STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265761	A. Building B. Wing	06/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lincoln Community Care Center	205 Timberline Drive Lincoln, MO 65338

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0569 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, facility staff failed to refund resident funds within 30 days of discharge for 17 residents (Resident # 255, #256, #257, #258, #259, #260, #260, #262, #263, #264, #265, #266, #267, #268, #269, #270, and #271) out of 41 sampled residents. The facility census was 55. 1. Review of the facility's refunds policy, undated, showed the policy did not contain direction for staff on resident refunds after discharge. 2. Review of the facility's aging report (report showing outstanding invoices and balances), dated [DATE], showed the following residents had money in the facility's operating account: -Resident #255 was discharged on [DATE]: with a balance of $3,503.61; -Resident #256 was discharged on [DATE]: with a balance of $3,658.59; -Resident #257 was discharged on [DATE]: with a balance of $5,492.79; -Resident #258 was discharged on [DATE]: with a balance of $4,727.14; -Resident #259 was discharged on [DATE]: with a balance of $6,550.37; -Resident #260 was discharged on [DATE]: with a balance of $3,283.09; -Resident #262 was discharged on [DATE]: with a balance of $744.01; -Resident #263 was discharged on [DATE]: with a balance of $6,309.85; -Resident #264 was discharged on [DATE]: with a balance of $2,214.05; -Resident #265 was discharged on [DATE]: with a balance of $15,619.10; -Resident #266 was discharged on [DATE]: with a balance of $1,172.78; -Resident #267 was discharged on [DATE]: with a balance of $4,465.88; -Resident #268 was discharged on [DATE]: with a balance of $3,406.52; (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265761	A. Building B. Wing	06/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lincoln Community Care Center	205 Timberline Drive Lincoln, MO 65338

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0569 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Resident #269 was discharged on [DATE]: with a balance of $10,614.34; -Resident #270 was discharged on [DATE]: with a balance of $605.21; -Resident #271 was discharged on [DATE]: with a balance of $7,714.63. During an interview on [DATE] at 3:20 P.M., the Business Office Manager (BOM) said the facility aging report has not been balanced for a while. He/She said they have plans to get with an outside company to help with year end reports, but they have not done that yet. He/She said, I don't know anything about aging reports. He/She said he/she did not get trained on resident credits and third-party liability credits. He/She said he/she does not know a time frame of when to contact Medicaid about credit balances. He/She said he/she has not contacted Medicaid about credit balances in residents accounts. During an interview on [DATE] at 12:54 P.M., the administrator said resident balances should be refunded within 30 days of discharge. She said Medicaid should be notified within three days of resident discharge or death and Medicaid should let facility know how to take care of the credit balance. The administrator said she was not aware there were balances in the account for discharged or deceased residents.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265761	A. Building B. Wing	06/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lincoln Community Care Center	205 Timberline Drive Lincoln, MO 65338

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, facility staff failed to ensure care plans were reviewed and revised to include appropriate fall interventions for six (Resident #10,#12, #13, #19, #35, and #42) out of eight sampled resident's. Staff failed to ensure care plans reflected the use of side rails for one (Resident #42) out of eight sampled residents. The facility census was 55. 1. Review of the facility's Care Plans, Comprehensive Person-Centered, revised December 2016, showed: -Identifying problem areas and their causes, and developing interventions that are targeted and meaningful to the resident, are the endpoint of an interdisciplinary process; -Care plan interventions are chosen only after careful data gathering, proper sequencing of events, careful consideration of the relationship between the resident's problem areas and their causes, and relevant clinical decision making; -When possible, interventions address the underlying sources(s) of the problem area(s), not just addressing only symptoms or triggers. 2. Review of Resident #10's admission Minimum Data Set (MDS) a federally mandated assessment tool, dated 05/21/24, showed staff assessed the resident as: -Moderate cognitive impairment; -Supervision and touching assistance with sit to stand position; -Used wheelchair. Review of the resident's fall incident report, dated 05/23/24, showed the resident got tangled in bed sheet while trying to transfer and fell. Review of the resident's care plan, dated 06/03/24, showed the plan did not contain documentation of the residents fall or fall interventions. 3. Review of Resident #12's Quarterly MDS, dated [DATE], showed staff assessed the resident as: -Severe cognitive impairment; -Supervision and touch assistance with sit to stand position. Review of the resident's fall incident report, dated 03/16/24, showed staff documened they found the resident face forward, got a hematoma to head, a bloody nose, and a bruise on right side of face. Review of the resident's care plan, dated 02/27/24, showed the plan was not updated to contain documentation of the residents fall or fall interventions. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265761	A. Building B. Wing	06/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lincoln Community Care Center	205 Timberline Drive Lincoln, MO 65338

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	4. Review of Resident #13's Quarterly MDS, dated [DATE], showed staff assessed the resident as: -Moderate Cognitive impairment; -Upper and lower extremity impairment on both sides; -Dependent with transfers and positioning in bed. Review of the resident's fall incident report, dated 05/18/24, showed staff documented they found the resident on the floor. Review of the resident's care plan, dated 05/28/24, showed the plan did not contain documentation of the residents fall or fall interventions. 5. Review of Resident #19's Quarterly MDS, dated [DATE], showed staff assessed the resident as: -Moderate Cognitive impairment; -Upper and lower extremity impairment on one side; -Dependent with transfers and positioning in bed. Review of the resident's fall incident report, dated 03/03/24, showed staff documented the resident fell. Review of the resident's care plan, dated 04/18/24, showed the plan did not contain fall interventions. 6. Review of Resident #35's Quarterly MDS, dated [DATE], showed staff assessed the resident as: -Severe Cognitive impairment; -One fall with since last MDS. Review of the resident's fall incident report, dated 02/21/24, showed the resident slide out of his/her wheelchair and found on the floor. Review of the resident's fall incident report, dated 5/04/24 at 12:45 P.M., showed staff documented they found the resident on the floor on his/her right side. Review of the resident's fall incident report, 05/04/24 at 6:45 P.M., showed staff documented the resident found face down on the ground. Review of the resident's fall incident report, 06/16/24 at 5:55 P.M., showed staff documented they found the resident on the bathroom floor in front of the toilet. Review of the resident's care plan, dated 04/19/24, showed the plan did not contain documentation of the residents fall or fall interventions. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265761	A. Building B. Wing	06/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lincoln Community Care Center	205 Timberline Drive Lincoln, MO 65338

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	7. Review of Resident #42's Quarterly MDS, dated [DATE], showed staff assessed the resident as: -Modified Cognitive impairment; -Setup assistance with transfers. Review of the resident's nurse's note, dated, 05/17/24 at 4:02 P.M., showed staff documented the resident found on floor beside bed. Review of the resident's care plan, dated 03/18/24, showed the plan did not contain documentation of the residents fall or fall interventions. 8. During an interview on 06/20/24 at 11:14 A.M., Registered Nurse (RN) A said care plans should be updated with interventions after falls. He/She said it is the responsibility of the nurses to initiate the initial interventions after a fall and then the Director of Nursing (DON)/MDS Coordinator updates the care plan. During an interview on 06/20/24 at 11:48 A.M., the DON/MDS coordinator said when a fall happens the charge nurse does a fall incident report at that time, and an intervention is put in at the same time. The DON said she double checks that it is appropriate and then it is added to the care plan. The DON said if there are falls not updated, it might be because she is behind or she was not notified about it. The DON said every fall should be documentation and have an updated intervention. During an interview on 06/20/24 at 12:50 A.M., the Administrator said falls should be updated and interventions added to the care plan within a 24-48 hour time frame. The administrator said she would expect the nurse be responsible for coming up with a intervention, then as a team we go over to make sure it is acceptable, and it is then put on the care plan. 9. Review of Resident #42's Quarterly MDS, dated [DATE], showed staff assessed the resident as: -Modified Cognitive impairment; -Does not use bed rails; -Supervision or limited assist of one as needed with bed mobility and transfers; -Setup assistance from chair/bed-to-chair transfer. Review of the resident's care plan, dated 03/18/24, showed the plan did not contain documentation of the resident's bed rails. Review of the resident's bed rail assessment, dated 4/01/24, showed bed rails were not indicated for resident and the resident had not expressed a desire to have side rails. Observation on 06/17/24 at 11:45 A.M., showed the resident in bed with bilateral raised bedrails. Observation on 06/18/24 at 10:06 A.M., showed resident in bed with bilateral raised bedrails. Observation on 06/19/24 at 9:12 A.M., showed resident in bed with bilateral raised bedrails. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265761	A. Building B. Wing	06/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lincoln Community Care Center	205 Timberline Drive Lincoln, MO 65338

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 06/20/24 at 11:14 A.M., RN A said if the resident has the bars on his/her bed he/she would expect them to be care planned. During in interview on 06/20/24 at 11:47 A.M., the DON/MDS coordinator said anyone who had bedrails should have them care planned. He/She said it is his/her responsibility, as the MDS coordinator, to add it to the care plan. He/She was not aware they were not care planned. During an interview on 06/20/24 at 12:37 P.M., the administrator said it is the responsibility of the MDS coordinator to make sure anyone who has bed rails has them care planned. He/She is not sure why they are not care planned.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265761	A. Building B. Wing	06/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lincoln Community Care Center	205 Timberline Drive Lincoln, MO 65338

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, facility staff failed to maintain professional standards of practice when staff did not complete neurological assessments after unwitnessed falls for two residents (Resident #35, and #42) of 14 sampled residents. Staff failed to get physician orders to self-administer eye drops for two residents (Resident #33 and #39) of 14 sampled residents. The facility census was 55. 1. Review of the facility's policy titled, Falls- Clinical Protocol, revised 09/12, showed the nurse shall assess and document/report the following: -Vital signs; -Neurological status; -Falls should be identified at witnessed or unwitnessed events. Review of the nurse's Fall Reports, showed the report directed staff neurological checks must be initiated if not witnessed. Review of the facility's Neurological Evaluation Flow Sheet, showed staff are directed to: -Complete checks-Every 15 minutes for one hour, every 30 minutes for two hours, every one hour for two hours and every shift for 72 hours; -Glasgow coma scale (is a clinical scale used to reliably measure a person's level of consciousness after a brain injury) to include eyes open, best verbal response, best motor response, pupils, reflexes, movement and vital signs. 2. Review of Resident #35's Quarterly Minimum Data Set (MDS), a federally mandated assessment tool, dated 04/09/24, showed staff assessed the resident as: -Moderate cognitive impairment; -One fall with injury since last MDS; -Diagnosis of dementia. Review of the resident's nurse's note, dated, dated 02/21/24, showed staff documented the resident attempted to transfer from his/her wheelchair to his/her recliner and found between the wheelchair and recliner. Review of the resident's fall incident report, dated 02/21/24, showed the report did not contain neurological exams after the resident had an unwitnessed fall. Review of nurse's note dated, 02/21/24 at 6:50 P.M., showed staff documented the resident found face down on the floor by a certified nurse aid (CNA), with his/her neck under the wheels of his/her roommate's wheelchair. The resident was sent out to the hospital at 7:15 P.M. His/Her x-rays were negative and the resident would be return with a family member, no documentation of resident's return (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265761	A. Building B. Wing	06/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lincoln Community Care Center	205 Timberline Drive Lincoln, MO 65338

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	date or time. Review of nurse's note dated, 05/04/24 at 12:56 P.M., showed staff documented the resident fell out of his/her wheelchair reaching for a brownie on the floor. Review of the resident's fall incident report, 05/04/24 at 12:45 P.M., showed staff did not document neurological exams were initiated after the resident had a fall witnessed by another resident. Review of the resident's fall incident report, 05/04/24 at 6:45 P.M., showed staff did not document neurological exams were initiated after the resident had an unwitnessed fall and was found face down on the ground with his/her head under an occupied wheelchair. Abrasion noted on left great toe and left forehead. Review of the resident's fall incident report, 06/16/24 at 5:55 P.M., showed the report did not contain documentation of neuro checks after the resident had an unwitnessed fall and found on the bathroom floor. Review of the resident's nurse's note, dated, 06/16/24 at 5:55 P.M., showed staff documented the resident was found on his/her bathroom floor after attempting to self-transfer to the toilet. Review of resident's medical record, dated 06/20/24, showed staff did not document a fall assessment or neurological exams were initiated after the resident had an unwitnessed fall. 3. Review of Resident #42's Quarterly MDS, dated [DATE], showed staff assessed the resident as: -Modified Cognitive impairment; -Does not use bed rails; -Supervision or limited assist of one as needed with bed mobility and transfers; -Setup assistance from chair/bed-to-chair transfer. Review of nurse's note dated, 02/16/24 at 12:03 A.M., showed staff documented resident was found laying on the floor in front of refrigerator in room with abrasion to right elbow. Review of resident's fall assessment, dated 02/16/24, showed the record did not contain documentation neurological exams were initiated after the resident had a fall witnessed by another resident. Review of nurse's note dated, 05/17/24 at 4:02 P.M., showed staff documented the resident was found sitting on buttocks beside her bed. Review of resident's medical record, dated 06/20/24, showed staff did not document a fall assessment or neurological exams were initiated after the resident had an unwitnessed fall after he/she was found on floor beside bed. 4. During an interview on 06/20/24 at 11:14 A.M., Registered Nurse (RN) A said if a resident has a fall, and it is not witnessed then the policy is to initiate neurological checks. He/She said there is a form they fill out with the exact timing, but he/she knows it says to check the resident every (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265761	A. Building B. Wing	06/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lincoln Community Care Center	205 Timberline Drive Lincoln, MO 65338

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	15 min for an hour, every 30 minutes for an hour, and that the assessment is done for 72 hours. He/She said after every fall a fall report and nurse's note are completed by the nurse. He/She said he/she would not consider another resident as a witness. He/She said he/she would only consider a staff member or a family member as a reliable witness. During an interview on 06/20/24 at 11:47 A.M., the Director of Nursing (DON) said if there is a fall, he/she expects the nurse to fill out a fall report in the electronic medical record. He/She said if the fall is unwitnessed or if the resident hit his/her head he/she expects the nurses to initiate neurological exams. He/She considers staff or an alert and oriented resident to be a reliable witness to a fall. He/She said not initiating neurological exams puts the residents at risk for a brain bleed and it could result in death. He/She said he/she is not sure of the exact time frames for the fall protocol on neurological exams but said there is a form with time frames that the nurses use. He/She was not aware staff were not initiating neurological exams on residents who had unwitnessed falls. During an interview on 06/20/24 at 12:37 P.M., the Administrator said it is his/her expectation that when a resident falls that the nurse assesses for injury and initiates neuros for any unwitnessed falls or falls with head injury. He/She said there is a neurological evaluation sheet that the nurses use that has all the time frames and areas to assess. He/She said he/she would consider staff or an alert and oriented resident as a reliable source for a witness to a fall. He/She said staff should be documenting who the witness is on the nurse's fall report sheet in the electronic medical record. He/She said he/she was not aware staff were not completing neurological exams following unwitnessed falls or falls with head injuries and was not aware they were not documenting the name of the witness. He/She said it is important to perform neurological exams because injuries to the head could be potentially life threatening. 5. Review of the facility's policy titled, Administering Medications, revised 12/12, showed the policy directed staff as follows: -Only persons licensed or permitted by this state to prepare, administer, and document the administration of medications may do so; -Medications must be administered in accordance with the orders, including any required time frame; -Residents may self-administer their own medications only if the Attending Physician, in conjunction with the Interdisciplinary Care Team, has determined that they have the decision-making capacity to do so safely. 6. Review of Resident #33's Quarterly MDS, dated [DATE], showed the staff assessed the resident as cognitively intact. Review of the resident's care plan, dated 03/07/24, showed the record did not contain direction for self-administration of eye drops. Review of the resident's Physicians Order Sheet (POS), dated June 2024, showed an order for: -Dorzolamide eye drops, instill one drop in both eyes one time a day; -Latanoprost eye drops, instill one drop in both eyes one time a day. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265761	A. Building B. Wing	06/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lincoln Community Care Center	205 Timberline Drive Lincoln, MO 65338

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Did not contain an order for self-administration. Observation on 06/17/24 at 11:14 A.M., showed the eye drops on the resident's bed side table. Observation on 06/18/24 at 9:54 A.M., showed the eye drops on the resident's bed side table. Observation on 06/19/24 at 8:41 A.M., showed the eye drops on the resident's bed side table. During an interview on 06/20/24 at 9:01 A.M., Certified Medication Technician (CMT) D said the resident has two eye drops he/she self-administers. He/She said the resident is cognitive. During an interview on 06/20/24 at 11:14 A.M., RN A said he/she believes this resident self-administers eye drops. He/She said he/she should have orders to self-administer the eye drops. During an interview on 06/20/24 at 12:37 P.M., the administrator said the resident has orders to self-administer two sets of eye drops. He/She said he/she does not have an order to self-administer the third eye drop. 7. Review of Resident #39's Quarterly MDS, dated [DATE], showed the staff assessed the resident as cognitively intact. Review of the resident's care plan, dated 01/11/24, showed the record did not contain direction on the self-administration of eye drops. Review of the resident's POS, dated June 2024, showed an order for: -Propylene glycol eye drops, instill one drop in both eyes one time a day. -Did not contain an order for self-administration. Observation on 06/17/24 at 2:20 P.M., showed lubricating eye drops on the resident's bed side table. Observation on 06/19/24 at 2:37 P.M., showed lubricating eye drops on the resident's bed side table. Observation on 06/20/24 at 8:30 A.M., showed lubricating eye drops on the resident's bed side table. During an interview on 06/20/24 at 9:01 A.M., CMT D said the resident does not self-administer eye drops. He/She is unsure why the resident has eye drops at bedside. During an interview on 06/20/24 at 11:14 A.M., RN A said the resident does not have an order to self-self-administer eye drops. He/She was not aware the resident had eye drops at bed side. He/She is not sure why the resident has them. During an interview on 06/20/24 at 12:37 P.M., the administrator said he/she was not aware the resident had the eye drops at bed side. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265761	A. Building B. Wing	06/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lincoln Community Care Center	205 Timberline Drive Lincoln, MO 65338

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	8. During an interview on 06/20/24 at 11:47 A.M., the DON/MDS coordinator said he/she is not aware of anyone who self-administers eye drops. He/She said if a resident self-administers medications, they must have an order for it, and it should be care planned. During an interview on 06/20/24 at 12:37 P.M., the Administrator said anyone who is allowed to self-administer anything, should have orders to self-administer it and it should be care planed. He/She said he eye drops not aware of. Should not happen, they are supposed to acknowledge he has them but not for administering, just that they have looked at them and reordered them. her orders would need reflect that. Staff would just acknowledge them being there. was not aware that they are at bedside and that they are signing off on them, they should not be.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265761	A. Building B. Wing	06/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lincoln Community Care Center	205 Timberline Drive Lincoln, MO 65338

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide activities to meet all resident's needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, facility staff failed to provide an ongoing program of activities designed to meet three residents (Resident #4, #16 and #24) out of 14 sampled residents interest on the weekends. The facility census was 55. 1. Review of the facility's policy titled, Activity Programs, revised 6/18, showed it directed staff as follows: -The activities program is ongoing and includes facility-organized group activities, independent individual activities and assisted individual activities; -Activities are scheduled seven days a week and residents are given an opportunity to contribute to the planning, preparation, conducting, cleanup and critique of the programs; -Our activity programs consist of individual, small group and large group activities that are designed to meet the needs and interests of each resident. Activity programs include activities that promote self-esteem, comfort, pleasure, education, creativity, success, and independence. Review of the facility's activity calendar, dated March 2024, showed: -Saturday, 03/02/24; 01:30 P.M., Social coloring; -Sunday, 03/03/24; 03:00 P.M., Baptist services; -Saturday, 03/09/24; 01:30 P.M., Funny videos; -Sunday, 03/10/24; 03:00 P.M., Baptist services; -Saturday, 03/16/24; 01:30 P.M., Social Coloring; -Sunday, 03/17/24; 02:00 P.M., Yoder's and 3:00 P.M., Baptist services; -Saturday, 03/23/24; 01:30 P.M., Bingo with Cliff; -Sunday, 03/24/24; 03:00 P.M., Non-denominational Christian Church services; -Saturday, 03/30/24; 01:30 P.M., Social Coloring; -Sunday, 03/31/24; 03:00 P.M., Methodist services. Review of the facility's activity calendar, dated April 2024, showed: -Saturday, 04/06/24; 01:30 P.M., Social coloring; -Sunday, 04/07/24; 03:00 P.M., Baptist services; -Saturday, 04/13/24; 01:30 P.M., Funny videos; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265761	A. Building B. Wing	06/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lincoln Community Care Center	205 Timberline Drive Lincoln, MO 65338

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Sunday, 04/14/24; 03:00 P.M., Baptist services; -Saturday, 04/20/24; 01:30 P.M., Social Coloring; -Sunday, 04/21/24; 02:00 P.M., Yoder's and 3:00 P.M., Baptist services; -Saturday, 04/27/24; 01:30 P.M., Funny videos; -Sunday, 04/28/24; 03:00 P.M., Non-denominational Christian Church services. Review of the facility's activity calendar, dated May 2024, showed: -Saturday, 05/04/24; 01:30 P.M., Movie in activity room; -Sunday, 05/05/24; 03:00 P.M., Methodist services; -Saturday, 05/011/24; 01:30 P.M., Movie in activity room; -Sunday, 05/12/24; 03:00 P.M., Baptist services; -Saturday, 05/18/24; 01:30 P.M., Movie in activity room; -Sunday, 05/19/24; 02:00 P.M., Yoder's and 3:00 P.M., Baptist services; -Saturday, 05/25/24; 01:30 P.M., Movie in activity room; -Sunday, 05/26/24; 03:00 A.M., Baptist services. Review of the facility's activity calendar, dated June 2024, showed: -Saturday, 06/01/24; 01:30 P.M., Social Word Search; -Sunday, 06/02/24; 03:00 P.M., Non-denominational Christian Church services; -Saturday, 06/08/24; 01:30 P.M., Movie in activity room; -Sunday, 06/09/24; 03:00 P.M., Methodist services; -Saturday, 06/15/24; 01:30 P.M., Social Word Search; -Sunday, 06/16/24; 02:00 P.M., Yoder's and 3:00 P.M., Baptist services; -Saturday, 06/22/24; 01:30 P.M., Movie in activity room; -Sunday, 06/23/24; 03:00 A.M., Baptist services; -Saturday, 06/29/24; 1:30 P.M., Social Word Search; -Sunday, 06/30/24; 3:00 P.M., Baptist services. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265761	A. Building B. Wing	06/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lincoln Community Care Center	205 Timberline Drive Lincoln, MO 65338

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2. Review of Resident #4's Quarterly Minimum Data Set (MDS), a federally mandated assessment tool, dated 04/08/24, showed staff assessed the resident as follows: -Cognitively intact; -Independent with ADL's. Review of the resident's care plan, dated 05/07/24, showed staff documented the resident enjoys going to most facility activities of manicures, playing bingo, and music events. During an interview on 6/18/24 at 10:40 A.M., the resident said he/she does not think they have activities on the weekends, sometimes they have church. He/She said he/she would attend activities on the weekends if they had them. 3. Review of Resident #16's Quarterly MDS, dated [DATE], showed staff assessed the resident as follows: -Moderate cognitive impairment; -Unclear Speech; -Communication problem related to Expressive Aphasia. Review of the resident's care plan, dated 5/21/24, showed staff documented the resident enjoys going to all facility group activities. During an interview on 6/18/24 at 9:58 A.M., the resident was asked if there are activities on the weekends; the resident shook his/her head no. The resident was asked if he/she would like activities on the weekend; the resident shook his/her head yes. 4. Review of Resident #24's Annual MDS, dated [DATE], showed staff assessed the resident as follows: -Cognitively intact; -Activity preferences to be very important to do things with groups of people. During an interview on 06/18/24 at 3:48 P.M., the resident said there are usually no activities on the weekend besides church services on Sunday. He/She said activities on the weekends are randomly scheduled. He/She said he/she loves activities and would attend if they had them on the weekends. 5. During interview on 6/20/24 at 11:17 A.M., Certified Nurses Aide (CNA) B said there are no staff led activities on the weekends. He/She said that it would be the CNA's responsibility to start any activities on the weekends if they have time. He/She said there is a TV in the activities room if the residents want to put a movie on. During an interview on 06/18/24 at 11:14 A.M., Registered Nurse (RN) A said it is the activities director job to develop activities. He/She said to his/her knowledge the facility does not have anyone designated to perform activities on the weekends. He/She said staff are responsible for turning on (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265761	A. Building B. Wing	06/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lincoln Community Care Center	205 Timberline Drive Lincoln, MO 65338

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	movies for the residents who sit in the living room during the day. He/She said the residents have church on Sundays and once a month on Sunday a volunteer group comes in to sing to the residents. During an interview on 06/20/24 at 11:31 A.M., the Activity Director said on Saturdays the residents can do word searches, cross word puzzles, and watch tv in the activities room. He/She said Sundays they have church service in the afternoon. He/She said there is no staff led activities on the weekends. During an interview on 06/20/24 at 11:47 A.M., the Director of Nursing (DON) said they offer movies and church on the weekends as activities. He/She said it is his/her understanding that staff starts the movie for the residents, aides get residents up for church and families come in on the weekends to help. He/She said he/she is not sure there are initiated activities for dependent residents. He/She said he/she feels like it would depend on who is working, if residents get activities initiated. He/She said some take the initiative more than others and there isn't anyone specifically assigned to that task. During an interview on 06/20/24 at 12:37 P.M., the administrator said they do not have a designated person who does activities on the weekends or weekend staff led activities. He/She said usually the south hall charge nurse initiates inviting residents to play games or starting movies on the weekends. He/She said he/she was not aware they had to have staff led activities on the weekend and he/she thought they could just initiate it tuning on movies and getting the games out.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265761	A. Building B. Wing	06/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lincoln Community Care Center	205 Timberline Drive Lincoln, MO 65338

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0909 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Regularly inspect all bed frames, mattresses, and bed rails (if any) for safety; and all bed rails and mattresses must attach safely to the bed frame. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, facility staff failed to complete entrapment assessments for four residents (Residents #16, #24, #36 and #42) out of four sampled residents who use side rails, to ensure the environment remained safe and free of accident hazards. The facility census was 55. 1. Review of the facility's policy titled, Proper Use of Side Rails, revised 12/16, showed an assessment will be made to determine the resident's symptoms, risk of entrapment and reason for using side rails. When used for mobility or transfer, an assessment will include a review of the resident's: -Risk of entrapment from the use if side rails; -That the bed's dimensions are appropriate for the resident's size and weight. Review of the facility's policy titled, Bed Safety, revised 12/07, showed to try and prevent death/injury from the beds and related equipment (including the frame, mattress, side rails, headboard, footboard, and bed accessories), the facility shall promote the following approaches: -Inspection by maintenance staff of all beds and related equipment as part of our regular bed safety program to identify risks and problems including potential entrapment risks; -Review that gaps within the bed system are within the dimensions established by Food and Drug Administration (FDA) (Note: the review shall consider situations that could be caused by the resident's weight, movement or bed position). 2. Review of Resident #16's Quarterly Minimum Data Set (MDS), a federally mandated assessment tool, dated 4/18/24, showed staff assessed the resident as: -Moderate cognitive impairment; -Unclear Speech; -Upper extremity impairment on one side, lower extremity impairment on both sides; -Substantial to maximal assistance with rolling left to right, lying to sitting on side of bed, and chair/bed to chair transfer. Review of the resident's medical record showed the entrapment assessment did not contain the appropriate measurements for the resident's size and weight. 3. Review of Resident #24's Quarterly MDS, dated [DATE], showed staff assessed the resident as: -Moderate cognitive impairment; -Substantial maximal assistance for bed mobility to roll left and right; -Substantial maximal assistance from chair/bed-to-chair transfer. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265761	A. Building B. Wing	06/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lincoln Community Care Center	205 Timberline Drive Lincoln, MO 65338

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0909 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the resident's medical record showed the entrapment assessment did not contain the appropriate measurements for the resident's size and weight. 4. Review of Resident #36's annual MDS, dated [DATE], showed staff assessed the resident as: -Severe cognitive impairment; -Partial/moderate assistance from staff with rolling left and right; -Supervision from staff with transferring from chair/bed-to-chair transfers; -Supervision from staff for toilet transfers. Review of the resident's medical record showed, the entrapment assessment did not contain the appropriate measurements for the resident's size and weight. 5. Review of Resident #42's Quarterly MDS, dated [DATE], showed staff assessed the resident as: -Modified cognitive impairment; -Supervision or limited assist of one as needed with bed mobility and transfers; -Setup assistance from chair/bed-to-chair transfer. Review of the resident's medical record showed the entrapment assessment did not contain the appropriate measurements for the resident's size and weight. 6. During an interview on 06/19/24 at 1:02 P.M., the Maintenance Director said he/she is responsible for completing the entrapment assessments. He/She said he/she does the measurements on admission, monthly, and if the resident changes rooms or beds. He/She said that he/she uses a tape measure and measures the distance of the railing with the mattress, while the resident is not in bed. He/She said he/she did not know he/she was supposed to do the measurements with the resident in the bed. During in interview on 06/20/24 at 11:47 A.M., the Director of Nursing/MDS coordinator said rails need to be monitored for safety. He/She expects any resident with siderail to have entrapment assessments completed. He/She said the maintenance director is responsible for completing entrapment assessments. He/She said the facility does not usually use side rails. During an interview on 06/20/24 at 12:37 P.M., the administrator said it is the responsibility of the maintenance director to complete entrapment assessments monthly. He/She said the measurements are done without the resident in the bed. He/She said he/she was not aware that they should be done with the resident in the bed. He/She said entrapment assessments are done upon admission, at least monthly, with changes of condition, bed changes, and with readmission after hospitalization.