

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265485	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/04/2025
NAME OF PROVIDER OR SUPPLIER Clark County Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1260 North Johnson Street Kahoka, MO 63445	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>47246</p> <p>Based on interview and record review, the facility failed to provide for the rights of one resident (Resident #1), in a review of five sampled residents, when the facility performed a urinary catheterization (a procedure that involves inserting a flexible tube called a catheter into the bladder to drain urine) and obtained a urine drug screen (used to detect illegal and some prescription drugs in the urine) without notification and permission from the resident or his/her emergency contact. The facility census was 54.</p> <p>Review of the facility policy, Resident Rights, undated, showed the following:</p> <p>-It is the goal of the facility to promote and protect the rights as a resident in the facility. The resident has a right to a dignified existence, self-determination and communication with and access to persons and services inside and outside the facility. Therefore, as a resident, you have:</p> <p>-The right to be fully informed, orally and in writing, of your rights;</p> <p>-The right to be fully informed or your total health status, including your medical condition;</p> <p>-The right to refuse your nursing care and medical treatment and to refuse to participate in any experimental research;</p> <p>-The right to have your family and physician promptly notified of significant changes in your medical condition and/or status;</p> <p>-The right to be fully informed in advance of your medical care and treatment and any changes in such care and treatment.</p> <p>1. Review of Resident #1's face sheet showed the following:</p> <p>-The resident was his/her own person;</p> <p>-Three emergency contacts were listed;</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265485	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/04/2025
NAME OF PROVIDER OR SUPPLIER Clark County Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1260 North Johnson Street Kahoka, MO 63445	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Diagnoses included chronic pain, post-traumatic stress disorder (PTSD, a mental health condition that can develop after experiencing or witnessing a traumatic event), and chronic kidney disease (CKD, a longstanding disease of the kidneys which can lead to kidney failure).</p> <p>Review of the resident's annual Minimum Data Set (MDS), a federally mandated assessment tool, dated 01/27/25, showed facility staff documented the following:</p> <ul style="list-style-type: none"> -Cognitively intact; -Required substantial to maximal assistance with mobility and toileting; -Continent of bladder most of the time; -Did not have a urinary catheter. <p>Review of the resident's February 2025 physician order sheet (POS), showed an order allowing staff to straight cath (a procedure that involves inserting a flexible tube called a catheter, or cath, into the bladder to drain the urine) the resident PRN (as needed) for urinary retention (inability to empty the bladder), start date 08/08/22, open ended (no stop date). There was no order for urine collection for any type of testing.</p> <p>Review of the resident's care plan, updated on 02/06/25, showed the following:</p> <ul style="list-style-type: none"> -The resident will have positive experiences in daily routine without overly demanding tasks and without becoming overly stressed; -Respect resident's rights to make decisions. <p>Review of the resident's nursing progress notes, dated 02/08/25 at 10:10 A.M., showed staff documented the resident was alert and oriented times three (cognitively aware of person, place and time).</p> <p>Review of the resident's nursing progress notes, dated 02/14/25 at 3:10 A.M., showed the DON documented the following:</p> <ul style="list-style-type: none"> -Resident's urine in urinal is dark yellow, has sediment (particles that settle in the urine and creates a cloudiness to the appearance) and foul odor. Urine specimen obtained by straight catheter per clean technique. Dipped here (a urine dipstick test, a quick and simple test using a thin, plastic stick with chemical strips that change color when dipped into a urine sample to detect various substances and potential problems in the urinary tract). Also due to resident's behaviors tested resident's urine for drugs. The results seen show positive results for opioids, tetrahydrocannabinol (THC, the substance that is primarily responsible for the effects of marijuana on a person's mental state) and benzodiazepines (a class of depressant drugs that treat anxiety, insomnia, and seizures). Resident is currently on opioids. Will update the resident's primary care physician (PCP) before the courier is here to pick up the labs. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265485	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/04/2025
NAME OF PROVIDER OR SUPPLIER Clark County Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1260 North Johnson Street Kahoka, MO 63445	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The record showed no documentation the resident had urinary retention or documentation to show staff notified the physician prior to the urine specimen collection per strait catheterization. There was no documentation to show the DON obtained consent from the resident prior to the catheter procedure and/or testing.</p> <p>Review of the resident's nursing progress notes for 02/14/25 showed no documentation that the facility staff called the PCP for an order to perform a straight catheterization of the bladder on the resident, or that staff received an order to perform a urine drug screen.</p> <p>Review of the resident's nursing progress notes for 02/14/25 showed no documentation that the staff obtained permission to perform a urine drug screen from the resident or his/her first emergency contact.</p> <p>During an interview on 03/03/25 at 11:30 A.M., the resident said he/she remembered he/she got really sick a few weeks ago and had to go to the hospital, he/she did not recall any details about that time.</p> <p>During an interview on 03/03/25 at 5:35 P.M. and 03/04/25 at 1:32 P.M., the DON said the following:</p> <ul style="list-style-type: none"> -She obtained a urine sample by a straight catheterization (cath) method from the resident due to his/her changes in his/her condition; -She did not get an order for a straight cath urine drug screen on the resident from the resident's physician; -She checked the resident's urine sample for drugs because the resident acted high, his/her demeanor was different, and he/she was joking and smiling even though he/she had changes in his/her physical condition and was possibly getting ill; -There had been reports that the resident's family had brought in marijuana gummies to the resident in the past, so that was also why she did a urine drug screen; -She did not get the resident's permission for a urine drug screen, and she did not notify his first emergency contact for permission either; -She should have asked the resident's permission before doing a urine drug screen, or contact his first emergency contact if the resident was unable to respond; -The facility did not have a policy for obtaining a drug screen on a resident or following physician orders. <p>During an interview on 03/04/25 at 1:32 P.M., the facility Administrator said the following:</p> <ul style="list-style-type: none"> -She would expect facility staff to get a physician order and a resident's permission, or the resident's first emergency contact's permission if the resident is unable to speak for themselves, before obtaining a urine drug screen; <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265485	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/04/2025
NAME OF PROVIDER OR SUPPLIER Clark County Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1260 North Johnson Street Kahoka, MO 63445	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-The facility did not have a policy for obtaining a urine drug screen on a resident or following physician orders.</p> <p>During an interview on 03/03/25 at 4:30 P.M., the resident's physician said the following:</p> <p>-The facility had the capability to test a urine sample for drugs, including marijuana;</p> <p>-Facility staff should probably get the resident's or family's permission to perform a urine drug screen.</p> <p>MO00249915</p>		