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	265479	A. BUILDING _____ B. WING _____	C 06/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIKESTON CONVALESCENT CENTER	103 KENNEDY DRIVE SIKESTON, MO 63801

(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 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).	F 580		6/13/25

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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§483.10(g)(15)
Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).
This REQUIREMENT is not met as evidenced by:
Based on interview and record review, the facility failed to follow their policy to notify the designated resident representative/emergency contact for one resident (Resident #1) out of three sampled residents who had a significant change in condition. The facility census was 72.

Review of the facility's policy titled, "Change in a Resident's Condition or Status," showed:
- The facility promptly notifies the resident, his/her attending physician, and the resident representative of changes in the resident's medical/mental condition and or status;
- A nurse will notify the resident's representative when there is a significant change in the resident's physical, mental, or psychosocial status.

1. Review of Resident #1's medical record showed:
- Admission date of 01/09/24;
- Diagnoses of diabetes mellitus (a chronic metabolic disorder characterized by abnormally high blood sugar levels), muscle weakness (lack of muscle strength), Alzheimer's (a progressive disease that destroys memory and other mental functions) disease, anemia (lower number of red

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blood cells), chronic kidney disease (CKD - a progressive loss of kidney function), and chronic obstructive pulmonary disease (COPD - lung disease that causes persistent airflow obstruction and breathing problem);
- Severe cognitive impairment;
- Emergency contact list did not include the family member present at the facility on 05/24/25, as the resident representative/emergency contact.

Review of the resident's Care Plan, dated 03/31/25, showed:
- Displayed a deficiency in cognition.

Review of the resident's Progress Notes, dated 05/23/25, showed:
- At 5:39 P.M., Certified Medication Technician (CMT) D went into the dining room to administer the resident his/her medication and the resident not responsive as normal. CMT D notified the nurse the resident needed assistance;
- At 5:40 P.M., Licensed Practical Nurse (LPN) F assessed the resident, LPN G assisted LPN F. The resident was lethargic, cold, and not responding as normal. Blood pressure was 112/73, pulse was 30 per radial (inside of wrist), and unable to hear the apical (left side of the chest near the heart) pulse;
- At 5:47 P.M., LPN F notified emergency medical services (EMS);
- At 5:54 P.M., EMS arrived to the facility;
- At 6:00 P.M., report called to the emergency department (ER);
- At 6:08 P.M., EMS left the facility;
- No documentation the family/resident representative was notified of the resident's decline in status and transported by EMS to the hospital.

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F 580	Continued From page 3 During an interview on 06/05/25 at 12:45 P.M., Registered Nurse (RN) E said if a change in condition of a resident happened, he/she would look at the face sheet in the electronic health record (EHR) and look for the emergency contact or power of attorney (POA) and notify that person, and if needed, would go down the list of contacts. During an interview on 06/05/25 at 12:50 P.M., the Director of Nursing (DON) said she would notify the family by calling the emergency contact, and if no answer. If the resident had a POA, then she would contact that person instead. She expected staff to do the same. During an interview on 06/05/25 at 3:40 P.M., the Administrator said a family member of the resident came into the facility before EMS left with the resident. He did not think the resident representative/emergency contact should have been notified since there was a family member in the facility. He would assume the family member would notify the resident representative/emergency contact of the resident's change in status and transfer to the hospital.	F 580		
	Complaint #254888			
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.	F 690		

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F 690	Continued From page 4 §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 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 two residents (Residents #4 and #5) out of two sampled residents who were incontinent of bladder, received appropriate treatment and services after an incontinent episode which left the residents in urine saturated briefs and with a strong urine odor. The census was 72. Review of the facility's policy titled, "Activities of	F 690		

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Daily Living (ADLs), Supporting," revised April 2025, showed:
- Appropriate care and services are provided for residents who are unable to carry out ADLs independently, with the consent of the resident, and in accordance with the plan of care, including appropriate support and assistance with: a.) hygiene (bathing, dressing, grooming, and oral care), b.) mobility (transfer and ambulation, including walking), c.) elimination (toileting), d.) dining (eating, including meals, and snacks), e.) communication (including speech, language, and other functional communication systems);
- A resident's ability to perform ADLs is measured using clinical tools, including the Minimum Data Sets (MDS - a federally mandated assessment instrument completed by the facility staff).

The facility did not provide a policy in regards of timing for residents to be assessed for incontinent episodes.

1. Review of Resident #4's medical record showed:
- Diagnoses of cerebral infarction (stroke), hemiplegia (paralysis of one side of the body) and hemiparesis (weakness of one side of the body) of the left side, and vascular dementia (dementia caused by impaired blood supply to the brain);

Review of the resident's quarterly MDS, dated 03/25/25, showed:
- Moderate cognitive impairment;
- Impairment on one side of the upper and lower extremities;
- Substantial/Moderate assist for sit to stand and transfers;
- Dependent for toileting hygiene;
- Frequently incontinent of bladder and always

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incontinent of bowel.

Review of the resident's Care Plan, revised 04/30/25, showed:
- Required extensive assist with ADLs;
- Incontinent of bowel and bladder and required assistance with toileting.

Observation of the resident's incontinent care on 06/05/25 at 12:22 P.M., showed:
- Nurse Aide (NA) A and Certified Nurse Aide (CNA) B, and CNA C performed hand hygiene and put on gloves;
- NA A and CNA B unfastened the the resident's urine saturated brief with a strong urine odor;
- CNA B washed the resident's buttocks and the back of the legs;
- CNA B did not clean the resident's pelvic and groin areas;
- NA A and CNA B placed a clean brief on the resident and covered the resident with a sheet and blanket.

2. Review of Resident #5's medical record showed:
- Diagnoses of Parkinsonism (tremor, slow movements, rigidity, and postural instability), ataxia (impaired balance and movement), spinal stenosis (narrowing of spinal canal), and hemiplegia and hemiparesis of left non-dominant side;

Review of the resident's quarterly MDS, dated, 04/01/25, showed:
- Moderate cognitive impairment;
- No impairment of the upper and lower extremities;
- Partial/ Moderate assist for sit to stand and transfers;

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- Dependent for toileting hygiene;
- Occasionally incontinent of bladder and always incontinent of bowel.

Review of the resident's Care Plan, dated, 04/13/25, showed:
- Required extensive assist with ADLs;
- Incontinent of bowel and bladder and required assistance with toileting.

Observation of the resident's incontinent care on 06/05/25 at 12:37 P.M., showed:
- NA A and CNA B performed hand hygiene and put on gloves;
- NA A and CNA B unfastened the resident's urine saturated brief with a strong urine odor;
- NA A cleaned the resident's buttocks and the backs of the legs;
- NA A removed the urine saturated brief and placed a clean brief under the resident;
- NA A and CNA A did not clean the resident's pelvic and groin areas;
- NA A and CNA B fastened the clean brief and covered the resident with a sheet and blanket.

During an interview on 06/05/25 at 1:51 P.M., Resident #5 said he/she was not changed before lunch and that was why he/she had a urine saturated brief. The staff had changed him/her at least twice today. Staff did come around and checked him/her but didn't know how often.

During an interview on 06/05/25 at 1:40 P.M., Resident #6 said he/she was able to use the call light if he/she felt wet but said that he/she waited a long time for them to check. He/She couldn't always tell when he/she was incontinent so depended on the staff to check him/her.

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During an interview on 06/05/25 at 1:52 P.M., Resident #8 said he/she had been wet for over an hour. He/She had pushed his/her call light, staff entered the room, turned off the light, said they you would get help, and never returned.

During an interview on 06/05/25 at 1:55 P.M., Resident #7 said he/she had his/her call light on at this time. He/She needed assistance with care and wanted to go to bed. Staff would come in the room, turn the light off, and would not return sometimes to help him/her.

During an interview on 06/05/25 at 1:39 P.M., the Infection Preventionist said staff should clean the front and peri areas when performing incontinent care to residents.

During an interview on 06/05/25 at 2:51 P.M., the Director of Nursing said residents should be checked every two hours if they were incontinent and changed if they were soiled. If residents were non-verbal, residents should be checked at least every hour. When staff were performing incontinent care, the front and back peri areas should be cleaned before a clean brief was placed secured.

During an interview on 06/05/25 at 2:51 P.M., the Administrator said that there was no regulation stating how often residents were to be checked for incontinence. It was a standard of practice to check the residents every two hours.

During an interview on 06/09/25 at 11:05 A.M., CNA B said that he/she was unaware that any mistakes were made during the incontinent care given to the residents. All soiled areas of the resident should be cleaned before putting on a

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F 690	Continued From page 9 clean brief. Complaint #254888	F 690		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be	F 880		

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reported;
(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;
(iv)When and how isolation should be used for a resident; including but not limited to:
(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and
(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.
(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and
(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.

§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.

§483.80(e) Linens.
Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.

§483.80(f) Annual review.
The facility will conduct an annual review of its IPCP and update their program, as necessary.
This REQUIREMENT is not met as evidenced by:
Based on observation, interview, and record review, the facility failed to perform hand hygiene, change gloves and provide appropriate incontinent care for two residents (Resident #4 and #5) out of two sampled residents who were incontinent of bladder. The census was 72.

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The facility did not provide a policy addressing infection control practices during incontinent care.

1. Review of Resident #4's medical record showed:
- Diagnoses of cerebral infarction (stroke), hemiplegia (paralysis of one side of the body) and hemiparesis (weakness of one side of the body) of the left side, and vascular dementia (dementia caused by impaired blood supply to the brain).

Review of the resident's quarterly MDS, dated 03/25/25, showed:
- Moderate cognitive impairment;
- Impairment on one side of the upper and lower extremities;
- Substantial/Moderate assist for sit to stand and transfers;
- Dependent for toileting hygiene;
- Frequently incontinent of bladder and always incontinent of bowel.

Review of the resident's Care Plan, revised 04/30/25, showed:
- Required extensive assist with ADLs;
- Incontinent of bowel and bladder and required assistance with toileting.

Observation of the resident's incontinent care on 06/05/25 at 12:22 P.M., showed:
- Nurse Aide (NA) A and Certified Nurse Aide (CNA) B and CNA C performed hand hygiene and put on gloves;
- NA A and CNA B unfastened the resident's urine saturated brief, did not change gloves, and did not perform hand hygiene;
- CNA B washed the resident's buttocks and the back of the legs;

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- CNA B removed the urine saturated brief, did not perform hand hygiene, and did not change gloves;
- CNA B placed a clean brief under the resident;
- NA A and CNA B secured the clean brief, removed gloves, and performed hand hygiene.

2. Review of Resident #5's medical record showed:
- Diagnoses of Parkinsonism (tremor, slow movements, rigidity, and postural instability), ataxia (impaired balance and movement), spinal stenosis (narrowing of spinal canal), hemiplegia and hemiparesis of the left non-dominant side.

Review of the resident's quarterly MDS, dated, 04/01/25, showed:
- Moderate cognitive impairment;
- No impairment of the upper and lower extremities;
- Partial/Moderate assist for sit to stand and transfers;
- Dependent for toileting hygiene;
- Occasionally incontinent of bladder and always incontinent of bowel.

Review of the resident's Care Plan, dated, 04/13/25, showed:
- Required extensive assist with ADLs;
- Incontinent of bowel and bladder and required assistance with toileting.

Observation of the resident's incontinent care on 06/05/25 at 12:37 P.M., showed:
- NA A and CNA B performed hand hygiene and put on gloves;
- NA A and CNA B unfastened the urine saturated brief, did not change gloves, and did not perform hand hygiene;

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	265479	A. BUILDING _____ B. WING _____	C 06/05/2025

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SIKESTON CONVALESCENT CENTER	103 KENNEDY DRIVE SIKESTON, MO 63801

(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 880	Continued From page 13 - NA A washed the resident's buttocks and the back of the legs, removed the urine saturated brief, did not change gloves, and did not perform hand hygiene; - NA A and CNA B secured the clean brief, removed gloves, and performed hand hygiene. During an interview on 06/05/25 at 1:39 P.M., the Infection Preventionist said staff should change gloves and wash hands between dirty and clean tasks. During an interview on 06/05/25 at 2:51 P.M., the Director of Nursing (DON) said staff should change their gloves and wash their hands between dirty and clean tasks. During an interview on 06/09/25 at 11:05 A.M., CNA B said that he/she was unaware that any mistakes were made during the incontinent care given to the residents. Staff should change gloves when going from dirty to clean task. Complaint #254888	F 880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	07331	A. BUILDING: _____ B. WING _____	C 06/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIKESTON CONVALESCENT CENTER	103 KENNEDY DRIVE SIKESTON, MO 63801

(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) COMPLETE DATE
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 F690.	A4075		
A4086	19 CSR 30-85.042(77) Infection Control/Communicable Disease Residents shall be cared for by using acceptable infection control procedures to prevent the spread of infection. The facility shall make a report to the division within seven (7) days if a resident is diagnosed as having a communicable disease, as determined by the Missouri Department of Health and listed in the Code of State Regulations pertaining to communicable diseases, specifically 19 CSR 20-20.020, as amended. I/II This regulation is not met as evidenced by: Class II Refer to F880.	A4086		
A4088	19 CSR 30-85.042(79) Notify Responsible Party-Change in Condition In the event of accident, injury, or significant change in the resident's conditions, facility staff shall immediately notify the person designated in the resident's record as the designee or responsible party. III	A4088		6/13/25

Missouri Department of Health and Senior Services
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	07331	A. BUILDING: _____ B. WING _____	C 06/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIKESTON CONVALESCENT CENTER	**103 KENNEDY DRIVE SIKESTON, MO 63801**

(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) COMPLETE DATE
A4088	Continued From page 1 This regulation is not met as evidenced by: Class III Refer to F580.	A4088		

PLAN OF CORRECTION

Provider/Supplier Name:	Sikeston Convalescent Center
Street Address, City, Zip:	103 Kennedy Dr. Sikeston, MO 63801
Date of Survey:	June 5, 2025

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER : 265479	

ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
F580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15)	
	Based on interview and record review, the facility failed to follow their policy to notify the designated resident representative/emergency contact for one resident out of three sampled residents who had a significant change in condition.	
	To ensure that the facility has implemented and is complying with the "Change in a Resident's Condition or Status" policy, the Director of Nursing and Assistant Director of Nursing conducted staff education on June 5th, 2025, through June 6th, 2025.	6/6/2025
	To ensure that the facility has implemented and is complying with the "Change in a Resident's Condition or Status" policy, the Administrator, Director of Nursing, and/or their assigned designee will monitor, through record review, all transfers out of the facility to ensure the responsible party notification has been completed and documented, daily (Monday-Friday) for three weeks, followed by weekly for four weeks, and then monthly for three months. Any issues of non-compliance will be addressed upon discovery and in the monthly Quality Assurance Performance Improvement meeting.	6/5/2025

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.

6/13/25

PLAN OF CORRECTION

Provider/Supplier Name:	Sikeston Convalescent Center
Street Address, City, Zip:	103 Kennedy Dr. Sikeston, MO 63801
Date of Survey:	June 5, 2025

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER : 265479	

ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
F690 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)	
	Based on observation, interview, and record review, the facility failed to ensure two residents out of two sampled residents who were incontinent of bladder received appropriate treatment and services after an incontinent episode.	
	To ensure that the facility is providing appropriate treatment and services after an incontinent episode, the Director of Nursing and Assistant Director of Nursing conducted staff education on June 5th, 2025, through June 6th, 2025.	6/6/2025
	To ensure that the facility provides appropriate treatment and services after an incontinent episode, the Administrator, Director of Nursing, and/or their assigned designee will monitor for compliance, through daily observation rounds, daily (Monday-Friday) for three weeks, followed by weekly for four weeks, and then monthly for three months. Any issues of non-compliance will be addressed upon discovery and in the monthly Quality Assurance Performance Improvement meeting.	6/5/2025

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6/13/25

PLAN OF CORRECTION

Provider/Supplier Name:	Sikeston Convalescent Center
Street Address, City, Zip:	103 Kennedy Dr. Sikeston, MO 63801
Date of Survey:	June 5, 2025

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER : 07331	

ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
F880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)	
	Based on observation, interview, and record review, the facility failed to perform hand hygiene, change gloves and provide appropriate incontinent care for two residents out of two sampled residents who were incontinent of bladder.	
	To ensure that the facility is performing hand hygiene, changing gloves, and providing appropriate incontinent care, the Director of Nursing and Assistant Director of Nursing conducted staff education on June 5th, 2025, through June 6th, 2025.	6/6/2025
	To ensure that the facility is performing hand hygiene, changing gloves, and providing appropriate incontinent care, the Administrator, Director of Nursing, and/or their assigned designee will monitor for compliance, through daily observation rounds, daily (Monday – Friday) for 3 weeks followed by weekly for 4 weeks, and then monthly for 3 months. Any issues of non-compliance will be addressed upon discovery and in the monthly Quality Assurance Performance Improvement meeting.	6/5/2025

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6/13/25

PLAN OF CORRECTION

Provider/Supplier Name:	Sikeston Convalescent Center
Street Address, City, Zip:	103 Kennedy Dr. Sikeston, MO 63801
Date of Survey:	June 5, 2025

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER : 07331	

ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
A4075	19 CSR 30-85.042(66) Nursing Care per Res Condition - Refer to F690	6/6/2025
A4086	19 CSR 30-85.042(77) Infection Control/Communicable Disease - Refer to F880	6/6/2025
A4088	19 CSR 30-85.042(79) Notify Responsible Party- Change in Condition - Refer to F580	6/6/2025

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6/13/25