

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265573	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/05/2025
NAME OF PROVIDER OR SUPPLIER Big Spring Care Center for Rehab and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 202 East Mill Street Humansville, MO 65674	

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. (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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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide pharmaceutical services to meet the needs of each resident when facility staff failed to obtain ordered medications in a timely fashion and failed to notify the physician of the missed doses one resident (Resident #1). The facility census was 34. Review of the facility's policy Unavailable Medications, revised 05/09/25, showed the following:-This facility shall use uniform guidelines for unavailable medications;-The facility maintains a contract with a pharmacy provider to supply the facility with routine, as needed (PRN), and emergency medications;-A STAT (immediately) supply of commonly used medications is maintained in-house for timely initiation of medications;-Medications may be unavailable for a number of reasons. Staff shall take immediate action when it is known the medication is unavailable:-Notify the Director of Nursing (DON) or on call Nursing Manager to determine if medication might be located within the facility or if it is obtainable in a timely manner from another source/satellite pharmacy;-If unable to obtain, determine reason for unavailability, length of time medication is unavailable, and what efforts have been attempted by the facility or pharmacy provider to obtain the medication;-Notify physician of inability to obtain medication upon notification or awareness that medication is not available. Obtain alternative treatment orders and/or specific orders for monitoring resident while medication is on hold;-If a resident misses a scheduled dose of the medication, staff shall follow procedures for medication errors, including physician/family notification, completion of a medication error report, and monitoring the resident for adverse reactions to omission of the medication. Review of the facility's policy Medication Reordering, revised 05/09/25, showed the following:-It was the policy of the facility to accurately and safely provide or obtain pharmaceutical services including the provision of routine and emergency medications and biologicals in a timely manner to meet the needs of each resident;-The facility will utilize a systematic approach to provide or obtain routine and emergency medications and biologicals to meet the needs of each resident;-Acquisition of medications should be completed in a timely manner to ensure medications are administered in a timely manner;-For stat medications, a supply of medications typically used in emergency situations will be maintained in limited supply by the pharmacy in a portable, but sealed emergency box or container. 1. Review of Resident 1's face sheet (admission data) showed the following:-admission date of 05/08/25;-Diagnoses included chronic osteomyelitis (bone infection) of right ankle and foot, cognitive communication deficit, and other bacterial infections of unspecified site. Review of the resident's care plan, revised 05/29/25, showed the following:-The resident had an increased probability of infections related to his/her right foot infection;-The resident was at risk for adverse reactions of his/her medications;-Administer the resident's medications as ordered. Review of the resident's significant change in status Minimum Data Set (MDS - a federally mandated assessment tool completed by facility staff), dated 07/08/25, showed the following:-Cognitive skills intact;-No behaviors;-Set up required with eating;-Supervision required with toileting and personal hygiene. Review of the resident's July 2025 Physician Order Sheet (POS) showed an order, dated 07/22/25, for Avycaz (antibiotic used to treat serious bacterial infections) Intravenous (IV- into or within a vein) Solution Reconstituted 2.5 gram, use 2.5 gram intravenously three times a day (TID) for osteomyelitis until 08/01/25 9:59 P.M. Dilute in 100 milliliters (ml) of normal saline and administer at 50 ml/hour. Review of the resident's progress note dated 07/23/25, at 8:04 A.M., showed Registered Nurse (RN) B noted the resident was nonresponsive and blood sugar was 53 milligrams/deciliter (mg/dL - below 70 mg/dL is considered low). RN B contacted the Director of Nursing (DON) and provider. Staff transferred the resident to the hospital by ambulance at 8:04 A.M. Review of the resident's July 2025 POS showed an order, dated 07/23/25, for linezolid intravenous solution 600 mg intravenously every 12 hours for osteomyelitis of the right foot until 08/01/25 at 11:59 P.M. Administer via PICC (long, thin flexible tube inserted into a vein to administer medications, fluids and blood products) line at 150 ml per hour. Review of the resident's progress note dated 07/29/25, at 11:05 P.M., showed a nurse documented the resident arrived at the facility by the ambulance and emergency medical transport. The resident was able to wheel down to the nurses' station to ask questions. The resident appears to be confused at times. Review of the resident's hospital discharge orders, dated 07/29/25, showed the following:-An order, dated 07/29/25, for vancomycin (an antibiotic used to treat serious bacterial infections) oral 125 milligrams (mg), four times a day. The last dose administered on 07/29/25 8:10 A.M.;-An order, undated, for linezolid (used to treat bacterial infections, including skin infections and pneumonia) 0.9%</p>		