STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265492	A. Building B. Wing	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Chaffee Nursing Center	12273 State Highway 77 Chaffee, MO 63740

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)
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to inform residents and/or their responsible parties, in advance of the risks and benefits of proposed care, before beginning psychotropic medications (medications that affect the mind, emotions, and behavior) for two residents (Residents #2 and #24) out of seven sampled residents. The facility census was 63. Review of the facility's policy titled, Use of Psychotropic Medications, dated 2026, showed: - It is the intent of this policy to ensure that residents only receive psychotropic medications when other nonpharmacological interventions are clinically contraindicated. Additionally, these medications should only be used to treat the resident's medical symptoms and not used for discipline or staff convenience, which would deem it a chemical restraint; - Psychotropic medications are to be used only when a practitioner determines that the medication(s) is appropriate to treat a resident's specific, diagnosed, and documented condition and the medication(s) is beneficial to the resident, as demonstrated by monitoring and documentation of the resident's response to the medication(s); - The indications for initiating, maintaining, or discontinuing medications(s), as well as the use of nonpharmacological approaches, will be determined by evaluating the resident's physical, behavioral, mental, and psychosocial signs and symptoms in order to identify and rule out any underlying medical conditions, including the assessment of relative benefits and risks, and the preferences and goals for treatment; - The attending physician will assume leadership in medication management by developing, monitoring, and modifying the medication regimen in collaboration with residents, their families and/or representatives, other professionals, and the interdisciplinary team; - Prior to initiating or increasing a psychotropic medication, the resident, family, and/or resident representative must be informed of the benefits, risks, and alternatives for the medication, including any black box warnings for antipsychotic (used to treat psychosis – including delusion, hallucinations, and disordered thinking) medications, in advance of such initiation or increase; - The facility will document that the resident or resident representative was informed in advance of the risks and benefits of the proposed care, the treatment alternatives or other options and the preferred option to accept or decline in a format the facility deems to use (e.g., written consent form, narrative note, etc.). 1. Review of Resident #2's medical record showed (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265492	A. Building B. Wing	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Chaffee Nursing Center	12273 State Highway 77 Chaffee, MO 63740

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)
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- admitted on [DATE]; - Diagnoses of dementia with agitation (a condition characterized by progressive or persistent loss of intellectual functioning, especially with impairment of memory and abstract thinking) and anxiety disorder (disorder characterized by feelings of worry, anxiety, or fear that are strong enough to interfere with one's daily activities); - An order for Rexulti (an antipsychotic medication) 2 milligrams (mg) by mouth in the morning related to dementia with agitation, dated 09/18/25. Review of the resident's medical record showed: - No documentation the resident or the representative was informed of the risks and benefits prior to initiating the Rexulti. 2. Review of Resident #24's medical record showed: - admitted on [DATE]; - Diagnoses of dementia, bipolar disorder (a disorder associated with episodes of mood swings ranging from depressive lows to manic highs), anxiety disorder, and sarcopenia (the progressive, age-related loss of skeletal muscle mass, strength, and function); - An order for lorazepam (an antianxiety medication) concentrate 2 mg/milliliter (ml) 0.5 ml by mouth every one hour as needed for anxiety, agitation, and restlessness, dated 03/26/26; - An order for lorazepam 0.5 mg by mouth every 12 hours as needed for anxiety related to anxiety disorder, dated 03/30/26; - An order for quetiapine (an antipsychotic medication) 25 mg 0.5 tablet in the morning related to bipolar disorder, dated 03/30/26; - An order for quetiapine 300 mg two tablets at bedtime related to bipolar disorder, dated 02/16/26; - An order for Remeron (an antidepressant medication) 15 mg by mouth at bedtime related to bipolar disorder, dated 02/26/26; - An order for trazodone (an antidepressant medication) 150 mg by mouth at bedtime related to anxiety, dated 02/19/26. Review of the resident's medical record, showed: - No documentation the resident or the representative was informed of the risks and benefits prior to initiating the lorazepam, quetiapine, Remeron, and trazadone. During an interview on 05/13/26 at 3:30 P.M., the Director of Nursing (DON) said she was responsible for getting the consents for the psychotropic medication use. The consents were charted in the resident's progress notes. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265492	A. Building B. Wing	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Chaffee Nursing Center	12273 State Highway 77 Chaffee, MO 63740

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)
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 05/14/26 at 10:50 A.M., Licensed Practical Nurse (LPN) I said the DON got the consents for the psychotropic medication use. The psychiatry provider reviewed the risks and benefits with the resident or their representative before prescribing the medication and then reviewed them monthly during visits. He/She said they did not have residents sign anything, just verbally discussed it and then charted the conversation in the resident's progress notes. During an interview on 05/14/26 at 11:25 A.M., the Administrator and DON said they would expect residents and/or their representatives to be informed, in advance, of the risks and benefits and possible alternatives for psychotropic medications.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265492	A. Building B. Wing	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Chaffee Nursing Center	12273 State Highway 77 Chaffee, MO 63740

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)
F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. Based on interview and record review, the facility failed to issue a Skilled Nursing Facility Advanced Beneficiary Notice (SNF ABN) to the resident and/or the resident's representative in writing at least two calendar days before discharge from skilled services. This notice informs the beneficiary about potential non-coverage services and the option to continue services with the beneficiary accepting the financial liability for those services. This practice affected one resident (Resident #35) out of three sampled residents. The facility census was 63.Review of the facility policy titled, Advance Beneficiary Notices, undated, showed:- The facility shall inform Medicare beneficiaries of his or her potential liability for payment;- A liability notice shall be issued to Medicare beneficiaries upon admission or during a resident's stay, before the facility provides an item or service that is usually paid for by Medicare but may not be paid for in a particular instance because it is not medically reasonable and necessary;- For Medicare Part A (covers inpatient hospital stays, skilled nursing facility care, hospice care, and limited home health services) items and services, the facility shall use the SNF ABN form;- The Business Office Manager, or designee, is responsible for issuing notices;- Each resident receiving Medicare Part A services will be reviewed on an ongoing basis for continuing care;- The notice shall be written legibly in a language and/or format that the resident/representative understands. 1. Review of Resident #35's medical record showed:- The resident discharged from skilled Medicare services on 04/08/26, and remained in the facility;- The resident received a Notice of Medicare Non-Coverage (NOMNC) notice on 03/30/26;- The resident did not receive a SNF ABN notice;- The facility failed to provide the SNF ABN notice to the resident and/or the representative at least two calendar days before the skilled Medicare services ended. During an interview on 05/14/26 at 8:55 A.M., the Administrator said she was responsible for giving out SNF ABN and NOMNC notices. She said Resident #35 did not receive a SNF ABN notice because it was overlooked. She was new to this role and misread the instructions for issuing the notices.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265492	A. Building B. Wing	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Chaffee Nursing Center	12273 State Highway 77 Chaffee, MO 63740

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to maintain proper infection control when staff failed to implement Enhanced Barrier Precautions (EBP - precautions for use during high-contact resident care activities for residents infected with a multidrug-resistant organism (MDRO - microorganisms that are resistant to one or more classes of antimicrobial agents) or any resident who has a chronic wound and/or indwelling medical device) for two residents (Residents #48 and #65) out of five sampled residents and failed to perform hand hygiene during care for two residents (Residents #48 and #65) out of six sampled residents. The facility census was 63.Review of the facility policy titled, Enhanced Barrier Precautions, undated, showed:- EBP refers to an infection control intervention designed to reduce transmission of MDROs that employs targeted gown and glove use during high-contact resident care activities;- All staff receive training on EBP upon hire and at least annually and are expected to comply with all designated precautions;- The facility will have the discretion on how to communicate to staff which residents require the use of EBP, as long as staff are aware of which residents require the use of EBP prior to providing high-contact care activities;- An order for EBP will be obtained for residents with wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO;- An order for EBP will be obtained for residents infected or colonized with a Centers for Disease Control and Prevention (CDC) targeted MDRO when contact precautions do not otherwise apply;- Make personal protective equipment (PPE) available immediately near or outside of the resident's room;- PPE is only necessary when performing high-contact care activities and may not need to be put on prior to entering the resident's room;- High-contact resident care activities include dressing, bathing, transferring, providing hygiene, changing linens, changing briefs, assisting with toileting, device care or use, and wound care;- Ensure access to alcohol-based hand rub in every resident room;- The Infection Preventionist (IP) will incorporate periodic monitoring and assessment of adherence to determine the need for additional training and education;- EBP should be used for the duration of the affected resident's stay in the facility or until resolution of the wound or discontinuation of the indwelling medical device that placed them at higher risk. Review of the facility policy titled, Handwashing/Hand Hygiene, dated 05/16/19, showed:- This facility considers hand hygiene the primary means to prevent the spread of infections;- Perform hand hygiene before and after direct contact with residents;- Perform hand hygiene before moving from a contaminated body site to a clean body site during resident care;- Perform hand hygiene before handling clean or soiled dressings;- Perform hand hygiene after handling used dressings;- Perform hand hygiene before applying and after removing gloves;- Hand hygiene is the final step after removing and disposing of PPE. 1. Review of Resident #48's medical record showed:- Diagnoses of wounds to the left thigh, the bilateral (left and right) gluteal folds (the skin crease that separates the bottom of the buttocks from the upper thighs), and the right arm;- No order for EBP. Observation on 05/11/26 at 3:15 P.M., of Resident #48's mechanical lift (used to transfer residents from one position to another) transfer showed:- No EPB signage outside of the resident's room;- No gowns available outside the resident's room;- Certified Nurse Assistant (CNA) A and CNA B did not put on a gown, performed hand hygiene, put on gloves, and entered the resident's room;- CNA A and CNA B transferred the resident from the wheelchair to the bed with the mechanical lift. Observation on 05/11/26 at 3:21 P.M., of Resident #48's incontinent care showed:- No EPB signage outside of the resident's room;- No gowns available outside the resident's room;- CNA A and CNA B did not put on a gown, performed hand hygiene, put on gloves, and entered the resident's room;- CNA B performed front peri care, didn't perform hand hygiene, changed gloves, cleaned the resident's buttock area, changed gloves, and didn't perform hand hygiene;- CNA A placed a clean brief under the resident;- CNA A and CNA B fastened the brief and covered the resident with a blanket;- CNA A and CNA B removed gloves, performed hand hygiene, and exited the room. 2. Observation on 05/13/26 at 10:42 A.M., of Resident #65's gait belt transfer and wound care showed:- No EPB signage outside of the (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265492	A. Building B. Wing	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Chaffee Nursing Center	12273 State Highway 77 Chaffee, MO 63740

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	resident's room;- No gowns available outside the resident's room;- Registered Nurse (RN) C and CNA D performed hand hygiene, put on gloves, and entered the resident's room;- CNA D transferred the resident with a gait belt;- RN C removed the soiled dressing from the coccyx (tailbone), changed gloves, and didn't perform hand hygiene;- RN C cleaned the wound, did not change gloves, did not perform hand hygiene, and applied the clean wound dressing;- RN C changed gloves, did not perform hand hygiene, initialed and dated the dressing, pulled up the resident's brief and pants;- RN C and CNA D removed gloves, performed hand hygiene, and exited the room. During an interview on 05/14/26 at 10:57 A.M., CNA F said he/she looked at the resident's name tag outside the door to see if they were on EBP. Staff should wear gowns and gloves during high-contact care on residents with EBP. Gloves were to be changed any time they were soiled or going from dirty to clean care. Hand hygiene should be performed before and after care and any time gloves were changed. During an interview on 05/13/26 at 3:19 P.M., RN C said hand hygiene should be performed before and after care and when changing gloves. Gloves should be changed when going from dirty to clean care. EBP should be used for residents with wounds or catheters. He/She said gloves and gown should be worn during high-contact care with EBP residents. During an interview on 05/14/26 at 10:49 A.M., RN E said hand hygiene should be performed before and after care and when gloves were changed. Gloves should be put on before care and changed when going from dirty to clean care. Residents with catheters or wound care should be on EBP. Gloves and gowns should be worn for high-contact care for residents on EBP. He/She knew who was on EBP by the order in the resident's chart and it got discussed during shift change. During an interview on 05/14/26 at 10:23 A.M., the Assistant Director of Nursing (ADON) said she was responsible for implementing EBP for the residents. Residents with open wounds, indwelling devices, and/or colonized with MDRO should be on EBP. During an interview on 05/14/26 at 11:20 A.M., the Administrator and the Director of Nursing (DON) said hand hygiene should be performed before and after care and when changing gloves. Gloves should be changed when going from dirty to clean care. Residents with indwelling devices, open wounds, or colonized with MDRO should be on EBP. They would expect staff to wear gloves and gowns during high-contact care for residents on EBP.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265492	A. Building B. Wing	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Chaffee Nursing Center	12273 State Highway 77 Chaffee, MO 63740

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)
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to provide a safe environment for the residents and staff by not removing miscellaneous items on top of overhead light fixtures. This deficient practice had the potential to affect all residents and staff in the facility. The facility census was 63.The facility failed to provide a policy regarding storing items on top of the overhead light fixtures. Observation on 05/11/26 of resident rooms showed: - At 10:45 A.M., Room Park Avenue (PA)1-A had two pictures, a pot, and a sign on top of light fixture above the bed next to the door; - At 10:45 A.M., Room Main Street (MS) 4-B had ten figurines on top of the light fixture above the resident's bed next to the window; - At 10:46 A.M., Room PA 6-B with a cross, two stuffed animals, a vase, a glass globe, six figurines, and an art house on top of light fixture above the bed next to the window; - At 3:15 P.M., Room North Grand (NG) 3-B with two figurines and one stuffed animal on top of the light fixture above the resident's bed next to the window. A [NAME] made from strips of cloth draped under the light fixture and attached to each end of the light fixture above the resident's bed. Observations on 05/13/26 of resident rooms showed: - At 10:03 A.M., Room NG 8-A with one stuffed animal on top of the light fixture above the resident's bed next to the door; - At 10:05 A.M., Room NG 8-B with three paper flower arrangements, one framed picture, one stuffed animal, and a plastic figurine on top of the light fixture above resident's bed next to the window. During an interview on 05/14/26 at 9:20 A.M., Housekeeper G said he/she did not know if items should be placed on light fixtures. During an interview on 05/14/26 at 9:21 A.M., Registered Nurse (RN) H said the residents should not have items on light fixtures and staff sometimes had to go around and take the items off. During an interview on 05/14/26 at 9:30 A.M., the Director of Nursing (DON) said housekeeping was responsible for monitoring light fixtures to make sure nothing was placed on them. No items should be on the light fixtures. During an interview on 05/14/26 at 11:20 A.M., the Director of Nursing (DON) and the Administrator said they would expect no items to be placed on top of the lights in the resident's room. Housekeeping monitored the resident's rooms for the items on the lights.