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	08/21/2025

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, facility staff failed to develop and implement complete policies and procedures for the inspection, testing and maintenance of the facility's water systems to inhibit the growth of waterborne pathogens and reduce the risk of an outbreak of Legionnaire's Disease (LD) (a serious type of pneumonia(lung infection) caused by Legionella bacteria, which places all residents at risk of exposure which could lead to illness. This had the potential to affect all residents of the facility. Additionally, the facility failed to ensure staff washed or sanitized their hands between dirty and clean tasks which affected one of 12 sampled residents (Resident #12). The facility census was 44. 1.Review of the Centers for Medicare and Medicaid Services (CMS) Quality, Safety and Oversight (QSO) 17-30, dated 06/02/17 and revised on 07/06/18, showed: -The bacterium Legionella can cause a serious type of pneumonia called Legionnaire's Disease in persons at risk. Those at risk include persons who are at least [AGE] years old, smokers, or those with underlying medical conditions such as chronic lung disease or immunosuppression. Outbreaks have been liked to poorly maintained water systems in building with large or complex water systems including hospital and long-term care facilities. Transmission can occur via aerosols from devices such as shower heads, cooling towers, hot tubs and decorative fountains. -Facilities must have water management plans and documentation that, at a minimum, ensure each facility:--Conducts a facility risk assessment to identify where Legionella and other opportunistic waterborne pathogens (e.g. Pseudomonas, Acinetobacter, Burkholderia, Stenotrophomonas, nontuberculous mycobacteria, and fungi) could grow and spread in the facility water system:--Develops and implements a water management program that considers the American Society of Heating, Refrigerating and Air-Conditioning Engineers, (ASHRAE)industry standard and the Centers for Disease Control and Prevention, (CDC). Review of the facility's building maintenance inspection and testing records, dated 8/2024 through 8/2025, showed the records did not contain documentation of a complete water management program to monitor the facility's water systems for the growth of waterborne pathogens and prevent LD. Record review showed the Legionella policy, undated, guidelines, which instructed the facility staff to complete a risk assessment and develop procedures to monitor for Legionella in accordance with the Centers for Disease Control guidelines had not been completed by the maintenance director. During an interview on 08/20/25 at 3:00 P.M., the Maintenance Director said he checked water temperatures and flushed toilets that are not used on a daily basis. He had no documentation of doing any preventative measures, but did have documentation of water temperatures. (continued on next page)

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
	265846	A. Building B. Wing	08/21/2025

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview on 08/20/25 at 3:30 P.M., the Administrator said the maintenance department was responsible to conduct water testing for the Legionella Program, monthly. The Administrator had no documentation available. 2. Review of the facility's undated policy for Infection Control for Long Term Care showed: - The purpose is to prevent and control the spread of infectious diseases among residents, staff, and visitors in the facility, ensuring compliance with regulatory standards and promoting a safe environment. - Hand hygiene: perform before and after resident contact, after exposure to bodily fluids, before asepetic tasks, and after removing gloves. Review of Resident #12's care plan, revised 7/11/25, showed: - Toileting: required assistance for toileting, perineal care and managing clothing before and after toileting. - Personal hygiene/oral care: required assistance for all personal hygiene tasks. Review of the resident's Significant Change in Status Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 8/1/25, showed: - Cognitive skills severely impaired. - Dependent on the assistance of staff for toilet use. - Required substantial to maximal assistance for dressing. - Required supervision or touch assistance for transfers and oral care. - Always incontinent of bowel and bladder. - Diagnoses included congestive heart failure, high blood pressure, Alzheimer's disease, Parkinson's disease, and COPD. Observation on 8/20/25 at 7:00 A.M., showed: - Certified Nurse Aide (CNA) A and CNA B entered the resident's room, did not wash hands and applied gloves. - CNA A and CNA B unfastened the resident's brief. - CNA A wiped down one side of the resident's groin and CNA B wiped down the other side of the resident's groin. - CNA A wiped once down the middle skin folds. - CNA A and CNA B turned the resident on his/her side. (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	08/21/2025

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	- CNA A wiped once from front to back, removed the wet incontinent brief and placed a clean one under the resident and fastened it. - CNA A and CNA B put clean socks, and pants on the resident. - CNA A and CNA B removed gloves, did not wash his/her hands, and applied new gloves. - CNA A and CNA B transferred the resident to his/her wheelchair and put a clean shirt on the resident. CNA B removed gloves and did not wash his/her hands, applied new gloves and made the resident's bed. - CNA A removed gloves, sanitized his/her hands and left the room. - CNA A entered the resident's room, did not wash his/her hands and applied gloves and combed the resident's hair. CNA A applied perfume to the resident, put the resident's eyeglasses and shoes on the resident. During an interview on 8/20/25 at 12:44 P.M., CNA B said: - He/She should wash his/her hands any time they are soiled. He/she could use hand sanitizer three times then should wash his/her hands. - He/She should have sanitized his/her hands when he/she entered the resident's room, washed his/her hands between glove changes and before he/she left the resident's room. During an interview on 8/20/25 at 3:32 P.M., CNA A said he/she should have washed or sanitized his/her hands after resident cares, between residents, and between glove changes. During an interview on 8/20/25 at 3:12 P.M., Registered Nurse A said staff should wash or sanitize their hands anytime they are soiled, before and after resident cares, and between residents. During an interview on 8/21/25 at 12:33 P.M., the Director of Nursing said staff should wash or sanitize their hands when they enter the room, before they leave the resident's room, between dirty and clean tasks, and between glove changes.

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	08/21/2025

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure two of 12 sampled residents (Resident #5 and #7) reviewed for unnecessary medications and/or their representative were informed of the risks and benefits of a physician ordered antipsychotic medication. This failure prevented the resident and/or their representative from knowing the risks and the benefits of using psychotropic medications. The facility census was 44. Review of the facility's undated Resident's Rights Policy, showed:- Residents have the right to be fully informed in writing of services, costs and changes;- Residents have the right to participate in and know their medical condition and treatment options. Review of the facility's undated Care Plan Policy, showed:- Resident and family/responsible party participation is required and documented;- Residents have the right to participate in care planning and decision-making;- Residents may decline interventions, and refusals must be documented and respected, in accordance with regulations. Review of the facility's Informed Consent for Psychotropic Medication Policy, undated, showed:- Residents will not receive psychotropic medications without obtaining informed consent from the resident or the resident's legally authorized representative (DPOA, POA, guardian). All consents are to be obtained in accordance with federal and state regulations and facility policy;- The resident has the right to be fully informed of the risks, benefits, and alternatives to psychotropic medication;- The resident can refuse or discontinue medications without retaliation or compromised care;- The resident can fully participate in treatment planning if possible; 1. Review of Resident #5's care plan, revised 4/24/25 showed: - The resident used psychotropic medications. - Administer psychotropic medications as ordered by the physician. Monitor for side effects and effectiveness every shift. Consult with pharmacy, consider dosage reduction when clinically appropriate, at least quarterly. Monitor/document/report as needed any adverse reactions of psychotropic medications: unsteady gait, tardive dyskinesia, EPS (shuffling gait, rigid muscles, shaking), frequent falls, refusal to eat, difficulty swallowing, dry mouth, depression, suicidal ideations, social isolation, blurred vision, diarrhea, fatigue, insomnia, loss of appetite, weight loss, muscle cramps, nausea, vomiting, and behavior symptoms not usual to the resident. Review of the resident's Quarterly Minimum Data Set (MDS), a federally mandated assessment completed by facility staff, dated 7/25/25 showed: - Cognitive skills intact. - No behaviors noted. - Diagnoses included: progressive neurological conditions, Alzheimer's disease, anxiety, depression, and bipolar. - Seven antipsychotics used in the last seven days. - Antipsychotics were used on a regular basis. (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	08/21/2025

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- A gradual does reduction was attempted on 7/9/25. Review of the resident's POS (Physician Order Sheet), dated August 2025 showed: - Start date: 7/9/25 - Zyprexa (antipsychotic) 10 milligrams (mg) daily for bipolar disorder. Discontinued on 8/8/25. - Start date: 8/8/25 - Zyprexa 7.5 mg at bedtime for behaviors. Review of the resident's medical record showed no consents or education of risks and benefits for psychotropic medication use was noted from 7/1/25 through 8/19/25. 2. Review of Resident #7's Care Plan, revised 5/16/25, showed: - Resident used psychotropic medications for behavior management;- Resident had a mood problem due to bipolar disorder. Staff administered medications and were to monitor for side effects and effectiveness;- Resident had a psychosocial well-being problem from anxiety, bipolar disorder and major depressive disorder. Review of the resident's Quarterly MDS dated [DATE], showed:- Resident had moderate cognitive impairment;- Resident had no potential indicators of psychosis;- Diagnosis included: heart failure, hypertension, kidney disease, diabetes, depression, dementia, and bi-polar disorder (mental health condition with mood swings);- Medications: antipsychotics. Review of the resident's Behavioral Diagnostic Assessment, dated 8/15/25, showed the resident's currently prescribed psychotropic medication was Cariprazine (antipsychotic) 6 mg once daily. Record review of the resident's Medical Records showed: August 2025 Physician Order for Cariprazine an antipsychotic 6mg 1 tablet by mouth once daily. Review of the resident's clinical record showed no documentation of informed consent for the use of psychotropic medications for the resident. 3.During an interview on 8/202/25 at 3:12 P.M., Registered Nurse (RN) A said the consents were a new thing, but they should be obtained before the resident started on the medication. During an interview on 8/21/25 at 8:14 A.M., Licensed Practical Nurse (LPN) A said: - He/She thought the consent for psychotropic medications should be signed prior to the resident starting on the medication. - He/She did not know who was responsible to obtain the consent. - It should be documented in the resident's progress notes that consent was obtained. During an interview on 8/21/25 at 8:30 A.M., the Director of Nursing (DON) said:- There currently is no process for obtaining informed consent for residents for the use of psychotropic medications;- The facility is developing a program and training so staff can obtain consent and update our system with the proper documentation to show informed consent by our residents. During an interview on 8/21/25 at 12:33 P.M., the DON said: (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	08/21/2025

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- The nurse should make sure the consent has been signed. - It will be part of the admission packet and Social Services will now have a part in it. - The consents should be obtained prior to the resident starting on the psychotropic medications. - Staff should document it in the resident's progress notes consent has been obtained.

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	08/21/2025

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 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to organize and participate in resident/family groups in the facility. Based on interview and record review, the facility failed act promptly upon grievances and recommendations made by the resident council when the facility failed to document a response to the council on follow up actions. This affected all the residents serving on the resident counsel and potentially other residents of the facility. The facility census was 44.Review of the undated Resident's Rights policy, showed:- Residents have the right to receive prompt attention to concerns through staff, administration, resident councils, or the ombudsman program;- Grievances: Residents can file complaints verbally or in writing. All complaints will be investigated and responded to;- Residents have the right to receive prompt attention to concerns through staff, administration, resident councils, or the ombudsman program.There was no policy regarding documentation on how to communicate resolutions to residents who had voiced concerns.1.During an interview on 8/19/25 at 2:00 P.M., the Resident Council said:-They would prefer written feedback regarding follow up to their concerns.- Eight out of eight council members had not received copies of the minutes from monthly resident council meetings. All feedback given was verbally and there was no way to see without a written record if the concerns brought up from the last meeting had been addressed to the council during the next meeting;- Eight out of eight council members did not remember staff going over the previous month's concerns at the start of each new meeting. Review of Resident Council Meeting notes showed:- January 2025 seven resident concerns were reported to the staff during the meeting;- February 2025 responses and concerns: No documented list of concerns or facility response provided to the resident council on any of January's concerns. 16 new resident concerns were reported to staff in the February meeting;- March 2025 responses and concerns: No documented list of concerns or facility response provided to the resident council on any of February concerns. 20 new resident concerns were reported in the March meeting notes and three of those concerns were addressed verbally by facility staff directly during the meeting; - April 2025 responses and concerns: Resident council requested a copy of the meeting minutes. No documented list of concerns or facility response provided to the resident council on any of March's meeting notes concerns. 16 new resident concerns were reported in the April meeting and two of those concerns were verbally addressed directly during the meeting; - May 2025 responses and concerns: No documented list of concerns or facility response provided to the resident council on any of April's concerns. One resident reported their concern from last month was resolved. 9 new resident concerns were reported with two of those concerns being addressed verbally by the staff during the meeting; - June 2025 responses and concerns: No documented list of concerns or facility response provided to the resident council on any of May's concerns. Six new resident concerns were reported to staff during the meeting;- July 2025 responses and concerns: No documented list of concerns or facility response provided to the resident council on any of June's concerns. Eight new resident concerns were reported to staff during the meeting. Resident council requested more communication from the administration. None of the previous month's concerns were brought up on the next month's resident council meeting or addressed with the resident council. During an interview on 8/21/25 at 1:45 P.M., the Social Services Designee said:- Minutes of the meeting are not provided to the resident council. Any resident wanting a copy of the minutes would need to ask for it;- The staff goes over all the previous concerns from the last meeting at the start of each resident council meeting;- He/She doesn't normally attend the resident council meetings since the council voted to only have the Activities Director present a few months ago. He/She only attends when the council invites him/her to speak.During an interview on 8/21/25 at 2:30 P.M., the Administrator said:- Residents can verbalize a complaint or grievance to any staff member or go to Social Services directly to file one. This can be done informally or formally on paper. There are no forms, but residents know that they can just slip a note under my door if they want to file an anonymous complaint;- Resident rights training is done so residents know how to file a grievance and know who the grievance official is at the facility;- The training is done annually, in (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	08/21/2025

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 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	group settings and individually. It's also documented in the medical record;- Issues are discussed as they are brought up in the resident council meeting. Between monthly resident council meetings the resident concerns are discussed during the morning staff meetings;- The facility does not post or print out the resident council meetings for the residents, unless the residents ask for a copy.- Previous concerns addressed at resident council should be followed up during the next resident council meeting. Concerns were being addressed.During an interview o 8/25/25 at 10:45 A.M., the Activities Director said:- He/She takes notes for the resident council meeting and guides the process while working with the resident members;- They go through each section of the minutes form they use to guide the meetings;- He/She does not formally go over each grievance and complaint that was brought up during the last meeting;- He/She relies on the various departments to take care of the complaints and work with the individuals that made the complaints. The facility doesn't make a comprehensive report to the council on the resolution of the complaints and grievances from month to month. The residents are talked to about follow up to their grievance or concerns.

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	08/21/2025

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. Based on interview and record review, the facility failed to provide personal funds and a final accounting within thirty days upon discharge for three residents (Resident #48, #49, and #50). This affected three of 12 residents sampled. Facility census was 44. Request for a policy covering resident funds upon discharge was not provided by the facility. 1. Review of the facility's accounts receivable aging report, dated 8/20/25, showed the following residents had money in the facility's operating account:- Resident #49 discharged on 2/13/25, with a credit balance of $5,142.00 in the Private Pay account;- Resident #48 discharged on 10/25/24, with a credit balance of $4,932.00 in the Resident Liability account;- Resident #50 discharged on 8/17/24, with a credit balance of $13,852.00 in the Private Pay account.Review of email documentation between the Social Services Director (SSD) and Department of Social Services (DSS) Missouri showed:- Email dated 12/16/24: Resident #48 approved for vendor coverage 9/30/24 through 10/25/24;- Email dated 12/16/24: Resident #49 not approved for vendor coverage and facility was notified on 9/24/24 by phone;- Email follow-up in April, May, and June 2025 did not result in a resolution for Resident #48's account.During an interview on 8/20/25 at 3:30 P.M., the Business Office Manager said:- She was working on a refund check totaling $5,322.00 for Resident #49 and the paperwork would be done today;- The facility still needed a determination on whether Resident #50's stay would be covered by Medicare and this was the cause of the delay for final resolution. The accounting in the accounts receivable aging report should have been changed to show that the resident had a liability to the facility due to funding and not a credit;- Resident #48's account issue had not been resolved or followed up with DSS.During an interview on 8/21/25 at 2:30 P.M., the Administrator said residents should have their accounts closed out and refunds issued within 30-60 days of discharge from the facility.

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	08/21/2025

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. Based on interview and record review, the facility failed to ensure residents had the right to file grievances in writing, the right to file grievances anonymously, access to the contact information of the grievance official with whom a grievance can be filed, that is, his or her name, business address (mailing and email) and business phone number within a reasonable expected time frame for completing a review of the grievance, and the right to obtain a written decision regarding his or her grievance. This affected 8 out of the 8 residents who attended group meeting. The facility census was 44. Review of facility policy, Residents' Rights, undated, showed:-Grievances will receive prompt attention to concerns through staff, administration, resident councils, or the ombudsman program;-Residents can file complaints verbally or in writing, all complainants will be investigated and responded to. During a group interview on 8/19/25 at 2:00 P.M., the Resident Council said:- Seven of eight residents did not know who the Grievance Official was at the facility and did not know how to file a grievance or complaint;- Eight of eight residents did not know where the complaint forms were located or how to file an anonymous complaint with the facility;- Eight of eight residents did not know what the resident rights were concerning the grievance process.During an interview on 8/21/25 at 2:30 P.M., the Administrator said:- The Grievance Official was the Social Services Director (SSD);- Grievances can be verbalized and residents would go to the SSD to voice a concern. The SSD would let the resident's caretaker know about the grievance and after discussing with the resident they would either handle the issue informally or write it up as a formal complaint for investigation;- There are no forms for the residents, if they want to file an anonymous grievance they can slide a piece of paper under the Administrator's door;- Families can call on behalf of a resident to voice a grievance and the ombudsman is an additional resource they can pursue as well;- Residents should know who the Grievance Official is and how to file a grievance through resident rights training which is done annually and documented in the resident's medical records.

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	08/21/2025

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on interview and record review the facility failed to provide timely access to resident electronic medical records from 8/18/25 at 10:00 A.M. through 8/19/25 at 1:45 P.M. This resulted in the surveyors being unable to timely review necessary records to conduct the survey and review of care provided to residents. The facility census was 44.Review of the facility's undated electronic medical record policy, showed:- The purpose was to establish standardized guidelines for the use, management, and protection of the facility's electronic medical record (EMR) system to ensure accuracy, confidentiality, and compliance with federal, state, and facility regulations.- Documentation will be done in real time, with use of approved terminology, abbreviations and formatting. - Access Control- Grant access levels determined by specific job role. Staff may view documentation as necessary to perform their role.-The facility will comply with HIPAA, CMS, and state regulations regarding access to medical records.Observation on 8/18/25 at 10:45 A.M., showed the survey team was provided access to the facility's EMR- with no digital/electronic access to any of the residents information: No access to any residents Minimum Data Set (a federally mandated resident assessment completed by facility staff) information, no access to care plans, no access to Advance Directive documents, and no access to any assessments, documents, wound reports, or labs.During an interview 8/18/25 at 1:45 P.M., the Administrator said they had reached out to the EMR provider for assistance to allow access to the survey team, but it would be costly to add all the options to each member of the team.During an interview on 8/18/25 at 4:45 P.M., the Administrator had no update regarding access to EMR records for the survey team, only they were working on the issue.Observation on 8/19/25 at 11:00 A.M., showed the survey team continued with no digital/electronic access to any of the resident's information: No access to any residents MDS information, no access to care plans, no access to Advance Directive documents, and no access to any assessments, documents, wound reports or labs. The surveyor team requested paper records until access could be granted. (Paper records were provided.) During an interview with the Administrator on 8/19/25 at 12:45 P.M., (day two of the survey process) the Administrator was notified that lack of access to the electronic medical records was impeding the survey process and slowing down the team's ability to accurately review documentation and documents timely, that are part of the survey process.During an interview on 8/19/25 at 2:10 P.M., the Administrator said that access was provided to all the surveyors on the team. When asked why this was not done timely, she was unable to say why access was an issue on day one.Observation showed on 8/19/25 at 2:15 P.M., the surveying team had full access to review records to complete the pathways for the survey process.

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	08/21/2025

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 0574 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The resident has the right to receive notices in a format and a language he or she understands. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to protect resident rights when the facility did not inform residents in writing on how to file a complaint with the State Survey Agency and where to find the Ombudsman's contact information for two sampled residents (Residents #20 and #26) and seven of eight resident council members. The facility census was 44.Review of facility Residents' Rights policy, undated, showed no information on a process for residents to contact and file a grievance with the state of Missouri Department of Health and Senior Services. 1. Review of Resident #20's Quarterly Minimum Data Set (MDS), a federally mandated assessment completed by staff, dated 6/30/25, showed:- Resident was cognitively intact;- Diagnosis: epilepsy, traumatic brain injury, anxiety disorder, and schizophrenia.Review of resident's electronic medical record showed there was nothing in writing regarding on how a resident could contact the Missouri Department of Health and Senior Services. During an interview on 8/21/25 at 10:05 A.M., the resident said he/she did not know how to contact the state to make a complaint and did not know where the number was located. The resident also did not know how to contact the ombudsman or where the phone number was located. 2. Review of Resident #26's Quarterly (MDS), dated [DATE], showed:- Resident was cognitively intact;- Diagnosis: neurogenic bladder, diabetes, seizure disorder, depression, and bipolar disorder.Review of resident's electronic medical record showed there was nothing in writing regarding how a resident could contact the Missouri Department of Health and Senior Services.During an interview on 8/21/25 at 10:50 A.M., the resident said he/she did not know how to contact the state to make a complaint or where the number was located. The resident also did not know how to contact the ombudsman or where the phone number was located. 3. During an interview on 8/19/25 at 2:00 P.M., the Resident Council said:- Seven of eight resident council members did not know how to file a complaint with the state agency or how to contact them. - Seven of eight resident council members did not know where the Ombudsman contact information was located and was not provided any information in writing on how to contact the ombudsman or survey agency.During an interview on 8/19/25 at 3:40 P.M., the DON said he/she was not sure if the residents were provided contact information for local ombudsman or survey agency in writing but thought they should be.During an interview on 8/21/25 at 2:30 P.M., the Administrator said:- Resident right training on how to file a grievance and contact the state agency as well as local Ombudsman was done annually either in groups or one on one with residents and was not sure if it was provided in writing to the residents annually; During an interview on 8/25/25 at 12:40 P.M., the Activities Director said residents were last trained on resident rights in resident council in March 2025.

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	08/21/2025

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observation, interview, and record review, the facility failed to ensure one resident (Resident #25) had a toilet that flushed properly. The facility census was 44. Review of the facility's undated policy for Home-Like Environment showed:- The purpose is to promote and maintain a home-like environment within the facility that enhances residents' comfort, dignity, and quality of life, while ensuring safety and regulatory compliance. - The facility will provide an environment that feels comfortable, safe, and familiar to residents. - Housekeeping and maintenance will ensure rooms are clean, safe, well-kept, and within comfortable temperatures. Review of the facility's undated policy Maintenance Repairs showed: - The facility is committed to maintaining a safe, functional, and comfortable environment for residents, staff, and visitors. - All employees are responsible for promptly reporting any maintenance issues to the appropriate personnel. - Maintenance requests may be submitted electronically or in person. - It is essential that repair needs are reported immediately upon discovery to ensure timely prioritization and resolution. - Minor repairs that can be safely and effectively addressed by staff may be completed without delay. - For emergency repairs or issues requiring professional or external support, the Maintenance Director, Administrator, Director of Nursing (DON), or Director of Rehabilitation (DOR) must be contacted for further action. - This policy ensures that all maintenance concerns are handled efficiently to promote safety, comfort, and operational continuity within the facility. 1. Review of Resident #25's Annual Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 6/17/25 showed: - Cognitive skills intact. - Independent with transfers and toilet use. - Always continent of bowel and bladder. - Diagnoses included atrial fibrillation, congestive heart failure, high blood pressure, arthritis, anxiety, and depression. During an observation and interview on 8/19/25 at 7:52 A.M., the resident said: (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	08/21/2025

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- For the last two months, there had been problems with the toilet not flushing completely. - The resident had reported the issue to nursing staff, but nothing had been done to fix it. - It made the resident feel embarrassed when the toilet did not flush completely and it made the resident feel like it was his/her fault. - The surveyor flushed the resident's toilet and observed that it did not flush completely. During an interview on 8/20/25 at 11:48 A.M., the Maintenance Director said: - He/She had been in the position for a month. - If something was broken, the staff would either text him/her or call him/her on the walkie. The staff could also put an order in Tels (a computer program used for notification of maintenance repairs). - He/She was not aware of any residents who had issues with their toilet not flushing properly. - The DON had informed him/her this morning of the resident's toilet not flushing properly and he/she augured it out and it seemed to be flushing correctly. During an interview on 8/20/25 at 3:12 P.M., Registered Nurse (RN) A said;- He/She had not had any residents complain about their toilets not flushing correctly. - If a resident reported it, he/she would try to fix the issue, if unable to then would notify maintenance verbally, on the walkie or on the Tels log. During an interview on 8/20/25 at 3:32 P.M., Certified Nurse Aide (CNA) A said: - He/She did not have any residents complain about their toilets not flushing correctly. - He/She would report the issue to maintenance over the walkie. During an interview on 8/21/25 at 8:09 A.M., the Housekeeping Supervisor said: - He/She had been in the position for about a month. - When the residents' toilets were cleaned, the housekeeping staff also flushed them. - There were quite a few toilets that didn't flush all the way and had to be flushed twice. - He/She was aware Resident #25's toilet sometimes had trouble flushing and maintenance had been notified. - He/She called the Maintenance Director on the phone, on the walkie or used the Tels maintenance log to report any issues. During an interview on 8/21/25 at 12:33 P.M., the Administrator said: (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	08/21/2025

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- She was unaware of resident's toilet not working properly. - She would expect the resident's toilet to flush properly. - If a resident had an issue with the toilet not flushing properly, the resident should inform their aide. - During the day, the staff could use the walkie to notify maintenance or the Tels system.

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	08/21/2025

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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities Based on interview and record review, the facility failed to have documentation of one resident's (Resident #18), with serious mental illness and intellectual disability diagnosis, Level I preadmission screening resident review (PASRR) assessment (used to identify individuals with mental illness or intellectual/developmental disabilities (IDD) completed before admission to the nursing facility). The census was 44. Review of the facility PASRR policy showed the facility will complete and comply with all PASRR requirements prior to admitting any resident into the facility and will ensure timely resident reviews in the event of significant changes in condition. The facility will coordinate with the Missouri Department of Health & Senior Services (DHSS) and the Missouri Department of Mental Health (DMH) to ensure proper screenings, evaluations. and placements are carried out. 1.Review of Resident #18's medical records showed: -The resident had diagnoses of major depressive disorder (a mental disease characterized by persistent sadness) and schizophrenia (a chronic, severe mental disorder that affects the way a person thinks, acts, expresses emotions, perceives reality and relates to others).-No PASRR level I screen found.-No PASRR level II screen found.Review of the resident's care plan, dated 02/14/2022, revised on 09/28/2022, showed the resident had the potential to be verbally aggressive, related to hallucinations, and delusion associated with schizophrenia diagnosis. During the interview on 08/20/25 at 12:45, The Social Service Director (SSD) said she was unable to produce any PASRR for Resident #18, stating he/she had been in the facility greater than one year and was unable to obtain all paperwork. The SSD said that he/she emailed the COMRU (Central Office Medical Review Unit) to see if he/she could obtain a copy and they could not produce one for him/her. During an interview on 08/21/25 at 09:45 A.M., the Director of Nursing (DON) said he/she was new to the process of PASRRs and was unable to give any direction on what needed to be done, but did say he/she expected this resident to have a PASRR in his/her records.

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	08/21/2025

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to develop and implement a comprehensive person-centered care plan for two residents (Resident #1 and #8) that included measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs identified in the comprehensive assessment as well as services to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being. The facility census was 44.Review of the facility's undated care plan policy showed the purpose of the care plan policy was to establish a standardized process for the development, implementation, review, and revision of the individualized resident care plans that ensure person-centered care, regulatory compliance, and quality outcomes. The policy applies to all residents, nursing staff, interdisciplinary team members, and contractors providing care and services with the facility. The Director of Nursing (DON) oversees the care plan process and ensures compliance. Care plans must be resident centered, reflecting resident preferences, goals, strengths, and needs. Care plans are to be updated with changes in the resident's condition and during assessments. The care plan should establish measurable goals, interventions and time frames. 1. Review of Resident #8's most recent Quarterly Minimum Data Set (MDS) a federally mandated assessment completed by facility staff, dated 7/11/25, showed staff assessed the resident as: - Able to make needs known and understand others. - Cognition intact. - Incontinent of bowel and bladder. - Required nursing assistance for personal care and hygiene needs. - Diagnoses of diabetes, wounds to legs, cardiac disease, and hypertension (high blood pressure). Review of the resident's physician orders for August 2025., showed: - Antibiotic medication of Bactrim DS 800 mg (milligrams) 1 pill twice daily from 8/15/25 through 8/18/25. - Januvia 100 mg for diabetes once daily. - Eliquis 5 mg by mouth twice daily for blood thinning. - Wound care treatment to lower legs: skin cleaner and Triple antibiotic ointment to open sores. Review of the resident's care plan, last dated 5/16/25, showed the care plan did not have interventions care planned for the management of the resident's diabetes, anticoagulant usage, antibiotic medication for recent UTI (urinary tract infection), or staff interventions for wounds on the resident's lower legs. During an interview on 8/19/25 at 12:45 P.M., Registered Nurse (RN) A said Resident #8's care plan (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	08/21/2025

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	should reflect the current care and treatment to wound care as well as the any blood thinners the resident is taking. RN A does not update the resident's care plan, the DON or MDS person does. 2. Review of Resident #1's MDS, dated [DATE], showed staff assessed the resident as:-Cognition not intact.-Dependent of staff for all cares.-Incontinent.-Wounds.-Recent pneumonia. Review of the physician's order sheets for the month of August 2025, showed:- Daily wound care treatment to the right heel by licensed nurse started on 7/16/25.- Daily wound care to left arm by licensed nurse started on 8/14/25. Review of the resident's care plan, dated 7/20/25, showed: - No care plan regarding the resident's risk for skin breakdown.- No care plan regarding interventions for staff on bed mobility and pressure reducing measures with positioning aids. - No care plan regarding the wound to the resident's left wrist where the skin is missing. - No care plan regarding the resident's most recent treatment of pneumonia and risk for infections. During an interview on 8/19/25 at 12:45 P.M., RN A said Resident #1's care plan should reflect the current care and treatment the resident needs regarding medical changes, wound care, and staff interventions. RN A does not update the resident's care plan, the DON or MDS person does. 3. During an interview on 8/20/23 at 2:25 P.M., the MDS Coordinator said he/she had recently taken over the role as MDS coordinator and was concerned the care plans were lacking interventions and were not resident specific. He/She was working to get the care plans updated to reflect the current needs of each resident. During an interview on 8/20/25 at 3:10 P.M., the DON said the MDS coordinator took over the care plans and MDS 30 days ago. He/She would expect that the care plans match the current needs and goals of the resident. This would include needs, strengths, and would be individualized for the residents.

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	08/21/2025

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on observation, interview, and record review, the facility failed to ensure dependent residents who were unable to carry out activities of daily living (ADLs) received the necessary services to maintain good personal hygiene when staff did not provide complete perineal care for one of 12 sampled residents (Resident #12). The facility census was 44. Review of the facility's undated policy for Perineal Care showed:- The purpose is to maintain cleanliness, comfort, and dignity while preventing infection and skin breakdown through proper perineal care.- Perineal care will be provided as needed, and at least during daily hygiene routines, after incontinence episodes, and as part of routine bathing.- Wash hands and put on gloves.- Separate the skin folds with one hand.- Wash each side of the skin fold then down the center.- Clean from front to back to prevent infection.- Use a clean portion of the wipe for each stroke.- Turn the resident on his/her side.- Wipe from front to back, clean the rectal area last. - Remove gloves and wash hands. 1. Review of Resident #12's care plan, revised 7/11/25, showed:- Toileting: required assistance for toileting, perineal care, and managing clothing before and after toileting.- Personal hygiene/oral care: required assistance for all personal hygiene tasks. Review of the resident's Significant Change in Status Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 8/1/25 showed:- Cognitive skills severely impaired.- Dependent on the assistance of staff for toilet use.- Required substantial to maximal assistance for dressing. - Always incontinent of bowel and bladder.- Diagnoses included congestive heart failure, high blood pressure, Alzheimer's disease, Parkinson's disease, and Chronic Obstructive Pulmonary Disease (COPD). Observation on 8/20/25 at 7:00 A.M., showed:- Certified Nurse Aide (CNA) A and CNA B entered the resident's room.- CNA A and CNA B unfastened the resident's brief. - CNA A wiped down one side of the resident's groin and CNA B wiped down the other side of the resident's groin.- CNA A wiped once down the middle skin folds.- CNA A and CNA B turned the resident on his/her side.- CNA A wiped once from front to back, removed the wet incontinent brief and placed a clean one under the resident and fastened it. - CNA A and CNA B did not separate and clean all areas of the skin where urine had touched.- CNA A and CNA B dressed the resident for the day and transferred him/her to his/her wheelchair. - CNA A removed gloves, sanitized his/her hands and left the room. During an interview on 8/20/25 at 12:44 P.M., CNA B said when he/she provided peri care he/she should make sure to separate the skin folds and clean all areas of the skin where urine had touched. During an interview on 8/20/25 at 3:12 P.M., Registered Nurse (RN) A said when staff provided peri care, they should make sure to separate and clean all the skin and skin folds where urine had touched. During an interview on 8/20/25 at 3:32 P.M., CNA A said when he/she provided incontinent care to the resident, he/she should have made sure to separate all the skin folds and clean all areas of the skin where urine had touched. CNA A was busy with assisting everyone and did not think about it. During an interview on 8/21/25 at 12:33 P.M., the Director of Nursing said staff should separate all the skin folds and clean all areas of the skin where urine had touched.

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	08/21/2025

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observation, interview, and record review, the facility failed to ensure staff used proper techniques to reduce the possibility of accidents or injuries when staff failed to use a gait belt (safety device and mobility aid used to provide assistance during transfers, ambulation or repositioning) during a transfer for one of 12 sampled residents (Resident #12). The facility census was 44. Review of the facility's undated policy for gait belt showed:- Nursing staff must use gait belts during assisted ambulation and/or transferring of residents as stated in resident's plan of care.- Note the need for use of gait belt in the resident's plan of care.- Apply the belt around the resident's waist snugly to eliminate the possibility of gait belt movement.- Bring the resident to a standing position by grasping the belt with both hands while remaining upright and staff member to place feet shoulder width apart, one foot more forward than the other and slightly bend knees to assure solid posture with good body mechanics during lift/transfer.- Use the gait belt during ambulation to stabilize the resident by grasping the belt firmly, hands on the underside of belt with fingers upward. 1. Review of Resident #12's care plan, revised 7/11/25 showed:- Toileting: required assistance for toileting, perineal care, and managing clothing before and after toileting.- Personal hygiene/oral care: required assistance for all personal hygiene tasks. - The care plan did not address how to transfer the resident. Review of the resident's Significant Change in Status Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 8/1/25 showed:- Cognitive skills severely impaired.- Dependent on the assistance of staff for toilet use.- Required substantial to maximal assistance for dressing. - Required supervision or touch assistance for transfers. - Always incontinent of bowel and bladder.- Diagnoses included congestive heart failure, high blood pressure, Alzheimer's disease, Parkinson's disease, and Chronic Obstructive Pulmonary Disease (COPD). Observation on 8/20/25 at 7:00 A.M., showed:- Certified Nurse Aide (CNA) A and CNA B entered the resident's room and applied gloves.- CNA A and CNA B provided incontinent care for the resident. - CNA A and CNA B put socks and pants on the resident.- CNA B placed the resident's wheelchair beside the bed and locked the brakes. - CNA A and CNA B dressed the resident for the day. - CNA A and CNA B sat the resident on the side of the bed.- CNA A and CNA B placed their arm under the resident's arm pit and stood the resident up. - CNA A and CNA B pulled the resident's pants up with their other hand and held onto the resident's pants as they transferred the resident into his/her wheelchair without the use of a gait belt. During an interview on 8/20/25 at 12:44 P.M., CNA B said:- He/she tried to use a gait belt on all the residents.- If a resident was stand by assist or ambulated on their own, or required assistance to stand and pivot, staff should use a gait belt.- The resident used to ambulate with a walker, but had declined and now used a wheelchair for mobility. - He/She should not have placed his/her arm under the resident's arm pit and should not have grabbed the back of the resident's pants during the transfer.- He/She should have used a gait belt or held onto the resident's hands to get him/her to stand and pivot to the wheelchair, but forgot. During an interview on 8/20/25 at 3:32 P.M., CNA A said:- The resident was walking on his/her own until recently.- He/She should not have placed his/her arm under the resident's arm pit or grabbed the back of the resident's pants during the transfer, but had just forgot. During an interview on 8/20/25 at 3:12 P.M., Registered Nurse A said:- The resident was able to transfer him/herself and was able to get up without assistance.- Staff should not place their arms under the resident's arm pits and should not grab the back of the resident's pants during the transfer.- Staff should have used a gait belt. During an interview on 8/21/25 at 12:33 P.M., the Administrator and the Director of Nursing said:- The resident changed in his/her ability to transfer. Sometimes the resident would transfer him/herself.- Staff should not have placed their arms under the resident's arm pit or grabbed the back of the resident's pants during the transfer, they should have used a gait belt to assist with the transfer.

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	08/21/2025

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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. Based on observation, interview, and record review, the facility failed to ensure staff maintained a medication error rate of less than five percent, when staff made two medication errors out of 25 opportunities for error, which resulted in a medication error rate of 8%. This failure affected two of 12 sampled residents, (Resident #25 and #28). The facility census was 44.Review of the facility's policy for Medication Administration, dated 5/26/25, showed:- The facility will provide pharmaceutical services, including procedures that assure accurate acquiring, receiving, dispensing, and administering of all medications to meet the needs of each resident to treat their individual medical diagnoses. - Charge Nurse/Certified Medication Technician (CMT) will confirm the medication and order by checking the label on the medication against the order on the resident's medication administration record (MAR) and make sure everything matches: name of the medication; dose; route; and times to be administered. 1. Review of the facility's undated policy for Nasal Spray Administration showed:- The purpose is to provide safe and consistent guidelines for the administration of nasal spray medications to residents, ensuring accuracy, infection prevention, and compliance with physician orders.- Ensure resident is sitting upright. Instruct resident to gently blow their nose, if possible. Shake the bottle if indicated. Insert spray tip into one nostril while occluding the other. Instruct the resident to breathe in gently through the nose while actuating the spray. Repeat as prescribed for the other nostril.- Wipe spray tip with a clean tissue, if needed. Review of the manufacturer's guidelines for Flonase nasal spray (used to treat allergies) showed:- Shake well before use.- Blow your nose to clear your nostrils.- Close one nostril. Tilt your head forward slightly and keeping the bottle upright, carefully insert the nasal applicator into the other nostril.- Start to breath in through your nose, and while breathing in, press firmly and quickly down once on the applicator to release the spray.- Repeat in the other nostril. Review of Resident #28's Physician Order Sheet (POS), dated August 2025, showed a medication start date: 2/20/22 for Fluticasone (Flonase) Propionate Nasal Suspension 50 mcg (micrograms), one spray in each nostril daily related to allergies. Review of the resident's Medication Administration Record (MAR), dated August 2025, showed an order for Fluticasone Propionate Nasal Suspension 50 mcg, one spray in each nostril daily related to allergies. Observation on 8/20/25 at 9:28 A.M., showed:- CMT A entered the resident's room, placed the nasal spray and a Kleenex on a paper towel. Sanitized his/her hands and applied gloves.- CMT A had the resident blow his/her nose.- CMT A did not shake the bottle, removed the cap and gave one spray in the right nostril and then one spray in the left nostril.- CMT A removed gloves and washed his/her hands. - CMT A did not close either side of the nostril during the administration. During an interview on 8/20/25 at 11:56 A.M., CMT A said he/she should have followed the manufacturer's guidelines for administration of the nasal spray. He/She should have shook the bottle and closed each side of the nares. During an interview on 8/21/25 at 12:33 P.M., the Director of Nursing (DON) said staff should follow the manufacturer's guidelines for the administration of Flonase Nasal Spray. Staff should shake the bottle, close one side of the nares, and administer in the opposite nostril and repeat on the other side. 2. Review of the facility's undated policy for eye drop administration showed:The purpose is to ensure safe, effective, and consistent administration of eye drop medications to residents while minimizing the risk of infection, error, or injury.Verify order and resident: check the physician's order for correct medication, dosage, frequency and eye (left, right or both).Position resident sitting or lying with head tilted back. [NAME] (apply) clean gloves if contact with mucous membranes is anticipated. Remove the cap without touching the dropper tip. Instruct the resident to look upward. Gently pull down the lower eyelid to create a small pocket. Hold the dropper close to the eye without touching eyelashes, eyelids or eye surface. Instill the prescribed number of drops into the pocket. Instruct the resident to close their eye gently (do not squeeze shut). Apply gentle pressure to the inner corner of the eye for 30 - 60 seconds to reduce systemic absorption.Review of Resident #25's POS, dated August 2025, showed a order start date: 3/20/25 - Artificial Tears Ophthalmic (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	08/21/2025

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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Solution 1.4 %. Instill one drop in both eyes four times a day for dry eyes. Review of the resident's MAR, dated August 2025 showed Artificial Tears Ophthalmic Solution 1.4 %. Instill one drop in both eyes four times a day for dry eyes. Observation on 8/20/25 at 8:55 A.M., showed:The box and the bottle of Artificial Tears showed 0.2%.CMT A sanitized his/her hands, applied gloves and placed one drop in the resident's right eye. The tip of the eye dropper touched the resident's eyelashes. CMT A placed one drop in the resident's left eye, and the tip of the eye dropper touched the resident's eye lashes. CMT A removed gloves and washed his/her hands. During an interview on 8/20/25 at 11:56 A.M., CMT A said:He/she should have followed the physician's order for the percentage of the eye drops.The tip of the eye dropper should not have touched the resident's eyelashes. During an interview on 8/21/25 at 12:33 P.M., the DON said:Staff should have clarified the percentage of the eye drops and call the pharmacy and get it corrected. The eye drops should not have been administered until the order was clarified.The tip of the eye dropper should not touch the resident's eyelashes.

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	08/21/2025

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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, the facility failed to ensure staff discarded expired medications stored in the medication room, failed to ensure food was not stored with medications in the medication refrigerator, failed to ensure staff properly labeled opened, multi-dose medications with dates to indicate when they were opened and when they should be discarded, which affected two of12 sampled residents, (Resident #13 and #38) who received Lorazepam Intensol (a liquid anti-anxiety medication). Additionally, staff failed to ensure there were no loose pills in the medication cart. The facility census was 44. Review of the facility's policy for medication storage and handling, revised 5/26/25, showed:- Medications will be monitored by the charge nurse (CN), Certified Medication Technician (CMT) and the Consultant Pharmacist to ensure they are not expired, contaminated or unusable.- Expired, contaminated, and unusable medications will promptly be removed and disposed of. 1. Observation and interview on 8/20/25 at 6:18 A.M., of the 300 and 500 medication carts showed:- One oblong white pill, one oblong orange pill, and one oblong blue pill loose in the drawer of the medication cart.- CMT A said there should not be any loose pills in the medication cart. The pharmacist came in monthly and checked the medication room and the medication carts for expired medications. In between the CMTs checked the medication carts. 2. Observation and interview on 8/20/25 at 6:45 A.M., of the medication room showed:- An opened container of Lay's French Onion Dip in the medication refrigerator. Registered Nurse (RN) A said there should not be any food in the medication refrigerator.- Resident #38 had an opened bottle of Lorazepam 2 mg (milligrams)/ml (milliliter) that did not have a date when it was opened. The box indicated the bottle was to be discarded after 90 days after opening.- Resident #13 had an opened bottle of Lorazepam 2 mg/ml that did not have a date when it was opened. The box indicated the bottle was to be discarded after 90 days after opening.- An opened bottle of Milk of Magnesia, expired 7/25.- RN A said the Lorazepam should be dated when it was opened. He/She thought it was only good for 30 days after it was opened. The expired Milk of Magnesia should not be used, because it was expired, and it should be discarded. During an interview on 8/21/25 at 12:33 P.M., the Director of Nursing (DON) said:- There should not be any loose pills in the medication cart. Staff should properly dispose of them. - There should not be any food in the medication refrigerator.- Expired medications should be disposed of properly.- The Lorazepam should be dated when opened. - The Pharmacist, CN, CMTs and him/herself should check the medication carts and the medication room for expired medications, loose pills and ensure there was no food in the medication refrigerator.