

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2025
NAME OF PROVIDER OR SUPPLIER Buffalo Prairie Center for Rehab and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 631 West Main Street Buffalo, MO 65622	

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 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p>Based on record review and interview, the facility failed to complete an admission Minimum Data Set (MDS - a federally mandated comprehensive assessment instrument completed by facility staff) in a timely manner for one residents (Resident #6). The facility census was 52.</p> <p>Review showed the facility did not provide a policy related to MDS assessments.</p> <p>1. Review of Resident #6's face sheet showed the following:</p> <p>-admission date of 04/08/25;</p> <p>-Diagnoses included vascular dementia (brain damage caused by multiple strokes), type II diabetes mellitus (a long-term condition in which the body has trouble controlling blood sugar and using it for energy), major depressive disorder, Alzheimer's disease (a progressive disease that destroys memory and other important mental functions), cerebral atherosclerosis (buildup of plaque in the arteries that supply blood to the brain), and history of mini stroke.</p> <p>Review of the resident's electronic record showed on 04/08/25, at 4:00 P.M., nursing staff documented the resident arriving to the facility.</p> <p>Review of the resident's electronic record showed facility staff did not document completion of an admission MDS for the resident.</p> <p>During an interview on 05/06/25, at 9:35 A.M., the Social Services Director (SSD) said admission MDS should be scheduled to complete two weeks after resident's admission.</p> <p>During an interview on 05/06/25, at 10:40 A.M., the MDS Coordinator and the Administrator said staff should complete admission MDS within first 14 days of admission and staff should have completed an admission MDS for the resident.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2025
NAME OF PROVIDER OR SUPPLIER Buffalo Prairie Center for Rehab and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 631 West Main Street Buffalo, MO 65622	
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 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident when there is a significant change in condition</p> <p>Based on record review and interview, the facility failed to complete significant change Minimum Data Sets (MDS - a federally mandated assessment instrument completed by facility staff) one resident (Resident #7) who was moved to the locked unit in the facility. The facility census was 52</p> <p>Review showed the facility did not provide a policy related to MDS assessments.</p> <p>1. Review of Resident #7's face sheet showed the following:</p> <p>-admission date of 10/25/22;</p> <p>-Diagnoses included paranoid schizophrenia (a disorder that affects a person's ability to think, feel, and behave correctly with paranoia), congestive heart failure (CHF - a chronic condition in which the heart doesn't pump blood as well as it should), major depressive disorder, morbid obesity, type II diabetes mellitus, mild intellectual disabilities, impulse disorder, chronic obstructive pulmonary disorder (COPD - a group of lung diseases that block airflow and make it difficult to breathe), and high blood pressure.</p> <p>Review of the facility incident report of theft and/or loss report dated 03/03/25, showed the following:</p> <p>-Nursing staff received a complaint from a resident stating he/she won a candy bar at bingo, and Resident #7 was sitting nearby in the dining room and picked the candy bar up from the table and ate it. A replacement candy bar was given to the resident.</p> <p>Review of the facility Incident Report of Theft and/or Loss Report, dated 04/02/25, showed nursing staff received a complaint from a resident stating the resident went into his/her room through adjoining bathroom and drank his/her sodas.</p> <p>Review of the facility Incident Report of Theft and/or Loss Report, dated 04/15/25, showed the following:</p> <p>-The Administrator documented the resident's roommate's child reported the resident had a 12-pack of soda's missing. Staff located the missing cans of soda under the resident's bed. The resident's guardian was notified and permission given to move resident to the unit.</p> <p>Review of the resident's census showed he/she was moved to the memory care unit on 04/15/25.</p> <p>Review of the resident's current Physician Order Sheet showed an order, dated 04/25/25, for resident to be moved to locked unit.</p> <p>Review of the resident's record showed the most recent MDS completed was a quarterly assessment completed on 02/16/25. Staff did not document completion of a significant change MDS following the move of the resident's behaviors and move to the locked unit on 04/15/25.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2025
NAME OF PROVIDER OR SUPPLIER Buffalo Prairie Center for Rehab and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 631 West Main Street Buffalo, MO 65622	

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 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's current care plan on 05/06/25, at 11:28 A.M., showed staff did not care plan the resident's behaviors listed on the Theft and/or Lost Reports, which lead to the resident's move to the locked unit.</p> <p>During an interview on 05/06/25, at 9:35 A.M., the Social Services Director (SSD) said the facility began doing care plan meetings last month and the resident's care plan had not yet been updated for the behaviors leading to moving her to the locked unit.</p> <p>During an interview on 05/06/25, at 10:40 A.M., the MDS Coordinator and the Administrator said the following:</p> <ul style="list-style-type: none"> -Staff should complete a significant change MDS within 14 days of the change of condition; -Staff should have completed a significant change MDS for the resident's move to the locked unit.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2025
NAME OF PROVIDER OR SUPPLIER Buffalo Prairie Center for Rehab and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 631 West Main Street Buffalo, MO 65622	
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 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to complete a discharge with return anticipated Minimum Data Set (MDS - a federally mandated comprehensive assessment instrument completed by facility staff) and a readmission MDS within seven days for one resident resident (Resident #5). The facility census was 52</p> <p>Review showed the facility did not provide a policy related to MDS assessments.</p> <p>1. Review of Resident #5's face sheet (a brief information sheet about the resident) showed the following:</p> <ul style="list-style-type: none"> -admitted on [DATE]; -Diagnosis included: chronic obstructive pulmonary disease (COPD, group of lung diseases that block airflow and make it difficult to breathe), atrial fibrillation A-Fib, an irregular and often very rapid heart rate that can lead to blood clots in the heart), cerebral infarction (stroke, a condition where blood flow to the brain is interrupted, causing brain tissue to die), muscle weakness. <p>Review of the quarterly MDS, dated [DATE], showed the following:</p> <ul style="list-style-type: none"> -Moderate cognitive impairment; -Use of wheelchair for mobility; -Dependent on staff for oral hygiene, toileting hygiene, showers, dressing, bed mobility, transfers; -Required substantial to maximal assistance with personal hygiene; -Required partial to moderate assistance with eating. <p>Review of the resident's progress notes showed staff documented the following:</p> <ul style="list-style-type: none"> -On 04/24/25, at 3:01 P.M., the resident reported chest tightness, but denied pain. He/she was on oxygen at 3 liters via nasal cannula with oxygen saturation (measure of how much oxygen is present in your blood, typically expressed as a percentage) of 93% (normal 92 to 100%). Blood pressure was 136/83 millimeters of Mercury (mm/Hg) (normal 120/80 mm/Hg), heart rate was 130 beats per minute (bpm) (normal 60 to 100). The nurse reported the resident had not yet received his morning medications. A verbal order was given for metoprolol (used to treat high blood pressure) 12.5 milligrams (mg) to be administered immediately. A 30-minute reassessment showed heart rate of 113 beats per minute. The nurse was instructed to send the resident to the emergency room if tachycardia (rapid heart rate) persisted; <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2025
NAME OF PROVIDER OR SUPPLIER Buffalo Prairie Center for Rehab and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 631 West Main Street Buffalo, MO 65622	
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 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-On 04/24/25, at 5:23 P.M., a nurse documented the resident was sent to the hospital. Blood pressure was 90/50 mm/Hg, heart rate was 168 bpm, and temperature was 101.8 degrees Fahrenheit (F) (normal 98.6). Staff notified physician and message was left for resident family. The Director of Nursing (DON) was aware.</p> <p>Review of the resident's MDS records showed staff did not complete a discharge MDS for the hospital transfer on 04/24/25.</p> <p>Review of the resident's progress notes showed staff documented the following:</p> <p>-On 04/30/25, at 4:24 P.M., staff documented a phone call from hospital to notify the resident was returning to the facility in about one hour;</p> <p>-On 04/30/25, at 4:30 P.M., staff documented the resident returned from the hospital via ambulance. Resident was transferred to bed. Staff notified physician and family.</p> <p>Review of the MDS showed no discharge with return anticipated MDS for hospital transfer on 04/24/2 and showed no re-admission MDS for return on 04/30/25.</p> <p>Review of the resident's MDS records showed staff did not complete a readmission MDS for the hospital transfer on 04/24/25.</p> <p>During an interview on 05/06/25, at 9:25 A.M., the Social Services Director (SSD) said he/she was responsible for MDS portions C, D, E, and Q. He/she said the MDS were started every Wednesday and there was one week to complete. He/she said a hospital discharge would be completed by the MDS Coordinator.</p> <p>During an interview on 05/06/25, at 10:40 A.M., with MDS Coordinator and Administrator, the MDS Coordinator said he/she was new to the MDS role and still in the learning process. The Administrator said a discharge with return anticipated MDS should be started once the resident was out of the building for 24 hours. He said that there should have been a discharge and re-admission MDS timely for the resident.</p> <p>During an interview on 05/06/25, at 4:30 P.M., with Administrator and DON, the DON said staff should complete MDS assessments as required.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2025
NAME OF PROVIDER OR SUPPLIER Buffalo Prairie Center for Rehab and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 631 West Main Street Buffalo, MO 65622	
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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>Based on interview and record review, the facility failed to develop a baseline care plan for all residents when staff failed to complete a baseline care plan within 48 hours of admission of one resident (Resident #6). The facility census was 52.</p> <p>Review of the facility policy titled, Baseline Care Plan, dated April 2017, showed the following:</p> <ul style="list-style-type: none"> -Development and implementation of a baseline care plan to deliver effective and person-centered care for the resident that meets professional standards of quality care within 48 hours of admission; -To assure that the resident's immediate care needs are met and maintained, a baseline care plan will be developed within 48 hours of the resident's admission; -The interdisciplinary team will review the healthcare practitioner's orders, and implement a baseline care plan to meet the resident's immediate care needs including but not limited to initial goals based on admission orders, physician orders, dietary orders, therapy services, and social services; -The baseline care plan will be used until the staff can conduct the comprehensive assessment and develop an interdisciplinary person-centered care plan; -The resident and their representative will be provided a summary of the baseline care plan that includes but is not limited to initial goals, summary of medications and dietary instructions, any services and treatments to be administered by the facility, and any updated information based on the details of the comprehensive care plan, as necessary. <p>1. Review of Resident #6's face sheet (a brief resident profile) showed the following:</p> <ul style="list-style-type: none"> -admission date of 04/08/25; -Diagnoses included vascular dementia (brain damage caused by multiple strokes), type II diabetes mellitus (a long-term condition in which the body has trouble controlling blood sugar and using it for energy), major depressive disorder, Alzheimer's disease (a progressive disease that destroys memory and other important mental functions), cerebral atherosclerosis (buildup of plaque in the arteries that supply blood to the brain), and history of mini stroke. <p>Review of the resident's electronic record showed on 04/08/25, at 4:00 P.M., nursing staff documented the resident arriving to the facility.</p> <p>Review of the resident's electronic record showed facility staff did not document completion of a baseline care plan for the resident.</p> <p>During an interview on 05/06/25, at 9:35 A.M., the Social Services Director (SSD) said baseline care plans should be completed within 72 hours of a resident's admission.</p> <p>During an interview on 05/06/25, at 10:40 A.M., the MDS Coordinator and the Administrator said the following:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2025
NAME OF PROVIDER OR SUPPLIER Buffalo Prairie Center for Rehab and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 631 West Main Street Buffalo, MO 65622	
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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Staff should complete baseline care plans within 72 hours;</p> <p>-Staff should have completed a base line care plan for the resident.</p> <p>During an interview on 05/06/25, at 4:21 P.M., the Director of Nursing (DON) and the Administrator said staff should complete a baseline care plan within 48 hours of a resident's admission.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2025
NAME OF PROVIDER OR SUPPLIER Buffalo Prairie Center for Rehab and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 631 West Main Street Buffalo, MO 65622	
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 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>Based on interview and record review, the facility failed to develop and implement accurate comprehensive care plans for all residents when staff failed to complete a comprehensive care plan for one resident (Resident #6) and when staff failed to care plan behaviors leading to one resident's (Resident #7) move to the locked unit. The facility census was 52.</p> <p>Review of the facility policy titled, Comprehensive Person-Centered Care Plans, dated April 2025, showed the following:</p> <ul style="list-style-type: none"> -Development and implementation of a comprehensive person-centered care plan for each resident that is consistent with resident rights, which include measurable objectives and timeframes to meet the medical, nursing, mental and psychosocial needs that are identified through the comprehensive assessment; -The Interdisciplinary Team (IDT-includes attending physician, registered nurse, nurse aide, dietary manager, social services, activity director, therapist, Minimum Data Set (MDS-a federally mandated assessment tool administered by staff)/Care plan Coordinator, the resident and/or resident representative) in conjunction with the resident and his/her representative, develops and implements a comprehensive, person-centered care plan for each resident; -Care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment; -The comprehensive, person-centered care plan will include measurable objectives and timeframes which are defined as the desired outcome for a specific resident problem; -Areas of concern that are identified during the resident assessment will be evaluated before interventions are added to the care plan; -Identifying problem areas and their causes, and developing interventions that are targeted and meaningful to the resident, are the endpoint of an interdisciplinary process; -The comprehensive, person-centered care plan is developed within seven days of the completion of the required comprehensive assessment (MDS); -Assessments of residents are ongoing and care plans are revised as information about the residents and the residents' conditions change; -The IDT must review and update the care plan when there is a significant change in the residents , when the desired outcome is not met, when the resident has been readmitted to the facility from a hospital stay, and at least quarterly, in conjunction with the required quarterly MDS assessment. <p>1. Review of Resident #6's face sheet (a brief resident profile) showed the following:</p> <ul style="list-style-type: none"> -admission date of 04/08/25; <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2025
NAME OF PROVIDER OR SUPPLIER Buffalo Prairie Center for Rehab and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 631 West Main Street Buffalo, MO 65622	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Diagnoses included vascular dementia (brain damage caused by multiple strokes), type II diabetes mellitus (a long-term condition in which the body has trouble controlling blood sugar and using it for energy), major depressive disorder, Alzheimer's disease (a progressive disease that destroys memory and other important mental functions), cerebral atherosclerosis (buildup of plaque in the arteries that supply blood to the brain), and history of mini stroke.</p> <p>Review of the resident's electronic medical record showed on 04/08/25, at 4:00 P.M., nursing staff documented the resident arriving to the facility.</p> <p>Review of the resident's electronic record showed facility staff did not document completion of a comprehensive care plan for the resident.</p> <p>During an interview on 05/06/25, at 9:35 A.M., the Social Services Director (SSD) said staff should schedule completion of a comprehensive care plan two weeks after a resident's admission.</p> <p>During an interview on 05/06/25, at 10:40 A.M., the MDS Coordinator and the Administrator said the following:</p> <p>-Staff should complete a resident's comprehensive care plan within 21 days of admission;</p> <p>-Staff should have completed a comprehensive care plan for the resident.</p> <p>During an interview on 05/06/25, at 4:21 P.M., the Director of Nursing (DON) said staff should complete comprehensive care plans within 21 days of a resident's admission.</p> <p>2. Review of Resident #7's face sheet showed the following:</p> <p>-admission date of 10/25/22;</p> <p>-Diagnoses included paranoid schizophrenia (a disorder that affects a person's ability to think, feel, and behave correctly with paranoia), congestive heart failure (CHF - a chronic condition in which the heart doesn't pump blood as well as it should), major depressive disorder, morbid obesity, type II diabetes mellitus, mild intellectual disabilities, impulse disorder, chronic obstructive pulmonary disorder (COPD - a group of lung diseases that block airflow and make it difficult to breathe), and high blood pressure.</p> <p>Review of the facility Incident Report of Theft and/or Loss Report, dated 03/03/25, showed nursing staff received a complaint from a resident stating he/she won a candy bar at bingo and Resident #7 was sitting nearby in the dining room and picked the candy bar up from the table and ate it.</p> <p>Review of the facility Incident Report of Theft and/or Loss Report, dated 04/02/25, showed the nursing staff received a complaint from a resident stating Resident #7 went into his/her room through adjoining bathroom and drank his/her sodas. The resident had a large box provided by his/her family.</p> <p>Review of the facility Incident Report of Theft and/or Loss Report, dated 04/15/25, showed the Administrator documented Resident #7's roommate's child reported the resident had a 12-pack of soda's missing. Staff located 12 missing cans of soda under Resident #7's bed. The facility replaced the sodas. Resident #7's guardian was notified and permission given to move resident to the unit.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2025
NAME OF PROVIDER OR SUPPLIER Buffalo Prairie Center for Rehab and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 631 West Main Street Buffalo, MO 65622	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's census showed he/she was moved to the memory care unit on 04/15/25.</p> <p>Review of the resident's current physician order sheet showed an order, dated 04/25/25, for resident to be moved to locked unit.</p> <p>Review of the resident's current care plan on 05/06/25, at 11:28 A.M., showed staff did not care plan related the resident's behaviors listed in the Theft and/or Lost Reports or the move to the locked unit.</p> <p>During an interview on 05/06/25, at 1:38 P.M., Licensed Practical Nurse (LPN) B said behaviors should be included in the care plan.</p> <p>During an interview on 05/06/25, at 2:24 P.M., LPN A said behaviors should be included in the care plan.</p> <p>During an interview on 05/06/25, at 9:35 A.M., the Social Services Director (SSD) said the facility began doing care plan meetings last month and the resident's care plan had not yet been updated for the behaviors leading to moving her to the locked unit.</p> <p>During an interview on 05/06/25, at 10:40 A.M., the MDS Coordinator and the Administrator said the following:</p> <ul style="list-style-type: none"> -Staff should update care plans for behaviors while the behaviors are happening; -Staff should have updated the resident's care plan at the time of the move to the locked unit. <p>During an interview on 05/06/25, at 4:21 P.M., the Director of Nursing (DON) said the following:</p> <ul style="list-style-type: none"> -Care plans were updated as needed and quarterly; -Staff should have updated the resident's care plan to include the behaviors leading to the move to the locked unit. 		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2025
NAME OF PROVIDER OR SUPPLIER Buffalo Prairie Center for Rehab and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 631 West Main Street Buffalo, MO 65622	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide pharmacy services that included procedures for accurate administering and documentation of administration of all medications when staff failed to document administration of physician ordered medications for for six residents(Resident #1, #2, #3, #4, #7, and #10). The facility census was 52.</p> <p>Review of the facility policy titled, Administration Procedures for All Medications, revised August 2014, showed the following:</p> <ul style="list-style-type: none"> -Purpose to administer medications in a safe and effective manner; -After administration of medication, return to the cart, replace the medication container, and document administration in the medication administration record (MAR), and controlled substance sign out record, if indicated; -Monitor for side effects or adverse drug reactions immediately after administration and throughout each shift; -If resident refuses medication document refusal on MAR; -Notify physician of persistent refusals, held medications for pulse, blood pressure low/high blood sugar, or any other reason medication is held, and suspected adverse drug reactions. <p>1. Review of Resident #1's face sheet (a brief information sheet about the resident) showed the following:</p> <ul style="list-style-type: none"> -admission date of 08/20/20; -Diagnoses included chronic obstructive pulmonary disease (COPD - group of lung diseases that block airflow and make it difficult to breathe), paranoid schizophrenia (type of schizophrenia (disorder that affects a person's ability to think, feel, and behave clearly) characterized by prominent delusions, hallucinations, and a lack of other disorganized symptoms, such as disorganized speech or behavior), restless leg syndrome (condition characterized by a nearly irresistible urge to move the legs, typically in the evenings), hyperlipidemia (high levels of fats in blood, can increase risk of heart attack and stroke), type 2 diabetes mellitus (chronic condition that affects the way the body processes blood sugar (glucose)), and insomnia (sleep disorder with trouble falling and/or staying asleep). <p>Review of the resident's annual Minimum Data Set (MDS - a federally mandated comprehensive assessment completed by facility staff), dated 04/02/25, showed the following:</p> <ul style="list-style-type: none"> -Cognitively intact; <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2025
NAME OF PROVIDER OR SUPPLIER Buffalo Prairie Center for Rehab and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 631 West Main Street Buffalo, MO 65622	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Used antipsychotic (drug used to treat psychotic disorders), antianxiety (drug used to treat anxiety disorders), antidepressant drug used to treat depression disorders), and insulin (controls the amount of sugar in the blood) medications.</p> <p>Review of the resident's care plan, reviewed 04/02/25, showed the following:</p> <ul style="list-style-type: none"> -Resident had diabetes mellitus; -Staff should administer diabetic medication as prescribed and report any adverse effect to the physician; -Resident had chronic pain related to arthritis; -Staff should administer analgesia as per physician orders; <p>-Resident was at risk for pain related to diagnosis of osteoarthritis (type of arthritis that occurs when flexible tissue at the ends of bones wears down), chronic pain, restless leg syndrome, fibromyalgia, impaired mobility and low back pain.</p> <p>Review of the resident's Physician Order Sheet (POS), current as of 05/06/25, showed an order, dated 01/03/25, for insulin aspart (short-acting, manmade version of human insulin, used to treat diabetes) 100 unit/milliliter (ml), inject 20 units subcutaneously (method of administering medication by injecting it into the fatty tissue layer just beneath the skin) with meals related to type 2 diabetes mellitus.</p> <p>Review of the resident's April 2025 and May 2025 Medication Administration Record (MAR) showed the following:</p> <ul style="list-style-type: none"> -An order, dated 01/03/25, for insulin aspart 100 unit/ml, inject 20 units subcutaneously with meals related to type 2 diabetes mellitus; -Staff did not document whether or not insulin was administered at the 12:30 P.M. on 04/07/25. <p>Review of the resident's POS, current as of 05/06/25, showed an order, dated 01/04/25, for fenofibrate (used to treat high cholesterol) 54 milligrams (mg), give 54 mg one time a day related to hyperlipidemia.</p> <p>Review of the resident's April 2025 and May 2025 MAR showed the following:</p> <ul style="list-style-type: none"> -An order, dated 01/04/25, for fenofibrate 54 mg, give 54 mg one time a day related to hyperlipidemia; -Staff did not document whether or not the medication was administered at the 6:00 A.M. to 6:00 P.M. dose on 05/03/25. <p>Review of the resident's POS, current as of 05/06/25, showed an order, dated 08/16/24, for ropinirole (used to treat restless leg syndrome) 1 mg three times per day.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2025
NAME OF PROVIDER OR SUPPLIER Buffalo Prairie Center for Rehab and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 631 West Main Street Buffalo, MO 65622	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's April 2025 and May 2025 MAR showed the following:</p> <ul style="list-style-type: none"> -An order dated 08/16/24, for ropinirole 1 mg three times per day; -Staff did not document administration of the 12:00 P.M., dose on 05/01/25, 05/02/25, and 05/03/25. <p>Review of the resident's POS, current as of 05/06/25, showed the following:</p> <ul style="list-style-type: none"> -An order, dated 08/16/24, for melatonin (used to help regulate body's sleep wake cycle) 10 mg, give 10 mg at bedtime for insomnia. <p>Review of the resident's April 2025 and May 2025 MAR, showed the following:</p> <ul style="list-style-type: none"> -An order, dated 08/16/24, for melatonin 10 mg, give 10 mg at bedtime for insomnia; -Staff did not document administration of the medication on 04/15/25. <p>Review of the resident's April and May 2025 nurses' progress notes showed staff did not document related to the medications that were not administered as ordered.</p> <p>During interview on 05/05/25, at 10:30 A.M., the resident said his/her pain medication is often provided several hours late which caused the pain to not be well controlled. The resident said there were times he/she did not receive medication or was told it was not available.</p> <p>2. Review of Resident #2's face sheet showed the following:</p> <ul style="list-style-type: none"> -admission date of 09/20/24; -Diagnoses included hypertension (high blood pressure), depression, COPD, muscle spasms, multiple fractures of ribs, and post dental procedure. <p>Review of the resident's quarterly MDS, dated [DATE], showed the following:</p> <ul style="list-style-type: none"> -Moderate cognitive impairment; -Use of antianxiety, opioid (prescription pain medications), antiplatelet (used to prevent blood clots), and hypoglycemic (used to treat low blood sugar levels) medications. <p>Review of the resident's care plan, last reviewed on 04/21/25, showed the following:</p> <ul style="list-style-type: none"> -Resident was at risk for pain related to history of fractures; -Staff should administer analgesic medications as ordered by the physician; -Resident had a diagnosis of hypertension; -Staff should administer medication per physician order and report any adverse side effects; <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2025
NAME OF PROVIDER OR SUPPLIER Buffalo Prairie Center for Rehab and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 631 West Main Street Buffalo, MO 65622	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Resident was at risk for behavioral symptoms related to diagnosis;</p> <p>-Staff should administer medication per physician order and report any adverse side effects.</p> <p>Review of the resident's POS, current as of 05/06/25, showed an order, dated 11/24/24, for amlodipine besylate (used to help lower blood pressure) tablet 5 mg, given 1 tablet by mouth one time a day for hypertension.</p> <p>Review of the resident's April 2025 and May 2025 MAR showed the following:</p> <p>-An order,dated 11/24/24, amlodipine besylate tablet 5 mg, given 1 tablet by mouth one time a day for hypertension;</p> <p>-Staff did not document administration of the medication for the 9:00 A.M. dose on 04/10/25.</p> <p>Review of the resident's POS, current as of 05/06/25, showed an order, dated 03/25/25, for trazodone HCl tablet (can treat depression) 50 mg, give 50 mg by mouth at bedtime for depression.</p> <p>Review of the resident's April 2025 and May 2025 MAR, showed the following:</p> <p>-An order, dated 03/25/25, for trazodone tablet 50 mg, given 50 mg by mouth at bedtime for depression;</p> <p>-Staff did not document administration of the medication on 04/02/25 and 04/15/25.</p> <p>Review of the resident's POS, current as of 05/06/25, showed an order, dated 09/24/24, for albuterol sulfate (used to prevent and treat difficulty breathing, shortness of breath, chest tightness caused by lung diseases) HFA inhalation Aerosol Solution (metered-dose container)108 mcg/ACT (amount per dose), 2 puffs inhale orally two times a day for COPD.</p> <p>Review of the resident's April 2025 and May 2025 MAR, showed the following:</p> <p>-An order, dated 09/24/24, for albuterol sulfate HFA inhalation Aerosol Solution 108 mcg/ACT, 2 puffs inhale orally two times a day for COPD;</p> <p>-Staff did not document administration of the morning medication dose on 04/16/25.</p> <p>Review of the resident's POS, current as of 05/06/25, showed an order, dated 09/21/24, for budesonide-formoterol (combination medication used for managing asthma and COPD) inhalation aerosol 80-4.5 mcg/act, 2 puffs inhale orally two times a day for COPD.</p> <p>Review of the resident's April 2025 and May 2025 MAR showed the following:</p> <p>-An order, dated 09/21/24, for budesonide-formoterol inhalation aerosol 80-4.5 mcg/act, 2 puffs inhale orally two times a day for COPD;</p> <p>-Staff did not document administration of the 9:00 A.M. dose on 04/01/25, 04/02/25, 04/03/25, 04/10/25, and 04/16/25;</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2025
NAME OF PROVIDER OR SUPPLIER Buffalo Prairie Center for Rehab and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 631 West Main Street Buffalo, MO 65622	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Staff did not document administration of the 6:00 P.M. dose on 04/01/25, 04/02/25, and 04/03/25.</p> <p>Review of the resident's POS, current as of 05/06/25, showed an order, dated 02/03/25, for methocarbamol (can treat muscle spasms and pain) oral tablet 1000 mg, given 1 tablet by mouth three times a day for muscle spasms.</p> <p>Review of the resident's April 2025 and May 2025 MAR showed the following:</p> <p>-An order, dated 02/03/25, for methocarbamol oral tablet 1000 mg, given 1 tablet by mouth three times a day for muscle spasms;</p> <p>-Staff did not document administration of the 1:00 P.M. dose on 04/04/25, 04/08/25, 04/10/25, 04/18/25, 04/20/25, and 04/26/25;</p> <p>-Staff did not document administration of the 8:00 P.M. dose on 04/02/25 and 04/15/25;</p> <p>-Staff did not document administration of the 1:00 P.M. dose on 05/01/25, 05/02/25, 05/03/25 and 05/04/25.</p> <p>Review of the resident's POS, current as of 05/06/25, showed an order, dated 02/25/25, for morphine sulfate (strong pain-relieving medication) oral tablet 15 mg, give 1 tablet my mouth three times a day for pain related to multiple fractures of ribs.</p> <p>Review of the resident's April 2025 and May 2025 MAR showed the following:</p> <p>-An order, dated 02/25/25, for morphine sulfate oral tablet 15 mg, give 1 tablet my mouth three times a day for pain related to multiple fractures of ribs;</p> <p>-Staff did not document administration of the 12:00 P.M. dose on 04/26/25;</p> <p>-Staff did not document administration of the bedtime dose on 04/02/25, 04/10/25, 04/20/25 and 04/21/25;</p> <p>-Staff did not document administration of the 12:00 P.M. dose on 05/01/25, 05/02/25 and 05/04/25.</p> <p>Review of the resident's POS, current as of 05/06/25, showed an order, dated 04/26/25, for amoxicillin (antibiotic to treat infection) oral tablet 500 mg, give 1 tablet by mouth three times a day for post dental procedure for 10 days.</p> <p>Review of the resident's April 2025 and May 2025 MAR showed the following:</p> <p>-An order, dated 04/26/25, for amoxicillin oral tablet 500 mg, give 1 tablet by mouth three times a day for post dental procedure for 10 days;</p> <p>-Staff did not document administration of the 2:00 P.M. dose on 5/03/25, 05/04/25, and 05/06/25;</p> <p>-Staff did not document administration of the 9:00 P.M. dose on 05/05/25.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2025
NAME OF PROVIDER OR SUPPLIER Buffalo Prairie Center for Rehab and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 631 West Main Street Buffalo, MO 65622	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's April 2025 and May 2025 nurses' progress notes showed staff did not document related to the medication that were not administered as ordered.</p> <p>During interview on 05/05/25, at 11:00 A.M., the resident said the facility runs out of pain medications at times and he/she missed doses which caused increased pain symptoms and at times the medications were administered late. The resident said that staff was inconsistent with medication administration which made it difficult to get a restful sleep.</p> <p>3. Review of Resident #3's face sheet showed the following:</p> <ul style="list-style-type: none"> -admission date of 04/19/24; -Diagnoses included restless leg syndrome, cerebral infarction, depression, gastro-esophageal reflux disease (GERD - digestive disease in which stomach acid or bile irritates the food pipe lining.), COPD, anxiety, and sleep disturbance. <p>Review of the resident's quarterly MDS, dated [DATE], showed the following:</p> <ul style="list-style-type: none"> -Cognitively intact; -Use of antianxiety, antidepressant, anticoagulant, diuretic (type of drug that causes the kidneys to make more urine), opioid, and hypoglycemic medications. <p>Review of the resident's care plan, last reviewed on 04/22/25, showed the following</p> <ul style="list-style-type: none"> -Resident had potential for nutritional problems related to pain; -Resident had pain issues related to arthritis, old stroke, muscles spasms, and restless leg syndrome; -Staff should administer medications as ordered, monitor and document effectiveness. <p>Review of the resident's POS, current as of 05/06/25, showed an order, dated 02/27/24, for gabapentin (used to treat nerve pain) oral capsule 300 mg, give 300 mg by mouth three times per day related to restless leg syndrome.</p> <p>Review of the resident's April 2025 and May 2025 MAR showed the following:</p> <ul style="list-style-type: none"> -An order, dated 02/27/24, for gabapentinoral capsule 300 mg, give 300 mg by mouth three times per day related to restless leg syndrome; -Staff did not document administration of the 12:00 P.M. dose on 04/03/25, 04/04/25 and 04/10/25; -Staff did not document administration of the bedtime dose on 04/15/25; -Staff did not document administration of the 12:00 P.M. dose on 05/01/25 and 05/02/25. <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2025
NAME OF PROVIDER OR SUPPLIER Buffalo Prairie Center for Rehab and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 631 West Main Street Buffalo, MO 65622	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's POS, current as of 05/06/25, showed an order, dated 10/09/24, lorazepam (used to treat anxiety) oral tablet 0.5 mg, give 1 tablet by mouth at bedtime for anxiety.</p> <p>Review of the resident's April 2025 and May 2025 MAR showed the following:</p> <ul style="list-style-type: none"> -An order, dated 10/09/24, lorazepam oral tablet 0.5 mg, give 1 tablet by mouth at bedtime for anxiety; -Staff did not document administration of the medication on 04/15/25. <p>Review of the resident's POS, current as of 05/06/25, showed an order, dated 05/31/25, for melatonin oral tablet 5 mg, give 2 tablets by mouth at bedtime for sleep.</p> <p>Review of the resident's April 2025 and May 2025 MAR showed the following:</p> <ul style="list-style-type: none"> -An order, dated 05/31/25, for melatonin oral tablet 5 mg, give 2 tablets by mouth at bedtime for sleep; -Staff did not document administration of the dose on 04/15/25. <p>Review of the physician order sheet, current as of 05/06/25, showed the following:</p> <ul style="list-style-type: none"> -An order dated 04/24/24, Fluticasone-Umeclidin-Vilant (used to help control the symptoms of COPD and improve lung function) inhalation aerosol power breath activated 100-62.5-25 mcg/alt, 1 puff inhale orally in the morning related to COPD. <p>Review of the resident's April 2025 and May 2025 MAR, showed the following:</p> <ul style="list-style-type: none"> - An order, dated 04/24/24, Fluticasone-Umeclidin-Vilant inhalation aerosol power breath activated 100-62.5-25 mcg/alt, 1 puff inhale orally in the morning related to COPD; -Staff did not document administration of the morning dose on 04/18/25. <p>Review of the resident's POS, current as of 05/06/25, showed an order, dated 02/11/25, for atorvastatin calcium (used to help decrease amount of cholesterol in arteries) oral tablet 20 mg, give 20 mg by mouth at bedtime for history of cerebral infarction.</p> <p>Review of the resident's April 2025 and May 2025 MAR, showed the following:</p> <ul style="list-style-type: none"> -An order, dated 02/11/25, for atorvastatin calcium oral tablet 20 mg, give 20 mg by mouth at bedtime for history of cerebral infarction (stroke, process results in an area of necrotic (dead or dying) tissue in brain); -Staff did not document administration of the 8:00 P.M. dose on 04/15/25. <p>Review of the resident's POS, current as of 05/06/25, showed an order, dated 02/11/25, bupropion HCL ER (drug used to treat depression) oral tablet extended release 24 hour, give 300 mg by mouth at bedtime for major depressive disorder.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2025
NAME OF PROVIDER OR SUPPLIER Buffalo Prairie Center for Rehab and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 631 West Main Street Buffalo, MO 65622	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's April 2025 and May 2025 MAR showed the following:</p> <p>-An order, dated 02/11/25, bupropion HCL ER oral tablet extended release 24 hour, give 300 mg by mouth at bedtime for major depressive disorder;</p> <p>-Staff did not document administration of the 8:00 P.M. dose on 04/15/25.</p> <p>Review of the resident's POS, current as of 05/06/25, showed an order, dated 02/27/25, for famotidine (used to treat stomach ulcers and GERD) oral tablet 20 mg, give 20 mg by mouth at bedtime related to GERD.</p> <p>Review of the resident's April 2025 and May 2025 MAR showed the following:</p> <p>-An order, dated 02/27/25, for famotidine oral tablet 20 mg, give 20 mg by mouth at bedtime related to GERD;</p> <p>-Staff did not document administration of the scheduled dose on 04/15/25.</p> <p>Review of the resident's POS, current as of 05/06/25, showed an order, dated 02/11/25, for ropinirole HCL ER oral tablet extended release 4 mg, give 4 mg by mouth at bedtime for restless legs.</p> <p>Review of the resident's April 2025 and May 2025 MAR showed the following:</p> <p>-An order, dated 02/11/25, for ropinirole HCL ER oral tablet extended release 4 mg, give 4 mg by mouth at bedtime for restless legs;</p> <p>-Staff did not document administration of the scheduled dose on 04/15/25.</p> <p>Review of the resident's April and May 2025 nurses' progress notes showed staff did not document related to the medications that were not administered as ordered.</p> <p>During interview on 05/05/25, at 9:30 A.M., the resident said he/she often received his/her bedtime medications with evening dinner time medications, and he/she preferred to receive them at 8:30 P.M. for consistency and help with sleep and pain level. He/she was frequently not receiving his/her noon time gabapentin which helped with his/her pain level.</p> <p>4. Review of Resident #4's face sheet showed the following:</p> <p>-admission date of 04/21/25;</p> <p>-Diagnoses included acute peptic ulcer (break in the lining of the stomach or the duodenum (the first part of the small intestine), characterized by a sore that is deep enough to form a crater) with both hemorrhage (bled severely) and perforation (hole through wall of stomach or duodenum), hypertension (high blood pressure), congestive heart failure (CHF - a condition in which the heart can't pump enough blood to the body's other organs).</p> <p>Review of the care plan, reviewed on 04/21/25, showed the following:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2025
NAME OF PROVIDER OR SUPPLIER Buffalo Prairie Center for Rehab and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 631 West Main Street Buffalo, MO 65622	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Resident was at risk for electrolyte imbalance related to acute peptic ulcer with both hemorrhage and perforation;</p> <p>-Resident at risk for respiratory problems related to CHF;</p> <p>-Staff should administer medication per physician orders and report any adverse side effects.</p> <p>Review of the resident's POS, current as of 05/06/25, showed an order, dated 04/22/25, for pantoprazole sodium (used to treat heartburn or acid reflux) oral tablet delayed release 40 mg, give 1 tablet by mouth two times a day related to acute peptic ulcer with both hemorrhage and perforation.</p> <p>Review of the resident's April 2025 and May 2025 MAR showed the following:</p> <p>-An order, dated 04/22/25, for pantoprazole sodium oral tablet delayed release 40 mg, give 1 tablet by mouth two times a day related to acute peptic ulcer with both hemorrhage and perforation;</p> <p>-Staff did not document administration of the 12:00 P.M. dose on 04/28/25, 05/01/25, and 05/02/25.</p> <p>Review of the resident's POS, current as of 05/06/25, showed an order dated 04/22/25, for sucralfate oral suspension (drug used in the treatment of gastric and duodenal ulcers) 1 gm / 10 ml (milliliters), give 10 ml by mouth four times a day related to acute peptic ulcer with both hemorrhage and perforation.</p> <p>Review of the resident's April 2025 and May 2025 MAR showed the following:</p> <p>-An order, dated 04/22/25, for sucralfate oral suspension 1 gm / 10 ml, give 10 ml by mouth four times a day related to acute peptic ulcer with both hemorrhage and perforation;</p> <p>-Staff did not document administration of the 12:00 P.M. dose on 04/28/25, 05/01/25 and 05/02/25.</p> <p>Review of the resident's April and May 2025 nurses' progress notes showed staff did not document related to the medications that were not administered as ordered.</p> <p>During an interview on 05/05/25, at 8:45 A.M., the resident's representative said that the resident had been receiving the ordered sucralfate after meals instead of before meals. He/she said the resident had missed some doses.</p> <p>5. Review of Resident #7's face sheet showed the following:</p> <p>-admission date of 10/25/22;</p> <p>-Diagnoses included paranoid schizophrenia (a disorder that affects a person's ability to think, feel, and behave correctly with paranoia), congestive heart failure (CHF - a chronic condition in which the heart doesn't pump blood as well as it should), major depressive disorder, morbid obesity, type II diabetes mellitus, mild intellectual disabilities, impulse disorder, chronic obstructive pulmonary disorder (COPD - a group of lung diseases that block airflow and make it difficult to breathe), and high blood pressure.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2025
NAME OF PROVIDER OR SUPPLIER Buffalo Prairie Center for Rehab and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 631 West Main Street Buffalo, MO 65622	
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 0755</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, last revised 06/07/24, showed the following:</p> <ul style="list-style-type: none"> -Resident had diagnoses of major depressive disorder, schizophrenia, intellectual disability, and impulse disorder with potential for decline in mood; -Resident takes psychoactive medications which put him/her at risk for adverse reactions, continues to have delusions/hallucinations at times; -Administer medications, including psychotropic as ordered; -Psychiatric services as needed. <p>Review of the resident's quarterly MDS, dated [DATE], showed the following:</p> <ul style="list-style-type: none"> -Resident cognitively intact; -Resident takes an antipsychotic. <p>Review of the resident's current POS showed the following:</p> <ul style="list-style-type: none"> -An order, dated 01/13/25, for clozapine (an antipsychotic medication primarily used to treat schizophrenia) oral tablet 50 mg, give 100 mg by mouth at bedtime related to paranoid schizophrenia; -An order, dated 01/14/25, for clozapine oral tablet 50 mg, give 50 mg by mouth one time a day related to paranoid schizophrenia. <p>Review of the resident's April 2025 MAR showed the following:</p> <ul style="list-style-type: none"> -An order, dated 01/13/25, for clozapine oral tablet 50 mg, give 100 mg by mouth at bedtime related to paranoid schizophrenia; -An order, dated 01/14/25, for clozapine oral tablet 50 mg, give 50 mg by mouth one time a day related to paranoid schizophrenia; -Staff did not document administration of the morning dose on 04/17/25 and 04/24/25; -Staff did not document administration of the bedtime dose on 04/15/25, 04/16/25, 04/17/25, 04/18/25, 04/20/25, 04/24/25, 04/29/25, and 04/30/25. <p>6. Review of Resident #10's face sheet showed the following:</p> <ul style="list-style-type: none"> -admission date of 03/10/22; <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2025
NAME OF PROVIDER OR SUPPLIER Buffalo Prairie Center for Rehab and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 631 West Main Street Buffalo, MO 65622	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Diagnoses included vascular dementia (brain damage caused by multiple strokes), chronic kidney disease, paroxysmal atrial fibrillation (episodes of an irregular heartbeat in the upper chambers of the heart come and go), polyneuropathy (nervous system disorders that impact nerve function in multiple areas of the body), sarcopenia (progressive loss of muscle mass, strength and function), anxiety disorder, and hyperlipidemia (condition in which there are high levels of fat particles in the blood).</p> <p>Review of the resident's care plan, last revised 01/24/25, showed the following:</p> <p>-Resident had behavioral symptoms related to diagnosis of dementia and mania, administer medications as prescribed and report any adverse side effects noted to physician;</p> <p>-Resident requires psychoactive medications for diagnosis of mania, administer psychotropic medications as prescribed, and report any side effects notes such as nausea, vomiting, oversedation, and/or increased agitation;</p> <p>-Resident has impaired cognitive function or impaired thought processes related to dementia, administer medication as ordered and monitor for side effects and effectiveness.</p> <p>Review of the resident's quarterly MDS, dated [DATE], showed the following:</p> <p>-Severe cognitive impairment;</p> <p>-Resident takes an antipsychotic and antianxiety.</p> <p>Review of the resident's current POS showed an order, dated 01/14/25, for alprazolam (a benzodiazepine used to help calm and relax the nervous system) tablet 0.5 mg, give one tablet by mouth two times a day for anxiety.</p> <p>Review of the resident's April 2025 MAR showed the following:</p> <p>-An order, dated 01/14/25, for alprazolam tablet 0.5 mg, give one tablet by mouth two times a day for anxiety;</p> <p>-Staff did not document administration of the morning dose on 04/08/25;</p> <p>-Staff did not document administration of the evening dose on 04/08/25, 04/16/25, 04/17/25, and 04/21/25.</p> <p>Review of the resident's current POS showed an order, dated 11/06/24, for buspirone (anti-anxiety medication affecting neurotransmitters in the brain, primarily serotonin and dopamine) hydrochloride (HCl) tablet 5 mg, give one by mouth three times a day for anxiety.</p> <p>Review of the resident's April 2025 MAR showed the following:</p> <p>- An order, dated 11/06/24, for buspirone HCl tablet 5 mg, give one by mouth three times a day for anxiety;</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2025
NAME OF PROVIDER OR SUPPLIER Buffalo Prairie Center for Rehab and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 631 West Main Street Buffalo, MO 65622	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Staff did not document administration of the noon dose on 04/03/25, 04/04/25, 04/10/25, 04/12/25, and 04/23/25;</p> <p>-Staff did not document administration of the bedtime dose on 04/16/25, 04/29/25, and 04/30/25.</p> <p>Review of the resident's current POS showed an order, dated 08/07/24, for meclizine (an antihistamine medication used to prevent and treat nausea, vomiting and dizziness) HCl 25 mg, give 25 mg by mouth with meals for dizziness.</p> <p>Review of the resident's April 2025 MAR showed the following:</p> <p>- An order, dated 08/07/24, for meclizine HCl 25 mg, give 25 mg by mouth with meals for dizziness;</p> <p>-Staff did not document administration of the 12:30 P.M. dose on 04/03/25, 04/04/25, 04/10/25, 04/12/25, 04/16/25, 04/20/25, 04/23/25;</p> <p>-Staff did not document administration of the 5:30 P.M. dose on 04/16/25.</p> <p>Review of the resident's current physician order sheet showed the following:</p> <p>-An order dated 09/18/24, for Seroquel oral tablet 25 mg (extended-release antipsychotic medication used to treat schizophrenia and improve moods, thoughts, and behaviors), give one tablet by mouth three times day for agitation/mood stabilization related to vascular dementia.</p> <p>Review of the resident's April 2025 MAR showed the following:</p> <p>-An order, dated 09/18/24, for Seroquel oral tablet 25 mg, give one tablet by mouth three times day for agitation/mood stabilization related to vascular dementia;</p> <p>-Staff did not document administration of the 1:00 P.M. dose on 04/03/25, 04/04/25, 04/10/25, 04/12/25, 04/16/25, 04/17/25, 04/18/25, 04/23/25, 04/26/25, and 04/28/25;</p> <p>-Staff did not document administration of the 6:00 P.M., dose on 04/16/25.</p> <p>Review of the resident's current POS showed an order, dated 04/11/25, for polymyxin B-trimethoprim ophthalmic solution 10000-0.1 Unit/ML-%, instill one drop in both eyes every three hours for eye irritation every three hours while awake.</p> <p>Review of the resident's April 2025 MAR showed the following:</p> <p>-An order, dated 04/11/25, for polymyxin B-trimethoprim ophthalmic solution (a combination antibiotic eye drop that treats bacterial eye infections) 10000-0.1 Unit/ML-%, instill one drop in both eyes every three hours for eye irritation every three hours while awake;</p> <p>-Staff did not document administration of the 12:00 A.M. dose on 04/12/25, 04/14/25, 04/16/25, 04/25/25, 04/26/25, 04/27/25;</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2025
NAME OF PROVIDER OR SUPPLIER Buffalo Prairie Center for Rehab and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 631 West Main Street Buffalo, MO 65622	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Staff did not document administration of the 3:00 A.M. dose on 04/12/25, 04/13/25, 04/14/25, 04/16/25, 04/19/25, 04/21/25, 04/24/25, 04/25/25, 04/26/25, 04/27/25, and 04/28/25;</p> <p>-Staff did not document administration of the 12:00 P.M. dose on 04/12/25 and 04/23/25;</p> <p>-Staff did not document administration of the 6:00 P.M. dose on 04/16/25;</p> <p>-Staff did not document administration of the 9:00 P.M. dose on 04/11/25, 04/12/25, 04/16/25, 04/17/25, 04/19/25, 04/29/25, and 04/30/25.</p> <p>7. During an interview on 05/06/25, at 8:30 A.M., Certified Medication Tech (CMT) C said staff should document that resident medications as administered or document the reason medication was not provided. There were multiple codes for reasons not provided. Staff should make a progress note if medication was not administered. The MAR should not have empty areas, but staff just get too busy at times and did not chart. Ideally staff should document the work completed.</p> <p>During an interview on 05/06/25, at 1:30 P.M., Licensed Practical Nurse (LPN) B said medications should be administered when due. The staff had one hour before and one hour after administration time to provide the medication. Staff should follow physician orders for medications. The MAR should not have blank spots. Staff should document when given. If the medication was unable to be administered there were codes for the reason not given and should document in a progress note.</p> <p>During an interview on 05/06/25, at 2:15 P.M., LPN A said he/she was not aware of medications not being administered to residents. He/she said staff should document work. If it was not charted it was not done. The MAR should not have blank areas. Staff have one hour before and one hour after the medication time to administer the dose. There were some liberal times that allowed a three-hour time frame of administration. If a medication was not given the staff should document the accurate code and a progress note for the reason not provided.</p> <p>During an interview on 05/06/25, at 4:30 P.M., the Director of Nursing (DON) said the following:</p> <p>-Staff should be aware of medication types and reasons for medication.</p> <p>-Staff should be aware if a medication should be provided before meals or with meals.</p> <p>-Staff should document when the medication was administered.</p> <p>-Staff should document if a medication was not provided and the reason why.</p> <p>-She was not aware of resident not receiving medications on time or missing doses.</p> <p>-If a medication was unavailable the staff were educated to notify the DON or Administrator so they could look in the Automated Dispensing Unit (ADU - computer-controlled systems that store, dispense, and track medications, primarily in hospitals and long-term care facilities) since most medications were available at all times.</p> <p>-Ultimately, the DON was responsible to ensure medications were administered.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2025
NAME OF PROVIDER OR SUPPLIER Buffalo Prairie Center for Rehab and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 631 West Main Street Buffalo, MO 65622	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-The CMTs were responsible for routine scheduled medications, including scheduled narcotics.</p> <p>-The nurses were responsible for as needed narcotic medications and insulin administration.</p> <p>During an interview on 05/06/25, at 4:30 P.M., the Administrator said he was not aware of residents not receiving medications. Staff were educated to notify himself or the DON if a medication was not available. Most medications were available at all times in the ADU. He was not aware of resident MAR's having blank spots. Staff should document medications whether administered or not administered.</p> <p>MO00253426, MO00253672, MO00253689</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2025
NAME OF PROVIDER OR SUPPLIER Buffalo Prairie Center for Rehab and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 631 West Main Street Buffalo, MO 65622	
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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure food was served at temperatures that were palatable and appetizing for three residents (Resident #1, Resident #8, and Resident #9) who often ate in their rooms. The facility census was 52.</p> <p>Review of the facility policy titled, Food Temperatures, undated, showed the following:</p> <ul style="list-style-type: none"> -The temperature of all food items will be taken and properly recorded prior to service of each meal; -All hot food items must be cooked to appropriate internal temperatures, held and served at a temperature of at least 135 degrees Fahrenheit (F); -Cooking temperatures must be reached and maintained according to regulations, laws, and standardized recipes while cooking; -Hot food items may not fall below 135 degrees F after cooking; -All cold food items must be stored and served a temperature of 41 degrees F or below; -Temperatures should be taken periodically to assure hot foods stay about 135 degrees F and cold food stay below 41 degrees F during the holding and plating process and until food leaves the service area; -Food should be transported as quickly as possible to maintain temperatures for delivery and service. If food transportation time is extensive, food should be transported using a method that maintains temperatures such as hot/cold carts, pellet systems, insulated plate bases and domes. <p>1. Review of Resident #8's face sheet (brief resident profile) showed the following:</p> <ul style="list-style-type: none"> -admission date of 09/25/23; -Diagnoses included type 2 diabetes mellitus (chronic condition that affects the way the body processes blood sugar (glucose)), pure hyperglyceridemia (genetic disorder characterized by elevated levels of triglycerides in the blood), and gastro-esophageal reflux disease (GERD-digestive disease in which stomach acid or bile irritates the food pipe lining). <p>Review of the resident's quarterly minimum data set (MDS - a federally mandated assessment tool completed by staff), dated 02/16/25, showed the following:</p> <ul style="list-style-type: none"> -Resident cognitively intact; -Regular diet; -Supervision with meals. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2025
NAME OF PROVIDER OR SUPPLIER Buffalo Prairie Center for Rehab and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 631 West Main Street Buffalo, MO 65622	

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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 05/05/25, at 9:54 A.M., the resident said the following:</p> <ul style="list-style-type: none"> -He/she eats meals in his/her room; -The Food is always served cold: -He/she does not ask for food to be reheated or replaced. <p>2. Review of the Resident #9's face sheet showed the following:</p> <ul style="list-style-type: none"> -admission date of 08/11/23; -Diagnoses included stroke, slurred speech, GERD, and diabetes mellitus (lifelong condition where the pancreas makes little or no insulin, which leads to high blood sugar levels). <p>Review of the resident's quarterly MDS, dated [DATE], showed the following:</p> <ul style="list-style-type: none"> -Resident cognitively intact; -Therapeutic diet; -Supervision with meals. <p>During an interview on 05/06/25, at 2:22 P.M., the resident said the following:</p> <ul style="list-style-type: none"> -He/she eats meals in his/her room; -Sometimes the food does not taste good because it is not the warmest; -Staff will offer to reheat food, but he/she does not have them reheat it. <p>3. Review of Resident #1's face sheet showed the following:</p> <ul style="list-style-type: none"> -admitted on [DATE]; -Diagnosis included hyperlipidemia (high levels of fats in blood, can increase risk of heart attack and stroke) and type 2 diabetes mellitus. <p>Review of the annual MDS, dated [DATE], showed the following:</p> <ul style="list-style-type: none"> -Resident is cognitively intact; -Regular diet; -Setup assistance with eating. <p>During an interview on 05/06/25, at 3:13 P.M., the resident said the following:</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2025
NAME OF PROVIDER OR SUPPLIER Buffalo Prairie Center for Rehab and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 631 West Main Street Buffalo, MO 65622	
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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Meals are sometimes meals served cold;</p> <p>-Breakfast is usually served cold;</p> <p>-He/she has complained to staff about the food temperatures, and they offered to replace and/or reheat the meal.</p> <p>4. Observation on 05/05/25, at 12:52 P.M., showed the following:</p> <p>-A test tray was requested and received from the uninsulated food cart on the Buffalo Boulevard Hall at the end of the meal service;</p> <p>-The meal included baked chicken, broccoli, and baked potato;</p> <p>-Temperatures were taken of the items served;</p> <p>-The baked chicken measured at 124.3 F, the broccoli measured at 125.4 F, and the baked potato measured at 126 degrees F.</p> <p>5. During an interview on 05/06/25, at 12:41 P.M., Nurse Assistant (NA) D said one resident has complained at times about food being served cold.</p> <p>During an interview on 05/06/25, at 3:04 P.M., Certified Nurse Assistant (CNA E) said the following:</p> <p>-Residents complain food trays on the halls are served cold;</p> <p>-He/she notified the dietary staff about the cold food complaints;</p> <p>-He/she will reheat or replace cold food if requested.</p> <p>During an interview on 05/06/25, at 3:19 P.M., Dietary [NAME] F said the following:</p> <p>-Food should not be served with temperatures below 125 degrees F because that is the danger zone;</p> <p>-The food temperatures from the test tray were too low and not appropriate;</p> <p>-He/she had only received one cold food complaint from a resident.</p> <p>During an interview on 05/07/25, at 10:19 A.M., the Dietary Manager said the following:</p> <p>-He/she had received complaints from residents about food being served on Buffalo Boulevard Hall;</p> <p>-Food should be temping above 120 degrees F when served to the resident;</p> <p>-He/she was not aware of the facility policy regarding food temperatures at service.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2025
NAME OF PROVIDER OR SUPPLIER Buffalo Prairie Center for Rehab and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 631 West Main Street Buffalo, MO 65622	
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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 05/06/25, at 4:21 P.M., the Administrator said staff should never reheat a served meal in the microwave. Staff should always replace a meal with a fresh one.</p> <p>MO00253023, MO00253543</p>		