STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265599	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Clarence Care Center	111 East Street Clarence, MO 63437

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 ensure the ice machine, the range hood and the ceiling vents were free of a buildup of debris and failed to ensure staff wore beard restraints during beverage preparation and clean dishware handling. The facility census was 31. 1. Review of the Dietary Sanitation Evaluation, dated 11/14/25, conducted by the consultant dietitian, showed the ice machine was not clean. Observation on 1/27/26 at 9:35 A.M. showed the ice machine in the dining room had a heavy buildup of black debris in the upper corners inside the unit over the accumulated ice below. Black debris located in the upper right-hand corner was in direct contact with the accumulated ice that had not yet fallen into the storage bin. During an interview on 1/27/26 at 1:30 P.M., the Dietary Manager said the ice machine vendor performed cleaning and sanitizing of the unit twice yearly. Housekeeping staff wiped down the exterior when needed. During an interview on 1/27/26 at 2:30 P.M., the Maintenance Supervisor said the facility purchased the ice machine from the vendor because the vendor retired. The vendor had not performed any maintenance on the unit since that time (approximately two to three months ago). Maintenance staff cleaned the ice machine but missed the black areas inside the unit. 2. Review of the Dietary Sanitation Evaluation, dated 11/14/25, conducted by the consultant dietitian, showed dust on the range hood and filters. Observation on 1/27/26 at 9:17 A.M. showed the kitchen range hood was equipped with three baffle filters that protected a six-burner stove and griddle. There was a buildup of dark-colored fuzzy debris and clear grease on the filters. Grease, drips and runs were visible inside the hood below the filters. Dark-colored fuzzy debris was visible on the fire suppression system piping, nozzles and lights under the range hood. During an interview on 1/27/26 at 1:30 P.M., the Dietary Manager said maintenance staff cleaned the range hood monthly. A professional company cleaned the fire suppression piping every six months. Dietary staff was not responsible for any hood cleaning. During an interview on 1/27/26 at 2:30 P.M., the Maintenance Supervisor said he cleaned the range hood filters monthly. A professional company used to clean the hood professionally, but he thought the company closed. 3. Observation on 1/27/26 at 9:22 A.M. showed a heavy buildup of debris on the ceiling vent in the dry storage room over the three-door freezer unit and can storage rack. Observation on 1/27/26 at 9:30 A.M. showed a heavy buildup of dark fuzzy debris on the ceiling exhaust vent and metal duct that was positioned over the dish machine. During an interview on 1/27/26 at 1:30 A.M., the Dietary Manager said maintenance staff cleaned the ceiling vents and dishwasher vent quarterly. During an interview on 1/27/26 at 2:30 P.M., the Maintenance Supervisor said maintenance cleaned the ceiling vents and the dishwasher exhaust vent monthly. He was unaware there was debris on the vents and accidently overlooked them during monthly cleaning. 4. Review of the facility policy, Food Distribution and Service, revised November 2022, showed food and nutrition services staff wear hair restraints (hair net, hat, beard restraint, etc.) so that hair does not contact food. Observation on 1/27/26 at 9:26 A.M. showed Dietary Staff A had facial hair on his/her lip, chin and along his/her jawline and did not wear a beard restraint. Dietary Staff A handled clean dishware out of the dish machine and carried items throughout the kitchen to put them away. Observation on 1/27/26 at 11:26 A.M. showed Dietary Staff A prepared residents' beverages. Dietary Staff A did not wear a beard restraint to cover the facial (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
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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	hair. During an interview on 1/27/26 at 1:30 P.M., the Dietary Manager said if staff had any facial hair, they should wear a beard restraint. She was unaware Dietary Staff A did not wear a beard restraint.