STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265748	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tipton Oak Manor	601 West Morgan Street Tipton, MO 65081

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, facility staff failed to initiate and complete a thorough investigation of a missing Fentanyl patch (an opioid medication to treat pain) for two residents (Resident #4 and Resident #8) of two sampled residents. The facility census was 53.1. Review of the facility's policy titled, Abuse, Neglect, Exploitation, Mistreatment and Misappropriation of resident property, undated, showed all allegations of misappropriation of resident property will be reported immediately but no later than the following timeframes. If the allegation does not allege abuse or result in serious bodily injury, the report must be made within 24 hours after the allegation was made. Review of the facility's policy titled Event Investigation, undated, showed staff are to complete a Confidential Report of Event Form for occurrences involving medications.-Completion instructions:--Notification of physician- who, the date and time. Must be documented in the medical record; --Actions taken to prevent recurrence-what was done immediately to prevent event from happening again;--Nurse completing report and date - nurse signature with date;--Director of Nursing (DON) and administrator signatures with date.Follow up: DON to ensure an entry was made in the nurses notes regarding the event, the event was logged for QA&A tracking/trending purposes, the facility's investigation was completed to determine causal factors of the event and to determine changes in resident plan of care of facility practice to reduce the likelihood of recurrence, the plan of care was revised, 72 hour monitoring initiated in nurses notes and any further comments. If any of the questions are answered no there must be a further explanation of why. 2. Review of Resident #4's Quarterly Minimum Data set (MDS), a federally mandated assessment tool, dated 01/05/26, showed staff assessed the resident as severely cognitively impaired. Review showed the resident received a scheduled pain medication regimen and opioid medications. Review of the resident's physician order sheet (POS), dated February 2026, showed an order for a Fentanyl patch 12 micrograms (mcg); one patch every 72 hours. Review showed the Fentanyl order did not specify where to place the Fentanyl patch on the resident's body. Review of the resident's medication administration record (MAR), dated February 2026, showed staff were directed to place a Fentanyl patch 12 mcg; one patch every 72 hours. Review showed the MAR did not specify where to place the Fentanyl patch on the resident's body. Review of the resident's care plan, dated 12/23/25, showed staff documented the resident received a scheduled pain medication and has a Duragesic patch (an opioid medication to treat pain). Review showed if staff cannot find the patch on the resident's body, they are to notify the charge nurse as the resident will pick it off at times.Review of the resident's progress notes, dated 02/11/26, showed staff documented the residents Fentanyl patch missing during night shift rounds, and the evening shift aides stated the resident was pulling at it. The aides and nurse on the 10 P.M., to 6 A.M., shift were unable to find the Fentanyl patch after they changed the resident's clothes and checked the bed sheets. During an interview on 03/12/26 at 12:52 P.M., Registered Nurse (RN) L said staff told him/her during shift report on 02/10/26 the resident was scratching at his/her Fentanyl patch. RN L said he/she conducted rounds around 11 P.M. to 12 A.M., and noticed the resident's Fentanyl patch was missing. RN L said staff stripped the linens from the resident's bed and searched the resident's clothing but were unable to find the patch. The RN said the resident's Fentanyl orders do not specify (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	where to place the patch on the resident's body, but he/she said it is usually between the resident's shoulders. RN L said he/she does not recall the resident ever picking off the Fentanyl patch, but said the resident does pick at things a lot. The RN said he/she reported the missing Fentanyl patch to the Director of Nursing (DON). 3. Review of Resident #8's Annual MDS, dated [DATE], showed staff assessed the resident as severely cognitively impaired, received scheduled pain medication and opioid medications. Review of the resident's POS, dated 02/01/26, showed an order for a Fentanyl patch 12 mcg; one patch every 72 hours. Review showed record the site of the patch, but did not specify where to place the patch on the resident's body.Review of the residents MAR, dated February 2026, showed staff were directed to apply a Fentanyl patch 12 mcg one patch. Review of the MAR showed on 02/19/26 Certified Medication Technician (CMT) K documented the patch was not on the resident during the 2 P.M. to 10 P.M., shift. Review of the resident's a nurses' notes, dated 02/19/26 at 6:43 P.M., showed staff documented the resident's Fentanyl patch missing off his/her back and a new patch was applied and covered with a clear dressing. DON notified. During an interview on 03/12/26 at 12:32 P.M., CMT K said he/she checked placement of the resident's patch, and it was not there. He/She said he/she searched the room and the resident's clothes and laundry, and it was not found. He/She said he/she reported the missing patch to the charge nurse. CMT K said once reported to the nurse, then the DON is notified, and the charge nurse documents the occurrence. During an interview on 03/12/26 at 1:30 P.M., the DON said staff notified him/her of the two incidents with the fentanyl patches. The DON said the charge nurse is responsible to notify him/her or the administrator and it should be investigated to determine what happened. The DON said he/she was unable to find any further documentation other than the patches were missing. The DON said he/she is unsure why it was not in the resident's chart, and he/she was not aware of reporting procedures and had never been educated on proper investigations of this type. During an interview on 03/12/26 at 3:30 P.M., the Administrator said he/she was not aware that there were two missing fentanyl patches and was also not aware there had not been any follow up documentation or investigation of either incident. The administrator said he/she is aware it needed to be reported to the Bureau of Narcotics and Dangerous Drugs.

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F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. Based on record review and interview, facility staff failed to provide the services of a Registered Nurse (RN), for at least eight consecutive hours per day, seven days a week. The census was 53.1.Review of the facility's policies showed staff did not provide a policy that directed staff on the requirements for RN coverage. Review of the facility's Facility Assessment Tool, dated 2/27/26, showed the Facility Assessment Tool did not direct staff on RN coverage seven days a week for eight consecutive hours. Review of the facility staff schedule, dated December 2025, showed the facility did not have an RN for eight consecutive hours on 12/06/25, 12/07/25, 12/13/25, 12/14/25, 12/20/25, 12/21/25, 12/27/25, and 12/28/25. Review of the facility staff schedule, dated January 2026, showed the facility did not have an RN for eight consecutive hours on 01/03/26, 01/04/26, 01/10/26, 01/17/26, 01/18/26, 01/24/26, and 01/31/26. Review of the facility staff schedule, dated February 2026, showed the facility did not have an RN for eight consecutive hours on 02/01/26, 02/07/26, 02/14/26, 02/15/26, 02/21/26, 02/22/26, and 02/28/26. Review of the facility staff schedule, dated March 2026, showed the facility did not have an RN for eight consecutive hours on 03/01/26, 03/07/26 and 03/08/26. During an interview on 03/12/26 at 11:28 A.M., Licensed Practical Nurse (LPN) F said when they do not have an RN scheduled for the weekend, they post it for agency to pick it up. He/She said he/she knows the Director of Nursing (DON) will pick up shifts as needed if there are holes. During an interview on 03/12/26 at 12:29, the DON said when the facility doesn't have RN coverage on the weekend they use agency staff. He/She said if someone form agency doesn't pick up the shift himself/herself or the MDS Coordinator will pick up the shifts. He/She said he/she know the requirement is eight consecutive hours a day seven days a week. During an interview on 3/12/26 at 3:30 P.M., the Administrator said they have an RN that covers night shift 10:00 P.M. to 6:00 A.M. and the DON and MDS coordinator cover as needed. He/She said he/she knows the requirement is eight hours a day seven day a week for RN coverage. He/She said he/she was not aware they were not meeting the requirements.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, facility staff failed to use appropriate infection control procedures to prevent the spread of bacteria or other infectious causing contaminants when staff failed to ensure the two-step purified protein derivative (PPD), a skin test for Tuberculosis (TB) (a potentially serious infectious bacterial disease that mainly affects the lungs) was completed and on file in accordance with the facility policy for five employees (Dietary Aide (DA) C, Certified Medication Technician (CMT) D, Licensed Practical Nurse (LPN) F, Laundry Aide G, and Certified Nurse Aide (CNA) H out of eight employee files reviewed. Facility staff failed to ensure all residents were screened for TB when staff failed to ensure a two-step PPD and/or annual PPD tests were completed and documented per the facility policy for five residents (Resident #9, #31, #33, #41 and #49) of ten sampled residents. The facility census was 53. 1. Review of the facility's policy titled Tuberculosis Control, undated, showed first step PPD will be administered by the nursing department, documented on the Employee Immunization record, and must be read prior to or no later than start date. If the initial skin test result is 0-9 millimeters (mm), a second test should be given at least one week and no more than three weeks after the first test. 2. Review of Dietary Aide C's employee file showed: -Hire date of 09/10/25; -First step TB skin test administered on 09/09/25, the record did not contain a read date; -Second step TB administered on 09/23/25, the record did not contain a read date. 3. Review of CMT D's employee file showed: -Hire date of 11/25/25; -First step TB skin test administered on 11/21/25, the record did not contain a read date; -Second step TB skin test administered on 12/03/25, the record did not contain a read date. 4. Review of LPN F's employee file showed: -Hire date of 02/20/26; -Review showed facility staff did not obtain a two-step TB test. 5. Review of Laundry Aide G's employee file showed: -Hire date of 08/05/25; -First step TB skin test was read on 08/01/25, the record did not contain an administered date; -Second step TB test was read on 08/11/25, the record did not contain an administered date. 6. Review of CNA H's employee file showed: (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Hire date of 07/10/25; -First step TB skin test administered on 07/07/25, the record did not contain a read date. 7. During an interview on 03/10/26 at 3:00 P.M., the Director of Nursing (DON) said the charge nurses are responsible for administering and reading TB tests for all staff. The charge nurses are expected to document the process in a book at the desk. The DON was not aware of the missing dates of administration and results. During an interview on 03/12/25 at 11:45 A.M., the charge nurse said he/she and the other charge nurses are responsible for administering and reading TB tests for all staff. The charge nurse said when documenting TB tests staff are expected to document the date of the test, the recipient's name, the location of administration, lot number and expiration date of the solution used, and sign the form as the person administering the test. During an interview on 03/12/25 at 12:10 P.M., the Administrator said the charge nurses are responsible for administering and documenting TB tests and results for all staff. The Administrator said he/she expects the charge nurses to record the date of the test, check the results within 48 hours, and sign and date the recorded results. The Administrator said he/she was not aware of the missing dates for the above mentioned staffs TB tests. Review of the facility's policies showed staff did not provide a policy on the administration of PPD. Review of Resident #9's medical record showed: -admitted on [DATE]; -Second step TB test administered on 10/8/25; -The record did not contain the results of the resident's second step TB test. Review of Resident #31's medical record showed: -admitted on [DATE]; -First step TB test administered on 02/25/25; -The record did not contain the results of the resident's first step TB test. Review of Resident #33's medical record showed: -admitted on [DATE]; -Received the first step TB test on 02/25/25; -Received the second step TB test on 03/07/25; -The record did not contain the results of the resident's first or second step TB test. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident #41's medical record showed: -admitted on [DATE]; -Received the first step TB test on 07/10/25; -Received the second step TB test on 07/21/25; -The record did not contain the results of the resident's first or second step TB test. Review of Resident #49's medical record showed: -admitted on [DATE]; -Received the first step TB test on 10/15/25; -Received the second step TB test on 10/28/25; -The record did not contain the results of the resident's first or second step TB test. During an interview on 03/12/26 at 12:29, the DON said nurses are responsible for initiating the first step TB test on admission and he/she is responsible for ensuring all residents receive the two step TB tests. He/She said the read dates were not documented because the forms that staff were using said to read them within 48 hours and did not have a spot to write the read date. During an interview on 03/12/26 at 3:33 P.M., the Administrator said he/she does not do anything with the TB tests and was not aware these were not completed. It would be the DON's responsibility to oversee this process.

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. Based on observation, interview, and record review, facility staff failed to ensure residents with pressure ulcers receive necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing for one resident's (Resident #37) of two sampled residents. The census was 53. 1.Review of the facility's Wound Care and Treatment policy, undated, showed staff were directed as follows: -Washing hands must be done as outlined in the guidelines; -Wash your hands and put on gloves; -Clean the wound according to the order; -Remove gloves, place in trash bag, and put on a clean pair of gloves; -Position resident comfortably with call light in reach; -Wash your hands. Review of the facility's policy titled, Handwashing, undated, showed the policy did not direct staff on when to wash hands. Review of the facility's policy titled, Gloves, undated, showed dirty gloves are worse than dirty hands because microorganisms adhere to the surface of the glove easier than to the skin on your hands and directed staff to change gloves between contacts with different residents or with different body sites of the same resident. 2. Review of Resident #37's Quarterly Minimum Data Set Assessment (MDS), a federally mandated assessment tool, dated 1/20/26, showed staff assessed the resident as: -Severe cognitive impairment; -Does not reject care; -Has moisture associated skin damage; -At risk for Pressure ulcers/injuries; -Diagnosis of Diabetes Mellitus, cancer and heart failure. Review of the resident's care plan, dated 01/22/26, showed the care plan did not address the resident's history of pressure ulcers, the resident's current stage II (a partial-thickness skin loss) wound or have updated interventions since 4/24/24. Review of the Physician Orders Sheet (POS), dated 08/19/25, showed the physician order directed staff to administer Calmoseptine ointment (skin protectant) 0.44-20.6 % topically three times daily for a rash or nonspecific skin eruption. (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the POS, dated 03/12/26, showed Calmoseptine ointment 0.44-20.6 %, apply topically to the left and right buttock three times daily. Review of the resident's skin assessment notes, showed the following: -On 09/26/25, stage II pressure ulcer to right buttock; -On 10/08/25, right buttock wound healed; -On 10/31/25, new stage II pressure ulcer to left buttock; -On 12/05/25, stage II lower right buttock wound and a new area on his/her top right buttock; -On 12/12/25, top right buttock healed; -On 12/19/25, lower right buttock healed; -On 01/16/26, two stage II left lower buttock abrasions; -On 01/27/26, left lower buttock wounds healed; -On 03/6/26, a new area stage II pressure ulcer to left buttock; -On 03/12/26, two new area stage II pressure ulcers to the right buttock in addition to the stage II left buttock wound. Observation on 03/12/26 at 10:21 A.M., showed Licensed Practical Nurse (LPN) F placed a gown and gloves on without performing hand hygiene before he/she entered the resident's room to provide wound care. He/She shut the door, closed the blinds, assisted the resident to stand, pulled his/her pants down and then applied the Calmoseptone ointment to the resident's bottom with the same gloves. He/She pulled the resident's pants up, removed his/her gloves and did not perform hand hygiene before he/she left the resident's room. During an interview on 03/12/26 at 11:28 A.M., LPN F said staff should perform hand hygiene when entering a resident's room and before leaving He/She said if gloves become soiled, come in contact with bodily fluids, if staff are moving from one task to another or from dirty to clean they should change their gloves and wash their hands. He/She said this is to prevent the spread of bacteria. He/She said the resident's skin is difficult. He/She said adhesive bandages cause a lot of break down on the resident's bottom quickly. He/She said the resident has a catheter but is in continent of bowel frequently. He/She said the incontinence is difficult with the wound and the resident refuses to off load and lay in bed during the day. He/She said care plans should address wound interventions and refusals of care. During an interview on 03/12/26 at 12:29 P.M., the Director of Nursing (DON) said he/she expects staff perform hand hygiene before they start would care, after removing the dressing they should change gloves and perform hand hygiene, anytime gloves are changed they should perform hand hygiene, and before leaving the resident's room. He/She said he/she would expect staff to change gloves and wash hands if they have touched other surfaces with the gloves, before they perform wound care. He/She said supplies and gloves should be kept clean to prevent contamination and for (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	infection control. During an interview on 03/12/26 at 3:30 P.M., the administrator said staff should wash hands before they start care and after. He/She said he/she expects his/her staff to change gloves in-between tasks of dirty and clean.