

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/13/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285853	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/23/2025
NAME OF PROVIDER OR SUPPLIER JOPLIN GARDENS			STREET ADDRESS, CITY, STATE, ZIP CODE 2810 SOUTH JACKSON AVENUE JOPLIN, MO 64804		
(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 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: 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. Review of the facility's policy titled "Daily Care Needs," dated March 2015, showed the following: -The purpose of daily care needs is to refresh the resident and provide cleanliness, comfort, and neatness; -Before beginning care, staff should check the bathing schedule. Review of the facility's policy titled "Bath (Shower)," dated March 2015, showed the following: -It is the policy of the facility to provide a shower to maintain skin integrity, comfort, and cleanliness; -Staff should encourage the resident to do as much of his/her own care as possible; -Supervise and assist as necessary. 1. Review of Resident #1's face sheet (a document that gives a patient's information at a	F 677			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

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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F 677	Continued From page 1 quick glance) showed the following: -Admission date of 10/30/24; -Diagnoses included paraplegia (paralysis that affects all or part of the trunk, legs, and pelvic organs). 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: -Resident was cognitively intact; -Resident required supervision for oral and personal hygiene and substantial assistance from staff for toilet hygiene and showering; -Resident used a wheelchair for mobility. Review of the resident's care plan, revised 01/22/25, showed the following: -Resident required staff assistance with showering; -Resident required limited staff assistance with grooming and hygiene; -Resident required two staff assistance with mobility and transfers. Review of the resident's November 2025 Shower Sheets showed the resident received a shower on 11/21/24. Review of the resident's December shower sheets showed the resident received a shower on the following dates: -On 12/04/24, resident offered shower but refused; -On 12/16/24;	F 677			

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F 677	Continued From page 2 -On 12/28/24. Review of the resident's January 2025 shower sheets showed the resident received a shower on 01/22/24. 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: -The resident reported he/she had been at facility for three months and only had two showers; -The resident asked the Administrator about showers and was informed corporate would not allow the hiring of a shower aide; -Resident reported he/she liked to get two showers weekly and felt "crappy" not getting one; -Resident received a third shower since admission last night. 2. Review of Resident #2's face sheet showed the following information: -Admission date of 09/24/24; -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). Review of the resident's quarterly MDS, dated 09/30/24, showed the following information: -Moderate cognitive impairment; -Used wheelchair for mobility; -Dependent for transfers, showers, and lower body dressing; -Substantial staff assistance with upper body dressing; -Partial to moderate staff assistance with personal hygiene;	F 677			

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F 677	Continued From page 3 -Set up and clean up assistance with oral hygiene. 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. Review of the resident's shower sheets showed staff did not document a shower offered or provided in October 2024. Review of the resident's November 2024 Shower Sheets showed resident received a shower on the following dates: -On 11/01/24; -On 11/10/24; -On 11/15/24; -On 11/19/24, resident refused shower; -On 11/20/24. 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. 3. Review of Resident #3's face sheet showed the following information: -Admission date of 12/17/16; -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.	F 677			

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F 677	Continued From page 4 Review of the resident's annual MDS, dated 11/29/24, showed the following information: -Moderate cognitive impairment; -Used wheelchair or cane for mobility; -Independent with oral hygiene, dressing, personal hygiene, and toileting; -Moderate staff assistance with showers. 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. 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. Review of the resident's December 2024 Shower Sheets showed the resident received a shower on 12/15/24 and on 12/28/24. Review of the resident's January 2025 shower sheets showed resident received a shower on 01/14/25 and on 01/22/25. 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. 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. During an interview on 01/23/25, at 2:40 P.M.,	F 677			

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F 677	Continued From page 5 Certified Medication Technician (CMT) B said he/she did not provide resident showers, but residents should be receiving two showers weekly. During an interview on 01/23/25, at 2:45 P.M., Licensed Practical Nurse (LPN) C said the following: -Residents should receive showers two to three times per week; -Staff do not get a chance to shower residents twice weekly sometimes; -Residents receive at least one shower per week; -Shower sheets should be completed after the shower and given to the Director of Nursing (DON). 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. 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. During an interview on 01/23/25, at 5:00 P.M., the Administrator said the following: -Residents should have a shower at least one time per week; -He/she would prefer residents to have showers based on preference or at least two showers per week.	F 677			

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F 677	Continued From page 6 MO00246671, MO00246674, MO00246824	F 677			
F 686 SS=D	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: 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. Review of a facility policy titled "Admission Nurse's Note", dated March 2015, showed the following: -The purpose of the policy is to ensure information is documented for the resident upon admission; -Upon admission of a resident, the nurse will document a body audit which includes site and	F 686			

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F 686	Continued From page 7 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. 1. Review of Resident #1's face sheet (a document that gives a patient's information at a quick glance) showed the following: -Admission date of 10/30/24; -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). 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: -Resident was cognitively intact; -Resident required supervision for oral and personal hygiene and substantial assistance from staff for toilet hygiene and showering; -Resident had a stage 3 pressure ulcer; -Resident used a wheelchair for mobility. Review of the resident's care plan, revised 01/22/25, showed the following: -Required two staff assistance with mobility and transfers; -Nursing should check skin routinely, treat and	F 686			

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F 686	Continued From page 8 perform all preventative cares (turning, propping, repositioning) to prevent pressure injury; -Had skin breakdown to coccyx (tailbone) that the wound nurse and wound care provider will monitor and treat. 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. 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. 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. 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	F 686			

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F 686	Continued From page 9 wound). Review of the resident's progress notes, dated 11/03/24, showed staff did not document regarding the resident's coccyx wound. 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). 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. During an interview on 01/23/25, at 1:31 P.M., Licensed Practical Nurse (LPN) E said the following: -He/she was the facility wound care nurse; -The admission nurse was responsible for skin assessments, but if he/she was at the facility during admission they will assist; -The initial skin assessment should not be completed after resident has been in facility two or three days; -Admission skin assessment should occur within two hours of admission to the facility. During an interview on 01/23/25, at 2:45 P.M. LPN C said the following: -Skin assessments should be completed within two hours of admission;	F 686			

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F 686	Continued From page 10 -The nurse should try again if the resident refuses first attempt at skin assessment and it should be completed within the first 24 hours. During an interview on 01/23/25, at 3:25 P.M. LPN D said the following: -The nurse on duty when the resident was admitted was responsible for the admission assessment; -He/she would document any refusal of assessment and notify the oncoming shift to have it completed; -A skin assessment should be completed with two hours of admission so the facility can assume responsibility for any wounds. During an interview on 01/23/25, at 5:00 P.M. the Director of Nursing (DON) said the following: -The nurse should complete a skin assessment within two hours of admission; -The nurse should notify the wound care nurse if a resident refuses a skin assessment so he/she can follow up the next day; -The nurse should notify physician and family if resident continues to refuse a skin assessment. 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. MO00246671	F 686			

Missouri Department of Health and Senior Services

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A4076	19 CSR 30-85.042(67) Clean, Dry, Odor Free Each resident shall be clean, dry, and free of body and mouth odor that is offensive to others. I/II This regulation is not met as evidenced by: Class II 1. Please refer to F677. MO00246671, MO00246674, MO00246824	A4076		
A4077	19 CSR 30-85.042(68) Res Groomed/Dressed Appropriately Taking into consideration the resident's preferences, residents shall be well-groomed and dressed appropriately for the time of day, the environment and any identified medical conditions. II/III This regulation is not met as evidenced by: Class II* 1. Please refer to F677. *The higher classification merited due to the extent of the violation. MO00246671, MO00246674, MO00246824	A4077		
A4083	19 CSR 30-85.042(74) Pressure Sore Prevention/Treatment Facilities shall keep residents free from avoidable pressure sores, taking measures toward prevention. If sores exist, staff shall give adequate treatment. I/II	A4083		

Missouri Department of Health and Senior Services

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Schmittoum HA 2/18/2025

Missouri Department of Health and Senior Services

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STREET ADDRESS, CITY, STATE, ZIP CODE

JOPLIN GARDENS

**2810 SOUTH JACKSON AVENUE
JOPLIN, MO 64804**

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A4083	Continued From page 1 This regulation is not met as evidenced by: Class II 1. Please refer to F686. MO00246671	A4083		

PLAN OF CORRECTION		
Provider/Supplier Name:	Joplin Gardens	
Street Address, City, Zip:	2810 S Jackson Ave Joplin, MO 64804	
Date of Survey:	1/23/2025	
PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		
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	This Plan of Correction ("POC") is submitted as required under State and Federal Law. The submission of this POC does not constitute an admission on the part of Joplin Gardens (the "Facility") as to the accuracy of the surveyors' findings, nor the conclusions drawn therefrom. The facility's submission of this POC does not constitute an admission on the part of the Facility that the findings cited are accurate, that the scope and severity regarding the deficiencies cited are correctly applied. This POC is intended to constitute the Facility's credible letter alleging compliance. Compliance has been and will be achieved no later than the last completion date identified in the POC. Compliance will be maintained as provided in the Plan of Corrections.	
F677	The facility does and will continue to ensure all dependent residents receive services necessary to maintain good grooming and personal hygiene.	03/07/2025
	Corrective action will be accomplished for the residents found to be affected by the alleged deficient practice by:	
	A. Resident # 1 was provided a shower 1/22/2025 and informed routine shower days are Monday and Thursday. Resident #2 was discharged from facility prior to date of survey. Resident #3 was provided a shower on 1/22/2025 and informed routine shower days are Monday and Thursday.	
	The facility identifies all residents as potentially affected by the alleged deficient practice. The corrective action will be accomplished by:	
	A. The Director of Nursing or designee will assign showers daily. Routine shower days are Monday, Tuesday, Thursday and Friday. Make up shower days are on Wednesday, Saturday, and Sunday.	
	The measures put in place and the systemic changes were made to ensure that alleged deficient practice does not	

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	recur:	
	A. The Director of Nursing or designee will provide education to all staff regarding bathing/hygiene policy and procedure. B. The Director of Nursing or designee will monitor showers twice weekly for the next 4 weeks or until substantial compliance is achieved and corrective action will be taken if indicated.	
	The facility plans to monitor its performance to make sure that solutions are achieved and sustained. This plan will be implemented, and the corrective action will be evaluated for its effectiveness. The plan of correction will be integrated into the Quality Assurance Program.	
	A. All findings of the audits will be documented and submitted to the monthly Facility Quality Assurance Committee for review and additional interventions will be made as needed for the next 90 days or until substantial compliance is achieved.	
F686	The facility does and will continue to perform complete admission assessments, including skin assessments and provide timely treatment for wounds including pressure ulcers.	03/07/2025
	Corrective action will be accomplished for the residents found to be affected by the alleged deficient practice by:	
	A. A complete skin assessment was completed on Resident #1 by wound care nurse with WCP provider on 1/22/2025 to identify any and all wounds.	
	The facility identifies all residents as potentially affected by the alleged deficient practice. The corrective action will be accomplished by:	
	A. Skin assessment and documentation will be completed upon admission. B. Refusals of skin assessment upon admission will be reported to the Director of Nursing, the emergency contact and the physician.	
	The measures put in place and the systemic changes were made to ensure that alleged deficient practice does not recur:	
	A. The Director of Nursing or designee will provide education to nursing staff regarding skin assessment and documentation policy and procedure. B. The Director of Nursing or designee will audit admission documentation within 24 hours to ensure appropriate skin assessment and documentation is completed for 4 weeks or until substantial compliance is achieved and corrective action will be taken if indicated.	
	The facility plans to monitor its performance to make sure that solutions are achieved and sustained. This plan will be implemented, and the corrective action will be evaluated for its effectiveness. The plan of correction will be integrated	

	into the Quality Assurance Program.	
	A. All findings of the audits will be documented and submitted to the monthly Facility Quality Assurance Committee for review and additional interventions will be made as needed for the next 90 days or until substantial compliance is achieved.	
A4076	See F677	03/07/2025
A4077	See F677	03/07/2025
A4083	See F686	03/07/2025

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.