STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265556	A. Building B. Wing	02/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oakdale Care Center	2702 Debbie Lane Poplar Bluff, MO 63901

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to store and distribute food under sanitary conditions, increasing the risk of cross-contamination and food-borne illness. This had the potential to affect all residents. The facility census was 63.Review of the facility's policy titled, Cleaning Schedule, dated February 2012, showed: - There will be a written, comprehensive cleaning schedule posted and monitored to maintain the cleanliness and sanitation of the food service department;- The food service manager is responsible for developing a cleaning schedule for the department, he/she will also monitor compliance and overall cleanliness and sanitation of the department;- The cleaning schedule will include each piece of equipment for the specific position assigned to complete the task, frequency of cleaning; i.e. after each use, daily, weekly, the method and agents to be used for cleaning will be written for each task, a cleaning schedule will be posted, and employees will initial and date tasks when completed. Review of the facility's policy titled, Thawing Potentially Hazardous Food, dated January 2012, showed: - Potentially hazardous foods will be thawed in refrigerated units in a way that the temperature of the food does not exceed 41 degrees Fahrenheit (F) (the recommended method);- Under potable running water at a temperature of 70 F or below, with sufficient water velocity (pressure) to agitate and float off loose food particles into the overflow;- Or in a microwave oven only when the food will be immediately transferred to conventional cooking facilities as part of a continuous cooking process or when the entire cooking process takes place in the microwave. 1. Observation on 02/08/26 at 11:10 A.M., of the food service showed:- Two desserts and two cups with tea sat uncovered on a food cart in the dining room. 2. Observations on 02/08/26 at 11:15 A.M., 12:31 P.M., and 2:50 P.M., of the kitchen showed:- Two 3-quart (qt.) plastic food containers with roasted chicken, one uncovered container with gravy and a scoop, and one container with mashed potatoes in a metal serving container sat on top of a food service counter near the reach-in refrigerator;- Three 10-pound (lb.) hamburger rolls thawed on a lower bread rack near an open mop bucket half filled with dark colored water;- Five unlabeled 12 qt. clear plastic containers with crispy rice, fruit rings, raisin bran, oatmeal rings and corn flakes cereal sat on a shelf near the steam table;- One unlabeled, plastic container with American cheese slices, one unlabeled plastic container with sliced potatoes, one unlabeled metal container with ham slices, and four unlabeled cookie sheets with gelatin sat in the reach-in refrigerator; - One 64 qt. plastic container with a clear lid covered with an oily grime, unlabeled with oatmeal and a scoop inside near the commercial range; - One 76 qt. white plastic unlabeled container loosely covered with sugar beneath the food service counter near the reach-in refrigerator;- One 76 qt. white plastic unlabeled container with white rice and a quarter sized black substance lay on top of the rice;- One large metal cookie sheet with dark brown carbon build-up in the corners and one small cookie sheet with carbon build-up in the corners; - One approximate 24 inch (in.) x 36 in. ceiling diffuser (one of the few visible parts of an air conditioning system) with oily buildup and a brown substance on the front exterior surface and in between the ventilation louvers near the commercial gas range;- One approximate 24 in. x 24 in. wall diffuser with dust buildup and a brown substance on the front exterior surface and in between the ventilation louvers behind the ice machine;- The ice machine with a white grime build up on the (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

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	exterior surfaces and interior plastic surface, ventilation louvers with a brown substance, and scattered debris and a black grime build-up on the floor and drain line beneath it;- The commercial gas range with an oily grime build up and scattered food debris around each burner and on the floor beneath it; - The commercial style can opener base and knife with a dark grime build up;- One double door stack oven with an excessive black grime build-up on the lower interior surfaces;- One deep fryer with an oily build-up on the wheels near the floor and gas lines behind the unit near the wall;- One 3-foot (ft.) diameter round fan sat in the floor in the food service area with a brown dust build-up on the louvers. 3. Observations on 2/08/26 at 11:15 A.M., 02/09/26 at 11:46 A.M., and 02/11/26 at 11:50 A.M., of the dry food storage area showed:- One reach-in freezer in the back corner of the dry storage marked F9 with a 12 in. x 8 in. ice formation near the top interior surface extended to the top food shelf, 1 in. ice layer on food boxes and lowest section of the interior surface; - One unclosed reach-in refrigerator in the front corner of the dry storage marked F4 with a one in. door gap, 21 bread loaves inside of it, and a top interior surface with a 6 in. ice build-up and a clear taped, damaged door gasket;- One dented 3-qt. can with creamed corn and no expiration date;- One dented 3-qt. can with sauerkraut and no expiration date;- One dented 3-qt. can with black-eyed peas and no expiration date but with a best by date of September 2027;- Three dented 3-qt. cans with salsa and no expiration date;- One approximately 3 gallon (gal.) clear plastic container unlabeled, with breadcrumbs on a shelf in the dry storage area. 4. Observation on 02/11/26 at 11:55 A.M., of the dishwashing area showed:- The commercial dishwasher exterior with flaky white grime build-up and scattered debris on the floor beneath it;- The floor and plumbing pipes below the dishwashing area counters and three-compartment sink with scattered debris, oily film, and brown grime build-up;- An approximate 6 ft. diameter section of the ceiling over the three-compartment sink drooped down about 6 in. with a 1 ft. by 1 in. crack and a light fixture drooped down about 2 in. on one end;- An approximate 2 in. hole in the wall surrounding an electrical outlet near the shelving with food service items. During an interview on 02/11/26 at 1:28 P.M., the Dietary Manager said the ice machine should not have had hardwater build up on the exterior and the plastic lid should appear clean. The air vents should be kept clean behind the ice machine and on the ceiling. The can opener should be kept clean. Staff should be labeling the canned foods when they were received, there were dented cans out on the shelf that should have been separated when they were received and dated. The bulk food bins should be labeled as well as foods stored in the refrigerator. There should never be frozen food allowed to thaw on a cart, it should be thawed in the refrigerator and usually takes three days on something like hamburger meat or chicken. The refrigerator labeled F4 needed a new gasket, the freezer labeled F9 needed to be cleaned and defrosted to prevent the frost build up. The leftover chicken and potatoes should not have been stored out on the counter. When foods were saved for later, they should be placed in a dated container in the refrigerator. There should not be build up on the stove top. The ceiling over the three-compartment sink had not been fixed yet. The can opener should not have black grime and should appear clean. Mop buckets should be cleaned and dumped after each shift and should not be left out during serving times. The plumbing pipes should appear clean below the counters. The light and ceiling panel needs to be secured in the dishwashing area near the three-compartment sink. The dishwashing area needs to be cleaned. There had not been cleaning logs for about six months. During an interview on 02/11/26 at 1:46 P.M., Dietary Aide (DA) B said foods were normally left out after a meal in case any residents wanted more food between meals. The foods should be put in the refrigerator before the end of the shift instead of being left out on the counter. Canned foods were opened and checked to see if they were still good even if they were dented. Staff were expected to wipe the stove and other appliances down daily, but it didn't always get done. There hadn't been a cleaning log to fill out for at least a year. During an interview on 02/25/26 at 2:25 P.M., the Administrator said the kitchen should be kept clean and there should be cleaning logs for the staff. The dishwasher and ice machine should not have a white build up and there should not have been grime build-up in the dishwashing area below the sink. The ceiling, walls, and vents should be kept in (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	good repair throughout the kitchen and the dining area. Food should not be kept outside of the refrigerator to be served later, and foods should not be allowed to thaw outside of the refrigerator. The refrigerator gasket needed to be repaired and there should not be frost build up in the refrigeration units. The oven should be cleaned, there should not be food cans on the shelves that were dented. There should not be a hole in the wall near the electrical outlet in the back room with cups and serving ware storage.

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to limit the use of as needed (PRN) psychotropic (medications that affects a person's mental state) medication orders for 14 days for one resident (Resident #29), and failed to ensure an appropriate diagnosis for the use of an antipsychotic (medication that treats mental disorders characterized by a disconnection from reality) medication for one resident (Resident #19) out of three sampled residents. The facility census was 63.Review of the facility's policy titled, Psychotropic Medication Use, dated December 2018, showed:- It is the policy of the facility that all residents receiving psychotropic medications be monitored to ensure the least amount of medication is given to treat the diagnosis;- PRN orders for psychotropic drugs are limited to 14 days. If the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he/she should document their rationale in the resident's medical record and indicate the duration for the PRN order. 1. Review of Resident #29's Physician's Order Sheet (POS), dated February 2026, showed:- Date of admission [DATE];- Diagnoses of anxiety and depression;- An order for lorazepam (an antianxiety medication) 2 milligram (mg)/milliliter (ml) concentrate 0.5 ml by mouth every one hour PRN for pain and shortness of breath, dated 02/28/25;- The facility failed to provide a 14 day stop date order for the lorazepam. Review of the resident's Gradual Dose Reduction (GDR), dated 01/06/26, showed:- A request from the pharmacist to decrease the lorazepam;- The physician/prescriber documented to continue the lorazepam 0.5 ml every one hour PRN dose due to increased anxiety and agitation due to the disease process and no stop date addressed. 2. Review of Resident #19's medical record showed:- Date of admission [DATE];- Diagnoses of diabetes mellitus (DM - a condition that affects the way the body processes blood sugar), acute kidney failure, metabolic encephalopathy (an alteration of brain function resulting from other internal organ failure), unspecified altered mental status, cognitive communication deficit, and repeated falls. Review of the resident's POS, dated February 2026, showed:- An order for aripiprazole (an antipsychotic medication) tablet 5 mg by mouth once a morning, dated 11/07/25;- No documentation of a diagnosis for the aripiprazole. During an interview on 02/11/26 at 2:16 P.M., the Director of Nursing (DON) said most PRN psychotropics should have a 14 day stop date, however, the physician refused to do that. All medications, psychotropics or not, should have a diagnosis and it should be an appropriate diagnosis for that medication. During an interview on 02/11/26 at 2:33 P.M., the Administrator said there should be a 14 day stop date on any PRN psychotropic medications. They were having difficulty with getting the physician to do that. All medications should have an appropriate diagnosis for use.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview, and record review, the facility failed to ensure expired medications were removed for two residents (Residents #11 and #57) for one medication cart out of two sampled medication carts. This had the potential to affect all residents. The facility's census was 63. Review of the facility's policy titled, Medication Storage In The Facility, dated June 2020, showed:- Outdated, contaminated, or deteriorated drugs and those in containers, which are cracked, soiled or without secure closures will be immediately withdrawn from stock by the facility. 1. Observation of the Certified Medication Technician (CMT) medication cart on 02/10/26 at 2:45 P.M. showed:- Resident #11 with a half bottle of atropine (medication used to reduce saliva and respiratory secretions) 1 % drop with a thick white substance stuck to the inside of the bottle, dated of 01/25/25, and an expiration date of 07/2025;- Resident #57 with a box of eight tablets of hydralazine (medication used to treat high blood pressure) 10 milligram (mg), dated 01/29/25, and an expiration date of 01/28/26. Review of Resident #11's Medication Administration Record (MAR) from 07/01/25 through 02/11/26 showed:- Administration of the atropine 1% drop on 12/12/25, 134 days after the expiration date. During an interview on 02/10/26 at 2:55 P.M., the Director of Nursing (DON) said staff should look everyday while in the medication cart for expired medications. The pharmacy was in the building five days ago and went through carts as they do quarterly. She looked through the carts every few weeks to look for expired medications. During an interview on 02/10/26 at 2:57 P.M., CMT A said he/she looked for expired medications on Mondays. During an interview on 02/11/26 at 1:30 P.M., the Administrator said staff and pharmacy went through the medication cart on a routine basis to look for expired medications. She would expect the expired medication to be found.