

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265878	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/11/2025
NAME OF PROVIDER OR SUPPLIER Copper Rock Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 712 Copper Rock Drive Rogersville, MO 65742	

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 0837 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Establish a governing body that is legally responsible for establishing and implementing policies for managing and operating the facility and appoints a properly licensed administrator responsible for managing the facility. (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
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<p>F 0837</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Based on interview and record review, the facility failed to ensure the administrator of the facility had an active and valid administrator's license when the facility failed to confirm renewal of his/her license, and the administrator continued his/her normal job duties for a period of 20 days without a valid license. The facility census was 77. On 07/21/25, the facility's corporation became aware of the Administrator's license expiration. The facility removed the Administrator from his/her role and provided counseling. The facility's corporation appointed the [NAME] President (VP) of Operations, who had a current valid administrator's license, to the administrator role on 07/21/25. The corporation implemented audits of the licenses of all administrators with the corporation. The noncompliance was corrected on 07/21/25. Review of the facility's Administrator Job Description Policy, dated 01/01/19, showed the following: -Must possess a current Nursing Home Administrator's license from the State of Missouri; -Employee must be able to maintain the facility's current licensure to operate the facility; -Administers fiscal operations such as budget planning, accounting and establishing rates for services; -Plans, develops, organizes implements, evaluates and directs the facility's programs and activities; -Develops, maintains, and implements written policies and procedures to residents, family members, visitors, government agencies and employees as necessary; -Reviews and develops a plan of correction for deficiencies noted during survey inspections and provide a written copy of such plan to the governing board and ombudsman representative as required; -Directs and coordinates activities of medical, nursing, social services, food service, maintenance and administrative staffs and services. 1. Review of the Missouri Board of Nursing Home Administrators' records showed the Administrator's license expired on 06/30/25. The Administrator failed to complete the necessary paperwork and education for timely renewal. Review of the [NAME] Health Care record of council, dated 07/21/25, showed disciplinary action against the Administrator, immediately, for not maintaining a current, active licensure necessary for performance of his/her job. Review of the Change of Administrator/Manager in Long Term Care Facility form showed Copper Rock Healthcare removed the Administrator and appointed the VP of Operations to the administrator role 07/21/25. During an interview on 09/30/25, at 11:05 A.M., the VP of Operations said he/she has been the administrator of Copper Rock Health Care since the beginning of July. During an interview on 10/01/25, at 10:35 A.M., the VP of Clinical Operations said the Administrator completed his/her administrative license renewal online on 06/30/25. He/she received an email the application was submitted but was also required to mail his/her check. The fee for the renewal was not postmarked on or before 06/30/25. According to the board, the Administrator's license expired on 06/30/25. On 07/18/25, an email was sent, but that was a Friday, so they didn't get it until 07/21/25. The email was from the review board, saying they the Administrator's renewal paperwork, did not have sufficient CEUs (continuing education units). Copper Rock found on 07/21/25, the Administrator's license had expired. The Administrator had served without a license from 06/30/25 to until they removed him/her on 07/21/25. They assigned the VP of Operations to the administrator position. He/she completed disciplinary action with the Administrator. 2614906</p>		