

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265474	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/08/2025
NAME OF PROVIDER OR SUPPLIER Country Aire Retirement Center		STREET ADDRESS, CITY, STATE, ZIP CODE 18540 State Highway 16 Lewistown, MO 63452	

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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>42594</p> <p>Based on interview and record review the facility failed to provide the services of a Registered Nurse (RN) for at least eight consecutive hours a day, seven days a week, and failed to ensure the facility had a RN designated as the Director of Nursing (DON) on a full time basis. The facility census was 44.</p> <p>Review of the Facility Assessment, dated 7/8/24, showed the following:</p> <ul style="list-style-type: none"> -The administrative staff should include a DON; -The facility desired two full time RNs. <p>Review of the facility's undated Director of Nursing Services policy showed the following:</p> <ul style="list-style-type: none"> -The nursing services department is under the direct supervision of a registered nurse; -The nursing services department is managed by the Director of Nursing Services. The director is a registered nurse; -The DON is employed full time (40 hours per week); -The DON is responsible for recruiting and retaining the number and levels of nursing personnel necessary to meet the nursing care needs of each resident. <p>Review of the facility's undated Staffing policy showed the following:</p> <ul style="list-style-type: none"> -The facility provides adequate staffing to meet needed care and services for the resident population; -The facility maintains adequate staffing on each shift to ensure that the resident's needs and services are met. Licensed registered nursing and licensed nursing staff are available to provide and monitor the delivery of resident care services. <p>1. Review of the facility staffing schedules, dated December 2024, showed the following:</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
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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-On 12/4/24 RN coverage for three hours from 6:00 A.M. until 9:00 A.M.;</p> <p>-On 12/5/24 Corporate RN H was on call via the telephone. No RN coverage in the facility;</p> <p>-On 12/6/24 Corporate RN H was on call via the telephone. No RN coverage in the facility;</p> <p>-On 12/7/24 Corporate RN H was on call via the telephone. No RN coverage in the facility;</p> <p>-On 12/8/24 Corporate RN H was on call via the telephone. No RN coverage in the facility;</p> <p>-On 12/9/24 Corporate RN H was on call via the telephone. No RN coverage in the facility;</p> <p>-On 12/15/24 Corporate RN H was on call via the telephone. No RN coverage in the facility;</p> <p>-On 12/16/24 Corporate RN H was on call via the telephone. No RN coverage in the facility;</p> <p>-On 12/21/24 Corporate RN H was on call via the telephone. No RN coverage in the facility;</p> <p>-On 12/22/24 Corporate RN H was on call via the telephone. No RN coverage in the facility;</p> <p>-On 12/28/24 Corporate RN H was on call via the telephone. No RN coverage in the facility;</p> <p>-On 12/30/24 no RN coverage.</p> <p>Review of the facility staffing schedules, dated 1/1/25 through 1/8/25, showed the following:</p> <p>-On 1/1/25 no RN coverage;</p> <p>-On 1/5/24 no RN coverage.</p> <p>During an interview on 12/30/24 at 10:18 A.M. and 10:43 A.M. and 1/8/24 at 4:05 P.M. the Administrator in Training (AIT) said the following:</p> <p>-The facility's Director of Nursing (DON) quit on 12/29/24;</p> <p>-There was no Registered Nurse (RN) in the building on 12/30/24;</p> <p>-She called a RN to come in but was not sure if he/she would be able to due to childcare issues;</p> <p>-The one full time RN had worked a lot of hours since the DON quit and he/she would get burnt out if they could not find more RNs to hire.</p> <p>During an interview on 12/30/24 at 10:20 A.M. and 1/8/25 at 4:10 P.M. the Administrator said the following:</p> <p>-The facility currently had one full time RN and two RNs worked as needed;</p> <p>-On 12/30/24, there was no RN on duty;</p> <p>(continued on next page)</p>		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-The facility worked with two staffing agencies to try to get RNs hired but had not had any response;</p> <p>-The facility was associated with a corporation but the corporation hadn't sent any help to fill the RN/DON position;</p> <p>-On the days the facility was without a RN on duty in the building, the corporation had a RN available by phone if the facility needed them. The corporate RN was never in the building, only available by phone;</p> <p>-The facility should have a RN on duty eight hours a day, seven days a week in the building;</p> <p>-The facility should have a full time DON;</p> <p>-The facility did not have a policy that directed RN staffing specifically. The facility followed Centers for Medicare and Medicaid Services guidelines.</p> <p>MO244361</p> <p>MO245027</p> <p>MO246664</p> <p>MO246688</p> <p>MO246744</p>