

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265416	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/14/2026
NAME OF PROVIDER OR SUPPLIER Clark's Mountain Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2100 Barnes Piedmont, MO 63957	
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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to store and distribute food under sanitary conditions, increasing the risk of cross-contamination and food-borne illness. This had the potential to affect all residents. The facility census was 61. Review of the facility's policy titled, Sanitation Inspection, revised 2025, showed:- The dietary manager shall develop and provide food service personnel with standard operating procedures for sanitation and daily, weekly inspections. Review of the facility's policy titled, Date Marking for Food Safety, dated 2026, showed:- The facility adheres to a date marking system to ensure the safety of ready-to-eat, time/temperature control for safety food;- The food shall be clearly marked to indicate the date or day by which the food shall be consumed or discarded;- The individual opening or preparing a food shall be responsible for date marking the food at the time the food is opened or prepared;- The cook or designee shall be responsible for checking the refrigerator daily for food items that are expiring and shall discard accordingly;- The dietary manager or designee shall spot check the refrigerator weekly for compliance, and document accordingly. Observation on 05/11/26 at 9:59 A.M., and 05/13/26 at 8:30 A.M., of the kitchen showed:- The louvers on the bottoms of Refrigerator #1 and #2 with smeared white substances;- The plastic casing around the handle of Refrigerator #2 was broken. Observation on 05/11/26 at 9:59 A.M., of Freezer #3 showed:- Half a bag of opened and undated egg rolls;- Quarter of a bag of opened and undated meatballs;- One bag of 10 opened and undated brats. Observation on 05/11/26 at 10:02 A.M., of Refrigerator #1 showed:- One roll of opened and undated bologna;- One package of opened and undated smoked ham;- 16 pieces of cheese on a plate covered with plastic wrap and undated;- Half of a cucumber wrapped in plastic wrap and undated;- Half of an opened and undated bag of salad. Observation on 05/11/26 at 10:06 A.M., of the dry food storage area showed:- One opened and undated 16 ounce (oz.) bag of creamer;- One bag of six opened and undated hotdog buns;- One opened and undated gallon jug of soy sauce;- One opened and undated tub of peanut butter with peanut butter on the side and the top of the container. During an interview on 5/13/26 at 8:45 A.M., the Dietary Manager said all items should be labeled and dated. The plastic casing around the handle of Refrigerator #2 should be replaced because it was not cleanable. The louvers under the refrigerators were dirty because people spilled things and didn't clean it up. The louvers were not on the cleaning schedules. During an interview on 05/14/26 at 2:07 P.M., the Administrator said all opened food should be labeled and dated. The equipment should be clean and in good repair.		

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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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to include the bed-hold rate and complete the bed-hold policy upon transfer to the hospital for four residents (Residents #3, # 4, #9, and #56) out of four sampled residents. The facility census was 61. Review of the facility's policy titled, Bed-Holds and Returns, undated, showed:- The resident may request that the facility hold open a bed for the residents at the time of hospitalization or therapeutic leave;- The resident shall be given written notice of the bed hold option at the time of admission, hospitalization or therapeutic leave and should be sent with the other papers accompanying the resident to the hospital;- Bed holds or room reserves are voluntary. 1. Review of Resident #3's medical record showed:- admitted on [DATE];- Transferred to the hospital on [DATE], and returned on 03/27/26. Review of the residents' Bed-Hold form, dated 03/27/26, showed:- No documentation of the daily bed hold rate. 2. Review of Resident #4's medical record showed:- admitted on [DATE];- Transferred to the hospital on [DATE], and returned on 01/30/26;- Transferred to the hospital on [DATE], and returned on 04/08/26. Review of the residents' Bed-Hold forms, dated 01/28/26 and 04/03/26, showed:- No documentation of the daily bed hold rate. 3. Review of Resident #9's medical record showed:- admitted on [DATE];- Transferred to the hospital on [DATE], and returned on 03/24/26. Review of the residents' Bed-Hold form, dated 03/20/26, showed:- No documentation of the daily bed hold rate. 4. Review of Resident 56's medical record showed:- admitted on [DATE];- Transferred to the hospital on [DATE], and returned on 03/24/26;- Transferred to the hospital on [DATE], and returned on 03/30/26. Review of the residents' Bed-Hold forms, dated 03/20/26 and 03/30/26, showed:- No documentation of the daily bed hold rate. During an interview on 05/23/26 at 3:30 P.M., the Administrator and the Social Services Designee (SSD) said the daily rate should be written in on the bed-hold forms. However, the facility didn't actually charge anything. The nurse was responsible for putting in the rate and the SSD was responsible for ensuring it was done.		

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview, and record review, the facility failed to store medications in a safe and effective manner when staff left the South Hall medication cart unlocked and unattended. This had the potential to affect all residents. The facility census was 61. Review of the facility's policy, Medication Storage, last reviewed 05/14/26, showed:- It is the policy of this facility to ensure all medications housed on our premises will be stored in the pharmacy and/or medication rooms according to the manufacturer's recommendations and sufficient to ensure proper sanitation, temperature, light, ventilation, moisture control, segregation, and security;- All drugs and biologicals will be stored in locked compartments (i.e., medication carts, cabinets, drawers, refrigerators, medication rooms) under proper temperature controls;- During a medication pass, medications must be under the direct observation of the person administering medications or locked in the medication storage area/cart. 1. Observation on 05/12/26 of the South Hall medication cart showed: - At 6:18 A.M., Certified Medication Technician (CMT) A prepared medication from the South Hall medication cart, shut the medication cart drawer, and failed to lock the medication cart when he/she left the medication cart unattended;- The unattended and unlocked medication cart sat against the outside wall of the private dining room and faced the South Hallway by the dining room and the South Hall nurse's station;- At 6:19 A.M., CMT A walked through the main dining room into the assisted dining room and the unlocked medication cart sat outside the empty private dining room in the South Hall outside the dining room and out of sight of staff; - One staff walked past the unlocked and unattended medication cart;- At 6:22 A.M., CMT A exited the assisted dining room and returned to the unlocked and unattended medication cart. 2. Observation on 05/12/26 of the medication administration showed:- At 6:51 A.M., CMT A prepared medication from the South Hall medication cart, shut the medication cart drawer, and failed to lock the medication cart;- At 6:53 A.M., CMT A entered a resident's room with the unlocked and unattended medication cart facing the South Hallway and out of sight of staff; - One staff walked past the unlocked and unattended medication cart;- At 6:54 A.M., CMT A exited the resident room and returned to the unlocked and unattended medication cart. 3. Observation on 05/12/26 of the medication administration showed:- At 7:11 A.M., CMT A prepared medication from the South Hall medication cart, shut the medication cart drawer, and failed to lock the medication cart;- At 7:13 A.M., CMT A entered a resident's room with the unlocked and unattended medication cart facing the South Hallway and out of sight of staff; - At 7:16 A.M., CMT A exited the resident room and returned to the unlocked and unattended medication cart. During an interview on 5/14/26 at 1:34 P.M., CMT C and Registered Nurse (RN) B said if the medication cart was outside of their sight, then yes it should be locked. During an interview on 5/14/26 at 1:39 P.M., RN D said the medication cart should be locked when not in view. During an interview on 5/14/26 at 2:20 P.M., the Director of Nursing (DON) said the medication cart should be locked when out of view. During an interview on 5/14/26 at 2:25 P.M., the Administrator said the medication cart should be locked when unattended and out of view. During a phone interview on 05/14/26 at 3:07 P.M., CMT A said the medication cart should be locked when unattended.		