

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  12/12/2025
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)
<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>(continued on next page)</p>

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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to provide restorative services to prevent loss of strength and range of motion when staff failed to have a process in place to ensure ordered and care planned restorative services we were provided and documented for four residents (Resident #1, #2, #3, and #4). The facility had a census of 63. Review of the facility policy, Restorative Nursing Policy and Procedure, undated, showed the following:-It is the policy of the facility to provide restorative nursing which promotes the resident's ability to adapt and adjust to living as independently and safely as possible;-Restorative nursing focuses on achieving and/or maintaining optimal physical, mental, and psychological function of the resident;-The restorative nurse, restorative nursing assistants, along with interdisciplinary team (IDT), will determine what programs will be initiated for the residents;-Restorative nursing services are provided by Restorative Nursing Assistants (RNA), Certified Nursing Assistants (CNA), and other individuals trained in restorative techniques, under the supervision of a licensed nurse;-Screening residents using restorative assessment in electronic medical record software program (EMR) to identify appropriate candidates for programs. These include but are not limited to any resident recently discharged from physical, occupation, or speech therapy; any new admission, quarterly, annual and with any significant change; any resident demonstrating decline in ADL's, ROM or other change in condition; and residents who have the potential for an increased level of functioning, or who require programs to maintain current level of functioning;-Specific types of the restorative nursing program include range of motion, passive and active; splint or brace therapy; and training and skill practice in transfers, bed mobility, ambulation, dressing or grooming;-Each restorative service is recorded with minutes provided per shift by the CNA or RNA;-Implement programs for a designated period or time;-Re-evaluate quarterly at a minimum and revise and continue program if indicated;-Every resident who receives restorative nursing has a care plan with individualized, measurable goals and interventions.1. Review of Resident #1's face sheet (brief information sheet about the resident) showed the following: -admission date of 09/13/22;-Diagnoses included chronic right heart failure (long-term condition where the right side of the heart cannot pump deoxygenated blood (blood with a reduced oxygen concentration as compared to blood departing the lungs) efficiently to the lungs, leading to a buildup of fluid in the body), chronic respiratory failure with hypoxia (long-term condition where the lungs cannot supply enough oxygen to the blood, causing dangerously low oxygen levels in the body), muscle wasting and atrophy (loss of muscle tissue that results in a decrease in muscle mass, strength, and function) multiple sites, generalized muscle weakness, and dependence on wheelchair.Review of the resident's annual Minimum Data Set (MDS - a federally mandated comprehensive assessment completed by facility staff), dated 09/19/25, showed the following:-Cognitively intact;-Use of a wheelchair;-Dependent on staff for toileting hygiene, showering, dressing, personal hygiene;-Independent with eating and oral hygiene.Review of the resident's care plan, last updated 07/14/25, showed the following: -Resident was at risk for falls due to gait and balance problems, dependent on wheelchair and staff for cares;-Staff should encourage resident to participate in activities that promote exercise, physical activity for strengthening and improved mobility;-Resident had activity of daily living (ADL - dressing, grooming, etc.) self-care performance deficit, activity intolerance, fatigue, dependent on wheelchair, and multiple comorbidities requiring the need for assistance with ADLs and personal cares;-Staff should have physical therapy and occupational therapy evaluation and treatment as per physician orders;-Staff should provide restorative program - NuStep for lower extremity and upper extremity strengthening.Review of the resident's Physician's Order Sheet (POS), current as of 11/25/25, showed an order, dated 10/16/25, for may participate in restorative program: NuStep (brand of exercise equipment designed for low-impact, full-body workouts) for lower extremity and upper extremity strengthening exercises. Review of resident's nursing notes showed staff did not document related to restorative therapy.Review of the handwritten restorative nursing notes, dated 11/07/25, showed the resident on omni-cycle for 30 minutes.Review showed of the resident's record showed no restorative nursing notes provided for 11/10/25 to 11/25/25.During an interview on 11/25/25, at 11:45 A.M., the resident said RNA E was the restorative aide. He/she saw the aide once in a while. The resident said he/she would like to exercise more often. When he/she does exercise they go to therapy room and use a machine there.2. Review of Resident #2's face sheet showed the following: -admission date of 03/28/25;-Diagnoses included chronic obstructive pulmonary disease (COPD - group of lung diseases that block airflow and make it difficult</p>		