

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265460	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/24/2025
NAME OF PROVIDER OR SUPPLIER Cassville Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1300 County Farm Road Cassville, MO 65625	

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 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice. (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

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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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility did not provide showers per resident preference for five residents (Resident #4, #5, #7, #9, and #10) who required staff assistance with showering. The facility census was 43. Review of the facility policy titled, Resident Showers Policy, dated 06/26/24, showed the following:-It is the practice of the facility to assist residents with bathing to maintain proper hygiene, stimulate circulation, and help prevent skin issues as per current standards of practice;-Residents will be provided showers as per request or as per facility schedule protocols based on resident safety.1. Review of Resident #4's face sheet showed:-readmission date of 04/22/24;-Diagnoses included atrial fibrillation (a cardiac dysrhythmia), stage 3 chronic kidney disease, and type 2 diabetes mellitus. Review of the resident's annual Minimum Data Set (MDS - a federally mandated comprehensive assessment tool completed by facility staff), dated 01/19/25, showed the following:-Cognitively intact;-Functional limitation in range of motion to all four extremities;-Required wheelchair for mobility device;-Dependent on staff for assistance with toileting and personal hygiene, lower body dressing, and transfers;-Required substantial or maximal assistance of staff with showers, and upper body dressing;-Always incontinent of bowel and bladder;-At risk for development of a pressure ulcer. Review of the resident's care plan, dated 09/16/25, showed the following:-Required assistance with activities of daily living (ADLs) related to poor balance, unsteady gait, and decreased physical mobility;-Required total assistance of two staff via Hoyer lift (a mechanical sling lift used to transfer residents);-Showers dependent upon staff for completion. Review of the resident's point of care shower documentation in the electronic health record (EHR) showed as of 09/20/25:-Staff documented assisting the resident with one shower in the last 30 days;-Staff documented the most recent shower for the resident was on 09/03/25, over two weeks prior to the review. Observation and interview on 09/19/25, at 3:52 P.M., showed the following:-The resident laid on his/her bed;-The resident said staff assisted him/her on and off the bed with a Hoyer lift. He/she was not able to get up out of bed without the assistance of two staff and the lift;-Staff had not assisted the resident with a shower for approximately three weeks;-The facility pulled the shower aide to work the floor as an aide, instead of providing showers to residents;-He/she asked certified nurse assistants (CNAs) to assist him/her with a shower, but they say they did not have time.2. Review of Resident #9's face sheet showed the following:-admission date of 03/04/25;-Diagnoses included of stage 3 chronic kidney disease and type 2 diabetes mellitus. Review of the resident's annual MDS, dated [DATE], showed the following:-Moderately cognitively impaired;-Functional limitation in range of motion to one lower extremity;-Required wheelchair for mobility device;-Dependent on staff for assistance with toileting hygiene, -Required substantial or maximal assistance of staff with showering, personal hygiene, and lower body dressing;-Always incontinent of bowel and bladder;-At risk for development of a pressure ulcer;-Presence of moisture associated skin damage (MASD). Review of the resident's care plan, revised on 09/16/25, showed the following:-Resident required assistance with ADLs related to poor mobility, chronic pain, weakness, and poor endurance;-Required maximum assistance of 2 staff for transfers;-Required maximum assistance with showering. Review of the resident's point of care shower documentation in the EHR showed, as of 09/20/25, showed staff documented assisting the resident with one shower in the last 30 days on 09/20/25. Observation and interview on 09/22/25, at 11:30 A.M., showed the following:-The resident laid on an air mattress on his/her bed;-The resident said staff assisted him/her with a shower a couple of days ago, but prior to that, staff had not assisted him/her with a shower for 21 days;-He/she would like a shower two times per week;-His/her skin itched when he/she did not get a shower;-When he/she asked for a shower, staff informed the resident the facility did not have enough aides working to complete resident showers. During an interview on 09/24/25, at 11:50 A.M., CMT G said the following:-Staff should assist each resident with at least two showers per week, unless their care plan stated the resident requested showers more frequently;-Several of the residents said staff were not assisting them with showers;-The resident said he/she had not had a shower for at least 19 days.3. Review of Resident #10's face sheet showed the following:-admission date of 11/04/21;-Diagnoses included diabetes mellitus, type 2, anxiety, and depression. Review of the resident's annual MDS, dated [DATE], showed:-Cognitively intact;-Functional limitation in range of motion to both lower extremities;-Required walker or wheelchair for mobility device;-Required substantial or maximal assistance of staff with showering, personal and toileting hygiene, and lower body dressing;-Occasionally incontinent of bowel and bladder;-At risk for development of a pressure ulcer. Review of the resident's point of care shower</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>(continued on next page)</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on observation, interview, and record review, the facility failed to develop a comprehensive care plan for each resident when staff did not address one resident's (Resident #7's) colostomy (a surgical procedure that creates an opening, called a stoma, on the abdomen to allow stool and gas to exit the body when the colon cannot), open wound, or activities of daily living (ADL) needs on his/her care plan. The facility census was 43. Review of the facility policy titled, Baseline Care Plan Policy, dated 05/28/24, showed the following:-The facility will develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care;-The care plan will be developed within 48 hours of admission;-Interventions shall be initiated that address the resident's current needs including any health and safety concerns to prevent decline or injury, such as elopement, fall or pressure ulcer risk; any identified needs for supervision, behavioral interventions, and assistance with activities of daily living; and any special needs such as for wound care. 1. Review of Resident #7's face sheet showed the following:-admission date of 12/29/24;-Diagnoses included bipolar disorder (manic-depression) and diverticulitis (inflammation or infection of pouches in the intestines) with perforation of the small and large intestine. Review of the resident's care plan, initiated on 01/09/25 and revised on 09/16/25, showed the following problem:-Resident at risk for falls related to weakness, balance deficit, and a history of falls;-Intervention of refer to therapy as needed for evaluation. (Staff did not address any other problems/interventions on the resident's care plan.) Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated assessment completed by facility staff), dated 06/18/25, showed the following:-Cognitively intact;-Required wheelchair for mobility device;-Required supervision or touching assistance of staff with toileting hygiene and showers;-Resident had a colostomy, was continent of bladder, and always incontinent of bowel;-At risk of development of a pressure ulcer;-Presence of a surgical wound. Review of the resident's care plan showed facility staff did not address the resident's colostomy care, open abdominal wound, or need for staff assistance with activities of daily living including showers. Observations on 09/22/25, at 1:45 P.M., showed the resident lay on his/her bed. The resident said his/her abdominal bandage needed to be changed. A certified medication tech (CMT) pulled up the resident's shirt, exposing a colostomy bag with feces present attached to the resident's left lower abdomen. The CMT pulled back a loose dressing on the resident's mid-upper abdomen revealing an open abdominal wound with thick, yellow drainage present. During an interview on 09/22/25, at 3:45 P.M., the Social Service Director (SSD) said the following:-He/she used to attend resident care plan meetings, but approximately two to three months ago, the facility stopped having care plan meetings and facility staff stopped updating the resident care plans;-The meetings stopped because the former Director of Nursing (DON) refused to come to the meetings, stating he/she did not have time to attend;-When the facility had a care plan meeting and the resident or his/her family attended, they usually asked clinical questions, but the SSD did not know the answers;-He/she informed the previous Administrator of the issue, approximately two months ago. The Administrator said he/she would make sure a nurse attended the care plan meetings, but that did not happen;-As a result, the facility staff stopped having the meetings;-The SSD looked for a care plan for the resident and said the care plan related to falls was the only care plan he/she had for the resident;-Staff should have a comprehensive care plan for the resident addressing each of his/her problems with specific staff interventions. During an interview on 09/23/25, at 11:50 A.M., the Senior Director of Regulatory Affairs, (Registered Nurse (RN) E) said the following:-The facility did not currently have staff completing care plans, but he/she thought a regional corporate person planned to start working on resident care plans;-He/she was unsure if staff had completed recent resident care plans;-Each resident should have a care plan meeting quarterly, and the care plan should address any open areas to the resident's skin and colostomy care. During an interview on 09/24/25, at 11:35 A.M., Licensed Practical Nurse (LPN) F said the following:-If the nurse aides had questions about a resident's care needs, they looked at the resident's care plan;-The facility should ensure each resident's care plan addressed the resident's care needs and should update the care plans as needed;-The facility should ensure the resident's care plan addressed a resident's open wound or a resident with a colostomy. During an interview on 09/24/25, at 11:50 A.M., CMT G said the following:-Facility staff had access to the resident care plans;-The facility should ensure the care plans were updated to include resident showering preferences and how much assistance the resident required from staff.-Facility staff should ensure the care plan included information regarding any open wounds and care of</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to timely and adequately assess and treat one resident (Resident #1) with a toe and skin injury, when staff did not complete skin assessments weekly, did not timely obtain a mobile X-ray of the resident's foot as ordered by the physician, and when staff administered antibiotics to the resident, despite a listed allergy to the antibiotic. The facility census was 43. Review of the facility policy titled, Clean Wound Dressing Change Policy, dated 05/18/24, showed it is the policy of the facility to provide wound care in a manner to decrease potential for infection and/or cross contamination. Physician's orders will specify type of dressing and frequency of changes. Review of the facility policy titled, Skin Assessment, dated 06/26/24, showed the following:-It is policy to perform a full body skin assessment as part of the systematic approach to pressure injury prevention and management. A full body, or head to toe, skin assessment will be conducted by a licensed or registered nurse upon admission/re-admission and weekly thereafter. The assessment may also be performed after a change of condition or after any newly identified pressure injury;-Documentation of skin assessments include date and time of the assessment; nurse's name and position title; documentation of observations (skin conditions, how the resident tolerated the procedure, etc.); documentation of the type of wound; describe wound (measurements, color, type of tissue in wound bed, drainage, odor, pain); documentation if the resident refused the assessment and why; and document other information as indicated or appropriate. 1. Review of Resident #1's face sheet showed:-admission date of 01/24/24 and re-admission date of 03/23/25;-Allergic to sulfa antibiotics, blackberries, peanut butter, and iodine;-Diagnoses included chronic kidney disease, stage 4 (severe), blindness in one eye, major depression, and general anxiety disorder;-Recent diagnosis of diabetic foot ulcer and open wound right foot (09/16/25). Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated assessment tool completed by facility staff), dated 06/04/25, showed the following:-Cognitively intact.-Required wheelchair for mobility device;-Required supervision or touching assistance of staff upper and lower body dressing;-Required partial to moderate assistance of staff with showering;-At risk for development of a pressure ulcer. Review of the resident's care plan, initiated on 04/03/24 at revised/cancelled on 12/02/24, showed the following;-At risk for impaired skin integrity related to weakness and needing assistance for mobility;-Staff to complete weekly skin assessment per schedule. Review of the resident's August 2025 Treatment Administration Record (TAR) showed the following:-Weekly skin assessment every Tuesday;-Nurses initialed completion of the weekly skin assessment on 08/05/25, 08/12/25, 08/19/25, and 08/26/25 as ordered. Review of the resident's September 2025 TAR showed the following:-Weekly skin assessment every Tuesday;-On 09/02/25, a nurse initialed completion of the weekly skin assessment (one time during the month). Review of the resident's progress notes, dated 09/01/25 to 09/14/25, showed staff did not document skin assessment(s) completed for the resident. Review of the resident's progress note dated 09/15/25, at 12:29 P.M., showed a nurse documented the nurse contacted the physician after the resident reported that his/her right foot was, Ran over by a wheelchair last Wednesday. Resident's right foot had swelling noted and was warm to touch. The nurse spoke with the clinic and was told to fax over any requests and the clinic would present the fax to the physician to see if something needed to be addressed. The nurse asked facility staff for a fax cover sheet and was told the fax machine was down and the facility was unable to send or receive faxes. Social services reported he/she could email the physician clinic with medical concerns. Review of the resident's progress note dated 09/15/25, at 4:02 P.M., showed a nurse documented received a verbal physician's order for an X-ray of the resident's right foot. The nurse placed the order in the electronic health record (EHR). The nurse spoke with facility staff, including the regional nurse, about the order and placed the order into the EHR imaging section. Review of the resident's progress note dated 09/16/25, at 12:20 P.M., showed the following order note:-The system has identified a possible drug allergy for the following order: Bactrim DS (an anti-infective) oral tablet 800/160 milligram (mg). Give one table by mouth two times a day for pain related to personal history of diabetic foot ulcer for seven days. Review of the resident's progress notes showed staff did not document addressing the resident's foot/toe ulcer, the order for X-ray, or use of antibiotic Bactrim DS on 09/17/25 or 09/18/25. Review of the resident's September 2025 Medication Administration Record (MAR) showed staff documented administration of Bactrim DS 800/160 mg one tablet on 09/17/25 at 3:00 P.M., on 09/18/25 at 7:00 A.M. and on 09/18/25 at 3:00 P.M. Review of the resident's progress notes, dated 09/19/25, showed</p>		

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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. (continued on next page)		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Based on observation, interview, and record review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety when the facility staff failed to keep food contact and non-food contact surfaces clean; when staff failed to ensure the refrigerators maintained proper temperatures for food storage; when staff failed to ensure stored food was properly stored/sealed; and when staff failed to ensure spoiled or contaminated foods were discarded. The facility census was 43. Review of the Food and Drug Administration (FDA) Food Code (2022 edition) showed the following: -Nonfood contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris;-Pathogens can be transferred to food from utensils that have been stored on surfaces which have not been cleaned and sanitized. They may also be passed on by consumers or employees directly, or indirectly from used tableware or food containers;-Food that comes into contact directly or indirectly with surfaces that are not clean and sanitized is liable to such contamination;-Products which are damaged, spoiled, or otherwise unfit for use may become mistaken for safe and wholesome products and/or cause contamination of other foods, equipment, utensils, linens, or single-service or single-use articles. To preclude this, separate and segregated areas must be designated for storing unsalable goods. Review of the facility's policy, titled Dietary - Receiving and Storing Food Supplies, last reviewed 06/30/23, showed the following:-Food items will be stored, thawed, and prepared in accordance with good sanitary practice;-All products shall be dated upon receipt or when they are prepared. Use date shall be marked on all food containers according to the timetable;-All cooked meat shall be used (or discarded) within three days of cooking;-Dairy shall be stored at temperature below 41 degrees Fahrenheit (F);-For dry storage, any opened products shall be placed in seamless plastic or glass containers with tight-fitting lids, or zipper bags;-Label and date all storage containers with the received date (should already be on it), date opened, and date the item expires;-A daily temperature record is to be kept of refrigerated items;-Refrigerator temperatures must be 41 degrees F or below. Review of the facility's policy, titled Dietary - Equipment Operations, Infection Control, and Sanitation Policy, reviewed 02/02/24, showed the following:-The dietary staff shall maintain the sanitation of the dietary department through compliance with written, comprehensive cleaning schedules developed for the facility by the Dietary Manager;-Staff should clean grills after each use;-Counters and shelves should be cleaned and sanitized weekly;-For ovens, staff should immediately clean up spills and burned food deposits, daily wipe down interior and exterior. 1. Observations on 09/23/25, starting at 10:44 A. M., showed the following in the main dining area:-A five-gallon water cooler had a tray/trap under the outlet. There had about an inch of brown-stained water in the tray;-A 17.5-ounce bottle of barbecue sauce, about 3/4 empty, on a dining table. It felt room-temperature to the touch. The bottle's label indicated refrigerate after opening;-A 14-ounce bottle of ketchup on a dining table, which felt room-temperature to the touch. The bottle's label indicated refrigerate after opening. Observations on 09/23/25, starting at 11:00 A.M., in the kitchen showed the following:-An Avanti-brand refrigerator present. The staff last recorded the temperature of the refrigerator on 09/19/25 (four days prior) as 36 degrees F. The thermometer staff placed inside read 49 degrees F. A second thermometer placed inside and left in the refrigerator while closed for 5 minutes confirmed the refrigeration temperature to be 49 degrees F. Inside, staff had placed several pitchers of prepared drinks (tea and Kool-aid). In the bottom drawer there were 12 small cartons of milk-based vanilla shakes;-A Magic Chef-brand mini-refrigerator present. Inside this refrigerator, there was a large bag of bologna, unsealed and labeled 09/13/25. There was also a large, unsealed bag of sliced cheese labeled 09/19/25. A thermometer placed inside and left inside with door closed for 5 minutes confirmed the refrigeration temperature to be 51.9 degrees F;-In a large, chest-style, refrigerator, staff placed one gallon of milk, which appeared to have been open. The best by date on the milk was 09/19/25 (four days prior). Over the best by date, staff had placed a piece of tape dated 9/23/25;-A two-door stainless steel, reach-in refrigerator present. The exterior thermometer for this refrigerator read 50 degrees F. Staff last logged the temperature as 40 degrees F on 09/19/25. A thermometer placed inside and left inside with door closed for 5 minutes confirmed the refrigeration temperature to be 48.7 degrees F. Inside this refrigerator there were many items, including: 1 gallon container of mustard, opened (partially used); 1 gallon of mayonnaise, opened; 1 gallon of Italian dressing, opened; sliced cheese; 1 gallon jar of pickles, opened; eggs; pre-cooked sausage patties; butter; large jar of tomato sauce, opened; three five-pound containers of sour cream; and cooked pork in a steam bin dated 09/13/25 (ten days prior):-The griddle area had significant</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain an effective pest control system when flies were observed in multiple areas of the facility and multiple residents complained about the presence of flies in the facility. The facility census was 43. Review of the facility policy titled, Pest Control Program Policy, dated 05/14/24, showed the following:-It is the policy of the facility to maintain an effective pest control program that eradicates and contains common household pests and rodents;-Effective pest control program is defined as measures to eradicate and contain common household pests (including flies);-The facility will maintain a written agreement with a qualified outside pest service to provide comprehensive pest control services on a regular and scheduled basis;-The facility will utilize a variety of methods in controlling certain seasonal pests i.e. flies. These will involve indoor and outdoor methods that are deemed appropriate by the outside pest service and state and federal regulations;-The facility will ensure that the outside pest service also treats the exterior perimeter of the facility and any outlying buildings or structures.</p> <p>1. Observations on 09/19/25, at 3:38 P.M. showed the following:-Resident #2 lay on his/her bed;-The resident had an open area approximately two inches long by one inch wide on his/her left wrist just up from his/her thumb, with slight redness to the surrounding area;-Flies buzzed around the resident.</p> <p>2. Observations and interview on 09/19/25, at 3:40 P.M., showed the following:-Resident #3 lay on his/her bed fully dressed;-A urine odor surrounded the resident;-Six to seven flies crawled on the resident's body, arms, and face, and buzzed around the resident;-The resident said the flies bothered him/her.</p> <p>3. Observations and interview on 09/19/25, at 3:52 P.M., showed the following:-Resident #4 lay on his/her bed;-A fly buzzed around the resident;-The resident said, The flies are bad, they buzz my face.</p> <p>4. Observations and interview on 09/19/25, at 4:53 P.M., showed the following:-Resident # 5 lay on his/her bed;-The resident said he/she would be very grateful if someone could get rid of the flies;-The resident said the flies crawl on his/her face and head;-Several flies buzzed around the resident and crawled on the resident's bedding and arms.</p> <p>5. Observations and interview on 09/22/25, at 11:09 A.M., showed the following:-Resident #6 sat on the side of his/her bed;-The resident said he/she had a problem with flies, stating the flies were all over the facility and therefore he/she kept his/her door shut all the time;-Due to the flies, he/she put a sign on the outside of the door to his/her room to remind staff to shut the door;-Observation showed two flies in the resident's room buzzing around while the resident ate popcorn out of a bowl;-Observation showed a sign hung on the outside of the resident's room door, that read, NO FLY ZONE, please close the door behind you, thank you!</p> <p>6. Observations on 09/22/25, at 11:24 A.M, showed the following: -A bug light mounted on the wall on the resident hallway where Residents' #2, #3, #4, and #6 resided;-The bug light was not illuminated.</p> <p>(continued on next page)</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>7. Observations and interview on 09/22/25, at 1:45 P.M., showed the following:-Resident #7 lay on his/her bed. The resident's urinal contained urine and sat atop his/her overbed table next to an open coffee cup containing what appeared to be coffee. A fly buzzed around the resident's urinal. -The resident said the flies were bothering him/her.</p> <p>8. Observations on 09/22/25, at 4:00 P.M., of the facility dining room showed the following:-Resident #8 sat at a table swatting at flies with a fly swatter;-The exterior door leading from the dining room to the outside courtyard was ajar approximately two to three inches;-Several residents sat out in the courtyard smoking cigarettes.</p> <p>9. Observations and interview on 09/23/25, at 11:30 A.M., showed the following:-Resident #9 lay on his/her bed;-The resident said the flies were bothering him/her; -Two flies buzzed the resident's face;-The resident said he/she and his/her roommate tried keeping the door shut as much as possible, but the flies still came in his/her room;-Four flies crawled on the roommate's unoccupied bed.</p> <p>10. Observations on 09/23/25, starting at 1:50 P.M., showed the following:-There was no bug light or pest-control prevention measures observed inside the main entrance of the building;-At the door used for staff smoking and laundry access, an air curtain (device which blows air forcefully down from the top of the doorway) was in use, but the door took approximately six seconds to fully close. One fly was observed inside this door, and two more flies observed close to the door in the exterior;-One of the bug lights by the old dining room, close to the nurses' station, was plugged in, but the bulb was completely dark or burnt out; -Two dead flies were observed on the floor in the middle of the hall (Cardinal Drive), and three dead flies were on the floor at the end of the hall, by the exit;-A 10-inch bug light was plugged in, in the middle of [NAME] Lane (close to room [ROOM NUMBER]). However, the light bulb in this fixture was completely dark or burnt out. Also on this hall, a sign on a resident room said No Fly Zone. Please close the door behind you;-The door to the courtyard, off the main dining room, was stuck open approximately three inches. It appeared to be the bottom of the door which dragged on the ground. Staff nearby said a resident was currently outside taking a break;-A bug light-fixture was plugged in, inside the food serve-out area of the main dining room. However, the bulb was a regular light bulb (white colored), not one specifically made to repel bugs;-On Dogwood Drive hall, staff had plugged in a bug light close to resident room [ROOM NUMBER]. The bulb inside the fixture, however, was dim. There were two dead flies observed on the floor, close to the exit (by rooms [ROOM NUMBERS]);-The bug light on [NAME] Oak Boulevard hall (between resident rooms [ROOM NUMBERS]) was plugged in, but the bulb was completely dark or burnt out.</p> <p>11. Observations on 09/24/25, at 11:48 A.M., showed residents sat in the main dining room awaiting lunch and the external door leading from the dining room to the enclosed outdoor courtyard was ajar approximately 2 inches.</p> <p>12. During an interview on 09/22/25, at 11:38 A.M., Certified Nurse Assistant (CNA) H said the following:-The facility had a current issue with flies that had been ongoing all summer;-A pest control company visited the facility, but the fly issue did not improve after their visit;-The residents complained about the flies;-A few of the residents put up signs to keep their doors shut to keep flies out.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265460	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/24/2025
NAME OF PROVIDER OR SUPPLIER Cassville Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1300 County Farm Road Cassville, MO 65625	
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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 09/22/25, at 12:10 P.M., CNA I said the following:-The flies remained terrible in the facility;-The facility had an exterminator visit last week;-The residents complained about the flies;-Staff kept fly swatters behind the nurses' desk to try to kill some of the flies and several of the residents also had fly swatters;-Nursing staff told maintenance about the fly problem in the facility and maintenance said he/she had an exterminator coming. The exterminator visited last week, but the facility still had a fly problem.</p> <p>During an interview on 09/24/25, at 11:23 A.M., CNA J said the following:-The facility had a current fly problem. He/she had informed the nurses of the pest problem and had observed the nurses reporting the fly issue to the Maintenance Director and observed nurses reporting the courtyard door issue to the Maintenance Director;-The flies were coming into the facility when the courtyard door was open, and that door frequently got stuck;-Staff left the courtyard door cracked open so the residents could get back inside the building because the outside door release would not work properly;-Staff and residents sometimes propped the door open with a rock to keep the door from closing all the way.</p> <p>During an interview on 09/23/25, at 2:19 P.M., the Maintenance Director said the following:-The facility had not had any complaints about flies;-He/she believed the flies were coming into the facility via an external courtyard door into the resident dining room;-He/she believed residents were propping the courtyard door open;-He/she told the residents in resident council approximately one week ago, not to prop the courtyard door;-Since he/she instructed residents not to prop the courtyard door open, he/she was checking to ensure the door was closed;-The courtyard door would freely swing shut, close, and latch;-The courtyard door was currently broken, and someone had to open from the inside if someone completely closed the door;-He noticed the courtyard door was broken on Monday morning (09/22/25);-A pest control company came to the facility monthly;-He/she discussed the flies with the pest control representative, but the facility did not change their pest control treatment plan;-The flies were drawn to cooler inside temperature when the weather was hot outside.</p> <p>During an interview on 09/24/25, at 12:48 P.M., the Administrator said the following:-He/she called the pest control company about the flies, but was unsure if they had visited the facility or not;-All external doors in the facility should close all the way;-When asked if the facility's flying insect lights should all be operational, the Administrator said not necessarily.</p> <p>e been no recommendations made for pests or unmet needs.</p>		