STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265844	A. Building B. Wing	12/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aurora Health and Rehabilitation	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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview, and record review, facility staff failed to label eye drops in accordance with professional standards and failed destroy expired medications. The facility census was 66.1. Review of the facility's Medication Storage policy, dated 05/01/25, showed it is the policy of the facility to ensure all medications housed on the premises will be stored according to the manufacturer's recommendations. The consultant pharmacist routinely inspects for discontinued, outdated defective or deteriorated medications with worn illegible, or missing labels. These medications are destroyed. 2. Observation on 12/09/25 at 8:02 A.M., showed the 400-hall medication cart contained: -One bottle of artificial tear eye drops open, undated,and unlabeled;-One bottle of Fluorometholone (used to treat inflammation, swelling and/or redness) 0.1% eye drop open and dated 09/01/25;-One bottle of Dorzolamide (used to decrease eye pressure related to glaucoma) eye drop open and dated 09/07/25;-Two bottles of artificial tears open and undated;-One bottle of Lumigan 2.5 eye drops open and undated;-One container of Cyclosporin (antibiotic) 0.05% eye drops single use vials opened and dated 08/23/25;-One loose vial of an unknown eye drop. During an interview on 12/09/25 at 8:02 A.M., Certified Medication Technician (CMT) C said eye drops are only good for 30 days once opened. He/She said he/she does not check the eye drops unless he/she is responsible to give them. The person who administers the medication is responsible to ensure the medication is not expired. The CMT said if the bottle is not labeled, it could be unstable and should not be used. He/She said he/she thinks the nurses check the carts weekly, but he/she was not sure. During an interview on 12/09/25 at 8:15 A.M., Registered Nurse (RN) B said eye drops can be used for 30 days once opened. He/She said it is the responsibility of the nursing team to ensure the medication carts are checked for expired, outdated and discontinued medications. He/She said the pharmacy helps with this process monthly. He/She was not aware there were outdated and discontinued medications in the medication cart.During an interview on 12/11/25 at 9:44 A.M., the Director of Nursing (DON) said between the nurse managers, CMT's, and the pharmacist, the medication carts should be checked routinely, and at a minimum monthly by the consultant pharmacist. Staff should date the bottle when opened. He/she did not know there were expired and outdated medications in the medication cart. During an interview on 12/11/25 at 10:25 A.M., the administrator said the night shift nurses are responsible to ensure outdated and expired medications are removed from the medication cart on a weekly basis. If tge eye drops are outdated or expired, staff are expected to remove them from the cart. Staff are to follow manufacturers' recommendations on when the drugs expire.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, facility staff failed to provide written information to the resident and/or the resident's representative of the bed hold policy at the time of transfer to the hospital for two residents (Resident #6 and #73) out of 3 residents sampled who were hospitalized . The facility census was 66.1. Review of the facility's Bed Hold policy, dated 08/01/25, showed at the time of transfer for hospitalization, the facility will provide to the resident and/or the resident representative written notice which specifies the duration of the bed-hold policy and addresses information explaining the return of the resident to the next available bed. In the event of emergency transfers of a resident, the facility will provide within 24 hours written notice of the facility's bed-hold policy. The facility will keep a signed and dated copy of the bed-hold notice information given to the resident and/or resident representative in the resident's file. 2. Review of Resident #6's medical record showed staff documented the resident discharged from the facility to the hospital on [DATE] and returned on 11/26/25. Review showed staff documented the resident discharged from the facility to the hospital on [DATE] and returned on 12/11/25. The medical record did not contain documentation staff issued a bed hold upon discharge to the resident or the resident's responsible party.3. Review of Resident #73's medical record showed staff documented the resident discharged from the facility to the hospital on [DATE] and returned on 11/19/25. Review showed staff documented the resident discharged from the facility to the hospital on [DATE] and returned on 12/05/25. The medical record did not contain documentation staff issued a bed hold upon discharge to the resident or the resident's responsible party.4. During an interview on 12/10/25 at 8:02 A.M., Registered Nurse (RN) B said he/she does not complete bed holds and thinks the social services department does. During an interview on 12/11/25 at 8:41 A.M., the Social Service Designee (SSD) said he/she was not aware it was his/her responsibility until this week. He/She believed the nurses were completing them. During an interview on 12/11/25 at 9:44 A.M., the Director of Nursing (DON) said he/she is working on a process for bed hold completion. He/She is new to the facility and was not aware until this week, the bed holds were not being completed. His/her expectation is the nurse will try to obtain the bed hold prior to the resident leaving the facility with the SSD helping with follow up as needed. During an interview on 12/11/25 at 10:25 A.M., the administrator said nurses are expected to initiate the bed holds and the SSD should follow up with the resident or responsible party within 24 hours. He/she has only been with the facility a very short time and is not sure if the bed holds are being completed.