

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  01/08/2026
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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review, the facility failed to maintain an effective pest control program to control the fly population when multiple flies were present in and around four residents (Resident #1, Resident #2, Resident #3, Resident #4). The facility census was 49. Review of the facility's policy titled Pest Control Program, revised 06/15/25, showed the following: It is the policy of this facility to maintain an effective pest control program that eradicates and contains common household pests and rodents; Facility will utilize a variety of methods in controlling certain seasonal pests, flies. These will involve indoor and outdoor methods that are deemed appropriate by the outside pest service and state and federal regulations. 1. Review of the facility's pest control service inspection reports showed the following: -On 12/08/25, inspection of the interior at 1:30 P.M. Bug light on main hall showed fly activity; -On 12/18/25, inspection with no detail of noted. 2. Review of Resident #1's face sheet (admission data) showed the resident admitted to the facility on [DATE]. Review of the resident's quarterly minimum data sheet (MDS-a federally mandated assessment form completed by facility staff), dated 10/24/25, showed the resident had impaired cognitive skills. Observation on 01/08/26, at 10:00 A.M., showed the following: -The resident was in his/her bed; -Two flies buzzed around the resident and one fly crawled around on his/her left hand. Observation on 01/08/26, at 12:26 P.M., showed the following: -The resident was in his/her bed with his/her eyes closed; -Three flies sat on his/her left leg, one fly sat on his/her right shoulder, and two flies crawled on the inside of the resident's right leg; -Two flies buzzed around the resident's bed and landed on the sheet. Observation on 01/08/26, at 12:31 P.M., with the Director of Nursing (DON) showed the resident was in his/her bed with five to six flies on both of the resident's legs and body. 3. Review of Resident #2's face sheet showed the resident admitted to the facility on [DATE]. Review of the resident's quarterly MDS, dated [DATE], showed the resident's cognitive skills intact. Observation and interview on 01/08/26 at 10:05 A.M. showed the following: -The resident was in his/her bed. A fly was on his/her forehead and neck. Two flies buzzed around the resident; -He/she said the pest control company comes to the facility; -Approximately six flies buzzed around on the floor beside the resident's bed. Observation on 01/08/26 at 11:25 A.M. with the DON, the resident was in his/her bed. Two flies buzzed around the resident's sheet on top of his/her bed. Five to six flies buzzed around on the floor beside the resident's bed. 4. Review of Resident #3's face sheet showed the resident admitted to the facility on [DATE]. Review of the resident's annual MDS, dated [DATE], showed the resident had intact cognitive skills. Observations and interview on 01/08/26, at 10:14 A.M. showed the following: -The resident sat in his/her room in his/her wheelchair; -A fly landed on the resident's head; -He/she said there were always flies in his/her room, they were all over the place; -The resident had a fly swatter on the end of his/her bed; -The resident said the flies bothered him/her; -A fly buzzed around and landed on each of the two pillows on his/her bed; -The resident said he/she kept his/her door closed to keep the flies out.</p> <p>(continued on next page)</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  Facility ID: 265471	If continuation sheet Page 1 of 2

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>4. Review of Resident #4's face sheet showed the resident admitted to the facility on [DATE]. Observation and interview on 01/08/26, at 10:45 A.M. showed the following:-The resident sat in his/her room in his/her wheelchair;-The resident's family member sat in a chair and swatted at flies on the floor;-The resident said the flies were bad and bothered him/her last night when he/she was in bed;-The resident's family member said he/she killed about eight flies this visit. 5. During an interview on 01/08/26, at 11:53 A.M., Housekeeper A said staff should report to the supervisor of any flies. During an interview on 01/08/26, at 1:58 A.M., Registered Nurse (RN) C said the following:-It had warmed up this past week and flies were everywhere and bad;-The Maintenance Supervisor should notify the pest control company of flies;-He/she had informed the Administrator and Director of Nursing (DON) that the flies were bad and at the nurses' station too;-Flies put residents at risk for infections on skin and get in food also. During an interview on 01/08/26, at 12:31 P.M., the DON said the following:-The pest control company comes to the facility to monitor flies;-Staff should report flies to the maintenance supervisor;-She hadn't heard of complaints of flies recently;-Flies cause infection control issues and a non-homelike environment;-She did not know how the flies got in the building. During an interview on 01/08/26, at 12:36 P.M., the Maintenance Supervisor said the following:-The facility had new bug lights in the hallways;-He called the pest control company to determine the best thing the facility could do for the flies;-Staff should keep resident's rooms clean and the doors shut to the outside of the facility;-The facility always had an issue with flies;-The pest control company said there were certain chemicals to use safely in a nursing home;-Staff should report to him of any flies. During an interview on 01/08/26, at approximately 1:00 P.M., the Administrator said the following:-The facility ordered two lights for the flies;-The pest control company comes to the facility monthly and visited twice in December;-She expected staff to report flies to the Maintenance Supervisor;-She expected the Maintenance Supervisor to notify the pest control company of flies;-She expected the staff to kill the flies as needed. Complaint 2709404</p>		