STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265501	A. BUILDING _____ B. WING _____	C 04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ODESSA HEALTH CARE CENTER	609 GOLF STREET ODESSA, MO 64076

(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 725 SS=F	Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2) §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.71. §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides. §483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to have sufficient staffing on a 24-hour basis to care for resident's needs and to ensure resident safety by not having adequate staff in the building for night shifts and failed to meet the minimum staffing requirements for fire safety. This practice had the potential to affect all residents. The facility census was 54 residents.	F 725		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]		5/12/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265501	A. BUILDING _____ B. WING _____	C 04/09/2025

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F 725	Continued From page 1	F 725		

Review of the facility Minimum Staffing Requirements for Fire Safety policy revised 3/13/25 showed:
-11:00 P.M. to 7:00 A.M. (night shift) one personnel for every 3-20 residents.
-The flow chart showed staffing requirements per census required staff for night shift (11:00 P.M. to 7:00 A.M.) with a census range of 41-60 residents would require 3 staff members assigned for the shift.

1. Review of the facility staff daily time punches dated 4/7/25 showed:
-Two staff members, a Licensed Practical Nurse (LPN) A and Certified Nurse Aide (CNA) A , for the evening/night shift from 6:00 P.M. to 6:00 A.M.
-One Certified Medication Technician (CMT) or LPN scheduled from 6:00 P.M. to 10:00 P.M.
-Time punch for evening/Night LPN A was from 6:04 P.M. to 7:52 A.M.
-Time punch for evening LPN C was on from 5:55 P.M. to 10:43 P.M.
-Time punch for evening/Night CNA C was on from 6:05 P.M. to 11:43 P.M.
-Time Punch for evening/night CNA A was on from 5:53 P.M. to 6:15 A.M. .
-The facility did not provide the daily schedule for 4/7/25 and the census was 54 residents.
-On 4/8/25 at 11:43 P.M. to 5:40 A.M. there was one LPN and one CNA time punched in for a total of 6:03 hours.

Review of the facility daily schedule dated 4/8/24 showed:
-Two staff members, LPN A and CNA A, for the evening/night shift schedule from 6:00 P.M. to 6:00 A.M.

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	265501	A. BUILDING _____ B. WING _____	C 04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ODESSA HEALTH CARE CENTER	**609 GOLF STREET ODESSA, MO 64076**

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F 725	Continued From page 2	F 725		

-One LPN's name was handwritten in.
-One CMT was scheduled from 6:00 P.M. to 10:00 P.M. .
-One CNA A's was name handwritten in.
-One unknown CNA was listed as to assist other CNA's at 6:00 P.M.
-The cense was 54 residents and there was only one LPN and one CNA assigned. There was no third staff member in the facility from 9:35 P.M. until 4:00 A.M.

Observation and interview on 4/9/25 with CNA A at 5:00 A.M. showed:
-Two CNA's and one LPN A were the staff members in the building.
-CNA A said:
--He/she and LPN A came into the facility at 6:00 P.M. on 4/8/25.
--Another unknown CNA arrived on 4/9/25 around 4:00 A.M. to assist with getting the residents up and dressed that morning.
--They were only two staff members in the building from 11:00 P.M. to 4:00 A.M.

During an interview on 4/9/25 at 5:03 A.M. LPN A said:
-The facility has had turn over the last few weeks.
-Part of the evening /night shift only had one LPN and one CNA after 9:45 P.M. when the staff assigned a CNA to help lay residents down at 6:00 P.M. left.
-On 4/8/25 Social Services stayed until 8:30 P.M. to help lay resident down for the night and left.
-He/she had worked the night shift 4/7/25 and 4/8/25 and most of the night shift had only two staff working.
-The facility census was 54 residents.

During an interview on 4/9/25 at 8:18 A.M. the

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ODESSA HEALTH CARE CENTER	609 GOLF STREET ODESSA, MO 64076

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F 725	Continued From page 3 Regional Chief Nursing Officer (CNO) said: -He/she had not received any phone call from the facility nursing staff in the last two days. -It was reporting during a call that morning there were three staff members in the building. -He/she was not aware the facility only had two staff members from around 10:00 P.M. to around 4:00 A.M. -He/she would expect facility administration to ensure the minimum required staff for the night shift was there to meet the resident needs and fire code. During an interview on 4/9/25 at 9:50 A.M. Social Services Designee (SSD) said: -The staffing schedule was already completed by the past DON, he/she would only assist finding replacement staff as needed. -He/she was aware the facility did not have three care staff assigned from 11:00 P.M. to 4:00 A.M. on 4/7/25 and 4/8/25 and there should have been. -He/she had been assigned to assist with laying resident down on 4/8/25 and then left the facility around 8:45 P.M. During an interview on 4/9/25 at 10:45 A.M. the Interim DON said he/she would expect to have the required three staff members assigned for the full night shift to meet the resident needs and ensure safety.	F 725		
F 727 SS=F	Complaint # MO 00251633 RN 8 Hrs/7 days/Wk, Full Time DON CFR(s): 483.35(b)(1)-(3) §483.35(b) Registered nurse §483.35(b)(1) Except when waived under	F 727		

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F 727	Continued From page 4	F 727		

paragraph (e) or (f) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week.

§483.35(b)(2) Except when waived under paragraph (e) or (f) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis.

§483.35(b)(3) The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents.
This REQUIREMENT is not met as evidenced by:
Based on observation and interview, the facility failed to ensure the services of a Registered Nurse (RN) were utilized eight hours per day, seven days per week and failed to ensure a Director of Nursing (DON) or interim DON was onsite full -time 8 hours a day for a minimum of 40 hours a per week. The facility census was 54 residents.

The facility staffing policy for the DON and Registered Nurses requirement was requested and not provided.

1. Review of the Facility Assessment revised on 4/1/25 showed one DON full time day shift and one RN where available.

Review of facility's staffing sheet from 4/7/24 to 4/9/24 showed no time recorded for the facility RN or DON.

Observation on 4/9/25 at 5:00 A.M. the facility had one Licensed Practical Purse (LPN) and two Certified Nursing Aides (CNA) in the building. There was no RN in the building.

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F 727	Continued From page 5 Observation on 4/9/25 at 5:25 A.M. of the facility list of Health care staff posted showed: -Four LPN names listed and no RN names listed. -There was no DON listed. Observation on 4/9/25 at 10:43 A.M. showed the new RN/Interim DON had just arrived. During an interview on 4/9/25 at 5:30 A.M. LPN A said: -The DON quit on the evening of 4/6/25 without notice. -The facility did not have an RN assigned or in building on 4/7/25 and 4/8/25. -The facility was supposed to have an RN start on 4/9/25 on the evening shift. -He/she would contact the acting Regional Director of Operations by phone with any concerns related to residents care. During an interview on 4/9/25 at 5:48 A.M. the Regional Director of Operations said: -The facility DON had quit by email on the evening of 4/6/25. -They did not notify state of the changes of DON. -The corporate office was having a DON from another state coming to the building on 4/9/25 as Interim DON. -He/she was unsure if there was RN coverage eight hours per day onsite on 4/7/25 and 4/8/25. -The facility nursing staff was able to contact himself/herself or regional nurse consultant as needed with any question or concerns. During an interview on 4/9/25 at 6:20 A.M. CNA A and CNA B said: -They were not sure if had RN or DON in the building.	F 727		

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-They would contact the LPN charge nurse with any medical concerns.

During an interview on 4/9/25 at 6:40 A.M. LPN A and LPN B said:
-At that time there was no resident who required RN care.
-They did not have the contact number for regional nursing staff.
-The facility did not post the corporate phone numbers.

During an interview on 4/9/25 at 6:50 A.M. LPN B said:
-The facility did not have RN or DON in the building on 4/7/25 and 4/8/25 from 6:00 A.M. to 6:00 P.M. during the dayshift.
-The past DON had worked as the evening CNA on duty on 4/6/25 and then quit.

During an interview on 4/9/25 at 7:52 A.M. the Regional CEO said:
-The facility DON had quit without notice by email on the evening of 4/6/25.
-The corporation had made arrangements for a DON from another state come to the facility as interim DON who should be arrive 4/9/25 to the facility.
-The Regional Chief Nursing Officer (CNO) would be available for the facility nursing staff to contact as needed.
-He/she was unaware if the facility had RN coverage on 4/7/25 and 4/8/25.

During an interview on 4/9/25 at 8:05 A.M., the Interim OPS Manager said:
-The facility did not have a DON or RN in the building on 4/7/25 and 4/8/25.
-The regional CNO could be reached by phone.

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F 727	Continued From page 7 During an interview on 4/9/25 at 8:18 A.M. the Regional CNO said: -He/she had not received any phone calls from the facility nursing staff in the last two days. -On 4/7/25 and 4/8/25 he/she would run audit reports for the facility and reviewed them daily. -The Regional Director of Operations was responsible for working the scheduling to include RN coverage. -He/she would expect to have RN onsite coverage 8 hour a day, 7 days a week. During an interview on 4/9/25 at 9:50 A.M. Social Services Designee (SSD) said: -He/she had just started to assist with staff scheduling. -The staffing schedule was already completed, he/she would only assist finding replacement as needed. -No RN was scheduled on 4/7/25 and 4/8/25. -The interim DON was on his/her way to the building. -No acting DON was in the building on 4/7/25 and 4/8/25. During an interview on 4/9/25 at 10:45 A.M. the Interim DON said: -This was his/her first day at the facility. -He/she planned to work as the RN/DON Monday-Friday for coverage. -The facility was working on getting weekend RN coverage. -He/she would expect the facility to ensure RN coverage for 8 hours a day 7 days a week. Complain# MO 00251633	F 727		

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F 732	Continued From page 8	F 732		
F 732 SS=E	Posted Nurse Staffing Information CFR(s): 483.35(g)(1)-(4) §483.35(g) Nurse Staffing Information. §483.35(g)(1) Data requirements. The facility must post the following information on a daily basis: (i) Facility name. (ii) The current date. (iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: (A) Registered nurses. (B) Licensed practical nurses or licensed vocational nurses (as defined under State law). (C) Certified nurse aides. (iv) Resident census. §483.35(g)(2) Posting requirements. (i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift. (ii) Data must be posted as follows: (A) Clear and readable format. (B) In a prominent place readily accessible to residents and visitors. §483.35(g)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard. §483.35(g)(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever	F 732		

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is greater.
This REQUIREMENT is not met as evidenced by:
Based on observation, interview and record review, the facility failed to post staffing information in a location that was easily accessible to residents on the Long Term Care (LTC) of the facility and to ensure staffing data was posted for visitors including the facility name, daily census, and the actual hours worked per shift for each of the three categories of nursing employees: Registered Nurses (RNs), Licensed Practical Nurses (LPNs), and Certified Nursing Assistants (CNAs)/Certified Medication Technicians (CMTs) directly responsible for resident care. The facility census was 54 residents.

he facility staffing posting policy was requested and not provided.

1. Observation on 4/9/25 at 5:00 A.M. the facility had one LPN and two CNAs with a census of 54 residents. There was no RN in the building.

Observation on 4/9/25 at 5:25 A.M. of the facility list of Health Care staff posted on a bulletin board showed:
-Four LPN names listed, and no RN's names listed.
-No DON was listed.
-There was no daily staffing posted of the number of RN's, LPN's, CMT's and CNA's scheduled and hours for each shift, with the resident census for the day.

Observation on 4/9/25 at 5:25 A.M. around the nursing station showed no daily staffing posted of number of RN's, LPN's, CMT's and CNA's

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 732	Continued From page 10 schedule, hours for each shift and the resident census. During an interview on 4/9/25 at 5:30 A.M. LPN A said: -He/she has not seen the daily staff sheet completed in visible sight for few weeks or month. -The facility used to hand write the number of RN's, LPN's, CNA, CMT with census on the white board daily. During an interview on 4/9/25 at 10:45 A.M. the Interim DON said he/she would expect the facility staff to have post daily staffing ratio in public view in lobby area and nursing station. Note: Daily staffing ratio for last few days or weeks was requested, the facility administration was not able to provide documentation at time of exit on 4/9/25. Complaint # MO 00251633	F 732		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05749	A. BUILDING: _____ B. WING _____	C 04/09/2025

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A4038	19 CSR 30-85.042(34) DON, Full time All facilities shall employ a director of nursing on a full-time basis who shall be responsible for the quality of patient care and supervision of personnel rendering patient care. II This regulation is not met as evidenced by: 1. Refer to F727 Complaint # MO 00251633	A4038		
A4040	19 CSR 30-85.042(35)(B) SNF RN-Day Shift, LPN/RN eve/nights Licensed Nursing Requirements; Skilled Nursing Facility. (B) A registered nurse shall be on duty in the facility on the day shift. Either a licensed practical nurse (LPN) or a registered professional nurse (RN) shall be on duty in the facility on both the evening and night shifts. II This regulation is not met as evidenced by: 1. Refer to F727. 2. Refer to F725. Complaint # MO 00251633	A4040		

PLAN OF CORRECTION

Provider/Supplier Name:	Odessa Health Care Center
Street Address, City, Zip:	609 Golf St, Odessa, MO 64076
Date of Survey:	04/09/2025

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	

ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
	This plan of correction is prepared and executed because it is required by the provisions of the state and federal regulations, and not because Odessa Health Care Center agrees with the allegations and citations listed on the statement of deficiencies. Odessa Health Care Center maintains that the alleged deficiencies do not, individually, and collectively, jeopardize the health and safety of the residents, nor are they of such character as to limit our capacity to render adequate care as prescribed by the regulation. This plan of correction shall operate as Odessa Health Care Center's written credible allegation of compliance. By submitting this plan of correction, Odessa Health Care Center does not admit to the accuracy of the deficiencies. This plan of correction is not meant to establish any standard of care, contract, obligation, or position, and Odessa Health Care Center reserves all rights to raise all possible contentions and defenses in any civil or criminal claim, action, or proceeding.	
F-725	The facility will ensure sufficient staffing for all shifts by fire code regulation. 1. The Administrator, DON, and/or Designee will hold a daily staffing meeting Monday through Friday to review the daily staffing pattern to ensure that there is a minimum of 1 staff member assigned to every 3-20 residents.	05/23/25

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.

5/12/25

	2. The Administrator, DON, and/or Designee will educate nursing staff to notify the Administrator and DON when there is insufficient staffing in the facility (less than 3 staff in the facility) due to unexpected call offs or no call no shows of assigned staff members. 3. The Administrator will ensure Department Heads are put on rotation to fill in call-offs when no other staff is available to work, to ensure there is enough staff per fire code regulations. 4. The Administrator, DON, and/or Designee will hold a Recruitment and Retention Meeting everyday Monday through Friday to ensure the facility is making an effort to ensure proper staffing within the facility. 5. The Administrator, DON, and/or Designee will post daily staff sheet every day, after signing off on the daily staffing posting to validate proper staffing numbers and accuracy of the daily staffing. This process will be reviewed in Monthly QA Meeting every Month.	
F-727	The facility will ensure RN coverage every day for 8 consecutive hours and proper DON coverage. 1. The Administrator and/or Designee will ensure there is a Director of Nursing DON in the facility covering as the DON and will notify the State if there is a change within the DON role at the facility. 2. The Interim RN / DON started on 4/9/25. 3. The Administrator, DON, and/or Designee will hold a daily staffing meeting Monday through Friday to review the daily staffing pattern to ensure that there is RN Coverage for a consecutive 8 hours each day. 4. The Administrator, DON, and/or Designee will hold a Recruitment and Retention Meeting everyday Monday through Friday to ensure the facility is making efforts to ensure proper RN staffing within the facility. 5. The Administrator, DON, and/or Designee will post daily staff sheet every day, after signing off on the daily staffing posting to validate proper RN staffing numbers and accuracy of the daily staffing.	05/23/25

5/12/25

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.

	This process will be reviewed in the Monthly QA Meeting. The Administrator will review and sign all audits weekly on Fridays.	
F- 732	The Facility will make sure that the nurse staffing information is posted daily, Data requirements will include, 1. Facility name 2.The current date 3. The total number of actual hours worked, by the following categories or licensed and unlicensed nursing staff directly responsible for resident care per shift. 4.Registered Nurses. 5. Licensed Practical Nurses / Licensed Vocational Nurses (as defined under state law). 6. Certified nurse aides 7. Resident Census.	
F-732	This information on staffing data must be posted daily at the beginning of each shift.	05/23/2025
	Data will be posted as follows 1. Clear and readable format. 2. In a prominent place readily accessible to residents and visitors.	
	Public access to posted nurse staffing data will be available upon oral or written requests. Also, the nurse staffing data will be available to the public for review at a cost not to exceed the community standard.	
	The daily posted nurse staffing data, per facility retention requirements, will be kept for 18 months, as required by state law is greater.	
	This process will be reviewed in the Monthly QA Meeting. The Administrator will review and sign all audits weekly on Friday	
A4038	REFER TO F-727AND F-732 POC	
A4040	REFER TO F-727 AND F-725 AND F-732 POC	

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5/19/25

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LNHA
3/12/19