

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265055	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/14/2025
NAME OF PROVIDER OR SUPPLIER  Kabul Nursing Homes Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  1000 Main Street Cabool, MO 65689	

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 0744</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the appropriate treatment and services to a resident who displays or is diagnosed with dementia.</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents diagnosed with dementia (a decline in memory or other thinking skills severe enough to reduce a person's ability to perform everyday activities) had a personalized plan of care to ensure appropriate services to promote the resident's highest level of functioning and psychosocial needs were provided for one resident (Resident #15) out of three sampled residents. The facility census was 39. The facility did not provide a policy regarding dementia care. 1. Review of Resident #15's medical record showed:- admission date of 07/02/25;- Diagnoses of vascular dementia (a type of cognitive decline caused by damage to the blood vessels in the brain), moderate, with other behavioral disturbance, and senile degeneration of the brain (progressive decline in cognitive functions associated with old age). Review of the resident's admission Minimum Data Set (MDS - part of a federally mandated process for clinical assessment of all residents in certified nursing homes), dated 07/12/25, showed:- Moderate difficulty hearing and required speaker to increase volume and speak distinctly;- Hearing aides used;- Usually understood with difficulty communicating some words or finishing thoughts but was able if prompted or given time;- Usually understood but missed some part/intent of message but comprehended most conversation;- Severe cognitive impairment. Review of the resident's Care Plan, dated 08/11/25, showed:- Did not address dementia;- Did not address specific problems, interventions, or goals for dementia care. Observations of the resident showed:- On 08/11/25 at 11:07 A.M., the resident lay in bed with his/her eyes closed;- On 08/11/25 at 12:30 P.M., the resident sat in his/her wheelchair at a table in the north side dining room and fed his/herself.- On 08/11/25 at 12:49 P.M., the resident sat in a wheelchair in his/her room and removed his/her sweatpants and a brief wet with urine;- On 08/12/25 at 9:49 A.M., the resident sat in a wheelchair in his/her room, held the television remote in his/her hand, and the television was off. During an interview on 08/14/25 at 1:45 P.M., the Director of Nursing (DON) said a resident's care plan should address dementia. The care plan should show the resident's needs are being met. During an interview on 08/14/25 at 1:45 P.M., the Administrator said the care plan should address the resident's diagnosis and needs.</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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