

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  03/19/2025
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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to organize and participate in resident/family groups in the facility.</p> <p>36185</p> <p>Based on interview and record review, the facility failed to act promptly upon the grievances and recommendations of the Resident Council concerning issues of resident care and quality of life in the facility, and failed to provide the Resident Council with responses, actions, and rationale taken regarding their concerns. The facility census was 37.</p> <p>Review of the facility's Administrator Job Description, undated, showed the administrator was to review resident complaints and grievances and make written reports of action taken. The administrator was to discuss such actions with residents and family as appropriate.</p> <p>During an email correspondence on 3/31/25 at 10:42 A.M., the Administrator said he/she was not sure if there was a written policy on council meetings. The facility followed the regulations by holding monthly meetings.</p> <p>Review of the Resident Council Minutes, dated 1/14/25, showed the following:</p> <ul style="list-style-type: none"> <li>-Televisions were still too loud in some of the rooms, and food was still an issue;</li> <li>-Never have the right size of incontinence briefs;</li> <li>-No water for the oxygen concentrators;</li> <li>-Can the menu's be changed;</li> <li>-Would like more soup, sandwiches and salad;</li> <li>-The veggies were overcooked;</li> <li>-Would like to have regular fried burgers instead of the ones in water;</li> <li>-Coffee, juice and cornbread was not a snack;</li> <li>-There was no documented response by staff to these concerns.</li> </ul> <p>Review of the Resident Council Minutes, dated 2/11/25, 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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  Facility ID: 265474	If continuation sheet Page 1 of 35

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<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-The meals were still coming out cold, the vegetables were cold, and using too much pepper;</p> <p>-Still getting corn bread on the snack cart;</p> <p>-Resident televisions were still too loud;</p> <p>-There was no documented response by staff to these concerns.</p> <p>Review of the Resident Council Minutes, dated 3/19/25, showed the following:</p> <p>-Concerned with no ice water in the daytime;</p> <p>-Cold food, mostly vegetables;</p> <p>-There was no documented response by staff to these concerns.</p> <p>During an interview on 3/18/25 at 10:05 A.M. Resident #3 said the following:</p> <p>-He/She had no one to go to about his/her concerns;</p> <p>-He/She had issues with getting a shower twice a week, his/her sheets hadn't been changed in a month, and his/her oxygen concentrator never had water for humidification like it was supposed to;</p> <p>-The food at the facility was typically cold.</p> <p>Observation on 3/18/25 at 10:06 A.M. showed the resident had oxygen on and there was no water noted in the humidification bottle attached to the concentrator.</p> <p>During an interview on 3/18/25 at 9:10 A.M. the Social Service Director/Staffing Coordinator/Licensed Practical Nurse A said the following:</p> <p>-He/She gave all the resident concerns from the monthly Resident Council Meeting to the previous Administrator, and each department head. Nothing was ever done to address the residents' issues or concerns;</p> <p>-The residents consistently had complaints about the food and the previous Administrator did not address the issues.</p> <p>During an interview on 3/18/25 at 4:35 P.M. and on 3/19/25 at 4:20 P.M. The Administrator said the following:</p> <p>-He started working at the facility on 3/17/25;</p> <p>-He would expect the facility to follow policies and procedures and the regulatory guidelines.</p>

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 36185</p> <p>Based on interview and record review, the facility failed to follow professional standards of practice for seven residents (Resident #4, #9, #11, #13, #1, #3 and #2 ). Staff failed to follow the physician's orders for droplet precautions (measures taken to prevent the spread of infections transmitted through respiratory droplets) for four residents (Resident #4, #9, #11 and #13). The facility also failed to ensure staff followed physician's orders for medications for three residents (Resident #1, #3 and #2) in a review of 13 sampled residents. The facility census was 37.</p> <p>Review of the facility's policy and procedure, Physician's Orders, dated 2025, showed the following:</p> <ul style="list-style-type: none"> <li>-It is the policy of the facility to ensure that all physician orders are obtained, documented, and implemented in accordance with federal and state regulations, professional standards, and facility protocols. All orders must be clear, accurate, and carried out in a timely manner to provide safe and effective care for residents;</li> <li>-Any changes or clarifications must be confirmed with the physician and documented accordingly;</li> <li>-Nursing and other appropriate staff must review and acknowledge all new orders;</li> <li>-Orders must be carried out promptly unless contraindicated;</li> <li>-If an order appears unclear or inappropriate, the nurse must contact the prescriber for clarification before implementation;</li> <li>-Regular audits of physician orders will be conducted by the nursing leadership team;</li> <li>-Any discrepancies, errors or delays in order implementation will be reviewed and addressed through staff education and corrective actions.</li> </ul> <p>Review of the facility's Infection Control Policy and Procedure, undated, showed the following:</p> <ul style="list-style-type: none"> <li>-The facility implements evidence-based infection prevention practices to protect resident's, staff, and visitors;</li> <li>-Staff must wear appropriate Personal protective equipment (PPE, gloves, gowns, masks, goggles) based on the transmission risks;</li> <li>-Droplet precautions (measures taken to prevent the spread of infections transmitted through respiratory droplets): For flu/influenza (a common viral infection of the nose, throat and lungs), Respiratory Syncytial Virus (RSV, a common respiratory virus that can affect people of all ages) utilize surgical masks.</li> </ul> <p>1. Review of Resident #4's significant change Minimum Data Set (MDS), a federally mandated assessment instrument, completed by facility staff, dated 3/11/25, showed the following:</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Severe cognitive impairment;</p> <p>-Diagnoses included pneumonia, heart failure and dementia.</p> <p>Review of the resident's nursing note, dated 3/9/25 at 8:59 A.M., showed the resident was diaphoretic (profuse perspiration) with cough and shortness of breath. Obtained orders for chest X-ray.</p> <p>Review of the resident's Physician Order Summary Report dated March 2025 showed on 3/9/25 an order to obtain a chest X-ray.</p> <p>Review of the resident's radiology report dated 3/9/25 showed the findings included minimal right hazy and patchy pulmonary opacities (areas that appear dense or dark) that may represent infectious/inflammatory (pertaining to infection or response to an infection) process, atelectasis (a condition where part of the lung collapses), or chronic lung condition (a lung condition that is persistent).</p> <p>Review of the resident's Physician Order Summary Report dated March 2025 showed an order on 3/10/25 for droplet precautions until symptoms subside.</p> <p>Review of the Physician Order Summary Report dated 3/11/25 showed an order for Levaquin (antibiotic) 500 milligrams (mg) for seven days for pneumonia.</p> <p>Observation on 3/18/25 through 3/19/25 showed the resident didn't have signage on the door indicating droplet precautions.</p> <p>2. Review of Resident #9's quarterly MDS dated [DATE] showed the following:</p> <p>-Short and long-term memory impairment;</p> <p>-Cognitive skill for daily decision making was poor;</p> <p>-Diagnoses included dementia and Parkinson's disease (a progressive neurological disorder that affects movement);</p> <p>Review of the resident's progress note, dated on 3/8/25 at 5:36 P.M., showed the resident was noted to have a cough that morning, cough medication administered.</p> <p>Review of the resident's physician's order dated 3/10/25 showed the following:</p> <p>-Droplet precautions until symptoms resolve;</p> <p>-Chest x-ray, Coronavirus Disease 2019 (COVID-19, an acute disease in humans caused by a Coronavirus, which is characterized mainly by fever and cough and is capable of progressing to severe symptoms and in some cases death, especially in older people and those with underlying health conditions. ) and flu test as previously ordered and notify with abnormal results.</p> <p>Review of the resident's physician order summary dated March 2025 showed the facility didn't transcribe the physician's order for droplet precautions onto the order summary sheet.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's nursing note, dated 3/10/25 1:27 P.M., showed the resident continues with nonproductive cough.</p> <p>Review of the resident's nursing note, dated 3/14/25 at 2:00 A.M., showed the resident continued with an occasional cough and was diaphoretic.</p> <p>3. Review of the Resident #11's quarterly MDS, dated [DATE], showed the following:</p> <ul style="list-style-type: none"> <li>-Short and long-term memory impairment;</li> <li>-Cognitive skill for daily decision making was poor;</li> <li>-Diagnoses included dementia.</li> </ul> <p>Review of the resident's nursing note, dated 3/8/25 at 10:22 A.M., showed the resident was noted to have a deep, barky cough.</p> <p>Review of the resident's physician's order dated 3/10/25 showed the following:</p> <ul style="list-style-type: none"> <li>-Droplet precautions until symptoms resolve;</li> <li>-Chest X-ray, COVID and flu test as previously ordered and notify with abnormal results.</li> </ul> <p>4. Review of Resident #13's significant change MDS, dated [DATE], showed the following:</p> <ul style="list-style-type: none"> <li>-Severe cognitive impairment;</li> <li>-Diagnoses included stroke.</li> </ul> <p>Review of the resident's physician order dated 3/10/25 showed the following:</p> <ul style="list-style-type: none"> <li>-Droplet precautions until cough and congestion resolves;</li> <li>-Chest X-ray, COVID and flu test as previously ordered and notify with abnormal results.</li> </ul> <p>Review of the resident's notes dated 3/12/25 at 12:24 A.M. showed staff administered as needed breathing treatment due to the resident having an increased, loose cough.</p> <p>During an interview on 3/19/25 at 7:45 A.M. the Social Service Director/Licensed Practical Nurse (LPN) A said the following:</p> <ul style="list-style-type: none"> <li>-Earlier that month the facility had several residents who were ill with abnormal respiratory symptoms including cough, congestion and fever;</li> <li>-Medical Director/Physician N gave orders for all the residents to be placed on droplet precautions to prevent it from spreading to other residents;</li> </ul> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-The previous administer told staff not to worry about following the orders for droplet precautions.</p> <p>During an interview on 3/18/25 at 12:30 P.M. Registered Nurse (RN) B said the following:</p> <p>-On 3/10/25 the facility had multiple residents with a horrible cough, congestion, and shortness of breath;</p> <p>-Medical Director/Physician N gave specific orders to place those residents on droplet precautions while the residents were symptomatic to prevent it from spreading to other residents;</p> <p>-The previous Administrator said not to worry about following droplet precautions because there was no definitive diagnosis;</p> <p>-He/She left the order for droplet precautions on each of the resident's charts, but the facility did not follow the order for precautions;</p> <p>-Resident #4 was diagnosed with pneumonia;</p> <p>5. Review of Resident #1's quarterly MDS dated [DATE] MDS showed the following:</p> <p>-Cognitively intact;</p> <p>-Diagnoses included diabetes (elevated blood sugar).</p> <p>Review of the resident's Order Summary Report, dated March 2025, showed an order for Lispro insulin (rapid acting insulin), inject 10 units before meals.</p> <p>Review of the resident's Medication Administration Record (MAR) dated March 2025 showed the following:</p> <p>-Lispro insulin 10 units, inject 10 units before meals;</p> <p>-On 3/11/25 at 7:00 A.M., Agency Registered Nurse (RN) M documented he/she administered Lispro insulin 10 units;</p> <p>-On 3/11/25 at 12:00 P.M., Agency RN M documented he/she administered Lispro insulin 10 units.</p> <p>During an interview on 3/18/25 at 3:15 P.M. the resident said the following:</p> <p>-Approximately a week ago when RN M, an agency staff, was working and did not give the resident his/her insulin;</p> <p>-The resident's blood sugar ran high normally, and he/she needed his/her insulin;</p> <p>-He/She reported his/her concerns to the Administrator, and he/she thought RN M was fired.</p> <p>6. Review of Resident #3's quarterly MDS dated [DATE] showed the following:</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Cognitively intact;</p> <p>-Diagnoses included stroke, heart failure (the heart is not pumping blood effectively to meet your body's needs) and diabetes (elevated blood sugar).</p> <p>Review of the resident's MAR dated 3/11/25 showed the following morning medications scheduled and documented as administered by RN M:</p> <p>-Aspirin 81 milligrams (mg) one tablet (related to history of a stroke);</p> <p>-Calcitriol 0.25 micrograms (mcg) one tablet (for arthritis);</p> <p>-Cymbalta 60 mg one capsule daily (for depression);</p> <p>-Dapagliflozin 10 mg one tablet (for diabetes);</p> <p>-Multivitamin one tablet (supplement);</p> <p>-ProFe oral capsule give one capsule (for an iron supplement);</p> <p>-Protonix 40 mg delayed release capsule, take one capsule (for reflux disease);</p> <p>-Metoprolol 50 mg give one tablet (blood pressure);</p> <p>-RN M did not document the resident refused any morning medications.</p> <p>Review of the resident's MAR dated March 2025 showed the following:</p> <p>-On 3/11/25, RN M documented he/she administered eight routine morning medications to the resident;</p> <p>-RN M did not document the resident refused any morning medications.</p> <p>During an interview on 3/18/25 at 10:25 A.M. the resident said the following:</p> <p>-An agency staff worked last week, RN M, and RN M brought in the resident's morning medications;</p> <p>-The medications were not correct, and two pills were missing from what the resident normally took in the morning;</p> <p>-He/She questioned RN M about the medications being wrong. RN M got upset with the resident when he/she questioned RN M;</p> <p>-He/She refused his/her medications. He/She told the Administrator about the situation.</p> <p>7. Review of Resident #2's significant change MDS dated [DATE] showed the following:</p> <p>-Cognitively intact;</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Diagnoses included diabetes (elevated blood sugar), and malignant neoplasm of endometrium (cancer in the uterus that can spread).</p> <p>Review of the resident's MAR dated 3/11/25 showed the following morning medications scheduled and documented as administered by RN M:</p> <ul style="list-style-type: none"> <li>-Acidophilus one capsule (for gastrointestinal);</li> <li>-Amlodipine 10 mg one tablet (for high blood pressure);</li> <li>-Bumex 2 mg one tablet (for swelling in lower extremities);</li> <li>-Cholecalciferol 125 mcg two tablets (supplement);</li> <li>-Ferrous sulfate 325 mg one tablet (iron supplement);</li> <li>-Folic acid one tablet (supplement);</li> <li>-Gemtesa 75 mg one tablet (for overactive bladder);</li> <li>-Liquacel protein gummies (for abnormality of albumin);</li> <li>-Magnesium oxide 200 mg one tablet (for heartburn) ;</li> <li>-Multiple vitamin one tablet (supplement)</li> <li>-Carvedilol 25 mg one tablet (for high blood pressure);</li> <li>-Cephalexin 500 mg one tablet (for wound infection);</li> <li>-Magnesium 400 mg one tablet (supplement for low magnesium);</li> <li>-Gabapentin 400 mg one capsule (for pain);</li> <li>-Zofran 4 mg two tablets (for nausea);</li> <li>-Oxycodone 10 mg one tablet (for severe to moderate pain);</li> </ul> <p>-RN M didn't document the resident refused any morning medications.</p> <p>Review of the resident's MAR dated 3/11/25 showed the following:</p> <ul style="list-style-type: none"> <li>-On 3/11/25 RN M documented he/she administered 14 morning medications to the resident;</li> <li>-RN M did not document the resident refused any medications.</li> </ul> <p>During an interview on 3/18/25 at 10:15 A.M. the resident said the following:</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-RN M, an agency staff member, had worked at the facility a few times;</p> <p>-Last week when he/she worked, RN M attempted to administer him/her medications in the morning and the medications were incorrect;</p> <p>-He/She refused to take the medications from RN M;</p> <p>-He/She was not sure if anything was done about the issue.</p> <p>8. During an interview on 3/18/25 at 7:15 P.M. Certified Medication Technician (CMT) F said the following:</p> <p>-He/She had multiple complaints from residents about RN M, who was an agency staff member, regarding medication pass on 3/11/25;</p> <p>-The residents said they had missed medications or didn't receive their medications correctly;</p> <p>-The residents who complained were alert and very familiar with their medications.</p> <p>During an interview on 3/19/25 at 7:45 A.M. the Social Service Director/Licensed Practical Nurse (LPN) A said the following:</p> <p>-Resident #1, #2 and #3 reported their medications were administered incorrectly when RN M, an agency staff member, worked at the facility on 3/11/25;</p> <p>-RN M was scheduled to work 3/20/25, 3/21/25 and 3/22/25.</p> <p>During an interview on 3/18/25 at 12:30 P.M. RN B said many of the residents reported concerns with receiving incorrect medications when RN M, an agency staff member, recently worked at the facility.</p> <p>During an interview on 3/19/25 at 1:25 P.M. Corporate RN C said the following:</p> <p>-He/She would expect the facility to follow the physician's orders for droplet precautions, there was a potential for infections to spread if appropriate precautions were not followed;</p> <p>-All medications were to be administered as ordered;</p> <p>-He/She was aware of some concerns that were reported regarding RN M, an agency staff member, that worked at the facility last week during medication pass;</p> <p>-If insulin administration was missed, there was an opportunity for hyperglycemic (high blood sugar) complications.</p> <p>During an interview on 3/19/24 at 12:45 P.M. and 4:20 P.M. the Administrator said the following:</p> <p>-The facility should follow all physician orders;</p> <p>(continued on next page)</p>

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<p>F 0678</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident's advance directives.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 36185</p> <p>Based on interview and record review, the facility failed to ensure Cardiopulmonary Resuscitation (CPR, an emergency lifesaving procedure performed when the heart stops beating, consisting of chest compressions and artificial respirations) certified staff were scheduled 24 hours a day seven days a week, failed to develop and implement a policy addressing CPR requirements for staff, and failed to maintain documentation of CPR certifications for staff members. The facility had 13 residents with full code status (residents requested to have full resuscitation efforts/CPR in the event of cardiac arrest). The facility census was 37.</p> <p>During an email correspondence on [DATE] at 12:56 P.M., the Administrator said the facility did not have a policy specific to CPR training or certification. The facility would follow the regulatory requirements.</p> <p>1. Review of the facility's code status report, dated [DATE]/,d+[DATE], showed 13 residents designated as full code status.</p> <p>The facility provided a list of facility employees and agency staff employees' CPR certification cards that had worked since [DATE]. The staffing sheets were compared with the employees that had valid CPR certifications and review showed the following shifts without a staff member who was CPR certified:</p> <ul style="list-style-type: none"> <li>-On [DATE], night shift;</li> <li>-On [DATE], night shift;</li> <li>-On [DATE], night shift.</li> </ul> <p>During an interview on [DATE] at 3:45 P.M. the Human Resource (HR) Director said the following:</p> <ul style="list-style-type: none"> <li>-The facility had a lot of staff who had either expired certifications or the facility didn't have a current copy of their CPR certifications on file to verify if they were up to date;</li> <li>-The Administrator was responsible for setting up the CPR classes and that had not been done;</li> <li>-He/She had given the previous Administrator a list of staff who had either no CPR certification or expired CPR certifications.</li> </ul> <p>During an interview on [DATE] the Social Service Director/Staffing Coordinator/LPN A said the following:</p> <ul style="list-style-type: none"> <li>-He/She made out the schedule for each shift;</li> <li>-In the past she tried to schedule CPR certified staff each shift. She didn't know which staff members had a current CPR certification or an expired certification;</li> </ul> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Country Aire Retirement Center		STREET ADDRESS, CITY, STATE, ZIP CODE  18540 State Highway 16 Lewistown, MO 63452	

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<p>F 0678</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-A CPR certified staff member should be scheduled on each shift.</p> <p>During an interview on [DATE] at 4:20 P.M. the Administrator said the following:</p> <p>-A CPR certified staff member should be scheduled on each shift.</p> <p>-Typically the DON or the HR director should assure all staff members have current CPR certifications.</p>

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 36185</p> <p>Based on observation, interview, and record review, facility staff failed to provide necessary treatment and services consistent with standards of practice to promote healing of existing pressure ulcers (a localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear and /or friction) for one resident (Resident #2), who had three Stage IV pressure ulcers (Stage IV pressure ulcer is a full-thickness skin and tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament, cartilage or bone in the ulcer. Slough and or eschar may be visible, but do not obscure the extent of tissue loss. Rolled edges, undermining and or tunneling often occur. Depth varies by location) and was identified at risk for pressure ulcers in a review of 13 sampled residents. The facility census was 37.</p> <p>Review of the facility policy, Wound Prevention and Treatment Documentation, dated 2022, showed the following:</p> <ul style="list-style-type: none"> <li>-Chart weekly the wound assessment including measurements and description of wound during rounds. This could be on the weekly wound observation tool on electronic medical records (EMR) or on a paper assessment form;</li> <li>-Make a weekly wound progress note for each resident's wounds. Unless the following items have been documented on the assessment form: Include wound status, wound treatments that are ordered, if the resident was having pain and what treatment for pain is, what nutritional and equipment interventions are in place;</li> <li>-Create, or review and revise the wound plan of care weekly;</li> <li>-Log each wound on the wound report weekly, or utilize assessment reports in the EMR;</li> <li>-There must be a system for nurses and direct care staff to report and document new possible skin issues. Assign nurses to complete a weekly skin check and document it, if you have a wound care nurse it is in his/her job description to assist with monitoring them and the bathing sheets for any new areas of skin breakdown. Staff may utilize bath sheets, EMR charting, stop and watch, or report sheets, just make sure that whichever system you use that there is documented notification and follow through of any changes including pain or other signs and symptoms of infection or non-healing issues;</li> <li>-If a new skin issue is noted, charge nurse informs the physician, gets treatment order written and added to administration record;</li> <li>-Pressure wounds are monitored weekly and as needed by the Director of Nursing (DON) or a designee in collaboration with wound consultant teams.</li> </ul> <p>Review of the National Pressure Ulcer Advisory Panel (NPUAP) guidelines, dated September 2016, showed the following definitions:</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Stage I pressure ulcer is intact skin with localized area of non-blanchable (when you press on the area of redness the redness does not go away) erythema (redness). Presence of blanchable erythema changes in sensation, temperature, or firmness may precede visual changes;</p> <p>-Stage II pressure ulcer is a partial-thickness loss of skin with exposed dermis (the thick layer of living tissue below the top layer of skin that forms the true skin). The wound bed is viable, visible and deeper tissue are not visible. Granulation tissue (new connective tissue), slough (dead tissue in the process of separating from the body which is usually light colored, soft, moist, or stringy), and eschar (dead tissue that sheds or falls off from health skin) are not present;</p> <p>-Stage III pressure ulcer is a full thickness loss of skin, where adipose (fat) is visible in the ulcer and granulation tissue and rolled wound edges are often present. Slough and eschar may be visible, but do not obscure the extent of tissue loss. The depth of tissue damage varies by the location on the body. Undermining and tunneling may occur. Fascia (a thin sheath of fibrous tissue), muscle, tendon, ligament, cartilage or bone are not exposed;</p> <p>-Stage IV pressure ulcer is full-thickness tissue loss with exposed bone, tendon, or muscle, and may include slough or eschar, and often includes undermining and tunneling.</p> <p>1. Review of Resident #2's Braden Scale Score (a score for evaluating the risk of pressure ulcers to be completed quarterly), dated 10/18/24, showed the resident scored a 16, which indicated the resident was at risk for pressure ulcers.</p> <p>Review of the resident's discharge Minimum Data Set (MDS), a federally mandated assessment instrument, completed by facility staff, dated 12/26/24, showed the following:</p> <p>-The resident had one Stage III pressure ulcer and it was present upon admission;</p> <p>-The resident had one Stage IV pressure ulcer and it was present upon admission;</p> <p>-The resident had one unstageable pressure ulcer and it was present upon admission.</p> <p>Review of the resident's significant MDS, dated [DATE], showed the following:</p> <p>-Cognitively intact;</p> <p>-Dependent on staff for toilet hygiene.</p> <p>-Required partial to moderate assistance from staff to roll from left to right and to change from a sitting to lying position and from lying to sitting on the side of the bed;</p> <p>-Dependent on staff to safely come to a standing position from a lying position and with a chair/bed to chair transfer;</p> <p>-The resident had an indwelling catheter;</p> <p>-The resident was always continent of bowel;</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> <li>-The resident had a stage one pressure ulcer or greater, a scar over bony prominence, or nonremovable dressing;</li> <li>-The resident was at risk for pressure ulcers;</li> <li>-The resident had one or more Stage I pressure ulcer (s) or higher;</li> <li>-The resident had no Stage I, Stage II or Stage III pressure ulcers;</li> <li>-The resident had three Stage IV pressure ulcers, and these pressure ulcers were present upon admission;</li> <li>-Pressure care treatment provided.</li> </ul> <p>Review of the resident's care plan, revised 2/25/25, showed the following:</p> <ul style="list-style-type: none"> <li>-The resident was admitted with multiple pressure ulcers (initiated 1/31/24);</li> <li>-The resident was at risk for poor healing and infection related to diabetes and incontinence (revised on 1/31/24)</li> <li>-Encourage the resident to frequently shift weight (revised on 1/31/24);</li> <li>-Dietary consult monthly until wounds are resolved (revised on 1/31/24);</li> <li>-Notify provider of no signs of improvement on current wound regimen (revised 1/31/24)</li> <li>-Pressure reducing cushion in chair and air mattress on bed (revised on 1/31/24);</li> <li>-Wound Care consultant agency to follow as needed (PRN), (revised on 1/31/24);</li> <li>-Notify charge nurse promptly of any new red areas or breakdown who will assess and notify the physician (revised on 1/31/24);</li> <li>-Check resident every two hours and assist with toileting as needed (revised on 1/31/25)</li> <li>-Perform objective pressure ulcer risk tool such as Braden quarterly and with a significant change (4/3/24).</li> <li>-The resident was able to transfer with assistance of two staff members and a sit to stand device (revised 7/24/24);</li> <li>- The resident had an indwelling urinary catheter (a sterile tube inserted through the urethra into the bladder to drain urine) related to a stage four pressure ulcer on the coccyx and a history of bladder incontinence (revised on 7/24/24);</li> <li>-Resident can move side to side with assist of mobility bars (revised on 10/30/24)</li> </ul> <p>(continued on next page)</p>

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Presence of wounds on the left and right buttock and right heel (revised on 1/28/25);</p> <p>-The resident will not drink liquid protein when attempts were made by staff (revised on 1/28/25);</p> <p>-The resident had been using an over-the-counter protein drink mix ice cream daily for protein support (revised on 1/28/25);</p> <p>-Liquacel gummies (for abnormal albumin) ordered one gummy per day (revised 1/31/25);</p> <p>Review of the resident's Physician Order Summary Report, dated March 2025, showed the following:</p> <p>-Diagnoses included pressure ulcer to right buttock Stage IV, pressure ulcer of unspecified location of the skin, Stage III, local infection of the skin and subcutaneous tissue, unspecified, malignant neoplasm of the endometrium (cancer in the uterus that can spread);</p> <p>-Cephalexin (antibiotic) 500 mg one tablet daily for seven days for wound infection (start date 3/10/25);</p> <p>-Cleanse left ischium (the lower and back part of hip bone) with Dakins solution (used to treat skin and tissue infections). Apply skin prep to surrounding skin, apply Santyl (a topical enzyme medication used to remove damaged skin aiding the growth of healthy skin) to wound bed nickel thick, pack with calcium alginate (absorbent non-adhesive dressing used for moderate to heavy drainage), cover, change daily and as needed (order date 2/27/25);</p> <p>-Cleanse right ischium with Dakins solution. Apply skin prep to surrounding skin, apply Santyl to wound bed nickel thick, pack with calcium alginate, cover, change daily and as needed (order date 2/27/25);</p> <p>-Wound gel apply to right heel topically as needed to dry wound bed (order date 12/30/24).</p> <p>Review of the resident's Treatment Administration Record (TAR), dated March 2025, showed the following:</p> <p>-Cleanse right heel with Dakins solution. Apply skin prep to surrounding skin, apply Santyl to wound bed nickel thick, cover with calcium alginate, cover with a nonstick pad, wrap with kerlix change daily and as needed, (No start dated indicated);</p> <p>-Staff documented a daily dressing change.</p> <p>Review of the resident's nursing note, dated 3/16/25 at 8:50 A.M., showed the resident had an extreme amount of wound pain. Pain medication administered.</p> <p>Review of the resident's nursing note, dated 3/17/25 at 3:18 A.M., showed the resident remained on an antibiotic for a wound infection. Odor noted. The resident had increased pain, more then normal.</p> <p>Observation on 3/19/25 at 10:12 A.M. showed the following:</p> <p>(continued on next page)</p>

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Dressings were not in place to the resident's wounds. Registered Nurse (RN) B said staff removed them earlier due to drainage;</p> <p>-The resident lay on a air mattress;</p> <p>-The resident's buttocks were noted to have red creases/ imprints from the bed linens;</p> <p>-RN B washed his/her hands and put on gloves;</p> <p>-RN B cleaned the resident's left ischium wound with a gauze pad soaked with Dakins solution, RN B applied Santyl to the wound bed with a cotton applicator, and cut strips of calcium alginate and packed gently into the wound, followed by a 4x4 and secured with tape;</p> <p>-RN B washed his/her hands and put on gloves;</p> <p>-RN B cleaned the resident's right heel with a gauze pad soaked in Dakins' solution, RN applied Santyl to the wound bed with a cotton applicator, and cut in strips to fit over wound, followed by a nonstick pad, 4x4 gauze pad and secured with tape;</p> <p>-RN B washed his/her hands and put on gloves;</p> <p>-RN B cleaned the resident's right ischium wound with a gauze pad soaked with Dakins solution, RN B applied Santyl to the wound bed with a cotton applicator, and cut strips of calcium alginate and packed gently into the wound, followed by a 4x4 gauze pad and secured with tape;</p> <p>-There was no odor noted to the wounds;</p> <p>-RN B did not measure the wounds;</p> <p>-The resident's skin was noted to have red creases/ imprints of the bed linens to the resident's buttocks area.</p> <p>Review of the resident's nursing notes and skin assessments from 11/5/24 through 3/19/25, showed there was no evidence staff measured the wounds weekly or skin assessments were completed for the resident.</p> <p>During an interview on 3/18/25 at 12:15 P.M. Licensed Practical Nurse (LPN) H said the following:</p> <p>-He/She didn't measure wounds on any of the residents;</p> <p>-He/She thought RN B tried to measure the wounds weekly</p> <p>During an interview on 3/18/25 at 12:30 P.M. and 3/19/25 at 10:30 A.M. RN B said the following:</p> <p>-The nurses are supposed to do weekly skin assessments and wound measurements, but it didn't get done;</p> <p>- He/She couldn't find any wound measurements on Resident #2 in the resident's medical record;</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-The licensed nurses were short staffed, and charting and other things didn't get done like they were supposed to;</p> <p>-The resident usually stayed in his/her wheelchair most of the day or in his/her recliner. Staff offered to lay the resident down during the day;</p> <p>-Staff assist the resident with repositioning;</p> <p>-The resident refused having an outside wound care company follow him/her. The resident had them follow him/her briefly, but felt the wounds got worse with their care;</p> <p>-The resident was started on an antibiotic recently because the found had a foul odor and increased drainage.</p> <p>During an interview on 3/19/25 at 1:25 P.M. and 3/31/25 at 3:55 P.M. Corporate RN C said he/she would expect all policies and procedures be followed and resident care needs be met.</p> <p>During an interview on 3/19/25 at 4:20 P.M. the Administrator said the following:</p> <p>-He/She started working at the facility on 3/17/25;</p> <p>-He/She wasn't aware the facility didn't have a designated wound nurse;</p> <p>-He/She would expect the staff to follow the facility policy on wound prevention;</p> <p>-Staff should measure all wounds to monitor progress of the wounds and to assure the treatment in place was effective;</p> <p>-He/She would expect communication with the physician regarding wound status;</p> <p>-He/She thought the corporate nurse was filling in as the DON at the facility;</p> <p>-The DON would be responsible for monitoring to assure wounds were being monitored.</p> <p>During an interview on 3/19/25 at 4:00 P.M. and 4/1/25 at 3:30 P.M. the resident's Physician/Medical Director said the following:</p> <p>-She would expect the facility to measure and assess the status of all wounds weekly;</p> <p>-Measurements of a wound was a very important part of monitoring the status of a wound;</p> <p>-She would expect the facility to send him/her a weekly report on the status of all wounds in the facility to ensure the treatment was effective and no changes were needed on wound care;</p> <p>-The facility currently didn't provide him/her with any wound documentation or weekly wound reports on the resident;</p> <p>-She would expect the facility to follow the wound care policy.</p>

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>36185</p> <p>Based on interview and record review, the facility failed to ensure there was an adequate number of licensed nurses on duty to meet resident needs. The Social Service Director (SSD)/Licensed Practical Nurse (LPN) A was pulled from his/her duties as the Social Services Director, and unable to follow up on resident concerns, to work the floor as the charge nurse on multiple occasions. SSD/LPN A worked a total of 36 consecutive hours due to having no licensed nurse coverage. SSD/LPN A slept in a recliner at the nurse's station while on duty during his/her 36 hour shift. Registered Nurse (RN) B said he/she was leaving employment 3/19/25; he/she was unable to measure wounds weekly per policy, complete routine skin assessments, or complete necessary documentation due to staffing. The facility did not have an Infection Preventionist, designated wound nurse, or an Assistant Director of Nurses due to staffing. The facility census was 37.</p> <p>Review of the facility's policy titled, General Staffing, dated 2025, showed the following:</p> <ul style="list-style-type: none"> <li>-Licensed Nurse (RN/LPN) 24/7 coverage;</li> <li>-Staffing levels will be adjusted based on acuity needs using the facility assessment;</li> <li>-The facility will develop contingency plans for staffing shortage (e.g., internal float pool, as needed (PRN) staff, and agency contracts).</li> </ul> <p>1. Review of the Facility Assessment, dated 7/8/24, showed the following:</p> <ul style="list-style-type: none"> <li>-Desired workforce profile included Assistant Director of Nursing (ADON)/LPN;</li> <li>-Administrative Staffing information desired number included Social Service Director/ LPN A;</li> <li>-The facility desired five full time RNs;</li> <li>-The facility desired seven full time LPNs;</li> <li>-Two residents with contractures;</li> <li>-One resident with intellectual and/or developmental disability;</li> <li>-Residents with documented signs and symptoms of depression was 19;</li> <li>-Residents with a documented psychiatric diagnosis was one resident;</li> <li>-Residents with a diagnosis of Dementia or Alzheimer ' s disease was 11 residents;</li> <li>-Residents with pressure ulcers indicated was three residents;</li> <li>-Residents receiving preventive skin care was 41;</li> </ul> <p>(continued on next page)</p>

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-Residents receiving Hospice services was one;</p> <p>-One resident on dialysis care;</p> <p>-Residents with respiratory treatments was four;</p> <p>-One resident with tracheostomy care;</p> <p>-One resident requiring suctioning;</p> <p>-Six residents received injections;</p> <p>-Five residents received mechanically altered diets;</p> <p>-Ten residents received rehabilitative services.</p> <p>Review of the facility's staffing sheets dated March 2024 showed the following:</p> <p>-On 3/15/25 SSD/LPN A worked 6:00 A.M. to 6:00 P.M. and was the only Licensed Nurse in the building;</p> <p>-On 3/15/25 SSD/LPN A worked 6:00 P.M. to 6:00 A.M. and was the only Licensed Nurse in the building;</p> <p>-On 3/16/25 SSD/LPN A worked 6:00 A.M. to 6:00 P.M. and was the only Licensed Nurse in the building.</p> <p>During an interview on 3/18/25 at 10:15 A.M. Resident #2 said the following:</p> <p>-The facility did not have enough nursing staff (LPNs and RNs);</p> <p>-He/She was concerned because LPN A recently worked 36 hours straight and he/she was not sure if that was safe for someone to work that many hours and care for the residents;</p> <p>-RN B was always doing double shifts because the facility was short staffed and now RN B was leaving:</p> <p>-He/She was not sure who was going to take care of the residents. The resident became tearful during the conversation.</p> <p>During an interview on 3/18/25 at 10:05 A.M. Resident #3 said the following:</p> <p>-The facility did not have enough nurses;</p> <p>-He/She had no one to go to about his/her concerns;</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>- He/She had issues with getting a shower twice a week, his/her sheets hadn't been changed in a month, and his/her oxygen concentrator never had water for humidification like it was supposed to have.</p> <p>During an interview on 3/18/25 at 3:15 P.M. Resident #1 said the following:</p> <p>-The facility did not have enough nurses;</p> <p>-Recently LPN A worked 36 hours, because there was no one else to work;</p> <p>-LPN A was exhausted.</p> <p>During an interview on 3/18/25 at 7:45 P.M. Resident #8's family member said the following:</p> <p>-The facility did not have enough nurses (RNs/LPNs);</p> <p>-Recently, SSD/LPN A worked 36 hours in a row because there was no one to relieve him/her.</p> <p>During an interview on 3/18/25 on 7:15 A.M. Certified Medication Technician (CMT) F said the following:</p> <p>-He/She worked 36 hours in a row recently over a weekend with the SSD/LPN A;</p> <p>-He/She worked to be available if there was an emergency to assist SSD/LPN A;</p> <p>-SSD/LPN A did not get a round well and it would be hard for him/her to get down the halls quickly in case of an emergency;</p> <p>-SSD/LPN A was physically exhausted and slept some in the recliner at the nurse's station during the 36 hours he/she worked.</p> <p>During an interview on 3/18/25 at 9:10 A.M. the Social Service Director/Staffing Coordinator/Licensed Practical Nurse A said the following:</p> <p>-He/She was unable to fulfill his/her role as the Social Service Director due to consistently being pulled to the floor to work as a LPN;</p> <p>-He/She was unable to follow-up on concerns brought to him/her by the residents;</p> <p>-He/She recently worked three 12 hour shifts in a row, 36 hours total, because the facility had no licensed nurses to relieve him/her. He/She had to nap in a chair at the facility while working because of being so exhausted;</p> <p>-He/She notified corporate staff of being short licensed nurses and was told to reach out to a staffing agency, but he/she was unsuccessful;</p> <p>-Today would be ten days in a row he/she had worked at the facility and physically he/she was unable to be on his/her feet for that many days/hours in a row;</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Country Aire Retirement Center		STREET ADDRESS, CITY, STATE, ZIP CODE  18540 State Highway 16 Lewistown, MO 63452	

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-The facility had only one full time RN, RN B, and his/her last day was 3/19/25;</p> <p>-The facility had one as needed (PRN) RN once RN B was gone;</p> <p>-The facility had one full time LPN on night shift and a part time LPN on day shift;</p> <p>-The facility had a contract with a staffing agency, but had been unsuccessful with finding any routine RN/LPN coverage;</p> <p>-Currently, there were multiple holes in the schedule for licensed nurses and he/she was not sure how the facility would get the shifts covered.</p> <p>During an interview on 3/18/25 at 12:30 P.M. RN B said the following:</p> <p>-He/She didn't get wounds measured weekly per policy, routine skin assessments weren't completed and charting and documentation didn't get done like it should due to staffing;</p> <p>-The facility did not have an Infection Preventionist, designated wound nurse, or ADON and lot of things were not getting done;</p> <p>-His/Her last day was 3/19/25.</p> <p>During an interview on 3/19/25 at 1:25 P.M. Corporate RN C said the following:</p> <p>-He/She was aware SSD/LPN A worked 36 hours or three, 12 hour shifts in a row, due to a shortage of licensed nurses;</p> <p>-He/She thought LPN A could respond in an appropriate timeframe if there was an emergency after working 36 hours;</p> <p>-The facility had exhausted all solutions of getting the shifts covered for LPN A and there was nothing else they could do;</p> <p>-The facility had a shortage of licensed nursing staff and there was a potential of things not getting done as they should.</p> <p>During an interview on 3/18/25 at 4:35 P.M. and on 3/19/25 at 4:20 P.M. The Administrator said the following:</p> <p>-He started working at the facility on 3/17/25;</p> <p>-He was not aware that RN/LPN coverage was so critical;</p> <p>-He would expect there to be plenty of licensed staff to care for the residents.</p> <p>MO251105</p> <p>MO251103</p> <p>(continued on next page)</p>

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F 0725  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Many	MO251172  MO251142  MO251147  MO251138  MO251121  MO251144

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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>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>36185</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 37.</p> <p>Review of the Facility Assessment, dated 7/8/24, showed the following:</p> <ul style="list-style-type: none"> <li>-The administrative staff should include a DON;</li> <li>-The facility desired five full time RNs.</li> </ul> <p>Review of the facility's Director of Nursing Staffing policy, dated 2025, showed the following:</p> <ul style="list-style-type: none"> <li>-The facility must employ a full-time DON;</li> <li>-The DON must be a Licensed Registered Nurse;</li> <li>-The DON was responsible for overseeing operations, quality of care, staff recruitment, retention and education.</li> </ul> <p>Review of the facility's General Staffing policy, dated 2025, showed the following:</p> <ul style="list-style-type: none"> <li>-RN coverage eight consecutive hours/day seven days a week;</li> <li>-Licensed Nurse (RN/LPN): 24/7 coverage;</li> <li>-Staffing levels will be adjusted based on the acuity needs using the facility assessment;</li> <li>-The facility will develop contingency plans for staffing shortages to include internal float pool, as needed (PRN) staff and agency staff.</li> </ul> <p>1. Review of the facility staffing schedules, dated March 2025, showed the following:</p> <ul style="list-style-type: none"> <li>-On 3/15/25 no RN coverage;</li> <li>-On 3/16/25 no RN coverage.</li> </ul> <p>During an interview on 3/18/25 at 9:10 A.M. the Social Service Director/Staffing Coordinator/Licensed Practical Nurse A said the following:</p> <ul style="list-style-type: none"> <li>-The facility was told to put a RN with Corporate down on paper as the DON on and off since December 2024;</li> </ul> <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 did not have a DON;</p> <p>-There was no RN in the building on 3/15/25 or 3/16/25;</p> <p>-The facility only had one full-time RN, RN B, and his/her last day was 3/19/25;</p> <p>-The facility only had one as needed (PRN) RN employee once RN B left;</p> <p>-The facility worked with a staffing agency, but had been unsuccessful with finding any routine RN coverage.</p> <p>During an interview on 3/18/25 at 12:30 P.M. RN B said the following:</p> <p>-He/She worked a lot of extra hours/overtime at the facility due to no RN coverage;</p> <p>-His/Her last day would be 3/19/25; .</p> <p>-The facility had a DON on paper from Corporate he/she was told, but he/she had only seen someone from Corporate, RN D, in the facility one time since December 2024;</p> <p>-He/She did not know how to get in contact with Corporate RN D.</p> <p>During an interview on 3/19/25 at 1:25 P.M. Corporate RN C said the following:</p> <p>-The facility needed a DON;</p> <p>-The facility had a shortage of licensed nursing staff, including RN's;</p> <p>-He/She would expect the facility to have a full-time DON and a RN on duty eight hours a day, seven days a week.</p> <p>During an interview on 3/24/25 at 11:30 A.M. Corporate RN L said the following:</p> <p>-He/She was the facility's DON from 2/24/25 through 3/7/25, he/she worked five days in the facility during that timeframe;</p> <p>-On 3/7/25 he/she was told by Corporate staff that he/she was no longer needed at the facility and that the facility had RN coverage;</p> <p>-On 3/14/25 he/she was asked to be the the facility's DON on paper again;</p> <p>-He/She was basically available by phone but was not onsite at the facility on a full time basis;</p> <p>-Corporate RN C had been in the building some;</p> <p>During an interview on 3/18/25 at 4:35 P.M. and on 3/19/25 at 4:20 P.M. The Administrator said the following:</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>-He started working at the facility on 3/17/25;</p> <p>-He thought there was a Corporate RN filling in as a DON;</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. Full-time would be approximately 40 hours a week on average in the building.</p> <p>MO251105</p> <p>MO251103</p> <p>MO251172</p> <p>MO251142</p> <p>MO251147</p> <p>MO251138</p> <p>MO251121</p> <p>MO251144</p>

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 36185</p> <p>Based on observation, interview, and record review, the facility administration failed to ensure operations including staffing and required regulatory systems necessary for the care and safety of residents were provided. The facility failed to have a full time Director of Nursing (DON), Assistant Director of Nursing (ADON), and an adequate number of licensed nurses to meet the residents' needs. The facility also failed to have an Infectionist Preventionist (IP) or antibiotic stewardship program in place, which included tracking of antibiotic use and infections. Vendors were not paid for supplies or services timely. The facility census was 37.</p> <p>Review of the facility's Administrator Job Description, undated, showed the following:</p> <ul style="list-style-type: none"> <li>-The primary purpose of the position is to direct the day to day functions of the facility in accordance with current federal, state and local standards and guidelines, and regulations that govern nursing facilities to assure that the highest degree of quality of care can be provided to our residents at all times;</li> <li>-As Administrator you are delegated the administrative authority, responsibility, and accountability necessary for carrying out your assigned duties;</li> <li>-Plan, organize, implement, evaluate and direct the Facility's programs and activities in accordance with guidelines issued by management;</li> <li>-Develop and maintain written policies and procedures and professional standards of practice that govern the operation of the facility;</li> <li>-Ensure that all employees, residents, family members, visitors, and general public follow the facility's established policies and procedures;</li> <li>-Assume the administrative authority, responsibility, and accountability of directing the activities and programs of the facility;</li> <li>-Review resident complaints and grievances and make written reports of action taken. Discuss such actions with residents and family as appropriate;</li> <li>-Working hours: 40, plus hours a week as needed;</li> <li>-Assist in the recruitment and selection of department directors, supervisors, facility non-licensed staff, consultants, etc.</li> <li>-Must be knowledgeable of reimbursement regulations and nursing practices and procedures, as well as laws, regulations and guidelines pertaining to nursing facility administration.</li> </ul> <p>1. Review of the facility staffing schedules, dated [DATE], showed the following:</p> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-On [DATE] no Registered Nurse (RN) coverage;</p> <p>-On [DATE] no RN coverage.</p> <p>2. The facility provided a list of facility employees and agency staff employees' CPR certification cards that had worked since [DATE]. The staffing sheets were compared with the employees that had valid CPR certifications and review showed the following:</p> <p>-On [DATE], night shift, no CPR certified staff;</p> <p>-On [DATE], night shift, no CPR certified staff;</p> <p>-On [DATE], night shift, no CPR certified staff.</p> <p>3. Review of the Resident Council Minutes, dated [DATE], showed the following:</p> <p>-Televisions were still too loud in some of the rooms, and food was still an issue;</p> <p>-Never have the right size of incontinence briefs;</p> <p>-No water for the oxygen concentrators;</p> <p>-Can the menu's be changed;</p> <p>-Would like more soup, sandwiches and salad;</p> <p>-The veggies were overcooked;</p> <p>-Would like to have regular fried burgers instead of the ones in water;</p> <p>-Coffee, juice and cornbread was not a snack;</p> <p>-There was no documented response by staff to these concerns.</p> <p>Review of the Resident Council Minutes, dated [DATE], showed the following:</p> <p>-The meals were still coming out cold, the vegetables were cold, and using too much pepper;</p> <p>-Still getting corn bread on the snack cart;</p> <p>-Resident televisions were still too loud;</p> <p>-There was no documented response by staff to these concerns.</p> <p>Review of the Resident Council Minutes, dated [DATE], showed the following:</p> <p>-Concerned with no ice water in the daytime;</p> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-Cold food, mostly vegetables;</p> <p>-There was no documented response by staff to these concerns.</p> <p>4. During an interview on [DATE] at 10:05 A.M. Resident #3 said the following:</p> <p>-The facility was short staffed on nurses;</p> <p>-He/She had no one to go to about his/her concerns;</p> <p>-He/She had issues with getting a shower twice a week, his/her sheets hadn't been changed in a month, and his/her oxygen concentrator never had water for humidification like it was supposed to;</p> <p>-The food at the facility was typically cold.</p> <p>5. During an interview on [DATE] at 7:45 P.M. Resident #8's family member said the following:</p> <p>-He/She didn't have much interaction with the Administrator and only saw him a couple times at the facility;</p> <p>-The facility did not have a DON;</p> <p>-The facility ran out of medium size incontinence briefs. He/She went to the store and purchased some for the resident to have since there were none available at the facility.</p> <p>6. During an interview on [DATE] at 10:30 A.M. Nurse Assistant (NA) E said the following:</p> <p>-The facility did not have a DON and the Administrator was never at the facility. He/She had no one to go to with questions except the charge nurses and they were busy;</p> <p>-He/She was currently in Certified Nurse Assistant (CNA) classes but had not received any education at the facility once he/she started working except for watching onboarding videos upon hire;</p> <p>-There was no one to go to with his/her concerns at the facility.</p> <p>7. During an interview on [DATE] at 2:20 P.M. NA G said the following:</p> <p>-He/She started working at the facility in December of 2024;</p> <p>-He/She was not sure who to go to with questions as the facility didn't have DON and the Administrator was seldom at the facility;</p> <p>-He/She was currently in CNA classes and watched some videos upon hire, but had not received any education from anyone.</p> <p>8. During an interview on [DATE] at 3:45 P.M. the Human Resource (HR) Director said the following:</p> <p>(continued on next page)</p>

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-The facility had a lot of staff who had either expired certifications or the facility didn't have a current copy of their CPR certifications on file to verify if they were up to date;</p> <p>-The Administrator was responsible for setting up the CPR classes and that had not been done;</p> <p>-He/She had given the Administrator a list of staff who had either no CPR certification or expired CPR certifications.</p> <p>During an interview on [DATE] at 12:47 P.M. a Vendor/Accounts Representative for medical supplies said the following:</p> <p>-The facility was sent out a courtesy letter on [DATE] and had until [DATE] to pay the past due balance of over \$5000 dollars or they would be unable to reorder future supplies until it was paid in full;</p> <p>-The facility account balance was past due 120 days.</p> <p>During an interview on [DATE] the Maintenance Supervisor said the following:</p> <p>-He contacted the facility's vendor who was responsible for shredding facility documents and records, as the facility needed items shredded;</p> <p>-He was told the bill was past due and the facility owed approximately \$3000 dollars on an outstanding balance and the records couldn't be picked up unless the bill was paid;</p> <p>-He was putting all the records in a shed behind the building and it was getting full;</p> <p>-He was told to switch pest control companies by the Administrator because that bill had not been paid;</p> <p>-The facility had not had a full time DON since the end of [DATE].</p> <p>During an interview on [DATE] at 9:10 A.M. the Social Service Director/Staffing Coordinator/Licensed Practical Nurse A said the following:</p> <p>-The facility was told to put a RN with Corporate down on paper as the DON on and off since [DATE];</p> <p>-The facility did not have a DON;</p> <p>-There was no RN in the building on [DATE] or [DATE];</p> <p>-The facility only had one full-time RN, RN B, and his/her last day was [DATE];</p> <p>-The facility only had one as needed (PRN) RN employee once RN B left;</p> <p>-The facility worked with a staffing agency, but had been unsuccessful with finding any routine RN coverage;</p> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-In the past he/she tried to schedule CPR certified staff each shift. He/She didn't know which staff members had a current CPR certification or an expired certification;</p> <p>-He/She recently worked three 12 hour shifts in a row, 36 hours total, because the facility had no licensed nurses to relieve him/her. He/She had to sleep in a chair at the facility while working because of being so exhausted;</p> <p>-He/She notified corporate staff of being short licensed nurses and was told to reach out to a staffing agency, but he/she was unsuccessful;</p> <p>-Today would be ten days in a row he/she had worked at the facility and physically he/she was unable to be on his/her feet for that many days/hours in a row;</p> <p>-He/She gave all the resident concerns from the monthly Resident Council Meeting to the Administrator, and each department head. Nothing was ever done to address the residents' issues or concerns;</p> <p>-The residents consistently had complaints about the food and the administrator did not address the issues.</p> <p>During an interview on [DATE] at 12:30 P.M. Registered Nurse (RN) B said the following:</p> <p>-He/She had been the Infection Preventionist and he/she resigned from that role around September or October of 2024;</p> <p>-The facility was not tracking infections and also didn't have a current antibiotic stewardship program in place;</p> <p>-The new NAs had no one to go to for training or direction;</p> <p>-Licensed nurses were not receiving any training for the electronic medical system, which caused issues with charting;</p> <p>-He/She tried to measure all pressure ulcers weekly when he/she worked, but it was not done weekly. The facility did not have a designated wound nurse;</p> <p>-He/She asked the Administrator for help from the Corporate office to fill in with some of these roles, but nothing was ever done;</p> <p>-His/Her last day at the facility was [DATE].</p> <p>During an interview on [DATE] at 2:15 P.M. the Business office Manager (BOM) said the following:</p> <p>-He/She sent any payments that were due through Stampli (an automated software for companies to manage financial workflow and process payments);</p> <p>-The Corporate Business Office Manager made all the payments;</p> <p>-He/She didn't necessarily receive a receipt that something had been paid;</p> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-He/She would expect all bills be paid on time.</p> <p>During an interview on [DATE] at 3:00 P.M. the Corporate BOM said he/she was not aware of the outstanding bill until today ([DATE]).</p> <p>During an interview on [DATE] at 11:30 A.M. Corporate RN L said the following:</p> <p>-He/She was the facility's DON from [DATE] through [DATE], he/she worked five days in the facility during that timeframe;</p> <p>-On [DATE] he/she was told by Corporate staff that he/she was no longer needed at the facility and that the facility had RN coverage;</p> <p>-On [DATE] he/she was asked to be the the facility's DON on paper again;</p> <p>-He/She was basically available by phone but was not onsite at the facility on a full time basis.</p> <p>During an interview on [DATE] at 1:25 P.M. and on [DATE] at 3:55 P.M. Corporate RN C said the following:</p> <p>-The facility had a shortage of licensed nursing staff and there was a potential of things not getting done as they should;</p> <p>-He/She wasn't aware the facility didn't have a ADON;</p> <p>-He/She was not aware of any issues with the bills at the facility being paid;</p> <p>-He/She would expect the facility to follow their policies and procedures for infection control;</p> <p>-He/She was not aware the facility didn't have an IP or a IPCP program in place;</p> <p>-He/She could not find any documentation at the facility regarding tracking antibiotic use or infections;</p> <p>-He/She would expect all policies followed and care needs met.</p> <p>During an interview on [DATE] at 4:35 P.M., and on [DATE] at 4:20 P.M., and email correspondence on [DATE] at 10:42 A.M. the Administrator said the following:</p> <p>-He started working at the facility on [DATE];</p> <p>-He would expect there to be plenty of licensed staff to care for the residents.</p> <p>-Typically either the facility would have a Infections Preventionist or the DON would fill that role;</p> <p>-He thought there was a Corporate RN filling in as a DON. The facility should have a full-time DON. Full-time would be approximately 40 hours a week on average in the building;</p> <p>(continued on next page)</p>		

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  03/19/2025
NAME OF PROVIDER OR SUPPLIER  Country Aire Retirement Center		STREET ADDRESS, CITY, STATE, ZIP CODE  18540 State Highway 16 Lewistown, MO 63452	

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-A CPR certified staff member should be scheduled on each shift.</p> <p>-Typically the DON or the HR director should assure all staff members have current CPR certifications.</p> <p>-He was not aware of any issues with vendors or credit holds. He would expect bills to be paid;</p> <p>-He would expect the facility to follow policies and procedures and the regulatory guidelines;</p> <p>-He was unable to locate any training documentation for the NAs working at the facility.</p> <p>During an interview on [DATE] at 4:00 P.M. the facility's Medical Director said the following:</p> <p>-The facility had no leadership;</p> <p>-She would expect all of the administrative roles be filled in the facility;</p> <p>-She would expect follow-up on concerns that arise;</p> <p>-She would expect the facility to have antibiotic stewardship program, someone designated to follow wounds and report to her weekly on progress;</p> <p>-She was concerned if the facility was currently able to meet each of the residents' needs.</p> <p>MO251105</p> <p>MO251103</p> <p>MO251172</p> <p>MO251142</p> <p>MO251147</p> <p>MO251138</p> <p>MO251121</p> <p>MO251144</p>

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement a program that monitors antibiotic use.</p> <p>36185</p> <p>Based on interview and record review, the facility failed to assure an infection prevention and control program (IPCP) that included an antibiotic stewardship program that addressed antibiotic use protocols and a system to monitor antibiotic use was in place. The facility also failed to have a designated Infection Preventionist (IP). The facility census was 37.</p> <p>Review of the facility's Infection Control Policy and Procedure, dated 2025, showed the following:</p> <ul style="list-style-type: none"> <li>-The facility implements evidence-based infection prevention practices to protect residents, staff, and visitors;</li> <li>-The facility maintains an Infection Prevention and Control Program (IPCP) overseen by a designated Infection Preventionist (IP) who was trained in infection control;</li> <li>-The IPCP includes: <ul style="list-style-type: none"> <li>-Surveillance of infections;</li> <li>-Prevention strategies (e.g., hand hygiene, personal protective equipment (PPE, gloves, gowns, masks, goggles use);</li> <li>-Education for staff, residents, and visitors;</li> <li>-Antibiotic stewardship;</li> <li>-Resident with contagious infections are placed on isolation precautions as needed;</li> <li>-Signs are posted outside rooms to indicate precaution levels;</li> <li>-The facility follows an antibiotic stewardship program to prevent antibiotic overuse and resistance;</li> <li>-Antibiotic use is reviewed regularly for appropriateness.</li> </ul> </li> </ul> <p>During an interview on 3/18/25 at 12:38 P.M. Registered Nurse (RN) B said the following:</p> <ul style="list-style-type: none"> <li>-The facility currently did not have a functioning antibiotic stewardship program or an IP;</li> <li>-He/She was the IP and was responsible for the program until approximately September 2024;</li> <li>-He/She was the only full time day shift RN and was working multiple hours and could not designate time as the IP and do all of his/her other duties along with overtime hours;</li> <li>-The facility was not currently tracking infections or antibiotic use.</li> </ul> <p>(continued on next page)</p>

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 3/19/25 at 1:25 P.M. and on 3/31/25 at 3:55 P.M. Corporate RN C said the following:</p> <ul style="list-style-type: none"> <li>-He/She would expect the facility to follow their policies and procedures for infection control;</li> <li>-He/She was not aware the facility didn't have an IP or a IPCP program in place;</li> <li>-He/She could not find any documentation at the facility regarding tracking antibiotic use or infections.</li> </ul> <p>During an interview on 3/19/25 at 4:20 P.M. the Administrator said the following:</p> <ul style="list-style-type: none"> <li>-He started working at the facility on 3/17/25;</li> <li>-He would expect the facility to have a designated IP or if the facility had a full time Director of Nursing (DON) that could be his/her role;</li> <li>-Part of the DON's role would be to assure the facility had a IPCP in place;</li> <li>-He thought a Corporate RN was filling in as the DON prior to him starting at the facility;</li> <li>-The facility should follow it's policy and procedures regarding infection control in conjunction with the Centers for Disease Control and Prevention (CDC) guidelines.</li> </ul>