

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 02/03/2026
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>Based on interview and record review, the facility failed to document in one resident's record (Resident #5), or notify the physician, when the resident had a large fecal impaction digitally removed by staff on 1/11/26 of seven sampled residents. The resident had a history of constipation and hemorrhoids with medication to treat. On 1/13/26, the resident experienced bleeding from his/her hemorrhoids. On 1/14/26, the Director of Nursing notified the physician of the resident's bleeding hemorrhoids. The physician ordered a complete blood count (CBC, a blood test used to look at overall health including the number of red blood cells to carry oxygen throughout the body). On 1/16/26 the resident passed a large amount of blood from his/her/rectum, began vomiting and was pale, tired and weak. Staff did not obtain the ordered blood work until 1/17/26. On 1/17/26, the laboratory notified the facility the resident's hemoglobin (a vital protein that gives the blood its red color and meets the body's need for oxygen) level was 5.5 grams/deciliter (normal range was 12-16 grams/deciliter). Staff sent the resident to the hospital for a blood transfusion, and the resident was then sent to a higher level of care hospital to treat the cause of the blood loss. The facility census was 56. Review of the facility's Change in a Resident's Condition or Status, revised on 4/2011, showed the following:-The facility shall promptly notify the resident, his or her attending physician, and representative of changes in the resident's medical/mental condition and/or status:-The nurse supervisor/charge nurse will notify the resident's attending physician or on-call physician when there has been:- need to alter the resident's medical treatment significantly;-instructions to notify the physician of changes in the resident's condition;-Except in medical emergencies, notifications will be made within 24 hours of a change occurring in the resident's medical/mental condition or status:-The nurse supervisor/charge nurse will record in the resident's medical record information relative to changes in the resident's medical/mental condition or status. 1. Review of the resident's Significant Change Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 12/10/25, showed the following:-Moderately impaired cognition;-Maximum assistance from staff for toileting hygiene and transfers;-Always continent of bladder and bowel, no constipation;-Received scheduled pain medication;-He/She received an opioid medication (a powerful class of prescription drugs used to relieve severe pain by binding to brain receptors, blocking pain signals, and releasing dopamine, which can also induce euphoria, but carries a high risk of drowsiness, constipation, slowed breathing, and addiction) during the seven day assessment. Review of Resident #5's physician orders, dated January 2026, showed the following: -May remove fecal impactions as needed (started 7/19/18);-Sodium phosphate enema, give rectally once a day as needed for constipation (started 7/19/18);-Aspirin low dose (reduces pain, fever, and inflammation) 81 milligrams (mg) give one tablet orally once a day for heart failure (started on 4/16/19);-Dulcolax (laxative) 10 mg give one suppository rectally daily as needed for constipation (started 10/15/19);-Milk of Magnesia (laxative) 400 mg/5 milliliter (ml) give 30 ml orally daily as needed for constipation (started 10/15/19);-Anusol-HC (steroid) 25 mg</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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>not necessary. The resident was not bleeding, and the resident was able to have a bowel movement after the mass was removed. During an interview on 2/3/26 at 1:43 P.M., the Director of Nursing said the following:-The resident had a history of bleeding hemorrhoids several times and the staff monitored the resident's CBC each time; in those instances, the resident's hemoglobin never made a significant drop;-Staff did not report the resident had any issues with constipation to her until 1/14/26;-RN F found a softball sized fecal mass in the resident's rectum and worked with the resident to get it out, but did not report it to the Director of Nursing;-The resident developed bleeding a couple of days later;-When she found out about the bleeding hemorrhoids, she discussed the situation with the physician during rounds, and the physician ordered a CBC;-The CBC was ordered on 1/14/26, but she was not able to obtain the blood sample until 1/17/26;-She did not notify the physician about not obtaining the sample until 1/17/26;-The resident was no worse than the last time he/she had bleeding hemorrhoids;-She contacted the resident's family member who was a nurse, about drawing the resident's blood because she was unable to get it, and she thought it would give the family member an opportunity to become involved. Family did not draw the ordered lab. During an interview on 2/3/26 at 3:15 P.M., the Administrator said it was her expectation staff follow physician orders and facility policies and procedures. During an interview on 2/4/26 at 11:34 A.M., the resident's physician said the following:-His expectation was if a nurse had to manually remove hard fecal material from a resident that he needed to be notified;-He ordered the CBC because the resident was having bleeding hemorrhoids;-His expectation was if the nurse was unable to obtain a blood sample for lab to notify the physician because he/she needed to determine if the resident needed to be seen in the emergency department or wait for the sample to be obtained. #2719682</p>		