

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265844	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/22/2024
NAME OF PROVIDER OR SUPPLIER  Aurora Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  1200 McCutchen Road Rolla, MO 65401	

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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47193</b></p> <p>Based on record review and interviews, the facility staff failed to ensure residents were allowed to make choices about aspects of their lives in the facility when facility staff failed to allow four residents (Resident #1, #2, #3, and #4), who was his/her own responsible person to smoke. The facility census was 73.</p> <p>1. Review of the Facility's Resident Rights Policy, not dated, showed staff are directed as follows:</p> <ul style="list-style-type: none"> <li>-The resident has the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility;</li> <li>-The resident has the right to make choices about aspects of his or her life in the facility that are significant to the resident.</li> </ul> <p>2. Review of the resident #1's annual Minimum Data Set (MDS), a federally mandated assessment, dated 02/12/24, showed the staff assessed the resident as follows:</p> <ul style="list-style-type: none"> <li>-Moderate cognitive impairment;</li> <li>-No behaviors exhibited by the resident.</li> </ul> <p>During an interview on 02/22/24 at 12:15 P.M., the resident said he/she has not been out to smoke since he/she returned from the hospital.</p> <p>3. Review of the resident #2's annual MDS, dated [DATE], showed the staff assessed the resident as follows:</p> <ul style="list-style-type: none"> <li>-Severe cognitive impairments;</li> <li>-No behaviors exhibited by the resident.</li> </ul> <p>During an interview on 02/22/24 at 12:05 P.M., the resident said that staff are not allowing him/her to go out to smoke until the investigation is complete. He/She said he/she had not had a cigarette in a couple days.</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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>4. Review of the resident #3's quarterly MDS, dated [DATE], showed the staff assessed the resident as follows:</p> <p>-Cognitive;</p> <p>-No behaviors exhibited by the resident.</p> <p>Did we get an interview for this resident?- this resident was out of the building, I can add that observation if you would like.</p> <p>5. Review of the resident #4's admission MDS, dated [DATE], showed the staff assessed the resident as follows:</p> <p>-Cognitive;</p> <p>-No behaviors exhibited by the resident.</p> <p>During an interview on 02/22/24 at 12:26 P.M., the resident said since he/she and another resident when outside, smokers are not allowed out to smoke. He/She said he/she was told after the investigation is completed, they will let them know if they are able to start smoking again.</p> <p>6. During an interview on 02/22/24 at 10:27 A.M., the Administrator said as an intervention to the incident, they have suspended smoking breaks for all smokers.</p> <p>During an interview on 02/22/24 at 1:16 P.M., certified nurse aide (CNA) A said the administrative staff told him/her that none of the smoking residents are allowed out to smoke until the investigations are complete.</p> <p>During an interview on 02/22/24 at 1:30 P.M., Licensed practical nurse (LPN) B said when Resident #1 went outside to smoke independently, upper management put smoking on hold. He/She said currently none of the smokers are allowed out to smoke until upper management notifies them.</p> <p>During an interview on 02/22/24 at 1:45 P.M., the Director of Nursing said for the safety of all residents they have suspended smoking pending their investigation as to how Resident #1 was able to go outside to smoke independently.</p> <p>During an interview on 02/22/24 at 2:03 P.M., administrator said they have notified staff and residents that no one is allowed to smoke at this time and have it posted as a reminder. He/She said the residents have not been allowed to smoke since 2/20/24 when Resident #1 went outside to smoke independently. He/She said it is for the safety of the residents and that they have offered smokers the option of nicotine patches for the time being. He/She said he/she is meeting with corporate in regards to turning the facility back into a non-smoking facility. He/She said they have been a smoking facility since May 23</p> <p>MO00232145</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 47193</p> <p>Based on interview and record review, facility staff failed to develop a comprehensive person-centered care plan for each resident to meet the residents medical and nursing needs for four residents (Residents #1, #2, #3 and #4) who smoke cigarettes. The facility census was 73.</p> <ol style="list-style-type: none"> <li>1. Review of the facility's Resident smoking policy, revised 9/22/22, showed staff were directed to the following all residents shall be asked about tobacco use during the admission process, and during each quarterly or comprehensive Minimum Data Set (MDS) assessment process.</li> <li>2. Review of the facility's policies showed the facility did not provide a policy for the development of comprehensive care plans.</li> <li>3. Review of the Resident #1's annual Minimum Data Set (MDS), a federally mandated assessment, dated 02/12/24, showed the staff assessed the resident as follows: <ul style="list-style-type: none"> <li>-Moderate cognitive impairment;</li> <li>-No behaviors exhibited by the resident.</li> </ul> <p>Review of Resident's Care Plan, dated 11/20/23, showed the care plan did not contain interventions for the resident's supervision, assessment or safety risks with smoking.</p> </li> <li>4. Review of the resident #2's annual MDS, dated [DATE], showed the staff assessed the resident as follows: <ul style="list-style-type: none"> <li>-Severe cognitive impairments;</li> <li>-No behaviors exhibited by the resident.</li> </ul> <p>Review of Resident's Care Plan, dated 01/12/24, showed the care plan did not contain interventions for the resident's supervision, assessment or safety risks with smoking.</p> </li> <li>5. Review of the resident #3's quarterly MDS, dated [DATE], showed the staff assessed the resident as follows: <ul style="list-style-type: none"> <li>-Cognitive;</li> <li>-No behaviors exhibited by the resident.</li> </ul> <p>Review of Resident's Care Plan, dated 01/19/24, showed the care plan did not contain interventions for the resident's supervision, assessment or safety risks with smoking.</p> </li> <li>5. Review of the resident #4's admission MDS, dated [DATE], showed the staff assessed the resident as follows:</li> </ol> <p>(continued on next page)</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Cognitive;</p> <p>-No behaviors exhibited by the resident.</p> <p>Review of Resident's Care Plan, dated 01/08/24, showed the care plan did not contain interventions for the resident's supervision, assessment or safety risks with smoking.</p> <p>6. During an interview on 02/22/24 at 1:30 P.M., Licensed Practical Nurse (LPN) B said he/she is not sure if smoking is in the resident's care plan. He/She said he/she would have to look. He/She said it is the responsibility of the MDS coordinator to update care plans.</p> <p>During an interview on 02/22/24 at 1:45 P.M., the Director of Nursing said it is his/her expectation smoking is care planned. He/She said he/she believes it is the MDS coordinators responsibility to make sure they are care planned. He/She said he/she was not aware the care plans did not contain direction for smoking.</p> <p>During an interview on 02/22/24 at 2:03 P.M., administrator said smoking should be in the resident's care plan. He/She was not aware the care plans did not include smoking. He/She said it is the MDS coordinators responsibility for ensuring care plans are complete.</p> <p>During an interview on 03/06/24 at 8:51 A.M., the MDS coordinator said he/she is responsible for completing MDS's and care plans. He/She said when a resident does not have a completed smoking assessment it is hard for him/her to know what interventions, if any, to add to the resident's care plan. He/She said if a resident is assessed as being a smoker, he/she should have it care planed with the appropriate interventions.</p> <p>MO00232145</p>		