STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265468	A. Building B. Wing	05/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Granby House	301 South Main Granby, MO 64844

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(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. **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 three residents (Resident #43, #25, and #3). The facility census was 52. Review of the facility policy titled, Resident Bathing, undated, showed staff shall provide person-centered care that emphasizes the residents' comfort, independence, and personal needs and preferences. 1. Review of Resident #43's face sheet (a brief resident profile) showed the following: -admission date of 01/31/25; -Diagnoses included Parkinson's disease (brain disorder that causes unintended or uncontrollable movements, such as shaking, stiffness, and difficulty with balance and coordination) and colostomy status (presence of a surgically created opening (a stoma) that brings a part of the large intestine (colon) out through the abdominal wall). Review of the resident's care plan, updated 02/10/26, showed the following: -Resident required assistance with activities of daily living (ADL – bathing, grooming, etc.) related to bilateral below the knee amputee and diabetes mellitus; -Resident required extensive assistance and total assistance with transfers and bathing. Review of the resident's quarterly Minimum Data Set (MDS-a federally mandated assessment tool administered by staff), dated 05/11/26, showed the following: -Cognitively intact; -Dependent on staff for toileting hygiene, showering, dressing, and transfers; -Substantial to maximal assistance for personal hygiene. Review of the resident's March 2026 Shower Sheet showed the resident received a shower on 03/05/26 and 03/26/26. Staff did not document refusals. Review of resident's March 2026 progress notes showed staff did not document any additional showers or refusals. (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
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F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the resident's April 2026 Shower Sheet showed the resident received a shower on 04/03/26, 04/09/26, 04/16/26, and 04/24/26. Staff did not document any shower refusals. Review of resident's April 2026 progress notes showed staff did not document any additional showers or shower refusals. Review of the resident's May 2026 Shower Sheet showed the resident refused a shower on 05/15/26. Staff did not document any received showers. Review of resident's May 2026 progress notes showed staff did not document any additional showers or shower refusals. During an interview on 05/20/26, at 11:52 A.M., the resident said the following: -He/She received a shower about every two weeks; -The shower aide told him/her that he/she could get a shower when the aide could get someone to help with the Hoyer lift (mechanical lift); -He/She would prefer to take a shower twice per week; -He/she was a big person and felt dirty from sweating. During an interview on 05/22/26, at 11:00 A.M., the resident said the following: -He/She had not received a shower this week; -He/She did not know if there was a set schedule of when he/she could receive a shower. 2. Review of Resident #25's face sheet showed the following: -admission date of 09/18/23; -Diagnoses included Parkinson's disease anxiety disorder, presence of left artificial hip joint, acquired absence of left leg below the knee, traumatic brain injury, osteoarthritis (arthritis that occurs when the protective cartilage that cushions the ends of bones gradually wears away), and neuromuscular scoliosis of the thoracolumbar region (sideways curvature between the middle to lower back). Review of the resident's Minimum Data Set (MDS-a federally mandated assessment tool administered by staff), dated 02/27/26, showed the following: -Cognitively intact; -Resident dependent on staff for showers. Review of the resident's care plan, revised on 04/23/26, showed the following: -Resident required assistance to complete ADLs of care safely related to weakness in lower extremity and unsteady gait due to below the knee amputation and use of a prosthetic leg; (continued on next page)

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F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Resident able to dress upper half but required staff assist with dressing lower half; -Resident was able to self-transfer with help of position bars and bath bars; -Staff did not document related to shower preference/refusals. Review of the resident's March 2026 Shower Sheet showed the resident received a shower on 03/02/26 and 03/21/26. Staff did not document any refusals. Review of resident's March 2026 progress notes showed staff did not document any further showers or shower refusals. Review of the resident's April 2026 Shower Sheet showed the resident received a shower on 04/01/26, 04/09/26, 04/17/26, and 04/23/26. Staff did not document any refusals. Review of resident's April 2026 progress notes showed staff did not document any further showers or shower refusals. Review of the resident's May 2026 Shower Sheet showed the resident received a shower on 05/01/26 and 05/15/26. Staff did not document any refusals. Review of resident's progress notes, dated May 2026, showed staff did not document any additional showers or shower refusals. During an interview on 05/20/26, at 1:09 P.M., the resident said he/she only gets one shower every two weeks and would like at least one shower per week. He/she did not want to smell. Observation and interview on 05/22/26, at 9:11 A.M, showed the following: -The resident's hair looked oily, with visible flakey particles; -The resident said he/she had not had a shower recently and did not feel clean; -He/she would not leave the facility for an outing without a shower. During an interview on 05/21/26, at 3:12 P.M., Certified Nurse Assistant (CNA) D said he/she was not aware of the resident's preference for showers. During an interview on 05/22/26, at 12:50 P.M., CNA/Shower Aide F said the resident refused showers at times, but he/she did not document any refusals from 03/02/26 to 05/15/26. 3. Review of Resident #3's face sheet showed the following: -admission date of 01/15/26; -Diagnoses included cellulitis (common, potentially serious bacterial skin infection that affects the deep layers of the skin and underlying tissues) of right lower limb, weakness, and anxiety. Review of the resident's quarterly MDS, dated [DATE], showed the following: (continued on next page)

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F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Cognitively intact; -Supervision or touching assistance for oral hygiene; -Substantial to maximal assistance for toileting hygiene, showering; -Partial to moderate assistance for dressing; Review of the resident's care plan, updated 01/15/26, showed the following: -Resident was resistive to care at times; -Staff should encourage as much participation from the resident as possible during care activities; -Resident had limited physical mobility related to weakness; -Staff did not care plan related to shower preference or refusals. Review of the resident's March 2026 Shower Sheet showed the resident received a shower on 03/06/26, 03/11/26, and 03/24/26. Staff did not document any refusals. Review of resident's March 2026 progress notes showed staff did not document any additional showers or shower refusals. Review of the resident's April 2026 Shower Sheet showed the resident received a shower on 04/03/26, 04/09/26, 04/15/26, 04/22/26, and 04/30/26. Staff did not document any refusals. Review of resident's April 2026 progress notes showed staff did not document any additional showers or shower refusals. Review of the resident's May 2026 Shower Sheet showed the resident received a shower on 05/06/26, 05/11/26, and 05/19/26. Staff did not document any refusals. Review of resident's May 2026 progress notes showed staff did not document any additional showers or shower refusals. During an interview on 05/20/26, at 3:36 P.M., the resident said the following: -He/she had a shower four days ago, but prior to that it had been two weeks; -He/she preferred two showers per week in order to feel clean; -He/she did not like to feel dirty and worried about body odor. 4. During an interview on 05/21/26, at 3:12 P.M., Certified Nurse Aide (CNA) D said the following: -Residents should receive two showers per week; -Staff should document shower refusals in the electronic plan of care under bathing. (continued on next page)

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F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 05/22/26, and 11:59 A.M., CNA E said residents should receive two showers per week. During an interview on 05/22/26, at 12:30 P.M., Licensed Practical Nurse (LPN) C said the following: -The facility had a shower schedule, in which residents received two showers per week; - If a resident requested an additional shower, staff would try to accommodate their request; -Residents should not go two weeks without a shower. During an interview on 05/22/26, at 12:50 P.M., CNA/Shower Aide F said the following: -He/she was responsible for resident showers; -The facility had a shower schedule; - Residents should receive showers two times per week; -Staff should document refusals on shower spreadsheet with a R and showers received with a X; -Shower refusals should also be documented in the electronic plan of care; -If a resident refused a shower, he/she reapproached the resident the following day and continued to do so throughout the week; -He/she notified the Director of Nursing (DON) or Administrator if a resident continued to refuse a shower. During an interview on 05/22/26, at 1:15 P.M., LPN B said residents should receive two showers per week. During an interview on 05/22/26, at 1:00 P.M., the Director of Nursing (DON) said the following: -Residents should receive at least one to two showers per week; -The facility had a lot of non-compliant residents that refused showers; -Staff should document resident refusals; -The shower aide had not consistently been at work. During an interview on 05/22/26, at 3:00 P.M., the Administrator said the following: -Residents should be offered and provided with showers two times per week, or per their preference; -Staff should document refusals and showers received on shower sheets and in the electronic plan of care; (continued on next page)

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F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Residents who have refused a shower should be reapproached by different staff and at different times of day.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on observation, interview, and record review, the facility failed to have effective procedures in place to account for all medication when the emergency kit (E-Kit - a pre-stocked set of drugs designed for rapid access) medication lock tags were not monitoring routinely and failed to accurately match the logbook, for two of three E-Kit boxes. The facility census was 52. Review of the facility policy titled Medication Ordering and Receiving from Pharmacy, , dated 04/01/24, showed the following:-The facility may be equipped with emergency medication kits to be used outside of normal pharmacy business hours or if there is an emergent need to start a medication before the pharmacy will be able to deliver;-Only authorized and trained personnel as determined by the facility may administer medications from the E-Kit and are only for an interim time while waiting for the medication to arrive with the next pharmacy delivery;-Administration of medication from the E-Kit shall be based upon a physician order and shall be documented in accordance with the policy on ordering, documenting and receiving medication, the Emergency Kit Logbook, and the appropriate E-Kit Tag Log form;-Open the E-Kit by breaking the plastic seal;-The seal is red when the E-Kit's inventory is complete;-If a seal is green or black, the kit has been opened since it was received from the pharmacy;-Paperwork in the E-Kit will show what, if anything, has been removed;-Remove the items needed. Remove enough of the medication to last until the order is expected to be delivered from the pharmacy;-Complete the Emergency Kit Logbook slip and notify pharmacy by faxing the white copy from the from the Emergency Kit Logbook;-Re-lock the E-Kit with a green or black tag;-Document on the E-Kit Tag Log form the date, check the box indicating that the entry is not due to a shift change count, record the serial numbers of the tags removed, the serial numbers of tags that are used to relock the kit, medication name, resident name, and name of nurse removing the medications from the emergency kit;-For any Emergency Kit containing controlled substances, at each shift change, two nurses should document on the appropriate E-Kit Tag Log Form the date, check the box indicating that the entry is due to a shift change count, record the serial numbers of the tags on the kit, the name of the nurse beginning the shift and the name of the nurse ending the shift;-The pharmacy's delivery personnel will pick up and exchange the E-Kit. The nurse and the delivery person will both sign an Emergency Kit Exchange Log at the time of the exchange. 1. Review of the facility E-Kit Log, dated May 2026, showed the following:-On 05/01/26, no documentation of the tag numbers on either E-kit by the morning or evening shift;-On 05/02/26, no documentation of the tag numbers on either E-kit by the morning or evening shift;-On 05/03/26, no documentation of the tag numbers on either E-kit by the morning shift;-On 05/03/26, the evening shift documented the current tag number (00805962 and 00805961) and the new tag number (008805780 and 00805779). Staff did not note which kit (narcotic or non-narcotic). One nurse signed the log; -On 05/04/26, no documentation of the tag numbers on either E-kit by the morning shift;-On 05/04/26, the evening shift documented the current tag number (06524912 and 06524911) and the new tag number (00789506 and 00789505). Staff did not note which kit (narcotic or non-narcotic). One nurse signed the log; -On 05/06/26, the morning shift documented the current tag number (06524959 and 06524960) and the new tag number (00756284 and 00756283). Staff did not note which kit (narcotic or non-narcotic). One nurse signed the log; -On 05/06/26, the evening shift documented the current tag number (00756284 and 00756283) and the new tag number (06524930 and 06524929). Staff did not note which kit (narcotic or non-narcotic). One nurse signed the log; -On 05/07/26, no documentation of the tag numbers on either E-kit by the morning or evening shift;-On 05/08/26, no documentation of the tag numbers on either E-kit by the morning or evening shift;-On 05/09/26, no documentation of the tag numbers on either E-kit by the morning or evening shift;-On 05/10/26, no documentation of the tag numbers on either E-kit by the morning or evening shift;-On 05/11/26, no documentation of the tag numbers on either E-kit by the morning or evening shift;-On 05/12/26, no documentation of the tag (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	numbers on either E-kit by the morning or evening shift;-On 05/13/26, the morning shift documented the current tag number (06524968 and 06524967) and the new tag number (113440 and 113439). Staff did not note which kit (narcotic or non-narcotic). One nurse signed the log; -On 05/13/26, the evening shift documented the current tag number (113440 and 113439) and the new tag number (06521090 and 06521089). Staff did not note which kit (narcotic or non-narcotic). One nurse signed the log with a note stating New E-Kit;-On 05/14/26, no documentation of the tag numbers on either E-kit by the morning or evening shift;-On 05/15/26, no documentation of the tag numbers on either E-kit by the morning or evening shift;-On 05/16/26, no documentation of the tag numbers on either E-kit by the morning or evening shift;-On 05/17/26, no documentation of the tag numbers on either E-kit by the morning or evening shift;-On 05/18/26, no documentation of the tag numbers on either E-kit by the morning or evening shift;-On 05/19/26, no documentation of the tag numbers on either E-kit by the morning or evening shift;-On 05/20/26, no documentation of the tag numbers on either E-kit by the morning or evening shift;-On 05/21/26, no documentation of the tag numbers on either E-kit by the morning or evening shift;-On 05/22/26, no documentation of the tag numbers on either E-kit by the morning shift. Observation on 05/22/26, at 12:00 P.M., of the medication room showed the following:-The non-narcotic E-kit sealed with four black numbered tags (00804991, 00804799, 00789268, and 00789264);-No E-Kit logbook located in the medication room. Observation on 05/22/26, at 12:35 P.M., of the medication room showed the following:-The narcotic E-Kit stored in a locked cupboard;-The E-Kit sealed with two black numbered tags (113211 and 113428);-No E-kit logbook located in the medication room. During an interview on 05/22/26, at 12:00 P.M., Certified Medication Tech (CMT) A said the following:-The emergency kits were provided by the pharmacy;-He/she did not have access to the narcotic E-Kit but had access to the non-narcotic medications;-If staff remove medications from the E-kit, staff must write the tag numbers into the log book;-He/she was unable to locate a logbook in the medication room. During an interview on 05/22/26, at 12:15 P.M., Licensed Practical Nurse (LPN) C said staff should write the old and new tag numbers on the logbook when opening any of the E-Kits. During an interview 05/22/26, at 12:35 P.M., LPN B said the following:-He/she could locate the logbook in the medication room;-Staff should write the old and new tag numbers on the logbook anytime the tags are removed to take out medications. During interview on 05/22/26, at 1:00 P.M., the Director of Nursing (DON) said the following:-Staff should write the old and new tags number on the logbook when opening any E-Kit;-Red tags indicate a new box from the pharmacy and black tags indicate the box has been opened and re-locked;-Staff should document in the logbook when they access the E-kit and change tags;-The pharmacy monitors the E-kit and would notify the facility if something was missing;-The logbook is currently at the nursing station with last tag numbers documented on 05/13/16 of 113440 and 113439;-The same logbook form is used for all three E-kits. During an interview on 05/22/26, at 3:00 P.M., the Administrator said she would expect the logbook to match the tag numbers on the E-Kits. The pharmacy also reviews the tags and monitors supplies in the kits.

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. Based on observation, interview, and record review, the facility failed to ensure the nutritional needs of all residents were met when staff failed to provide the approved serving size for pureed meals. The facility census was 52.Review of the facility's policy titled, Portion Variations, dated 2020, showed portion variations for the planned and approved menu which deviate from those listed on the spreadsheet or other communication tools are available based on estimated nutritional needs, physician order, or resident preference/request. 1. Review of the facility recipe for brown sugar meatloaf showed the following:-Combine ground beef, milk, eggs, cracker crumbs, chopped onion, salt, and black pepper in a mixer bowl on low speed just until well combined. Do not overmix;-Scale 1.5 pounds beef mixture in loaf pain, shaping the beef mixture into a loaf;-Bake one hour until the meat is browned, juices run clear and until desired internal temperature is reached;-While meatloaf is baking, combine brown sugar and ketchup. Spread over loaves the last 30 minutes of baking;-Let stand for 10 minutes, slice into three-ounce (oz) portions for serving. Review of the facility recipe for pureed brown sugar meatloaf showed the following:-Place the number of servings needed, from the regular prepared recipe, into a clean and sanitized food processor and blend until smooth;-If the consistency needed thinning gradually add an appropriate amount of hot liquid such as broth, gravy, hot milk, sauce or reserved cooking liquid;-If the consistency needed thickening alternate adding commercial thickener with processing;-Portion with a #6 scoop (2/3 cup). Observation on 05/21/26, at 11:02 A.M., showed the following:-Dietary [NAME] (DC) H used a four ounce ladle (1/2 cup) to serve out the pureed meatloaf (recipe showed to use a #6 (2/3 cup) scoop);-DC H did not refer to a recipe for portions during serve out. During an interview on 05/22/26, at 10:12 A.M., DC H said the following:-He/she did not really know where the menu spreadsheets were and did not refer to them for serve out, but thought he/she should be following a recipe;-The facility does not have enough serving utensils. During an interview on 05/22/26, at 10:25 A.M., the Dietary Manager (DM) said staff should follow the menu spreadsheet to serve out portions for all meals. During an interview on 05/27/26, at 9:06 A.M. the Registered Dietician (RD) said staff should follow the recipe for portions for all serve out meals. During an interview on 05/22/26, at 3:06 P.M., the Administrator said staff should follow recipes for serve out portions of all meals.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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 ensure food was protected at all times from possible contamination when the ceiling in the walk-in cooler had a water leak during rain. The facility census was 52. Review of the facility policy titled, Maintenance Service, dated 2001, showed the following:-Maintenance service shall be provided to all areas of the building, grounds, and equipment;-The maintenance department is responsible for maintaining the buildings, grounds, and equipment in a safe and operable manner at all times;-Functions of the maintenance personnel include maintaining the building in good repair and free from hazards and establishing priorities in providing repair service. Review of the 2022 Missouri Food Code showed food shall be protected from contamination by storing the food in a clean, dry location and where it is not exposed to splash, dust, or other contamination. 1. During observation and interview on 05/19/26, at 6:07 A.M., of the kitchen showed the following:-The walk-in cooler had a substantial leak coming from the ceiling and dripping down to the floor requiring a towel to be put down on the floor in front of the walk-in cooler;-Dietary [NAME] (DC) H said the walk-in cooler had been leaking for 15 years. During an interview on 05/22/26, at 10:08 A.M., Dietary Aide (DA) G said the following:-The walk-in cooler had been leaking for the one and a half years he/she has worked at the facility;-The water runs to the floor;-Management was aware of the leak. During an interview on 05/22/26, at 10:12 A.M., DC H said the leak in the walk-in cooler sometimes got the boxes of eggs wet. Maintenance has worked on the issue. During an interview on 05/21/26, at 10:27 A.M., the Maintenance Supervisor said the walk-in cooler had been leaking for the two years he has worked at the facility. He has tarred the roof, but this did not stop the leak. During an interview on 05/22/26, at 10:25 A.M., the Dietary Manager (DM) said the following:-The walk-in cooler had been leaking for a long time;-Maintenance tried to tar the roof;-The water does leak on the egg boxes. They try to keep everything covered;-She was concerned about sanitation;-Management was aware of the leak. During an interview on 05/27/26, at 9:06 A.M. the Registered Dietician (RD) said there should not be a leak in the roof of the walk-in cooler for food safety, and it should be repaired. During an interview on 05/22/26, at 3:06 P.M., the Administrator said there should not be a leak in the walk-in cooler.