

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  06/16/2025
NAME OF PROVIDER OR SUPPLIER  Abundant Acres Care and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0678</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident's advance directives.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to ensure availability of staff who can provide cardiopulmonary resuscitation (CPR, any medical intervention used to restore circulatory and/or respiratory function that has ceased) when the facility did not have a full list of CPR certified staff available or copies of CPR cards in employee files. This had the potential to affect all residents who were a full code (residents who want CPR when their heart stops beating). Facility census was 43.</p> <p>The facility did not have a policy in place regarding staff being CPR certified or maintaining a list of staff currently on shift who are CPR certified.</p> <p>Review of employee files on [DATE] a 1:45 P.M., showed:</p> <ul style="list-style-type: none"> <li>-Employee files of Registered Nurse (RN) A, Minimum Data Set (MDS) Coordinator, Certified Nurses Assistant (CNA) A, Certified Medication Technician (CMT) A, CNA B, and CNA C did not contain evidence of CPR certification.</li> </ul> <p>During an interview on [DATE] at 11:20 A.M., CMT B said:</p> <ul style="list-style-type: none"> <li>-His/Her CPR certification is expired;</li> <li>-The facility did not ask about his/her CPR certification status when hired;</li> <li>-He/She does not know where to find if any of the staff working are CPR certified. He/She assumes the charge nurse is CPR certified.</li> </ul> <p>During an interview on [DATE] at 11:22 A.M., LPN A said:</p> <ul style="list-style-type: none"> <li>-His/Her CPR certification was current;</li> <li>-The facility did not ask about his/her CPR certification status when hired;</li> <li>-He/She does not know where to find if any of the staff working are CPR certified.</li> </ul> <p>During an interview on [DATE] at 11:25 A.M., CNA D said:</p> <ul style="list-style-type: none"> <li>-He/She was not CPR certified;</li> </ul> <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 0678</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-The facility did not ask about his/her CPR certification status when hired;</p> <p>-He/She does not know where to find if any of the staff working are CPR certified;</p> <p>-He/She assumes the charge nurse on duty is CPR certified.</p> <p>During an interview on [DATE] at 10:58 A.M., the Physician said:</p> <p>-He/She would expect the facility to follow their policy regarding staff being CPR certified;</p> <p>-He/She would expect that all the staff be CPR certified, but at least all the nursing staff at a minimum.</p> <p>During an interview on [DATE] at 4:01 P.M., the Director of Nursing (DON) said:</p> <p>-The facility does not have a policy regarding staff being CPR certified;</p> <p>-There is not a list or record of which staff's CPR certification is current. He/She thought the Business Office kept record of this;</p> <p>-There is not a list that indicates which staff currently working on shift are CPR certified;</p> <p>-He/She does not know how any staff currently on shift would know who is CPR certified;</p> <p>-It is his/her expectation that the charge nurse on duty be CPR certified, at a minimum.</p> <p>During an interview on [DATE] at 12:15 P.M., the Administrator said:</p> <p>-The facility does not have a policy regarding staff being CPR certified. It is his/her expectation that the facility have a policy on this topic;</p> <p>-It is his/her expectation that nursing staff be CPR certified.</p> <p>MO255778</p>		