

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265753	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2024
NAME OF PROVIDER OR SUPPLIER Ozark Nursing and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1486 North Riverside Rd Ozark, MO 65721	

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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28865</p> <p>Based on record review and interview, the facility failed to protect each resident's right to be free from neglect when staff failed to check on one resident (Resident #1), who resided in the locked special care unit (SCU), for over 11 hours. Staff found the resident under his/her bed, unresponsive, with dried blood and emesis present. The resident was sent to the hospital and later passed away. The facility did not have a system in place to ensure on-site nursing staff monitored care provided by the aides and to ensure nurse aides performed walking rounds per facility policy. The facility census was 71.</p> <p>The Administrator and the Director of Nursing (DON) were notified on 07/26/24, at 6:15 P.M., of an Immediate Jeopardy (IJ) which began on 07/23/24. The IJ was removed on 07/26/24 as confirmed by surveyor onsite verification.</p> <p>Review of the facility's policy titled Abuse and Neglect Definition and Policy, undated, showed the following:</p> <p>-Neglect is the failure to provide services to an eligible adult by any person, firm, or corporation with a legal or contractual duty to do so, when such failure presents either an imminent danger to the health, safety, or welfare of the client or a substantial probability that death or serious physical harm would result.</p> <p>Review of the facility's Certified Nurses Aide (CNA) Responsibilities, undated, showed the following:</p> <p>-At the beginning and end of each shift, the CNAs will do walking rounds with the on-coming/off-going CNA;</p> <p>-The CNA on duty will give report to on-coming CNA of what happened during the shift.</p> <p>-Bedridden or overnight, CNAs to check residents every two hours and as needed.</p> <p>Review of the facility's Charge Nurses Daily Routine, undated, for 7:00 P.M. to 7:00 A.M., showed the nurses should do walking rounds several times per shift to make sure residents needs are meet and address any issues.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265753	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2024
NAME OF PROVIDER OR SUPPLIER Ozark Nursing and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1486 North Riverside Rd Ozark, MO 65721	

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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>1. Review of Resident #1's face sheet (a document that gives a resident's information at a quick glance) showed the following information:</p> <ul style="list-style-type: none"> -admitted [DATE]; -Diagnoses included anxiety, heart disease, cognitive communication deficit, and dementia. -Resided on the SCU. <p>Review of the resident's Baseline Care Plan, with observation date of 07/18/24 and competition date of 07/24/24, showed the following:</p> <ul style="list-style-type: none"> -Resident was an elopement risk. -Resident was diabetic. -Resident was confused. -Dependent on staff assistance for bathing, dressing, and using the toilet; -Used a wheelchair for ambulation; -Incontinent of bowel and bladder. -Moderate assistance of staff with transfers chair/bed to chair; -Impaired vision; -Resident has delusions. -Resident was high fall risk. <p>Review of the resident's Social Worker History and Assessment, dated 07/18/24, showed the following:</p> <ul style="list-style-type: none"> -Family involved; -Vision impairment; -One staff assistance for transfers and activities of daily living (ADL - dressing, grooming, bathing, eating, and toileting); -Used a walker for mobility; -Psychosocial needs - Calmer than he/she has ever been in life; -Goals - Like to see the resident get stronger so he/she could take care of self a little more, but with the dementia the family realizes it may not happen; <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265753	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2024
NAME OF PROVIDER OR SUPPLIER Ozark Nursing and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1486 North Riverside Rd Ozark, MO 65721	
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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>-Family's attitude and expectation of placement - Hope the resident is content and well cared for.</p> <p>Review of the resident's progress notes showed the following:</p> <p>-On 07/18/24, admission note, staff noted resident had arrived to the facility from another facility with family. The resident was alert and oriented to self. Per family, the resident was unable to see out of right due to glaucoma (chronic eye disease that occurs when fluid build up in the eye puts pressure on the optic nerve and retina). The facility completed a full assessment and vitals (all within normal range) on the resident.</p> <p>-On 07/24/24, at 7:04 A.M., Licensed Practical Nurse (LPN) A found the resident laying on his/her back under his/her bed on the ground with coffee ground like emesis (an indication of old and coagulated blood in the gastrointestinal tract) on his/her mouth and floor. The resident was also bleeding from the nose. The LPN got the resident out from under the bed to assess him/her. The resident was not responsive to talking, physical touch, or pain stimuli. The resident's right eye was bloodshot. The resident's pulse was weak and thready and read in the 180 beats per minute (bpm) range (normal range 60 to 100 bpm). The resident's blood pressure read was 99/69 millimeters of mercury (mm/Hg) (normal range less than 120/80 mm/Hg), temperature was 95.5 degrees Fahrenheit (F), pulse ox (a quick and non-invasive monitoring technique that measures the oxygen saturation in the blood) was 86% (normal range 95% to 100%) on room air, and respiration of 32 per minute (normal range 12 to 20 respirations per minute). Staff placed call to the Nurse Practitioner (NP) and received an order to send the resident to the hospital. Emergency Medical Services (EMS) arrived at approximately 7:20 A.M. and resident left facility at approximately 7:30 A.M.</p> <p>Review of the facility's investigation, undated, showed the following:</p> <p>-On 07/24/24, at approximately 7:05 A.M., LPN A found the resident laying under his/her bed on his/her back with coffee ground like emesis on his/her mouth and floor. The resident was also bleeding from the nose. LPN A got the resident out from under the bed. The resident was incontinent of urine with a brown ring on the bed's urine-stained sheets. Registered Nurse (RN) F assessed the resident.</p> <p>-The resident was not responsive to talking, physical touch, or pain stimuli. The resident's right eye was bloodshot and his/her pulse was weak. Staff took the resident's vitals and contacted the NP. Staff received an order to send the resident to the hospital. EMS was called and arrived at the facility at approximately 7:20 A.M. and left the facility with the resident at 7:30 A.M.</p> <p>-Staff received an update from the hospital that the resident had a stroke and was placed on comfort care.</p> <p>-An investigation was initiated for an injury of unknown origin and the CNA was placed on suspension during the investigation as staff reported they did not believe the resident was changed or checked on during the night.</p> <p>-RN D said he/she was not notified of a fall or any change in condition. While he/she was on the hall he/she was not present for any of the resident's incontinent checks. All staff present provided written statements.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265753	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2024
NAME OF PROVIDER OR SUPPLIER Ozark Nursing and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1486 North Riverside Rd Ozark, MO 65721	
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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>-All staff who provided care within the last 24 hours were questioned and none witnessed any fall or change in condition.</p> <p>-The Director of Nursing (DON) contacted CNA E. The CNA said he/she put resident to bed around 8:30 P. M. or 9:00 P.M. The CNA said he/she could not recall when he/she checked on the resident and said he/she forgot to check on him/her after that.</p> <p>Review of CNA E's statement, dated 07/25/24, showed the following information:</p> <p>-He/she arrived to the facility at approximately 6:50 P.M. and put two residents to bed.</p> <p>-He/she put Resident #1 to bed at 7:30 P.M. and failed to change the resident for the rest of the shift;</p> <p>-At one point he/she charted on residents, including Resident #1 without checking on the resident;</p> <p>-The next shift arrived and report was given. He/she helped get two residents up for breakfast and clocked out.</p> <p>During an interview on 07/26/24, at 2:30 P.M., CNA E said the following:</p> <p>-He/she worked the 7:00 P.M. to 7:00 A.M. shift and normally worked the SCU.</p> <p>-There were 17 to 21 residents in the SCU.</p> <p>-The nurses come back at 8:00 P.M. and 6:00 A.M., or if staff use their cell phone or the intercom to ask for assistance.</p> <p>-Staff are supposed to round on each resident every two hours and as needed.</p> <p>-He/she emailed his/her written statement to the Assistant Director of Nursing (ADON) and stated he/she put the resident to bed at approximately 7:30 P.M. to 8:30 P.M., and the resident was fine with no concerns;</p> <p>-He/she was distracted that evening due to personal things going on in his/her life and did not lay eyes on that resident for the rest of the night;</p> <p>-CNA G came to relieve him/her for approximately 25 minutes;</p> <p>-CNA G was in the same spot when he/she returned;</p> <p>-On 07/23/24 to 07/24/24, he/she should have checked on the resident every two-hours if not more and as needed.</p> <p>-He/she gives report at the nurses' station, but staff should be doing walking round to each resident room, per facility protocol, and that does not typically happen;</p> <p>-CNA E said he/she does think that night, 07/23/24 to 07/24/24, he/she neglected the resident.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265753	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2024
NAME OF PROVIDER OR SUPPLIER Ozark Nursing and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1486 North Riverside Rd Ozark, MO 65721	

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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During an interview on 07/30/24, at 10:05 A.M., CNA G said the following:</p> <ul style="list-style-type: none"> -He/she was a CNA on the overnight shift, 11:00 P.M. to 7:00 A.M., and works mostly on the A wing. He/she works on the SCU occasionally; -While on shift, his/her job was to do rounds three times a night to check residents who are incontinent and in between usual rounds he/she goes up and down the halls looking into rooms to ensure residents don't need anything or the residents haven't fallen; -While on shift he/she will give a break to the CNA on the other halls; -He/she does not remember walking the SCU hall or checking on residents; -He/she does not remember ever seeing the resident; -CNA E did not voice any concerns prior to his/her break; -He/she did not check on the resident or any of the residents during the time he/she was covering the hall. <p>Review of LPN A's written statement, dated 07/24/24, showed the following:</p> <ul style="list-style-type: none"> -LPN A entered the resident's room to check the resident's blood sugar level. The room was dark and he/she did not see the resident in the bed. When the light was turned on LPN A observed the resident lying on his/her back under the bed. LPN A observed dried blood around and under the resident's head and face from his/her nose and mouth. -LPN pulled the resident out from under the bed and tried to get a response. LPN A told a CNA to go get the nurse from the other hall and have them call 911. -The resident did not respond to verbal/tactile stimuli with no response to sternal rub. -The resident's skin was ice cold to touch and his/her pants and brief were soaking wet. The bed was also wet with brown ring on sheet. -Last time he/she saw the resident was on 07/23/24. The resident was alert and responsive. <p>During an interview on 07/25/24, at 2:20 P.M., LPN A said the following:</p> <ul style="list-style-type: none"> -The resident was a new admission who arrived to the facility on the 07/18/24. -The resident was alert and oriented with confusion. The resident was very quiet and reserved. -The resident was a maximum (max) assist of one staff. -The resident needed help with incontinent care, toileting transfers, and staff helped the resident eat meals. The resident needed incontinent care/toileting at least every two hours. <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265753	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2024
NAME OF PROVIDER OR SUPPLIER Ozark Nursing and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1486 North Riverside Rd Ozark, MO 65721	

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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>-At night staff are supposed to check on the residents at least every two hours.</p> <p>-Staff should check to make sure residents are in bed, breathing, and are clean and dry.</p> <p>-On 07/24/24, he/she went over to the SCU to check blood sugars and start medication pass.</p> <p>-The resident was usually up by the nurses' station sitting in a wheelchair. That morning LPN A had to go to the room to find the resident.</p> <p>-When he/she entered the room, it was dark with little light he/she did not see the resident in bed.</p> <p>-He/she turned the light on and the resident was under the bed, feet out, and the other half of his/her body under the bed. There was blood under the bed.</p> <p>-LPN A told the CNA to go get RN F and call 911;</p> <p>-It looked like coffee ground emesis next to the resident's his/her head, dried blood on his/her face, and the emesis on the floor was dry. The blood had coagulated next to the resident's head.</p> <p>-The resident did not respond.</p> <p>-The resident's shirt, pants, and brief were sopping wet. The resident's bedding was wet and brown ringed.</p> <p>-The resident had a temperature of barely 95 degrees, his/her pupils were fixed, and he/she was non-responsive.</p> <p>-RN F and an LPN entered the room to help.</p> <p>-Staff notified the physician and family.</p> <p>-The nurse and aide that had been present the night before had already left.</p> <p>-It appeared to him/her the resident had been down quite a while and he/she had to tell EMS that he/she did not know the last time the resident had been checked on.</p> <p>-The resident could not have been been checked on during shift change.</p> <p>-If the aides had done walking rounds the aides would have found the resident.</p> <p>-CNA E should have been checking on the resident at least every two hours.</p> <p>-It is never appropriate for the aides to not check on residents throughout the day and more so at night.</p> <p>Review of RN F's typed statement, undated, showed the following;</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265753	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2024
NAME OF PROVIDER OR SUPPLIER Ozark Nursing and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1486 North Riverside Rd Ozark, MO 65721	

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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>-At approximately 7:05 A.M., LPN A found the resident laying under his/her bed on his/her back with coffee like emesis on his/her mouth and on the floor. The resident was also bleeding from nose. LPN A then pulled the resident out from the bed and LPN A notified RN F to come and assess the resident.</p> <p>-The resident was not responsive to talking, physical touch, or pain stimuli. The resident's right eye was bloodshot. His/her pulse was weak and thready and read in the 180's bpm. His/her blood pressure reading was 99/69 mmHg and temperature was 95.5 degrees F. The resident's pulse ox was 86% and respirations were 32 per minute. Staff placed call to the NP and received an order to send resident out to the hospital. RN G called the EMS who arrived at approximately 7:20 A.M. EMS left with the resident at 7:30 A.M.</p> <p>During an interview on 07/30/24, at 11:40 A.M., RN F said the following:</p> <p>-On the overnight shift, the nurses for A hall and C hall split the SCU hall to provide cares and pass medication.</p> <p>-The SCU hall has one CNA on the overnight shift and CNAs from A hall and C hall will cover during a break.</p> <p>-CNAs should round on all residents every two hours and as needed. CNAs need to place eyes on residents to ensure they are still breathing.</p> <p>-If that CNA goes on a lunch break the CNA that comes into the SCU to cover should walk the halls to ensure no resident is on the floor.</p> <p>-The nurses responsible for the SCU should walk the halls and ensure the residents are okay and when they go into the SCU during the overnight shift they should always find the CNA on that hall.</p> <p>-On 07/24/24, soon after he/she came on shift a CNA said LPN A needed him/her in the SCU due to a resident bleeding on the floor;</p> <p>-When he/she got to the resident's room, the resident was lying on the floor on his/her back with blood coming from nose and mouth. It looked like coffee ground emesis and very dry.</p> <p>-The resident looked green, had a temp of 95.5 degrees F and heart rate was in the 180's bpm.</p> <p>-The resident showed no response to pain stimuli.</p> <p>-Staff called the NP and got an order to send to the hospital.</p> <p>-Staff called the family and the DON.</p> <p>-The resident and resident's bedding was soiled and wet;</p> <p>-This resident was a new admission who should have been checked on and charted on.</p> <p>-It did not look like anyone rounded on the resident for awhile.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265753	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2024
NAME OF PROVIDER OR SUPPLIER Ozark Nursing and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1486 North Riverside Rd Ozark, MO 65721	
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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During an interview on 07/25/24, at 3:00 P.M., RN D said the following:</p> <ul style="list-style-type: none"> -He/she had worked as needed (PRN) for four to five months and usually works C hall, but gets pulled to A hall every so often; -Usually at night there is a nurse on A hall and C hall and they will split the SCU with med pass and cares. -The overnight CNA is responsible for rounding on the residents at least every two hours. -When the staff are checking on the residents they are repositioning, checking if they are wet or dirty, and if the residents need anything looking for all needs. -If staff see any change in condition they are to call the nurse. -It is not okay for the CNA to put a resident to bed and never check on the resident again. -RN D entered the SCU that night at approximately 12:30 A.M., and then again at 2:30 A.M., and put all the medications in the medication cart that the pharmacy had delivered. -He/she did not see CNA E and assumed CNA E was in a room helping a resident. -He/she did not go down the halls or pass by the resident's room either time he/she was in the SCU. -RN D entered the SCU again at 5:30 A.M. to give the 6:00 A.M. medications and CNA E was getting residents up. -The resident did not have any early morning meds. He/she did not pass by the resident's room. The resident's room was at the end of the hall. -The resident was relatively new so he/she did not really know the resident's routine yet. -During the overnight shift CNA E called the RN at around 3:00 A.M. to see if someone could come and give him/her a break and CNA G went over and relieved CNA E for about 20 minutes. -CNA G did not return with any concerns. -CNA G should have checked on all the residents by at least walking by each room and at least looking in the room. -When the nurses go off shift any changes or concerns are reported to the oncoming nurse. -The CNA's are supposed to give report to the CNA coming on of any concerns and if they were not able to get a resident up for the day. -He/she does not go searching for the aides unless he/she needed them. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265753	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2024
NAME OF PROVIDER OR SUPPLIER Ozark Nursing and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1486 North Riverside Rd Ozark, MO 65721	
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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>-He/she is able to see the aides on A hall and C hall doing their work and rounding, but on the SCU it a little more difficult to monitor the aides whereabouts and if he/she goes back to the SCU and he/she do not see the aide he/she trusts the CNAs are in a room taking care of the residents.</p> <p>Review of the ADON's typed statement, undated, showed upon reviewing the security cameras on the SCU hall the evening of 07/23/24, CNA E was seen pushing the resident to his/her room in his/her wheelchair at 7:30 P.M. CNA E was in the room for several minutes and then exited the resident's room.</p> <p>During an interview on 07/26/24, at 3:30 P.M., the ADON said the following:</p> <p>-She watched the camera footage and saw where CNA E pushed the resident in his/her wheelchair from the nurses' station to his/her room at 7:30 P.M. and never reentered the resident's room again.</p> <p>-From 7:30 P.M. to 11:00 P.M., no one entered the resident's room.</p> <p>During an interview on 07/26/24, at 3:44 P.M., the DON said she watched the video from 11:00 P.M. to 6:00 A.M. and did not see any staff go into the resident's room during this time.</p> <p>During an interview on 07/25/24, at 12:50 P.M., CNA C said the following:</p> <p>-He/she worked on the SCU.</p> <p>-He/she usually worked the 3:00 P.M. to 11:00 P.M., shift.</p> <p>-Staff should check on residents every two hours and as needed.</p> <p>-Staff should always check the residents throughout the night.</p> <p>-There was no nurse back in the SCU on the overnight shift.</p> <p>-The resident was quiet, alert and oriented with confusion, and one max assist with ADLs.</p> <p>-Staff would always check on the resident at least every two hours and he/she was usually incontinent of both bowel and bladder.</p> <p>-If there was a yellow and brown ring in the bed sheets it would be a sign the resident had not been changed in awhile.</p> <p>-He/she worked over on B Hall, 3:00 P.M. to 11:00 P.M. shift, on 07/23/24 and would have been on the SCU, but got moved to A hall at 7:00 P.M. when CNA E came on shift for the 7:00 P.M. to 7:00 A.M. shift.</p> <p>-The resident was in his/her recliner still awake and was fine before he/she left the SCU.</p> <p>-CNAs chart ADLs on every shift in the electronic medical record.</p> <p>During an interview on 07/25/24, at 3:45 P.M., CNA B said the following:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265753	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2024
NAME OF PROVIDER OR SUPPLIER Ozark Nursing and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1486 North Riverside Rd Ozark, MO 65721	

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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>-He/she usually worked in the SCU. The residents in the SCU have dementia.</p> <p>-All the SCU residents need some assistance with ADLs.</p> <p>-He/she liked to do rounds when going off shift with the on-coming CNA. He/she walked to every room and tell the aide coming on how each resident did that day.</p> <p>-When coming on after night shift there is usually no report and no going room-to-room. Sometimes an aide will give report.</p> <p>-He/she checks on residents every two hours and there are residents who need to be checked every hour the heavy wetters, residents who drink a lot.</p> <p>-It is not okay to not check on the residents.</p> <p>-The resident required one staff max assistance for cares. If staff assisted the resident with toileting every two hours he/she would not be incontinent.</p> <p>-The resident would not ask for help or to go to the bathroom.</p> <p>-When CNA B worked nights the resident was always wet when doing rounds and incontinent care was performed.</p> <p>-On 07/24/23, LPN A came into the SCU to do blood sugar checks.</p> <p>-He/she went in the resident's room behind LPN A and another aide.</p> <p>-He/she saw the resident in the floor under the bed had dry dry blood and dry blood on the floor. There was also a ring of brown and yellow on the wet sheets.</p> <p>-The resident was fine the day before.</p> <p>During an interview on 07/30/24, at 2:36 P.M., the Medical Director said the following:</p> <p>-The resident had not been at the facility very long and had passed away.</p> <p>-The CNAs should be checking in on residents a minimum of every two hours to ensure they are alive and breathing.</p> <p>-During a break an aide, who covers for the aide, should do their job at the appropriate standard of care. The patient should never be unchecked for eight hours.</p> <p>-The nurse should be going into the B hall and should check on all the residents.</p> <p>-The nurse should make a cursory round and check on the residents. There is no excuse for not checking on all residents.</p> <p>-This was negligence.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265753	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2024
NAME OF PROVIDER OR SUPPLIER Ozark Nursing and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1486 North Riverside Rd Ozark, MO 65721	

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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During an interview on 07/26/24, at 3:44 P.M., the DON said the following:</p> <ul style="list-style-type: none"> -At 7:19 A.M., RN F called and reported how staff found the resident; -RN F reported the resident was lying flat on his/her back under the bed unresponsive and had dried blood from nostril and mouth. He/she thought the resident may have vomited as there was a coffee ground like emesis by the resident's mouth and by his/her head on the floor. -RN F had already called 911, the physician's office, and the resident's family. -The DON came in and checked the cameras. The resident was in a room at the end of the hall. -Staff should do rounds on every resident every two hours and as needed. -CNA E should have checked on all the residents at least every two hours and as needed. -CNA G should have walked down the halls and at least looked into each resident room while covering for CNA E during his/her break; -RN D should have walked down each hall and checked on the residents and checked to see where and what CNA E was doing. <p>During interviews on 07/25/24, at 12:35 P.M., and on 07/26/24, at 2:20 P.M. and 6:15 P.M., the Administrator said the following:</p> <ul style="list-style-type: none"> -CNA's should be doing rounds every two hours and as needed checking on all residents; -The resident was a new admissions and nurses should have been charting in the progress notes every shift for three days; -Nurses should have checked on all residents in the SCU at least one time during their shift. -The DON did look at the camera footage for that night from 11:00 P.M. to 7:00 A.M., and the footage showed nobody entered the resident's room. -The resident should have been checked on at least every two hours and as needed. CNA E should have checked on the resident several times throughout the night shift. -The resident should never have been left without care. -If any staff entered the SCU they should have checked on all the residents even if just doing a walk by the room. -CNA G, who relieved CNA E, should have walked the halls and looked in on all the residents while he/she was in the SCU. <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265753	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2024
NAME OF PROVIDER OR SUPPLIER Ozark Nursing and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1486 North Riverside Rd Ozark, MO 65721	
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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>NOTE: At the time of the survey, the violation was determined to be at the immediate jeopardy level J. Based on observation, interview, and record review, completed during the onsite visit, it was determined the facility had implemented corrective action to remove the IJ violation at the time. A final revisit will be conducted to determine if the facility is in substantial compliance with participation requirements.</p> <p>At the time of exit, the severity of the deficiency was lowered to the D level. This statement does not denote that the facility has complied with State law (Section 198.026.1 RSMo.) requiring that prompt remedial action to be taken to address Class I violation(s).</p> <p>MO00239499</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265753	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2024
NAME OF PROVIDER OR SUPPLIER Ozark Nursing and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1486 North Riverside Rd Ozark, MO 65721	

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 0838</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies.</p> <p>28865</p> <p>Based on interview and record review, the facility failed to maintain a current and accurate facility assessment when facility staff failed to review and update the comprehensive facility assessment at least annually. The facility census was 71.</p> <p>Review showed the facility did not provide a policy regarding the facility assessment.</p> <p>1. Review of the facility assessment showed staff completed the current facility assessment in 2023. The staff did not document a review of the facility assessment since April 2023.</p> <p>During an interview on 07/26/24, at 4:40 P.M., the Administrator said the following:</p> <ul style="list-style-type: none"> -The facility assessment is supposed to be updated annually and the last time she updated it was 04/26/23. -She did not do the annual update in 2024. -She is responsible for reviewing and completing the facility assessment. -The facility staff should review the facility assessment yearly. -Departments heads and the physician should be involved and discuss the facility assessment. -The facility assessment should have been reviewed and updated in April 2024.