gravy after he/she blended the food items and placed the items into the large metal pan with hot water. Observation showed the DS dished out the pureed peppered pork loin, mashed potatoes and gravy, and pureed green beans from the pans onto a serving plate, handed the plate to another staff member, and the staff member walked the plate to the residents' table. Observation showed the internal temperature of the pureed peppered pork loin measured 96 F, the mashed potatoes and gravy measured 96 F, and pureed green beans measured 91 F. During an interview on 03/25/26 at 12:35 P.M., the DS said he/she forgot to check the internal temperature of the pureed food items before service. During an interview on 03/26/26 at 12:07 P.M., the administrator said the DS no longer worked at the facility as of that morning and was not available for interview. The administrator said [NAME] F would be filling in as the interim dietary supervisor. During an interview on 03/26/26 at 12:45 P.M., [NAME] F said staff are expected to check the (continued on next page)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	internal temperature of all food items prior to service, hot food items should be at least 120 F prior to service, and the hot food items should remain on the steam table until service. The dietary aid/cook F said he/she did not know the pureed food item recipes had instructions to reheat the hot pureed food items to 165 F if needed. During an interview on 03/26/26 at 1:00 P.M., the administrator said he/she would expect for hot pureed food items to be reheated to at least 165 F after they are processed in the blender and for hot food items to be served at 120 F or higher. The administrator said hot food items are expected to remain on the steam table prior to service.