STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265846	A. Building B. Wing	04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Abundant Acres Care and Rehab	13277 State Route D Savannah, MO 64485

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 0569 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44939 Based on interview and record review, the facility failed to provide personal funds and final accounting within 90 days upon discharge. This affected six residents (Residents #1, #2, #3, #4, #5, and #6). The facility census was 47. The facility did not provide a policy regarding refunding resident funds. 1. Review of the facility's aging report, dated 4/25/24, showed the following residents had money in the facility's operating account: -Resident #1 discharged on [DATE]: with a balance of $720.00; -Resident #2 discharged on [DATE]: with a balance of $399.00; -Resident #3 discharged on [DATE]: with a balance of $3028.54; -Resident #4 discharged on [DATE]: with a balance of $3321.10; -Resident #5 discharged on [DATE]: with a balance of $1057.33; -Resident #6 discharged on [DATE]: with a balance of $1277.23. During an interview on 4/25/24 at 1:45 P.M., the Director of Operations said: -He/She was aware that personal funds were to be refunded to residents or responsible parties within 30 days of discharge. -These refunds are all processed through the corporate accounting department. -These refunds have been requested from the corporate office, but he/she was unsure why they have not been processed. MO235167

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. 47195 Based on interview and record review, the facility staff failed to report to Department of Health and Senior Services (DHSS) injuries of unknown origin when the facility staff became aware on 3/23/23 that one resident (Resident #1) had injuries of unknown origin. Injuries included bruising to his/her right eye, bruising to the backs of his/her right and left elbows, bruising to the top of his/her right hand, and a skin tear to his/her right outer wrist. The facility failed to report the injuries of unknown origin until 3/25/24. The facility census was 49. Review of facility policy, Abuse prevention program, investigation, dated July 2023, showed: -Reports of resident abuse, neglect, and injuries of unknown source shall be promptly and thoroughly investigation by the facility; -The Administrator will report all alleged and final abuse investigations to the state agency per state guidelines. 1. Review of Resident #1's quarterly minimum data set (MDS), a federally mandated assessment tool completed by staff, dated 2/16/24, showed: -He/She had a Brief Interview Mental Status (BIMS) score of 0, a brief cognitive screening tool used to measure and track resident's cognitive decline or improvement in long-term care, showed resident severe cognitive impairment; -He/She had clear speech and was able to make self-understood to others, but missed some part/intent of message and comprehends most conversation when understand others; -He/She had lower extremity impairment on one side; -He/She was dependent on a walker for mobility; -He/She was dependent for toileting hygiene; -He/She required substantial to maximal assistance with oral hygiene, bathing, upper and lower body dressing, personal hygiene, putting on and taking off footwear; -He/She required supervision or touching assistance with mobility. -Diagnoses included: neurogenic bladder (a urinary condition in which people lack control of bladder due to brain, spinal cord, or nerve problems), diabetes (a condition resulting in to much sugar in the blood), generalized muscle weakness, lack of coordination, muscle wasting and atrophy, and abnormalities of gait and mobility. Review of care plan, dated 4/26/23, showed: (continued on next page)

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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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-He/She required supervision with activities of daily living. Monitor to ensure residents clothing, toileting, hygiene needs are met and offer assistance as needed. -Resident had a history of wandering at night. Resident wanders aimlessly, significantly intrudes on the privacy or activities has wandered into rooms and taken things from those rooms. -Resident had actual fall with risk for further falls due to impulsiveness, decreased safety awareness of self and environment. Review of the medical record showed the following: -On 3/23/24 at 10:46 A.M., Licensed Practical Nurse (LPN) A entered an injury of unknown origin on resident and documented a wrist skin tear 1.0 centimeter (cm) x 0.7 cm x 0.1 cm. -On 3/23/24 Certified Nurses Aide (CNA) B completed skin assessment that showed bruising to the resident's right eye, bruising to both back of arms, and top of right hand, and skin tear to the resident's right outer wrist by the thumb. Observation on 4/3/24 at 4/3/24 at 1:35 P.M. showed resident had faint bruise barely visible to right eye, faint small 1 inch bruising spots scattered across the tops of right and left arms, a v shaped skin tear on right outer wrist. During an interview on 4/3/24 at 1:05 P.M., the Director of Nursing (DON) said: -He/She found out about the injury of unknown origin by reading the nurses notes on 3/25/24; -The residents injuries were found the morning of 3/23/24 by LPN A. During an interview on 4/3/24 at 2:08 P.M., LPN A said: -He/She was notified of injury of unknown origin on 3/23/24 by Housekeeper A who advised Certified Nurse Assistant (CNA) A needed him/her to come back to the memory care unit to assess the injury. -He/She saw a small crescent shape bruise to the right eye, skin tear to the resident's right outer wrist, a large bruise on his/her right and left elbows. -He/She did not contact the DON or Administrator; - He/She should have contacted them but forgot; -He/She entered a report in the medical record for the injury of unknown origin. During an interview on 4/3/24 at 2:50 P.M., Certified Medication Technician A said: -He/She first saw the bruise on 3/23/24 while he was back on unit passing medications when resident came out of his/her room after breakfast. During an interview on 4/3/24 at 3:10 P.M., Certified Nurse Aide (CNA) B said: (continued on next page)

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-He/She observed bruising to resident's eye on 3/23/24 after CMT A asked about it when resident walked out of his/her room; -He/She obtained LPN A and took resident to shower room to complete a further assessment. During an interview on 4/3/24 4:21 P.M., Administrator said: -He/She did not make report until two days after injury of unknown origin was discovered; -He/She was beyond the two hour window to report the injury of unknown origin upon discovery. MO233750

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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 - Few	Respond appropriately to all alleged violations. 47195 Based on record review and interview, the facility failed to thoroughly investigate injuries of unknown origin when one resident (Resident #1) was found to have bruising on top of his/her arms, bruising to his/her right eye, and a skin tear to his/her right arm on the morning of 3/23/24 by staff. The facility failed to follow facility policy when they failed to provide documentation that all staff working were interviewed, and failed to provide complete and thorough documentation of the investigation. The facility census was 49. Review of facility policy, Abuse Prevention Program, Investigation, dated July 2023, showed: -Reports of resident abuse, neglect, and injuries of unknown source shall be promptly and thoroughly investigated by facility management. -Should an incident or suspected incident of resident abuse, mistreatment, misappropriation, neglect or injury of unknown source be reported, the Administrator, or his/her designee, will appoint a member of management to investigate the alleged incident. -The individual conducting the investigation will, as a minimum: -Review the completed documentation forms; -Review the resident's medical record to determine events leading up to the incident; -Interview the person(s) reporting the incident; -Interview any witnesses to the incident; -Interview staff members (on all shifts) who have had contact with the resident during the period of the alleged incident; -Interview the resident's roommate, family members, and visitors, as able or as appropriate to the situation; -Review all events leading up to the alleged incident. -The following guidelines will e used when conducting interviews: -Each interview will be conducted separately and in a private location; -The purpose and confidentiality of the interview will be explained thoroughly to each person involved in the interview process; -Witness reports will be obtained in writing. Witnesses will be required to sign and date such reports. (continued on next page)

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of facility policy, Abuse Prevention Program, Recognizing signs and symptoms of Abuse/Neglect, dated July 2023, showed: -Community staff will not condone any form of resident abuse or neglect. To aid in abuse prevention, all personnel are to report any signs and symptoms of abuse and neglect to their supervisor or to the Director of nursing Services immediately. -Injury of unknown origin is defined as suspicious related to the source of the injury is not observed or the extent or location is unusual or related to the number of injuries either at a single point or over time. -The following are examples of actual abuse/neglect and signs and symptoms of abuse/neglect that should be promptly reported. However, this listing is not all inclusive. -Signs of actual physical abuse: -welts or bruises; -abrasions or lacerations; -fractures, dislocations or sprains of questionable origin; -black eyes or broken teeth; -The individual in charge of the investigation will consult with the Administrator concerning the progress/findings of the investigation. -The administrator will keep there resident and his/her representative informed of the progress of the investigation. -The administrator will report all alleged and final abuse investigations to the state agency per state guidelines 1. Review of Resident #1's quarterly minimum data set (MDS), a federally mandated assessment tool completed by staff, dated 2/16/24, showed: -He/She had a Brief Interview Mental Status (BIMS) score of 0, a brief cognitive screening tool used to measure and track resident's cognitive decline or improvement in long-term care, showed resident severe cognitive impairment; -He/She had clear speech and was able to make self-understood to others, but missed some part/intent of message and comprehends most conversation when understand others; -He/She had lower extremity impairment on one side; -He/She was dependent on a walker for mobility; -He/She was dependent for toileting hygiene; (continued on next page)

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-He/She required substantial to maximal assistance with oral hygiene, bathing, upper and lower body dressing, personal hygiene, putting on and taking off footwear; -He/she required supervision or touching assistance with mobility. -Diagnoses included: neurogenic bladder (a urinary condition in which people lack control of bladder due to brain, spinal cord, or nerve problems), diabetes (a condition resulting in to much sugar in the blood), generalized muscle weakness, lack of coordination, muscle wasting and atrophy, and abnormalities of gait and mobility. Review of care plan, dated 4/26/23, showed: -He/She required supervision with activities of daily living. Monitor to ensure residents clothing, toileting, hygiene needs are met and offer assistance as needed. -Resident had a history of wandering at night. Resident wanders aimlessly, significantly intrudes on the privacy or activities has wandered into rooms and taken things from those rooms. -Resident had actual fall with risk for further falls due to impulsiveness, decreased safety awareness of self and environment, psychoactive drug use, and wander. Review of medical record, showed: -3/23/24 at 11:10 A.M., LPN A wrote in progress notes he/she was called to shower room upon entering Certified Nurses Aide (CNA) B pointed out to him/her the resident had a bruise to his/her right brow bone, both elbows, a skin tear to right outer wrist. Resident had not had a fall that any staff were aware of. Certified Medication Technician (CMT) A stated the resident had the bruise on his/her eye when he/she came out of his/her room that morning for breakfast. The resident was unable to recall if he/she may have fallen. Physician and family were notified. Review of facility investigation summary, undated, showed the following: -At approximately 10:00 A.M. (on unknown date) CNA B was giving a shower to Resident #1. CNA B noted bruises to resident's right eye, both outer forearms and a skin tear to his/her inner right forearm. CNA B notified LPN A about the bruises and skin tear. LPN A provided wound care to skin tear, completed a head to toe assessment of the resident, vital signs were taken and performed range of motion. LPN A notified responsible party. Additional staff were added to the special care unit for protection of resident. Skin was checked of all residents on the unit. Educated in staff in an inservice on abuse and neglect and what things to report. Review of facility investigation documentation showed: -A resident roster of memory care unit showed 14 residents on memory unit were assessed, 13 residents had no bruises during an assessment. Unknown date of assessment; -Staffing sheets showed: -On 3/22/24: (continued on next page)

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Registered Nurse (RN) A worked 6:00 P.M.-6:00 A.M. -CNA C worked 6:00 P.M.-6:00 A.M. on the special care unit -CNA D worked 6:00 P.M.-6:00 A.M. on main halls -CNA F worked 6:00 P.M.-6:00 A.M. on main halls -On 3/23/24 -LPN A worked 6:00 A.M.-6:00 P.M. -CMT A worked 6:00 A.M.-6:00 P.M. on special care unit; -CNA B worked 6:00 A.M.-6:00 P.M. on special care unit; -CNA A worked 6:00 A.M.-6:00 P.M. on main hall; -CNA G worked 6:00 A.M.-6:00 P.M. on main hall; -CNA H worked 6:00 A.M.-6:00 P.M. on main hall; -CNA I worked 6:00 A.M.-6:00 P.M. on main hall; -Facility statements collected from staff members showed: -LPN A wrote a witness statement on 3/27/24 at 12:00 P.M. -Statement obtained from CNA A on 3/26/24 who did not work with resident on memory care unit; -Statement obtained from CNA G was undated who did not work with resident on memory care unit; -Statement obtained from CNA H on 3/26/24 who did not work with resident on memory care unit; -Statement obtained from CNA I was undated who did not work with resident on memory care unit; -Statement obtained from CNA J who did not work until 3/25/24; -Statement obtained from CMT B who did not work until 3/25/24; -No statements obtained from CNA B who worked with resident on 3/23/24; -No statements obtained from CMT A who discovered bruise on 3/23/24; -No statement obtained from Housekeeping staff A who found blood on 3/23/24 in resident's room. -In-service completed with facility staff on 3/25/24 on when to notify administrator or DON right away with injuries of unknown origin. Twenty-four staff participated in inservice. (continued on next page)

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 4/3/24 at 12:58 P.M., Administrator said: -He/She did not have any additional information to provide, all of the investigative information was faxed to the Department of Health and Senior Services (DHSS) office on the initial reporting form sent 3/25/24. During an interview on 4/3/24 at 1:05 P.M., DON said: -He/She found out about the injury of unknown origin on 3/25/24 from reading the nurse notes, no staff contacted him/her over the weekend; -He/She contacted resident's family, and started calling employees; -He/She was primary investigator for the investigation; -He/She recorded interviews in his/her notebook; -He/She provided all his/her documentation and statements to the Administrator; -There were more statements collected but he/she did not know what happened to them; -He/She contacted RN A, CNA D, CNA F, CNA C, LPN A, CNA B, CNA G; -He/She determined that resident wandered around his/her room and added more staff to the special care unit; -A drug review was completed and resident was added on a medication for agitation; -He/She did not write up an investigative summary; -He/She did not know if facility used forms to document investigations as he/she was an interim agency DON; During an interview on 4/3/24 at 2:08 P.M., LPN A said: -The housekeeper A obtained him/her from main hall to assist CNA B; -He/She observed a purple bruise on resident's right brow in a small crescent shape and a skin tear over right outer wrist. Resident also had big bruise on right elbow; -CNA B advised him/her they had just found it; -He/She then learned from CMT A that he/she had observed bruises when resident came out for breakfast but did not say anything to him/her; -Resident did not go to bed with bruise on Friday night; -He/She completed an incident report of unknown origin and contacted physician and family; (continued on next page)

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-He/She did not contact the DON or administrator; -He/She provided statement to the DON on Monday. During an interview on 4/3/24 at 2:50 P.M., CMT A said: -He/She was working on the unit on 3/23/24 when resident got up and he noted a black eye on his/her right eye; -Resident had a shower an hour later and bruising was observed; -He/She provided a written statement a few days later; -As soon as he observed bruising he told LPN A; -Housekeeper A saw blood right next to resident's bed; During an interview on 4/3/24 at 3:10 P.M., CNA B said: -Resident came out of room after breakfast between 8:00-8:30 A.M.; -CMT A went to give resident his/her medications and said that there was a bruise on Resident #1's eye; -He/She advised CMT A that he/she did not know about bruise but would give him/her a shower; -LPN A came back to assess resident right away; -Housekeeper A did see blood in resident's room on the floor at foot of resident's bed and on resident's pillow; -Resident #1 will normally get in and out of bed on his/her own; During an interview on 4/3/24 at 3:19 P.M., Housekeeper A said: -He/She found blood in resident #1's room at foot of his/her bed and on his/her pillow; -He/She arrived to work at 10:00 A.M During an interview on 4/4/24 at 12:09 P.M., CNA C said: -He/She had worked on 3/21/24 at 6:00 P.M. to 3/22/24 at 6:00 A.M.; -CNA F was working on special care unit with him/her until 12:00 A.M.; -Resident #1 went to bed around 10:00 P.M. on 3/21/24; -Resident #1 got up at 3:00 A.M. and came out into hallway of special care unit; (continued on next page)

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Resident #1 got up at 4:30 A.M. and he/she asked resident if he/she had to use restroom; -RN A came back on special care unit at 4:45 A.M. to start passing medications and he/she did not notice any concerns with resident; -Resident had some bruising on arms prior to 3/22; -When he/she returned to work on 3/23/24 resident had big bruises that he/she did not have before; -He/She notified RN B of prior bruises but he/she did not document them. During an interview on 4/3/24 at 4:21 P.M., Administrator said: -He/She was facility investigator; -He/She and DON handled the investigation; -He/She did the paperwork that was submitted to DHSS; -He/She reported injury to the ombudsman who was in the facility; -He/She did not use formal forms to document the investigation. During an interview on 4/3/24 at 4:24 P.M., DON said: -He/She called people on the staffing list; -He/She collected statements from staff; -He/She did not use formal forms to document investigation; - He/She did not document his/her interviews with employees over the phone. MO233750

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F 0807 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives and the facility provides drinks consistent with resident needs and preferences and sufficient to maintain resident hydration. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47195 Based on observation, interview, and record review, the facility failed to provide drinks including ice and fresh water consistent with the residents' needs and preferences. This affected four residents (Residents #2, #4, #6, and #7) out of a sample of eight residents. The facility's census was 49. Facility policy, Nutritional Management, dated 2023, showed: -Facility provides care and services to each resident to ensure the resident maintains acceptable parameters of nutritional status in the context of his or her overall condition. -Acceptable parameters of nutritional status refers to factors that reflect an individual's nutritional status is adequate, relative to his/her overall condition and prognosis, such as weight, food/fluid intake, and pertinent laboratory values. -Nutritional status includes both nutrition and hydration status. Facility did not provide a hydration policy. 1. Review of Resident #2's quarterly minimum data set (MDS), a federally mandated assessment tool completed by staff, dated 2/9/24, showed: -He/She had a Brief Interview Mental Status (BIMS) score of 12, a brief cognitive screening tool used to measure and track resident's cognitive decline or improvement in long-term care, showed resident had moderate cognitive impairment; -He/She used clear speech, was able to make self understood and understood others; -He/She had impairment to upper and lower extremities on both sides; -He/She was dependent on a wheelchair for mobility; -He/She required set up or clean up assistance for eating; -He/She was dependent for oral care, toileting, bathing, upper and lower body dressing, putting on and taking off footwear, personal hygiene, and all mobility; -Diagnoses included: hip fracture, hypothyroidism (a condition in which the thyroid gland does not produce enough thyroid hormone), mitral valve stenosis (a condition of narrowing of the valve between the two left heart chambers), fibromyalgia (a condition causing widespread body pain and tiredness), Diabetes Mellitus (a disease in which the body does not process blood sugar properly), and gastro-esophageal reflux disease (GERD) (a digestive disease in which stomach acid or bile irritates the food pipe lining). Review of care plan, dated 2/21/24, showed: (continued on next page)

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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 0807 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Resident was dependent on staff for meeting emotional, intellectual, physical, and social needs due to immobility; -Resident had an activities of daily living (ADL) self-care performance deficit related to the disease process; -Resident was bedfast all or most of the time; -Resident was totally dependent on two staff for repositioning and turning in bed as necessary; -Resident was able to feed self after set up; -Resident had diabetes mellitus; -Monitor, document, and report as needed signs and symptoms of hyperglycemia including increased thirst and appetite. Observation on 4/3/24 at 11:31 A.M. showed a clear glass of water on resident's over the bed table had no ice and was mostly full with a straw in it. - Resident's eyes were sunk in and his/her lips looked cracked. During an interview on 4/3/24 at 11:31 A.M., Resident said: -Staff did not bring water as often as he/she would like; -He/She was dependent on staff to provide him/her with drinks of water; -The water glass that sat on table had been there since yesterday; -He/She would like to have ice water; -His/Her water will sometimes sit all day before staff come and provide fresh ice or a new cup. 2. Review of Resident #4's MDS, dated [DATE], showed: -He/She had a BIMS score that was undetermined, indicating he/she was severely cognitively impaired; -He/She had clear speech but was rarely able to make self-understood or rarely had ability to understand others. -He/She was dependent on a wheelchair; -He/She was dependent for eating, oral care, toileting, upper and lower body dressing, putting on and taking off footwear, personal hygiene, and all mobility; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265846	A. Building B. Wing	04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Abundant Acres Care and Rehab	13277 State Route D Savannah, MO 64485

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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 0807 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Diagnoses included dementia (a group of thinking and social symptoms that interferes with daily function characterized by impairment of at least two bran functions such as memory loss and judgement), hyperlipidemia (a condition in which there are high levels of fat particles (lipids) in the blood), pain, constipation, hypokalemia (a condition when blood level that is below normal in potassium and can cause fatigue, muscle cramps, and abnormal [NAME] rhythms), weakness, and muscle wasting and atrophy. Review of care plan, dated 9/9/23, showed: -Resident had an ADL self-care performance deficit related to severely impaired cognition and Alzheimer's Disease; -He/She was totally dependent on staff for eating; -Actual alteration in tissue integrity with potential for further impairment related to decreased physical mobility, incontinence, and weight loss; -He/She was at risk for weight loss related to poor intake at times; -Monitor nutritional status. Serve diet as ordered, monitor intake and record. Observation on 4/3/24 at 11:10 A.M. showed resident was out of his/her bed. Mattress sheets were covered with dry flakes of skin at foot of bed. Water pitcher located at night stand at foot of bed was full, no ice, and warm to touch. Observation on 4/3/24 at 1:59 P.M. showed resident resting in bed watch television with neck pillow. Neck pillow was covered in flakes of skin. Resident did not respond when engaged with or questions asked. Water pitcher remained on night stand at foot of bed and did not have any fresh water or ice in it. 3. Review of Resident #6's MDS, dated [DATE], showed: -He/She had a BIMS score of 4, he/she was severely cognitively impaired; -He/She had clear speech and was able to make self-understood and clear comprehension of others; -He/She required supervision with eating; -He/She required substantial to maximal assistance with oral care, toileting, bathing, upper and lower body dressing, and putting on and taking off footwear, and mobility; -Diagnoses included: hypokalemia (condition causing low potassium), dementia, weakness, unsteadiness on feet, repeated falls, generalized muscle weakness, and retention of urine. Review of care plan, dated 11/24/23, showed: -Resident had an ADL self-care performance deficit related to Parkinson's and terminal diagnosis; (continued on next page)

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	265846	A. Building B. Wing	04/03/2024

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F 0807 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Resident required assistance from staff to eat. Resident was on a mechanical soft diet with honey thickened liquids. -Resident had a swallowing problem related to coughing or choking during meals or swallowing meds; -Diet to be followed as prescribed. Current diet was pureed with liquids thickened to honey consistency and do not use straws; -Keep head of bed elevated 45 degrees during meal and thirty minutes afterwards or have resident remain up in chair for thirty minutes after meals; Observation on 4/3/23 at 1:52 P.M., showed resident had dry cracked lips with a sore on lip. 4. Review of Resident #7's MDS, dated [DATE], showed: -He/She had a BIMS score of 10, he/she had moderate cognitive impairment; -He/She had clear speech and was able to make self-understood and clear comprehension of others; -He/She was dependent on a wheelchair; -He/She required set up and clean up assistance with eating; -He/She was dependent on oral care, toileting, putting on and taking off footwear; -He/She required substantial to maximal assistance with personal hygiene, upper and lower body dressing, and mobility; -Diagnoses included: dementia, muscle wasting, generalized muscle weakness, dermatitis (a condition resulting in swelling and irritation of the skin), and need for assistance with personal cares. Review of care plan, dated 2/12/22, showed: -He/She had an ADL self-care performance deficit related to impaired mobility; -He/She was able to feed self, staff to set up his/her meals for him/her as needed; -He/She had potential for complications related to hypertension; -He/She had potential for nutritional deficits; -Provide and serve diet as ordered. Resident is on a regular diet and able to feed self food and fluids with staff setting it up for her; Observation on 4/3/24 at 2:35 P.M. showed resident had pink cup on over the bed table that had no ice, the water was luke warm. During an interview on 4/3/24 at 2:35 P.M., Resident said: (continued on next page)

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	265846	A. Building B. Wing	04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 0807 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-He/She had not received water today; -He/She did not know the last time staff had passed water to his/her room. 5. During an interview on 4/3/24 at 1:53 P.M., CNA A said: -He/She usually passed ice water around 9:00 A.M.-10:00 A.M.; -He/She did not pass ice water today to residents. 6. During an interview on 4/3/24 at 4:21 P.M., Administrator said: -Water should be passed before, between, and after meals. 7. During an interview on 4/3/24 at 4:24 P.M., Director of Nursing said: -Fresh ice water should be passed between meals; -Residents should be offered hydration frequently throughout the day. MO233649

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265846	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/03/2024
NAME OF PROVIDER OR SUPPLIER: Abundant Acres Care and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE: 13277 State Route D Savannah, MO 64485	

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F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that a working call system is available in each resident's bathroom and bathing area. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44939 Based on observation and interview, the facility failed to maintain a call system that was adequately equipped to allow residents to call for staff through a communication system which relayed the call directly to a staff member or to a centralized staff work area and alert in the corridor. The facility census was 47. The facility did not provide a policy regarding resident call light system. Observation on 4/25/24, beginning at 11:31 A.M., showed: -The call light in room [ROOM NUMBER] A on the secure unit was activated. The light above the door did not turn on and the indicator light on the call light board in the hall did not turn on. -The call light in room [ROOM NUMBER] B on the secure unit was activated. The light above the door did not turn on and the indicator light on the call light board in the hall did not turn on. -The call light in room [ROOM NUMBER] A on the secure unit was activated. The light above the door did not turn on and the indicator light on the call light board in the hall did not turn on. -The call light in room [ROOM NUMBER] A on the open unit was activated. The light above the door did not turn on. A notification did appear on the screen at the central nurses' station. -The call light in room [ROOM NUMBER] B on the open unit was activated. The light above the door did not turn on. A notification did appear on the screen at the central nurses' station. -The call light in room [ROOM NUMBER] A on the open unit was activated. The light above the door did not turn on. A notification did appear on the screen at the central nurses' station. -The call light in room [ROOM NUMBER] A on the open unit was activated. The light above the door did not turn on. A notification did appear on the screen at the central nurses' station. -The call light in room [ROOM NUMBER] A on the open unit was activated. The light above the door did not turn on. A notification did appear on the screen at the central nurses' station. -The call light in room [ROOM NUMBER] A on the open unit was activated. The light above the door did not turn on. A notification did appear on the screen at the central nurses' station. -The call light in room [ROOM NUMBER] A on the open unit was activated. The light above the door did not turn on. A notification did appear on the screen at the central nurses' station. -The call light in room [ROOM NUMBER] A on the open unit was activated. The light above the door did not turn on. A notification did appear on the screen at the central nurses' station. During an interview on 4/25/24 at 11:48 A.M., Licensed Practical Nurse (LPN) A said: (continued on next page)

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F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-The facility's call light system has not worked properly since he/she began working at the facility in October 2024. -The call light system is not able to work with the the electrical system of the building. -If staffing allows, a staff member remains at the central nurses' station, monitoring the call light board. If a call light on the secure care unit activates, the staff member at the nurses' station will call or text the staff on the secure unit, informing them a call light has activated. -If there is not a staff member at the desk, staff do not know if a call light goes off. During an interview, Certified Nurses Assistant (CNA) A said: -He/She has worked at the facility for six years. -The lights above the doors have worked in the past, but have not been working for several months. -Whomever is at the nurses' station will text or call other staff to let them know if a call light is sounding. -If no one is at the desk, and he/she is on the hall or in a room, he/she would not know if a call light is going off. During an interview, the Director of Operations said: -He/She was unaware that the indicator lights above resident room doors were not functioning. -It is his/her expectation that the call light system be fully functioning. MO235167