

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265656	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/06/2025
NAME OF PROVIDER OR SUPPLIER  Strafford Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  505 West Evergreen Strafford, MO 65757	

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 0697  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	Provide safe, appropriate pain management for a resident who requires such services.  34906  1. Please refer to event ID P16012, exit date 02/06/25, for details.  MO00248905

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 - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>45176</p> <p>1. Please refer to event ID P16012, exit date 02/06/25, for details.</p> <p>MO00248905</p>

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F 0760  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	Ensure that residents are free from significant medication errors.  34906  1. Please refer to event ID P16012, exit date 02/06/25, for details.  MO00248905