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F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the	F 550		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Jessica Bader TITLE Administrator (X6) DATE 5/20/25

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.

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exercise of his or her rights as required under this subpart.
This REQUIREMENT is not met as evidenced by:
Based on observation, interview, and record review, the facility failed to ensure the resident's dignity was maintained while performing incontinence care for one resident (Resident #5) out of one sampled resident. The facility census was 98.

Review of the facility's policy titled, "Patient Rights," revised September 2024, showed:
- We provide the resident with privacy;
- Privacy is maintained during toileting, bathing, and other activities of personal hygiene, except when assistance is needed for safety and well being.

1. Review of Resident #5's quarterly Minimum Data Set (MDS), a federal mandated assessment to be completed by the facility, dated 03/31/25, showed:
- Dependent for toileting;
- Dependent for personal hygiene;
- Dependent for showering;
- Sometimes understands others;
- Makes self understood;
- Diagnoses of anemia (a condition where the blood doesn't have enough red blood cells or enough hemoglobin to carry oxygen throughout the body), hypertension (the force of the blood pushing against the artery walls is consistently too high. The heart has to work harder to pump blood), dementia (a broad term encompassing various neurological conditions that cause a decline in cognitive abilities like memory, thinking, and reasoning), renal insufficiency (refers to the kidneys not functioning properly, meaning they

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F 550	Continued From page 2 are unable to filter waste products from the blood effectively), and depression (mood disorder characterized by persistent feelings of sadness, loss of interest, and other symptoms that significantly affect daily life). Observation on 05/01/25 at 2:30 P.M. showed Certified Nurses Assistant (CNA) E and CNA K performed incontinence care to Resident #5 with window blinds open and able to see outside patio for resident's and guest open. Several people passed by window during care. During an interview on 05/02/25 at 12:13 P.M., CNA E and CNA K said the window blinds should be closed in the resident rooms to avoid resident's bodies from being exposed during care. During an interview on 05/02/25 at 4:20 P.M., the Director of Nursing (DON) said they would expect windows blinds to be closed prior to care for a resident's dignity to be maintained during incontinence care.	F 550		
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility	F 689		

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failed to follow one resident's (Resident #27) care plan regarding smoking out of two sampled residents. The facility failed to ensure staff utilized safe transfer techniques for one resident (Resident #87) when staff failed to transfer the resident with the assist of a gait belt (a device used to aid in the safe movement of a person from one place to another) out of two sampled residents. The facility census was 98.

The facility did not provide a smoking policy.

Review of the facility's policy titled, "Gait Belts For Transfer," dated 01/08/08, showed:
- Gait belts are provided to assist staff to safely transfer or ambulate residents;
- Apply belt around the resident's waist;
- To transfer, assist the resident to a standing position by grasping the belt at the waist from underneath.

1. Review of Resident #27's medical record showed:
- Admission date of 07/02/21;
- Diagnoses of hemiplegia (a condition characterized by paralysis on one side of the body) and seizure disorder.

Review of the resident's Care Plan, dated 05/09/24, showed:
- Resident smoked;
- Instruct about the facility policy on smoking locations;
- Wear a flame resistant apron at all times when smoking;
- Provide supervision when smoking.

Review of the resident's Smoking Assessment, dated 09/05/24, showed:

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- The resident smoked safely;
- The resident required supervision to smoke;
- Continue the plan of care;
- Did not address the use of a smoking apron.

Review of the resident's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument required to be completed by the facility staff, dated 02/05/25, showed:
- No cognitive impairment;
- Dependency for activities of daily living;
- Impairment to one side of the lower and upper extremity.

Observation on 05/02/25 at 10:00 A.M., of the resident showed:
- The resident sat in the smoking area and smoked a cigarette;
- The resident did not wear a smoking apron.

During an interview on 05/02/25 at 12:01 P.M., the Administrator said she expects the smoking assessment to be done on admission, with a change in status, and annually.

During an interview on 05/02/25 at 3:06 P.M., Director of Nursing (DON) said if the resident's care plan showed a resident required a safety apron to smoke, they should be wearing it during a smoke break. He completed the smoking assessment and the MDS Coordinator completed the care plan.

During an interview on 05/02/25 at 1:34 P.M., Certified Nursing Assistant (CNA) B said he/she handed the cigarettes and supervised the residents while smoking. There was a list attached to the cigarette container that listed the names of which residents required an apron, but

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it had been removed for editing about a week ago.

During an interview on 05/02/25 at 3:45 P.M., the MDS Coordinator said he/she used a standard smoking plan for the resident assessments and care plans. Resident assessments were used to decide if a smoking apron should be utilized. If a resident's care plan showed they needed a smoking apron, they should be wearing one. Resident #47 should wear an apron while smoking because he/she was care planned for it. The MDS Coordinator normally completed the resident smoking assessments and used them to complete the care plan.

2. Review of Resident #87's medical record showed:
- An admission date of 01/24/25;
- Diagnoses of atherosclerosis (the buildup of fats, cholesterol and other substances in and on the artery walls) of native arteries of extremities with intermittent claudication (a painful muscle ache or cramping in the legs, typically experienced during exercise, that is relieved by rest), unspecified extremity, chronic obstructive pulmonary disease COPD - a progressive lung disease characterized by persistent airflow limitation, usually caused by chronic inflammation and damage to the lungs), and chronic kidney disease stage 3 (signifies a moderate decline in kidney function).

Review of the resident's admission MDS, dated 01/29/25, showed:
- Mild cognitively impairment;
- Impairment to both upper extremities;
- Partial to moderate assist with sit to standing, transfers, and activities of daily living (ADLs).

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Review of the resident's Care Plan, dated 02/12/25, showed:
- Functional decline in ADLS and requires partial/moderate to substantial/maximal assist with ADLS.

Review of the resident's Nurse's Notes showed:
- On 04/22/25 at 10:20 P.M., required assistance of one for transfers but the resident was noncompliant and transferred him/herself;
- On 04/30/25 at 6:21 P.M., required partial/moderate assistance with upper body dressing, personal hygiene, toilet transfers, walking 10 feet in his/her room, and shower transfers.

Observation on 04/30/25 at 1:54 P.M., of the resident's transfer from the wheelchair to the shower chair showed:
- Certified Nursing Assistant (CNA) E did not put a gait belt around the resident's waist;
- CNA E locked the wheelchair wheels and the shower chair wheels;
- CNA E grabbed the back of the resident's pants at the waist with his/her left hand and put his/her right hand under the resident's left armpit;
- CNA E pulled up on the resident to assist him/her to a standing position. The CNA guided the resident as he/she slowly shuffled to the wheelchair;
- CNA E continued to hold onto the back of the resident's pants at the waist and under the resident's left armpit as he he/she lowered the resident into the shower chair.

During an interview on 05/02/25 at 2:42 P.M., Registered Nurse (RN) C said a resident that required assistance with a transfer should always

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F 689	Continued From page 7 have a gait belt used. During an interview on 05/02/25 at 2:46 P.M., Licensed Practical Nurse (LPN) D said a gait belt should always be used when transferring a resident that didn't require a mechanical lift. During an interview on 05/02/25 at 2:51 P.M., CNA E said he/she would always use a gait belt with all transfers. During an interview on 05/02/25 at 4:10 P.M., the Director of Nursing (DON) said gait belts should be used for all transfers with residents that require assistance and not mechanical lifts. During an interview on 05/02/25 at 4:40 P.M., the Administrator said she would expect a gait belt to be used on residents that required assistance with transfers.	F 689		
F 690 SS=D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2)For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that	F 690		

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catheterization was necessary;
(ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and
(iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.

§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.
This REQUIREMENT is not met as evidenced by:
Based on observation, interview, and record review, the facility failed to ensure a urinary indwelling catheter (a tube inserted into the bladder to drain urine) drainage bag was kept off the floor for two residents (Residents #5 and #249) and to ensure proper cleaning of the catheter tubing for one resident (Resident #81) out of three sampled residents. The facility census was 98.

Review of the facility's policy titled, "Skills Checklist: Catheter Care," undated, showed:
- While holding the catheter, clean down the catheter tube;
- Clean with strokes moving away from the urethra;
- Use a clean portion of the washcloth for each stroke.

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The facility did not provide a policy related to the positioning of urinary catheters.

1. Review of Resident #5's medical record showed:
- Admitted on 10/03/24;
- Diagnosis of obstructive and reflux uropathy (a disorder characterized by blockage of the normal flow of contents of the urinary tract).

Review of the resident's Physician Order Sheet (POS), dated April 2025, showed:
- An order for indwelling catheter care every shift, dated 03/27/24;
- An order to change the catheter every 30 days, insert a catheter size 16 French (Fr - size of the urinary catheter) and bulb size 5 milliliters (ml) on the 25th of the month, dated 04/25/25.

Observation on 05/02/25 at 1:30 P.M., showed:
- The resident lay in bed and the uncovered catheter drainage bag hung on the bed frame;
- The catheter drainage bag bottom touched the floor;
- One inch of the catheter bag drainage spout touched the floor.

2. Review of Resident #81's medical record showed:
- Admitted on 03/19/25;
- Diagnosis of neurogenic bladder (a condition where the nerves that control bladder functions are damaged or dysfunctional, leading to various urinary problems).

Review of the resident's POS, dated April 2025, showed:
- An order to change the indwelling catheter every

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30 days. Insert catheter size 16 Fr and bulb size 5 ml on the 19th of the month, dated 03/23/25;
- An order for indwelling catheter care every shift, dated 03/23/25.

Observation on 05/01/25 at 11:115 A.M., of the resident's catheter care showed:
- Certified Nurse Assistant (CNA) I put on a gown, performed hand hygiene, and put on gloves;
- CNA I cleaned the catheter and down one inch of the catheter tubing from the insertion site with a soapy wash cloth;
- CNA I rubbed the same area of the tubing multiple times with the same area of the wash cloth going back and forth from and towards the insertion site;
- CNA I cleaned three inches down the catheter tubing from the insertion point again with same area of the wet wash cloth;
- The catheter tubing had a discolored area and CNA I rubbed the same of area of the tubing multiple times with the same area of the wash cloth going back and forth from and towards the insertion site.

During an interview on 05/01/25 at 11:35 A.M., CNA I said you cleanse away from insertion point with a new side of the wash cloth with each wipe. You should cleanse down the tube.

3. Review of Resident #249's medical record showed:
- Admitted on on 04/25/25
- Diagnosis of obstructive and reflux uropathy.

Review of the resident's POS, dated April 2025, showed:
- An order to change the indwelling/suprapubic (a urinary catheter inserted directly into the bladder

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through a small incision in the lower abdomen) catheter every 30 days. Insert catheter size 16 French and bulb size 10 ml once a day on the 24th of every 3rd month, dated 04/26/25;
- An order for indwelling catheter/suprapubic catheter care every shift, dated 04/26/25.

Observations on 04/30/25 at 9:34 A.M., and 11:40 A.M., showed:
- The resident lay in bed with the catheter drainage bag in a privacy cover and lay in the floor under the bed;
- The top of the catheter drainage bag was outside the privacy cover and lay on the floor;
- Four inches of the catheter tubing lay on the floor.

Observation on 04/30/25 at 12:58 P.M., of the resident's bed bath, catheter care, and a transfer showed:
- CNA A emptied the catheter drainage bag with the catheter drainage bag placed on the floor without a privacy cover multiple times and the catheter bag drainage spout touched the inside of the urinal when emptied;
- CNA A held the catheter drainage bag above the level of the resident's bladder during the transfer and the resident's urine flowed towards the bladder in the catheter tubing.

Observation on 05/01/25 at 9:12 A.M., showed:
- The resident lay in bed with six inches of the catheter tubing lay on the floor under the bed.

Observation on 05/02/25 at 9:25 A.M., showed:
- The resident lay in bed;
- The catheter drainage bag hung on the bed frame without a privacy cover;
- The catheter drainage bag was visible from the

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hallway.

Observation on 05/02/25 at 1:10 P.M., showed:
- The resident lay in bed;
- The catheter drainage bag hung on the bed frame without a privacy cover;
- The catheter drainage bag was visible from the hallway;
- A visitor was in the room.

During an interview on 05/02/25 at 2:42 P.M., Registered Nurse (RN) C said a catheter should be hung on the bedside if a resident was in bed with a privacy cover, off the floor, and below the bladder. The drainage spout shouldn't touch anything when being emptied. During catheter care, should wipe away from the insertion point and not go up and down the tubing. If it needed to be cleaned in the same area more than once, then a new wash cloth was needed for each swipe.

During an interview on 05/02/25 at 2:46 P.M., Licensed Practical Nurse (LPN) D said the catheter should be hung at the bedside, never touch the floor, and below the bladder. Catheter care should be done wiping away from the insertion point and should change wash cloths if need more than one wipe.

During an interview on 05/02/25 at 2:51 P.M., CNA E said catheters should never touch the floor, stay below the bladder, and always be in a privacy bag. The drainage spout should never touch anything when emptied. Should cleanse away from the insertion point and not back and forth on the tube because otherwise it cross contaminated it.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 690	Continued From page 13	F 690		

During an interview on 05/02/25 at 2:52 P.M., LPN H said catheters shouldn't have any kinks, should be lower than the bladder, should be in a privacy cover, and should never touch the floor. He/She would cleanse down six inches from the insertion point and never go back and forth on the tubing during catheter care.

During an interview on 05/02/25 at 3:00 P.M., CNA A and CNA B said the catheter shouldn't touch the floor, should stay below the bladder, should cleanse away from the insertion point, and shouldn't be cleaned back and forth. The drainage spout should not touch anything when emptying the bag.

During an interview on 05/02/25 at 4:17 P.M., the Director of Nursing (DON) said residents with catheters receive catheter care every shift. Catheter care was done by wiping down from the insertion point, should never go back and forth. The drainage bag should stay below knee level and not touch the floor. The facility bought the non-reflux drainage bags as an extra safety net and the purpose of the privacy bags other than privacy was to ensure the drainage bag wasn't contaminated by touching the floor. The catheter drainage spout shouldn't touch anything but if it did, it became contaminated and should be cleaned.

During an interview on 05/02/25 at 4:30 P.M., the Administrator said it was expected that catheter care be done correctly, wiping from the insertion point down, and never back and forth. The drainage bag and tubing should not be in the floor and should be in the privacy bags. The catheter drainage spout shouldn't touch anything when emptying it.

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	265168	A. BUILDING _____ B. WING _____	C 05/02/2025

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F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to follow physician's orders for supplemental oxygen therapy for one resident (Resident #247) out of four sampled residents. The facility's census was 98. Review of the facility's policy titled, "The Basics of Oxygen," dated 01/12/14, showed: - Nasal cannula (plastic tubing inserted into the nose to deliver additional oxygen) oxygen range from one to six liters. The facility did not provide a policy about following physician orders regarding oxygen. 1. Review of Resident #247's medical record showed: - An admission date of 04/18/25; - Diagnoses of pneumonia (an infection that inflames the air sacs in one or both lungs), congestive heart failure (CHF - a condition where the heart muscle is unable to pump enough blood to meet the body's needs), and chronic obstructive pulmonary disease (COPD - a group of lung diseases that cause airflow obstruction and breathing problems).	F 695		

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F 695	Continued From page 15	F 695		

Review of the resident's Physician's Order Sheet (POS), dated 04/29/25, showed:
- An order to check the oxygen saturation (O2 sat - a measure of how much oxygen is in the blood) every shift, dated 04/21/25;
- An order for oxygen at 3 liters per minute (L/min) via a by nasal cannula continuous, Every Shift, dated 04/18/25.

Review of the resident's Baseline Care Plan, dated 04/18/25, showed:
- Resident received oxygen therapy;
- Did not address the amount and frequency for the oxygen.

Observation of the resident showed:
- On 04/29/25 at 12:39 P.M., and 2:50 P.M., on 04/30/25 at 11:45 A.M., and on 05/01/25 at 9:13 A.M., the resident sat in a recliner in his/her room with the oxygen concentrator not in use and the undated oxygen tubing stored in a zip lock bag attached to the oxygen concentrator;
- On 05/01/25 at 2:30 P.M., the resident sat slouched down in a recliner in his/her room and eyes closed. Staff Coordinator O verbally aroused the resident and he/she showed confusion upon waking. Staff Coordinator O checked the resident's O2 sat and it was 89% on room air. After one minute, the resident's O2 sat was 91%, was 92% with the resident taking a deep breath, and then dropped to 90%. Staff Coordinator O asked the resident if he/she could put the oxygen on and the resident agreed. Staff Coordinator O turned on the oxygen concentrator on and placed the oxygen on the resident at 1 L/min and the resident's O2 sat remained at 90%;
- On 05/01/25 at 3:38 P.M., the resident sat

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NHC HEALTHCARE, KENNETT	1120 FALCON, KENNETT, MO 63857

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F 695	Continued From page 16 slouched down in a recliner in his/her room, eyes closed, and oxygen on at 1 L/min.; - On 05/02/25 at 9:30 A.M., the resident sat in a recliner in his/her room with the oxygen concentrator on at 1 L/min and the oxygen tubing stored in a zip lock bag attached to the oxygen concentrator. During an interview on 04/29/25 at 2:50 P.M., Resident #247 said sometimes he/she wore the oxygen, but therapy said he/she did not have to do so. During an interview on 05/01/25 at 3:35 P.M., Registered Nurse (RN) J said Resident #247 came to the facility on three liters of oxygen. During an interview on 05/02/25 at 9:35 A.M., Licensed Practical Nurse (LPN) H said Resident #247 came in wearing oxygen and it was more for symptoms of pneumonia, not long-term chronic use. The resident's physician's order showed the order was for three liters of oxygen per minute continuous, so he/she would need to address the order. LPN H said he/she would expect to follow the physicians order and for the resident's oxygen to be on and at three liters per minute. During an interview on 05/02/25 at 4:10 P.M., the Director of Nursing (DON) said oxygen orders should be followed and if the resident required a different liter than the physician order, the physician should be notified. During an interview on 05/02/25 at 4:40 P.M., the Administrator said oxygen orders should be followed as written.	F 695		
F 761 SS=D	Label/Store Drugs and Biologicals	F 761		

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F 761	Continued From page 17 CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure two medication carts were locked while unattended out of a sample of three medication carts. This had the potential to affect all residents. The facility census was 98. Review of the facility policy titled, "Medication Storage In The Facility," revised 02/25/25, showed:	F 761		

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- Medication and biologicals are stored safely, securely, and properly;
- Medication rooms, carts, and medication supplies are locked when not attended by persons with authorized access.

1 Observations on 04/29/25 at 11:20 A.M. - 11:56 A.M., of the Hall D medication cart showed:
- At 11:20 A.M., the unlocked and unattended medication cart sat against the outside of the nurse's station and faced D Hall. One staff nurse walked past the unlocked cart and one hospice nurse stood on the outside of the nurse's station counter 10 feet from the unlocked cart;
- From 11:21 A.M. - 11:38 A.M., two residents and multiple staff walked past the unlocked and unattended medication cart 20 times;
- From 11:38 A.M. - 11:44 A.M., the Director of Nursing (DON) walked through the nurse's station and past the unlocked and unattended medication cart five times;
- From 11:39 A.M. - 11:44 A.M., nine staff walked past the unlocked and unattended medication cart;
- At 11:40 A.M., Registered Nurse (RN) L walked to the unlocked and unattended medication cart, touched the top of the unlocked medication cart, walked inside the nurse's station, and sat down at a computer with his/her back to the unlocked and unattended medication cart;
- The D Hall medication cart remained unlocked and unattended from 11:20 A.M.- 11:47 A.M., with multiple staff and two residents walking past it;
- At 11:47 A.M., Certified Medication Technician (CMT) M walked up to the unlocked medication cart, sat paper and pens on top of the unlocked medication cart, walked away from the unlocked medication cart and left it unattended, walked to another medication cart on the A Hall side of the

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F 761	Continued From page 19	F 761		

nurse's station, retrieved a laptop, returned to the unlocked D Hall medication cart, and moved the unlocked medication cart down the D Hall;
- At 11:48 A.M., CMT M left the unlocked and unattended medication cart outside of Room D4 facing D Hall, retrieved the vital sign cart from outside of Room D2, moved the vital sign cart near the unlocked and unattended medication cart outside of Room D4, walked towards Room D2 and talked to Housekeeper P while the medication cart remained unlocked and unattended;
- At 11:52 A.M., CMT M stepped into Room D3 and left the unlocked and unattended medication cart between Room D3 and D4 facing D Hall. CMT M returned to the unlocked medication cart, stepped back inside room D3 and left the unlocked medication cart unattended, talked to the resident, returned to the unlocked medication cart, unlocked the narcotic box, and retrieved medications;
- At 11:56 A.M., CMT M locked the medication cart and returned to Room D3.

2. Observations on 05/02/25 at 11:02 A.M. - 11:05 A.M., of the A Hall medication cart showed:
- At 11:02 A.M., the unlocked and unattended medication cart sat against the wall across from the nurse's station and faced the A Hall;
- Licensed Practical Nurse (LPN) D assisted a resident across from the nurse's station;
- At 11:05 A.M., Registered Nurse (RN) C walked to the unlocked and unattended medication cart from the dining room, opened the unlocked medication cart, and locked it.

During an interview on 05/02/25 at 11:40 A.M., CMT G said every time the medication cart was stepped away from, it should be locked.

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F 761	Continued From page 20 During an interview on 05/02/25 at 11:44 A.M., LPN F said he/she tried to lock the medication cart when stepping away from it. During an interview on 05/02/25 at 11:47 A.M., RN C said when a person walked away from the medication cart, it should be locked. During an interview on 05/02/25 at 11:50 A.M., LPN D said anytime the medication cart was walked away from, it should be locked. During an interview on 05/02/25 at 4:20 P.M., the DON said medication carts should be locked anytime they were left unattended. During an interview on 05/02/25 at 4:40 P.M., the Administrator said medication carts should be locked anytime they were left unattended.	F 761		

Missouri Department of Health and Senior Services

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	04268	A. BUILDING: _____ B. WING _____	C 05/02/2025

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A4064	19 CSR 30-85.042(55) Medication Storage Facilities shall store all external and internal medications at appropriate temperatures in a safe, clean place and in an orderly manner apart from foodstuffs and dangerous chemicals. A facility shall secure all medications, including those refrigerated, behind at least one (1) locked door or cabinet. Facilities shall store containers of discontinued medication separately from current medications. II/III This regulation is not met as evidenced by: Class III Refer to F761	A4064		
A4075	19 CSR 30-85.042(66) Nursing Care per Res Condition Each resident shall receive personal attention and nursing care in accordance with his/her condition and consistent with current acceptable nursing practice. I/II This regulation is not met as evidenced by: Class II Refer to F689, F690, and F695	A4075		
A8030	19 CSR 30-88.010(29) Dignity/Privacy Each resident shall be treated with consideration, respect, and full recognition of his or her dignity and individuality, including privacy in treatment and care of his or her personal needs. All persons, other than the attending physician, the facility personnel necessary for any treatment or personal care, or the department or Department of Mental Health staff, as appropriate, shall be	A8030		

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A8030	Continued From page 1 excluded from observing the resident during any time of examination, treatment, or care unless consent has been given by the resident. II/III This regulation is not met as evidenced by: Class III Refer to F550	A8030		

PLAN OF CORRECTION

Provider/Supplier Name:	NHC Kennett
Street Address, City, Zip:	1120 Falcon Drive Kennett, MO 63857
Date of Survey:	4/29/25-5/2/25

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	

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	This plan of correction is submitted as required under state and federal law. It does not constitute an admission on the part of NHC Healthcare that the findings cited are accurate, that they constitute a deficiency, or that the scope and severity regarding any deficiency is applied correctly.	
F 550	Resident #5 along with 3 other residents will be observed during peri care to ensure adequate privacy is provided by staff during the task. Nurse managers will make observations. Observations will occur weekly for one quarter or until compliance is achieved. Partner meetings are scheduled for 5/28/25 to re-educate resident rights, specifically privacy and dignity. This will be reported in QA for the next 3 months.	5/28/25
F 689	Resident #27s care plan was updated on 5/8/25 and the need for a smoke apron was removed to match current need. Regarding future care plans, after a smoking assessment is completed, the care plan will be updated at that time to match the resident's current need. The MDS nurse will be responsible for completing the assessment and updating the care plan. The MDS nurse was in-serviced of this process on 5/19/2025. Resident #87 along with 3 other residents will be monitored for proper transfer using a gait belt weekly for one quarter or until compliance is achieved. Partner meetings are scheduled for 5/28/25 to re-educate NHCs gait belt for transfer policy. This will be reported in QA for the next 3 months.	5/28/25
F 690	Resident #5, and #249 along with 2 other residents will be observed to ensure foley catheter tubing, and drainage bags are properly stowed in privacy bags, and no part of the catheter system is in contact with the floor. Resident #81 along with 3 other residents with be observed to ensure proper cleaning of the catheter tubing. Observations will be made by nurse management and will be conducted weekly for the duration of one quarter or until compliance is achieved. Partner meetings are scheduled for 5-28-25 and will re-educate proper catheter care and storage of drainage bags and tubing. Compliance will be reported in QA for the next 3 months.	5/28/25

F 695	Resident #247s physician's order for supplemental oxygen was clarified on 5/2/25. Resident #247 along with 3 other residents order and oxygen setting will be observed for accuracy of following physician order. Observations will be conducted by nurse management weekly for the duration of one quarter or until compliance is achieved. Partner meetings are scheduled for 5/28/25 and will re-educate nursing staff regarding following physicians' orders for supplemental oxygen. Compliance will be reported in QA for the next 3 months.	5/28/25
F 761	Partner Meetings are scheduled for 5/28/25 to re-educate on the proper storage and security of medication carts. Four medication carts will be observed to ensure they are locked when unattended. Observations will be made by nurse managers weekly for the next 3 months or until compliance is achieved. Compliance will be reported in QA for the next 3 months.	5/28/25

The Administrator signing and dating the first page of the CMS-2567/State Form is indicating their approval of the plan of correction being submitted on this form.

PLAN OF CORRECTION

Provider/Supplier Name:	NHC Kennett
Street Address, City, Zip:	1120 Falcon Drive Kennett, MO 63857
Date of Survey:	4/29/25-5/2/25

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A4064	Refer to F761	5/28/25
A4075	Refer to F689. F690, F695	5/28/25
A8030	Refer to F550	5/28/25

The Administrator signing and dating the first page of the CMS-2567/State Form is indicating their approval of the plan of correction being submitted on this form.