

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265853	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2025
NAME OF PROVIDER OR SUPPLIER Joplin Gardens		STREET ADDRESS, CITY, STATE, ZIP CODE 2810 South Jackson Avenue Joplin, MO 64804	

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)
<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to promote and facilitate the right of self-determination for every resident when staff failed to honor reasonable shower preferences for four residents (Resident #1, #2, #3, #4, #5, #6) . The facility census was 79. Based on observation, interview, and record review, the facility failed to promote and facilitate the right of self-determination for every resident when staff failed to honor reasonable shower preferences for six residents (Resident #1, #2, #3, #4, #5, and #6) . The facility census was 79.</p> <p>Review showed the facility did not provide a shower policy.</p> <p>1. Review of the facility current Shower Schedules showed the following:-room [ROOM NUMBER] to 108 scheduled for Monday and Thursdays;-room [ROOM NUMBER] to 118 scheduled for Tuesday and Fridays;-room [ROOM NUMBER] to 118 make up days on Wednesday, Saturday, Sundays;-room [ROOM NUMBER] to 210 scheduled for Monday and Thursday;-room [ROOM NUMBER] to 218 scheduled for Tuesday and Friday;-room [ROOM NUMBER] to 218 make up days on Wednesday, Saturday, Sunday;-room [ROOM NUMBER] to 308 scheduled for Monday and Thursday;-room [ROOM NUMBER] to 318 scheduled for Tuesday and Friday;-room [ROOM NUMBER] to 318 make up days Wednesday, Saturday, Sunday.</p> <p>2. Review of Resident #1's face sheet (a brief information sheet about the resident) showed the following:-admission date of 05/25/16;-Diagnoses included type 2 diabetes mellitus (chronic condition that affects the way the body processes blood sugar (glucose)), cauda equina syndrome (serious neurological condition that occurs when the bundle of nerves (cauda equina) at the lower end of the spinal cord becomes compressed or damaged), generalized anxiety disorder, and neuromuscular dysfunction of the bladder (loss of bladder control, inability to empty bladder).</p> <p>Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated comprehensive assessment completed by facility staff), dated 07/25/25, showed the following:-Cognitively intact;-Use of wheelchair for mobility;-Required partial to moderate assistance of staff for toileting hygiene, showering, and transfers.</p> <p>(continued on next page)</p>

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
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<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's care plan, updated 08/05/25, showed the following:-Resident required moderate staff assistance for bathing;-Resident performed own personal hygiene and grooming with staff set up due to weakness;-Resident required staff assist with shower to include hair;(Staff did not care plan related to resident's shower schedule or preferences.) Review of the facility CNA Shower forms showed the following:-No shower sheets available for August 2025 in the shower sheet book;-On 09/10/25, resident wanted to wait until the following day;-On 09/11/25, resident received a shower;-On 09/17/25, resident wanted to wait until the following day;-On 09/18/25, resident said it was too late for a shower;-On 09/23/25, resident received a shower;-On 09/26/25, resident refused a shower.</p> <p>Review of the resident's medical record showed staff did not document regarding resident showers, additional refusals, or attempts to reapproach regarding shower.</p> <p>During an interview on 10/02/25, at 9:45 A.M, the resident said that he/she thought the showers were scheduled for Monday and Thursday. He/she did not know when his/her last shower was. He/she was not receiving two showers per week and would prefer two per week.</p> <p>3. Review of Resident #2's face sheet showed the following:-admission date of 11/02/21;-Diagnoses included paroxysmal atrial fibrillation (an irregular and often very rapid heart rate that can lead to blood clots in the heart), heart failure (chronic condition in which the heart doesn't pump blood as well as it should), polyneuropathy (simultaneous malfunction of many peripheral nerves throughout the body), chronic kidney disease (CKD - kidneys are damaged and can't filter blood the way they should) Stage 3 (mild to moderate damage). Review of the resident's quarterly MDS, dated [DATE], showed the following:-Cognitively intact;-Required partial to moderate assistance for showering;-Independent for personal hygiene.</p> <p>Review of the resident's care plan, updated 02/09/25, showed the following:-Resident chooses to shower on Sundays only;-Staff should offer resident a shower on Sundays;-Staff should offer shower and assist resident with anything needed.</p> <p>Review of the facility CNA Shower forms showed the following:-No shower sheets available for August 2025 in the shower sheet book;-On 09/10/25, resident received a shower;-On 09/17/25, resident received a shower;-On 09/24/25, resident received a shower.-No other shower sheets noted.</p> <p>During an interview on 10/02/25, at 10:30 A.M, the resident said that he/she did not know when his/her last shower was. He/she would prefer to receive a shower at least once per week.</p> <p>4. Review of Resident 3's face sheet showed the following:-admission date of 02/11/25;-Most recent re-admission on [DATE];-Diagnoses included chronic obstructive pulmonary disease (COPD - group of lung diseases that block airflow and make it difficult to breathe), pressure ulcer of sacral region stage 4 (area at the base of the spine with severe, full-thickness wound that extends beyond the skin and into the muscle, tendon, or bone, characterized by exposed tissue and potential signs of infection like pus, odor, and discolored drainage), and vascular dementia (problems with reasoning, planning, judgment, memory and other thought processes caused by brain damage from impaired blood flow to your brain).</p> <p>Review of the resident's care plan, updated 07/17/25, showed staff did not care plan related to the shower needs and preferences of the resident.</p> <p>(continued on next page)</p>		

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<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the facility CNA Shower forms showed the following:-On 08/06/25, resident received a shower;-On 08/08/25, resident received a shower;-On 08/12/25, resident received a shower;-On 08/17/25, resident received a shower;-On 08/28/25, resident received a shower;-On 09/03/25, resident received a shower;-On 09/05/25, resident received a shower;-On 09/16/25, resident received a shower;-On 09/23/25, resident received a shower.</p> <p>During an interview on 10/02/25, at 10:30 A.M, the resident said that he/she thought the showers were scheduled for every Sunday. He/she did not know when his/her last shower was. He/she would prefer to receive at least twice per week.</p> <p>5. Review of Resident #4's face sheet showed the following information:-admission date of 10/30/24;-Diagnoses included paraplegia (loss of motor and sensory functions in both lower limbs), diabetes, heart failure, bipolar disorder (chronic mental health condition characterized by extreme mood swings between highs and lows), high blood pressure, chronic kidney disease, presence of suprapubic catheter (surgically placed tubing through the abdomen to drain the bladder), urinary tract infection (UTI), major depressive disorder (severe with psychotic symptoms), fibromyalgia (widespread pain, fatigue), neuromuscular dysfunction of bladder, severe obesity, and open wound right thigh.</p> <p>Review of the resident's quarterly MDS, dated [DATE], showed the following information:-Cognitively intact;-Functional limitation in range of motion (ROM) with impairment to both lower extremities;-Use of wheelchair;-Dependent on others for showers/bathing.</p> <p>Review of the resident's care plan, updated 07/31/25, showed resident chooses to receive his/her showers once a week on Wednesday because he/she prefers certain staff members.</p> <p>Review of the facility CNA Showers forms showed the following:-On 08/10/25, received a bed bath;-On 08/24/25, refused a shower;-On 08/26/25, received a shower;-On 08/31/25, refused a shower with two CNAs offering;-On 09/10/25, received a shower;-On 09/17/25, refused a shower (wasn't feeling well);-On 09/22/25, refused a shower (felt dizzy);-On 09/25/25, refused a shower.</p> <p>During an interview on 10/02/25, at 10:09 A.M., the resident said there were not enough staff to accommodate his/her preference for showers once or twice weekly. There was no longer a designated bath aide on the hall. The resident said his/her last shower was about three weeks prior and he/she didn't get full bed baths. The only cleaning was done with brief changes which was not enough.</p> <p>6. Review of Resident #5's face sheet showed the following information:-admission date of 05/15/25;-Diagnoses included type 2 diabetes with nerve damage and joint breakdown, atrial fibrillation (a-fib - irregular heart function), left below knee amputation, high blood pressure, obesity, depression, insomnia, repeated falls, pain, open wound to the foot, and acute upper respiratory infection.</p> <p>Review of the resident's quarterly MDS, dated [DATE], showed the following:-Cognitively intact;-Functional limitation in ROM with impairment to one side, lower extremity;-Use of wheelchair;-Limb prosthesis;-Required set up or clean up assistance for showers/bathing.</p> <p>(continued on next page)</p>		

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<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's care plan, reviewed 08/21/25, showed the following:-Resident requests only showers done by male staff. If not available, set up a time when a male is on the staffing schedule;-At risk for pressure ulcers related to decreased mobility and poor skin turgor; needs a full skin evaluation weekly with bath/shower;-Requires limited to no assistance with grooming/hygiene; shower/bath with staff assist, include hair care.</p> <p>Review of the facility CNA Showers forms showed the following:-On 08/07/25, received a shower;-On 08/17/25 (ten days later), refused a shower;-On 08/20/25, received a shower (13 days after previous shower);-On 08/23/25, received a shower;-On 08/26/25, refused a shower;-On 08/27/25, received a shower;-On 08/29/25, received a shower;-On 09/03/25, received a shower;-On 09/09/25, refused a shower;-On 09/14/25, received a shower (11 days after previous shower);-On 09/19/25, received a shower;-On 09/23/25, refused a shower by a female staff.(Staff did not document any showers offered since 09/23/25; 13 days since previous shower.)</p> <p>During an interview on 10/02/25, at 12:43 P.M., the resident said he/she was lucky if he/she got one shower a week. He/she wanted two showers weekly. The resident said he/she felt dirty and needed a shower today, but so far nobody had offered to give him/her one. He/she said there were no scheduled days for his/her showers.</p> <p>7. Review of Resident #6's face sheet showed the following information:-admission date of 03/20/25;-Diagnoses included cerebral palsy, post-polio syndrome (nerve and muscle disorder), lymphedema (swelling caused by buildup of fluid in the body's tissues), fungal infection of the skin and nails, poor vision, chronic pain, muscle spasm, and anxiety disorder.</p> <p>Review of the resident's quarterly MDS, dated [DATE], showed the following:-Cognitively intact;-Functional limitation in ROM with impairment to both lower extremities;-Use of wheelchair;-Required substantial/maximal assistance for showers/bathing.</p> <p>Review of the resident's care plan, updated 09/30/25, showed resident at risk for infection. Staff to ensure additional precautions are taken for hygiene and sanitation practices. Shower/bath with staff assist to include hair care.</p> <p>Review of the facility CNA Showers forms showed the following:-On 07/27/25, received a shower;-On 08/06/25, refused a shower;-On 08/19/25, received a shower (23 days since previous shower);-On 09/02/25, refused a shower (resident said it was too late);-On 09/09/25, refused a shower;-On 09/10/25, received a bed bath (22 days since previous shower);-On 09/14/25, received a shower;-On 09/17/25, refused a shower;-On 09/19/25, refused a shower;-On 09/23/25, refused a shower.(Staff did not document any showers offered since 09/23/25; 18 days since previous shower.)</p> <p>During an interview on 10/02/25, at 3:30 P.M., the resident said regarding showers, It's bad! Haven't had one for a while. The resident said he/she wanted at least two showers weekly.</p> <p>8. During an interview on 10/02/25, at 1:15 P.M., Certified Medication Tech (CM) B said there was one CNA for 30 residents on the hall. There was a shower aide that came in once per week from 2:00 P.M. to 8:00 P. M., otherwise the aides and the CMTs tried to get showers completed daily. Some residents did not receive showers twice per week.</p> <p>(continued on next page)</p>		

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<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 10/02/25, at 12:41 P.M., CMT G said they no longer had a separate assigned bath aide. The residents should all get two showers per week. The CNA on each hall/unit was assigned showers to complete on a daily basis, based on room numbers. The CMTs and the nurses were also assigned certain showers, but CMT G said he/she did not usually have time to give all the showers assigned to him/her. He/she was assigned four showers for that day. He/she would probably only get to two of them. He/she was expected to work the floor and help the aide in between medication passes, as well as assist with all meals on their shift. While a CNA was giving a shower, the CMT and nurse had to cover all other resident care needs. Staff should document showers or refusals on a shower sheet and give the sheets to the charge nurse. They tried to reattempt refused showers; either that day or the next. Sometimes he/she would tell the next shift if a resident had requested a shower in the evening or early the next morning.</p> <p>During an interview on 10/02/25, at 3:00 P.M., Licensed Practical Nurse (LPN) A said staff were assigned showers to be completed each day from management. The shower sheet was turned into the nurse and signed and then given to the Director of Nursing (DON). He/she had not typically seen a resident only receive one or two showers per month but was not sure if they received two showers per week.</p> <p>During an interview on 10/02/25, at 9:56 A.M., LPN F and LPN D both said showers were probably not getting done because they only had one aide on each hall/unit. LPN F said residents should get two showers per week, but that was not getting done.</p> <p>During an interview on 10/02/25, at 4:10 P.M., the DON said Hospice provides showers twice a week to their residents and if they don't give a shower the staff will offer that shower again. The residents should be getting twice a week showers. The schedule is on Monday the low number room of the halls should be showered, Tuesdays the high numbers of the halls. Wednesday is a make-up day, then Thursday is the low numbers and Friday is the high numbers again. For the most part she believed residents were getting two showers per week. If a resident refused, staff should go over and offer three times during their shift and notify the nurse who should document the refusal in the medical record. Facility was almost to the point that a full-time shower aide could be hired. There was one aide that worked from 2:00 P.M. to 8:00 P.M. on Wednesday and Thursdays. That staff generally provided showers on those days from 2:00 P.M. to 6:00 P.M. , and then assisted with laying down residents after supper and might provide another shower or two before leaving at 8:00 P.M.</p> <p>During an interview on 10/02/25, at 5:10 P.M., the Administrator said showers were offered two times a week. The low room numbers were Monday and Thursdays, the high room numbers were Tuesday and Fridays. Wednesday, Saturday, and Sunday were makeup days. The resident can request different days. The nursing staff gave showers, all CNA's, CMT's, and nurses. They are assigned showers on a daily basis. When they receive complaints about showers, they look into who was working and assigned that tasks. Some residents refused unless a specific staff was available. As much as they can they try to assign that preferred staff but cannot always do so. If a resident refused, they should be offered on the make-up days. They collect the Monday and Tuesday shower sheets and then complete the make-up schedule for Wednesday, then collect the Thursday and Friday shower sheets and schedule the make-up schedules for Saturday and Sunday.</p> <p>Complaints 2594960, 2607877, 2617974</p>		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>Based on interview and record review, the facility failed to provide the services of a registered nurse (RN) for at least eight consecutive hours per day seven days per week. The facility census was 79. Review showed the facility did not provide a policy related to nursing schedules. 1. Review of the Monthly Work Schedule, dated August 2025, showed no RN scheduled to work. Review of the Monthly Work Schedule, dated September 2025, showed no RN scheduled to work. Review of the facility provided time sheets showed no RN clocked in or out on 09/13/25, 09/20/25, 09/21/25, and 09/28/25. Review of the facility provided time sheets showed on 09/14/25 an RN clocked in at 7:00 A.M. and clocked out at 11:00 A.M. (4 hours). Review the facility provided time sheets showed on 09/27/25 the Director of Nursing (DON) clocked in at 10:00 A.M., clocked out at 2:00 P.M., and clocked in at 4:00 P.M. and clocked out at 8:00 P.M. (8 non-consecutive hours). During an interview on 10/02/25, at 12:45 P.M., Licensed Practical Nurse (LPN) D said he/she worked a rotating schedule and there was not an RN that worked on duty most of the weekends he/she worked. There was an RN that worked part time but during the school year he/she did not work very often. There is an on-call nurse but he/she is not always an RN. During an interview on 10/02/25, at 1:30 P.M., Certified Medication Tech (CMT) B said generally he/she worked Monday through Thursday and sometimes pick up on weekends. He/she was unsure if there was an RN normally working. During an interview on 10/02/25, at 3:00 P.M., LPN A said he/she did not work weekends and was not aware of how many RNs were employed. The DON was available during the week. During an interview on 10/02/25, at 4:10 P.M., the DON there were four RNs currently employed. The Administrator, the DON, the MDS Coordinator, and one part time RN that worked when he/she was available. He/she was aware there was not always an RN on shift. During an interview on 10/02/25, at 5:10 P.M., the Administrator there were lapses in RN coverage. The facility had tried to fill those holes in the RN coverage and know that the state requires 8 hours per day of RN coverage. Currently, the MDS Coordinator would occasionally work complete MDS duties on the weekend. The Administrator, DON, and one part time RN were the only RNs at the time.</p>		