STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265878	A. Building B. Wing	03/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Copper Rock Healthcare	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 0728 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure that nurse aides who have worked more than 4 months, are trained and competent; and nurse aides who have worked less than 4 months are enrolled in appropriate training. Based on observation, interview, and record review, the facility failed to ensure nurse aides (NA) were not used for more than four months without completing required training and evaluations when the facility did not have an effective process in place to ensure certified nurse aide (CNA) training programs were completed timely for NAs resulting in one NA (NA K) working longer than four months in the facility without completing the CNA training course. The facility census was 77.Review showed the facility did not provide a policy regarding NA training. 1. Review of NA K's personnel file showed the following:-Date of hire of 08/25/25 (six months and sixteen days prior);-NA K enrolled in the nurse aide training program on 01/06/26;-Staff did not have documentation NA K completed the nurse aide training program. Review of the facility's Daily Rosters showed the following:-On 03/08/26, NA K scheduled to work on the floor as an aide;-On 03/09/26, NA K scheduled to work on the floor as an aide;-On 03/11/26, NA K scheduled to work on the floor as an aide;-On 03/13/26, NA K scheduled to work on the floor as an aide.Observation on 03/11/26, at 2:00 P.M., showed NA K assisted residents with personal cares. Observation on 03/13/26 showed the following:-At 12:45 PM, NA K assisted residents with meals;-At 1:30 PM, NA K assisted a resident to the shower and assisted with showering and personal hygiene.During an interview on 03/12/26, at 2:30 P.M., NA K said he/she was hired in August 2025 as a NA. He/she took the initial testing in December 2025, but did not pass. He/she restarted classes in January 2026 and continued to work on the floor as a nurse aide.During an interview on 03/13/26, at 10:30 A.M., the Director of Nursing (DON) said that nurse aide staff should be certified within 120 days of date of hire. She was not aware that the staff could not restart class and continue working as NA past that time. Once a nurse aide started classes, they were able to complete the work that had been taught in classes and signed off by the supervising nurse.During an interview on 03/13/26, at 2:30 P.M., the Administrator said the following: -Aides should be certified as CNAs within 120 days;-After 120 days, the NA would put back in class and should not be working as an NA at that time.

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
	265878	A. Building B. Wing	03/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Copper Rock Healthcare	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 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	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** Based on observation, interview, and record review, the facility failed to provide residents with a complete and fully functional call light system when the facility failed to have process in place to notify staff of sounding call lights when call lights notifications could not be heard on the hall and the facility staff did not use the cell phone pagers for notification of call lights. The facility census was 77. Review of the facility policy titled, Call System, Residents, dated November 2025, showed the following:-Residents are provided with a means to call staff for assistance through a communication system that directly calls a staff member or a centralized work station;-Each resident is provided with a means to call staff directly from his/her bed, from toileting/bathing facilities and from the floor;-Call system communication may be audible or visible;-The resident call system remains functional at all times;-If audible communication is used, the volume is maintained at an audible level that can be easily heard;-If visible communication is used, the lights remain functional at all times;-Calls for assistance are answered as soon as possible, but no later than 5 minutes, with urgent requests addressed immediately. 1. Observation on 03/08/26, at 11:48 A.M., showed Resident #1 sat in a wheelchair in his/her room. The wheelchair was approximately five feet away from the bed. During the observation, the resident complained of pain to the back of his/her leg. When the surveyor asked if he/she had notified the staff, the resident said he/she couldn't reach the call light, which was on the other side of the bed. The resident asked the surveyor if they could retrieve the call light for him/her, but then said it probably wouldn't matter anyway because they never come when I call them. Observation and interview on 03/8/26, at 1:40 P.M., showed Resident #33 was dressed, and lay on the bed. The resident could not talk and picked up his/her phone on the bed to converse. He/she used his/her own phone to text staff were slow to come to answer call light when surveyor asked him/her. During interview on 03/10/26, at 9:20 A.M., Resident #58 said staff answering their call lights depended on the day and how many people worked. It ranged from 10 to 15 minutes, or 45 minutes or one hour waiting for them to answer the call light.Observation on 03/09/26, at 10:22 A.M., showed no call light panel at the nurses' station. There was a slight buzzing noise at the nurses' station. During interview on 03/09/26, at 10:22 A.M., Licensed Practical Nurse (LPN) E said the nurse aides had phones for the call lights. Observation and interview on 03/09/26 showed the following:-At 1:18 P.M. CNA B went to a resident's room and made his/her bed as he/she sat in the wheelchair. CNA B said she needed to answer a resident's call light. There was a whistling noise every four to five seconds while CNA B put a gait belt on the resident in his/her wheelchair and he/she transferred the resident to the bed. -At 1:27 P.M., there was a whistling noise every four to five seconds throughout the observation in another resident's room. CNA B said the phone was making this noise because it kept trying to reconnect to the facility wi-fi; -At 1:45 P.M., CNA B turned off the phone which was whistling every four to five seconds while in his/her pocket. CNA B said he/she had tried three other facility phones and they didn't work. The staff can see the lights at the end of the hall from the exit door, but not at the front of the hall looking down the hall. The call lights were white lights above on the ceiling. NA B left the phone by the other phones at the nurses' station. Observation on 03/09/26, at 2:30 P.M., showed the following:-Call box at the nursing station showed five call lights alarming;-Four cell (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265878	A. Building B. Wing	03/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Copper Rock Healthcare	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 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	phones on the charger at the nursing station;-At the end of the 100 and 200 hall the alarms at the nursing station could not be heard;-Call lights on the ceiling outside of the resident room were not visible at the entrance of the hall until at the room door due to wooden beams on the ceiling. Observation on 03/09/26, at 3:35 P.M., showed call lights not visible from 100 hallway entry way due to wooden beam in front of each call light on the ceiling. Observation on 03/12/26, at 11:45 A.M., showed a resident's call light was on the ceiling a few feet from his/her door. The resident's room was the last room on the hall near the exit door. There was no audible sound with the call light. There was a whistling sound every four to five seconds when staff were at the nurses' desk when one phone kept making the sound. There was one phone lying face down on the nurses' desk. Three other phones were nearby in a plastic divider. There was no visible call light monitoring system at the 400/500 hall nurses' station. Observation on 03/12/26, at 12:00 PM, showed call light for room [ROOM NUMBER] alarming at nurse station. No staff were at the nurses' desk. No alarm was audible when in the hall near the room. Call light was only visible when standing outside the resident room. Observation on 03/12/26, at 12:15 PM, four cell phones located in the nursing station on the charging stand. During an interview on 03/10/26, at 9:55 A.M., Certified Nurse Assistant (CNA) X said the staff can see the call lights above the room doors. Every aide should carry one of the phones that ties to the call light system, but he/she forgot to pick one up that morning, so he/she just watches for the lights. CNA X said staff could hear the call light chimes if they were up close to the nurses' station. During an interview on 03/09/26, at 10:31 A.M., Certified Medication Tech (CMT) T said that the call lights alarm at a dashboard at the nursing station. He/she said they do not carry pagers but he/she wished he/she did. He/she walked up and down the halls checking on residents. During an interview on 03/09/26, at 2:30 P.M., NA U said there were call lights on the ceiling outside of resident room doors. There was not any noise with the alarms. He/she walked down the hall and looked for the call lights above resident doors. He/she did not know which call light was pressed, just had to go in the room and ask both residents what he/she could help with. He/she was not aware of any pagers. During an interview on 03/12/26, at 12:05 PM, CNA R said there was an alarm system at the nursing station for call light. A call light illuminated at the entry to hall. Then he/she would go up and down the hall and find the call light. He/she said there were call light phones, but he/she did not carry a phone as he/she was up and down the halls. During an interview on 03/12/26, at 12:20 PM, LPN S said there was a call light box in the nursing station that lit up with room number and a beeping noise. There were call light phones for staff to carry. The phone will vibrate and tell show the resident room number that had activated the call light. All staff should carry the phones. There are lights on the ceiling outside of the resident rooms that would light up when activated. During an interview on 03/13/26, at 10:30 AM, the Director of Nursing (DON) said there was a main call light panel at the 100/200/300 nursing station that showed all call lights in the building. It (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265878	A. Building B. Wing	03/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Copper Rock Healthcare	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 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	produced a sound and another panel at the 400/500 hall for those call lights. There were call light phones that the aides on shift should be carrying. The phone tells the staff which call light was alarming. Some staff choose not to carry a phone but all aides should be carrying a phone. During an interview on 03/13/26, at 2:30 PM, Administrator said aides should carry the call light phones every shift. Staff should generally answer call lights as soon as possible.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265878	A. Building B. Wing	03/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Copper Rock Healthcare	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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide respiratory care per standards of practice when staff failed to ensure an oxygen tank was turned on while in the dining room for one resident (Resident #18), failed to ensure the oxygen tank contained sufficient oxygen for one resident (Resident #75) while in the dining room, and failed to ensure the humidifying bottles were filled with water for three residents (Resident #75, #9, and #2) with oxygen concentrators in their room. The facility census was 77.Review of the facility policy titled, Oxygen Administration, dated November 2025, showed the following:-Purpose to provide guidelines for safe oxygen administration;-Verify that there is a physician's order for this procedure;-Review the physician's orders of facility protocol for oxygen administration;-Review the resident's care plan to assess for any special needs of the resident;-Oxygen therapy is administered by way of an oxygen mask (device that fits over mouth and nose), nasal cannula (tube that place into nose about one-half inch), or nasal catheter (tubing inserted into nostrils into back of mouth);-The following equipment and supplies will be necessary when performing this procedure: portable oxygen cylinder (lightweight, high-pressure tank designed to provide supplemental oxygen to patients with breathing difficulties); nasal cannula, nasal catheter, or mask (as ordered); humidifier bottle (add moisture to dry oxygen, reducing nasal dryness and throat irritation); and regulator (medical device that reduces high-pressure oxygen from a cylinder to a safe, breathable, and adjustable low-pressure flow (typically 0-15 liters per minute (LPM)) for patient use ;-Check the mask, tank, and humidifying bottle, to be sure they are in good working order and are securely fastened;-Be sure there is water in the humidifying bottle and that the water level is high enough that the water bubbles as oxygen flows through;-Periodically re-check the water level in the humidifying bottle.1. Review of Resident #75's face sheet (brief information sheet about the resident) showed the following information: -admission date of 01/24/23;-Diagnoses included chronic obstructive pulmonary disease (COPD - group of lung diseases that block airflow and make it difficult to breathe), shortness of breath, asthma (chronic, long-term lung disease that inflames and narrows the airways, making breathing difficult), and congestive heart failure (CHF - condition in which the heart can't pump enough blood to the body's other organs).Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated comprehensive assessment completed by facility staff), dated 02/04/26, showed the following:-Severe cognitive impairment;-Use of oxygen.Review of the resident's care plan, last reviewed 02/06/26, showed the following:-Resident uses oxygen therapy related to COPD;-Staff should monitor for resident distress and report to the physician;-Staff should set oxygen via nasal cannula or mask at 2 to 3 liters (L) continuously;-Oxygen should be humidified as needed.Review of the resident's Physician's Order Sheet (POS), current as of 03/12/26, showed the following:-An order, dated 02/27/23, to check humidifier bottle every shift;-An order, dated 07/23/25, for oxygen at 2 to 3 liters continuously for diagnosis of COPD every shift.Observations on 03/08/26 showed the following:-At 12:30 PM, the resident sat in a wheelchair in the dining room for lunch. The resident's oxygen tank was set at 2 L and showed the tank in the red low to empty zone;-At 12:55 PM, another resident's family member requested staff check the oxygen tank. Staff noted the red low to empty zone and changed the tank.Observation on 03/09/26, at 10:15 AM, showed the resident in bed with eyes closed with his/her oxygen set at 3 L. The humidifier bottle was empty. Observation on 03/11/26, at 11:35 AM, showed the resident in bed with eyes closed with oxygen set at 3 L. The humidifier bottle was empty.During an interview on 03/12/26, at 11:30 AM, the resident's family member said there had been a time or two that hospice staff had contacted him/her and said that the resident's oxygen level was low and the oxygen was not turned on. 2. Review of Resident #9's face sheet showed the following information: -admission date of 04/01/25;-Diagnoses included chronic respiratory failure (long-term condition where the lungs cannot properly exchange oxygen and carbon dioxide) with hypoxia (condition where the body's tissues and organs do not receive enough oxygen to (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265878	A. Building B. Wing	03/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Copper Rock Healthcare	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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	function properly), COPD, CHF, and shortness of breath.Review of the resident's quarterly MDS, dated [DATE], showed the following:-Cognitively intact;-On oxygen therapy.Review of the resident's care plan, updated on 12/30/25, showed the following:-Resident had CHF;-Staff should administer oxygen via nasal cannula at 2 to 6 L continuously to maintain oxygen saturation at greater than 90%;-Resident had shortness of breath related to CHF and COPD.Review of the resident's POS, current as of 03/13/26, showed an order, dated 07/23/25, to administer oxygen at 2 to 6 liters via nasal cannula continuously, may titrate to maintain oxygen saturation greater than 90% (measures the percentage of oxygen in the blood), if diagnosis of COPD, no more than 3 liters continuously every shift for oxygenation related to COPD.Observation on 03/08/26, at 11:15 AM, showed resident seated in chair in room, reading a book. The oxygen concentrator was set at 3 L with no water in humidifier bottle. Observation on 03/09/26, at 1:30 PM, showed the resident seated in chair working on crafts. The oxygen concentrator was set at 3L with no water in humidifier bottle.Observation on 03/10/26, at 11:20 AM, showed resident seated in a chair. The oxygen concentrator was set at 3 L and there was no water in humidifier bottle.During observation and interview on 03/11/26, at 11:15 AM, resident was working on sewing project. The oxygen concentrator was set at 3 L with was no water in the humidifier bottle. The resident said there should be water in it. The staff were to do that for him/her. 3. Review of Resident #18's face sheet showed the following:-admission date of 01/17/25;-Diagnoses included CHF and atrial fibrillation (an irregular, often rapid heart rate caused by faulty electrical signals in the heart's upper chambers).Review of the resident's care plan, updated on 01/13/26, showed the following:-Resident had CHF;-Staff should administer oxygen at 2 L via nasal cannula continuously to maintain oxygen saturation greater than 90%.Review of the resident's quarterly MDS, dated [DATE], showed the following:-Severe cognitive impairment;-Use of oxygen.Review of the resident's POS, current as of 03/13/26, showed an order, dated 07/23/25, to apply oxygen via nasal cannula at 2 L to maintain oxygen saturation greater than 90 % every shift for dyspnea (shortness of breath or uncomfortable, labored breathing) related to CHF.Observation on 03/08/26 showed the following: -At 12:30 P.M., the resident sat in a wheelchair at the dining room table. The oxygen tank regulator showed the oxygen setting at zero with tank showing partially full;-At 12:50 PM, the resident's family member entered dining room and sat with the resident. He/she then went to a certified medication tech (CMT) and asked if he/she could check the resident's oxygen saturation as the resident appeared sleepy. The CMT checked and found O2 saturation to low. The CMT checked the tank regulator and noted that the regulator was not turned on.4. Review of Resident #2's face sheet showed the following:-admission date of 12/05/24;-Diagnoses included chronic respiratory failure with hypercapnia (too much carbon dioxide in the blood), chronic respiratory failure with hypoxia, COPD, and shortness of breath.Review of the resident's care plan, updated on 09/25/25, showed the following:-Resident had COPD and chronic respiratory failure with shortness of breath and required supplemental oxygen;-Staff should administer oxygen via nasal cannula per order for shortness of breath or to maintain oxygen saturation at greater than 90%.Review of the resident's quarterly MDS, dated [DATE], showed the following:-Cognitively intact;-On oxygen therapy.Review of the resident's POS, current as of 03/13/26, showed the following:-An order, dated 09/13/25, to administer oxygen at 3 liters via nasal cannula continuous, every shift related to chronic respiratory failure with hypercapnia, chronic respiratory failure with hypoxia, and COPD;-An order, dated 09/13/25, for oxygen tubing and humidifier change every 7 days.During an observation on 03/10/26, at 10:40 AM, Licensed Practical Nurse (LPN) H was in the resident's room completing wound care. The oxygen concentrator was set at 3 L with no water in the humidifier bottle. 5. During an interview on 03/12/26, at 12:05 PM, Certified Nurse Aide (CNA) R said the following:-Residents with humidifier bottles should have the bottles filled and there was distilled water in the resident room to use for this;-He/she said when a resident is brought out of their room on a portable oxygen tank the staff should ensure the tank is turned on.During an interview on 03/12/26, at 12:20 PM, LPN S said the following: -Nurses are responsible for the resident oxygen tanks and settings;-Staff should add (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265878	A. Building B. Wing	03/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Copper Rock Healthcare	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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	distilled water to the humidifier bottle and it should be enough to last an entire shift;-Any staff can notify the nurse if the water level is low or empty;-The portable oxygen tanks should be checked before leaving a resident room to ensure turned on and enough oxygen to get through a meal or activity the resident was attending.During an interview on 03/12/26, at 1:20 PM, LPN H said the following: -Nursing staff are responsible for oxygen and humidifier bottles on oxygen tanks;-The nursing staff will have a notification on their Treatment Administration Record (TAR) for the nurse to complete the task;-The water in the humidifier bottle should last all shift;-If a CNA noted that a humidifier bottle was empty, they should refill the humidifier bottle;-There should be distilled water in the resident rooms;-Staff should ensure the portable tanks are turned on when going to a meal or activity and ensure the tank has enough oxygen;-If the regulator is in the red zone the tank should be changed as soon as possible.During an interview on 03/13/26, at 10:30 A.M., the Director of Nursing (DON) said the following: -Nursing staff were responsible for setting the liter setting on the tank regulators;-The nurses receive a task on their TAR to add water to humidifier bottles;-If the aides see an empty humidifier they should tell the nurse;-The bottle should have enough water to last the entire shift;-The water is for resident comfort;-Some residents do not want the water;-If there is a physician order the nursing staff should follow the order;-The aides should turn the regulator on the portable tank when transferred from concentrator and leaving the resident room for meals or activities;-The staff should ensure there is enough oxygen on the regulator and that it is turned on. If the regulator is in the red low to empty zone, it varies how long it will last for each resident depending on the flow rate and individual resident oxygen needs. During an interview on 03/13/26, at 2:30 PM, Administrator said the following: -Staff should ensure the portable oxygen tanks are full and should change when empty or right before empty;-If the regulator is in the red zone, staff should be closely monitoring;-Oxygen should be turned on when in their room and when out of their room;-Staff should follow physician orders;-The staff should fill humidifier bottles per physician orders and resident care plan;-If the resident has a humidifier, it should be filled or checked every shift.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265878	A. Building B. Wing	03/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Copper Rock Healthcare	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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on observation, interview, and record review, the facility failed to ensure food served was appetizing when staff served food that was not an appetizing temperature, failed to season food, and failed to cook food appropriately for 10 residents (Residents #17, #34, #15, #60, #28, #61, #66, #58, #5, and #38) of 25 sampled residents. The facility census was 77.Based on observation, interview, and record review, the facility failed to ensure food served was appetizing when staff served food that was not an appetizing temperature, failed to season food, and failed to cook food appropriately for 10 residents (Residents #17, #34, #15, #60, #28, #61, #66, #58, #5, and #38) of 25 sampled residents. The facility census was 77. Review of the facility policy The Dining Experience: Staff Roles, Guideline and Procedure Manual, dated 2020, showed the dining services manager or designee will be present in the dining room at all meals to ensure that the meals served follow a planned menu, are plated in an attractive manner. are palatable, served at the appropriate temperatures, served according to safe food handling practices, and meets the residents' individualized plan of care. 1. Review of the resident council minutes, dated 12/09/25, showed the following:-Ombudsman attended and addressed residents' concern from the last meeting that included food was served cold. All residents agreed that food was still served cold, stating food temperatures and presentations were worse on weekends;-Side items still not being served in separate bowls (vegetables); Review of the Department Response to Issues form, referring to the 12/09/25 meeting, showed the following: -Still needed concerns from November addressed;-Side items not served separately;-Not serving menus/ticket items-what is stated;-Salad drenched in dressing/prefer on the side;-Food temperatures, taste and presentation;-Dietary Manager's (DM's) response noted as educated dietary staff to put side-items in bowls. Record review of the resident council minutes, dated 01/13/26, showed the following:-Side items still not being served in separate bowls (vegetables);-Cold food. Review of the Department Response to Issues form, referring to the 01/13/26 meeting, showed the following:-Side items not served separately;-Cold food;-The DM's response noted he/she needed to know what vegetables residents wanted in a side bowl. Review of the resident council minutes, dated 02/10/26, showed the following:-The DM attended the meeting with questions on side bowl specifics. The residents stated only the runny veggies were preferred in a side bowl;-The DM educated residents that the plate warmer was unusable at that time to keep plates warm;-The DM educated residents on seasonal fresh fruit, the Bistro being closed, and encouraged families to provide specific/special requests that are not in budget. Review of the Department Response to Issues form, referring to the 02/10/26 meeting, showed no DM response regarding food temperatures. Review of the facility's Grievance Log, showed the following:-On 02/23/26, grievance filed by Resident #17 regarding concern of meals/budget. Concerned following last resident council meeting, regarding choices and quality of food and the budget concerns. Resolution taken: Resident will provide all likes/dislikes to the Bistro and will receive fresh toast;-On 02/27/26, grievance filed by Resident #34 concerning meals/nutrition. Resident said he/she was served food that the resident was unable to consume. The resident was on a mechanical soft diet and was served un-chopped lettuce. The resident was dependent on staff and (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265878	A. Building B. Wing	03/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Copper Rock Healthcare	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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	was unable to hold a cup for him/herself but was served a cup of poor-quality soup. Resolution taken: The DM will correct the meal tickets and educate dietary staff on following tickets;-On 03/05/26, grievance filed by Resident #15 regarding meal ticket preferences not being followed. Resolution taken: The DM will educate dietary staff on following tickets;-On 03/06/26, grievance filed by Resident #60 regarding did not receive meal requested on his/her ticket. Resolution taken: The DM spoke with the resident and provided them a copy of a menu for the current month. During the resident council meeting held on 03/09/26, at 1:00 P.M., residents stated the following: -Resident #28 said if residents ask for a turkey-club sandwich, it is made with only one thin slice of turkey with a paper-thin tomato slice and nothing else. It is very dry, and he/she has asked for mayonnaise, and no one comes back with it;-Resident #61 said the facility had a lot of problems that do not ever get resolved. He/she said he/she had just purchased a little over $60.00 in food him/herself so he/she could have a few items they enjoyed eating. If you ask for something else or make a request, it goes unanswered. Observation of the lunch meal serve-out on 03/11/26, at approximately 12:30 P.M., showed the following:-Serve-out to residents each meal was plated and put on a tray. Staff took the tray to the resident, set the food on the table, and returned for the next tray;-After all residents in the dining room were served, the cook began making hall trays for residents who chose to eat in their rooms;-At approximately 12:40 P.M., the cook placed the first plate of food onto a tray, which was placed onto a large, metal, rolling cart;-At approximately 12:55 P.M., the last plate of food was placed onto the rolling cart and taken down the hall, ready to deliver to residents. Observation on 03/11/26, at approximately 12:55 P.M., the last hall tray, requested as a test-tray sample, showed the following: -The sweet and sour chicken was 128.2 degrees Fahrenheit (F). The chicken was dry and tough to chew;-The rice was 112.4 F. The rice was dry with hard pieces that were undercooked;-The broccoli was 24.1 F. The broccoli was mushy and almost all stems and stalks, with only one floret. Observation on 03/12/26, at approximately 12:45 P.M., of the last hall tray, requested as a test-tray sample, showed the following:-Chicken-bacon penne pasta was 123.4 F. The pasta was dry, not a creamy texture and had a pasty taste (such as when corn starch or thickener added);-The green beans measured 113.0 F and were unseasoned. During an observation and interview on 03/12/26, at approximately 12:28 P.M., Resident #3 said the meals were usually bad. During an interview on 03/08/26, at 12:07 P.M., Resident #66 said the food was awful and tasted terrible. One evening, he/she was served a hot dog, which was not cooked, in a bun. There were no mustard or ketchup packets, and no napkin. During an interview on 03/08/26, at 1:50 P.M., the Resident #58 said the food was mediocre. The food was never hot. During an interview on 03/09/26, at 10:00 AM, Resident #5 said the food was cold and nasty. He/she ate in his/her room and did not receive hot food. During an interview on 03/09/26, at 3:28 PM, Resident #38 said he/she often would eat cereal in room his/her for supper because the meal was cold and did not taste good. During an interview on 03/12/26, at approximately 1:00 P.M., [NAME] M, said the following:-The (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265878	A. Building B. Wing	03/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Copper Rock Healthcare	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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	aides are not serving the food fast enough;-The trays are sitting for some time before going down the halls;-Food was going to get cold because of the way hall trays were being passed. During an interview on 03/12/26, at approximately 2:30 P.M., Nurse Aide (NA) K, said the following:-He/she had heard complaints from residents that the food was cold;-If the food was sitting on a cart for over 30 minutes, it was going to get cold. During an interview on 03/13/26, at 9:30 A.M., the Social Services Director (SSD), said the following:-He/she sat in on all resident council meetings involving the residents;-He/she takes the minutes and helps the president run the meeting;-There were often food concerns;-Food is served cold;-He/she believed the problem was the food was not getting served out fast enough. During an interview on 03/13/26, at approximately 10:40 A.M., Dietary Aide (DA) N said the following:-Residents often complain of not being happy with the food that is served, usually regarding not much seasoning or being too cold;-The biggest problem was there was not enough staff to serve the trays quick enough;-The residents' likes and dislikes are marked on the meal tickets, and the plates were served based on the tickets. During an interview on 03/13/26, at approximately 11:10 A.M., DA O said he/she did hear complaints from residents about the food, usually the lack of variety, not enough seasoning or being too cold. During an interview on 03/13/26, at approximately 11:30 A.M., [NAME] P said the following:-He/she takes the food temperatures in the kitchen and then from the serve-out table, from whichever side he/she is working from;-He/she knows the trays that are taken to the rooms are cold because they sit on the cart for the entire time trays are being served, instead of being taken to the residents as they are made;-When the last tray gets ready, the first tray has completely cooled down, but is still served to the resident. During an interview on 03/13/26, at approximately 11:45 A.M., [NAME] Q, said the following:-The cook they had up until this past week never seasoned anything;-He/she was taught to taste-test everything, and if it was not good the residents would not want it either;-Choices/preferences are on the residents' menu cards, and they followed these to make the plates. These were important, especially if a resident was allergic to something;-He/she had heard complaints of preferences not being considered, usually regarding vegetables;-Most complaints were regarding the taste or cold food;-There were also complaints about a lack of variety or no fresh fruit;-He/she had been told the food in the dining room was fine, but if someone eats in his/her room, the food was cold. During an interview on 03/13/26, at approximately 12:20 P.M., the Dietary Manager (DM), said the following:-Food had probably been colder on the hall trays lately, because the food warming cart was not working;-He/she was hoping it would be replaced but was unsure at that time;-He/she had been speaking with the Administrator and discussing different ideas to come up with a solution;-He/she had heard of concerns about the food being cold;-He/she expected the cooks to be taking food temps prior to being served;-The aides on the floor should be getting the trays to the residents faster;-He/she denied the taste of food was not good and said he/she thought residents usually enjoyed the food;-The residents' menu cards showed preferences and those were honored;-Vegetables were now being served in bowls, for those who want that. During an interview on 03/13/26, at approximately 2:00 P.M., the Director of Nursing (DON), said temperatures should always be to the resident's preference; want to eat. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265878	A. Building B. Wing	03/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Copper Rock Healthcare	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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 03/13/26, at approximately 2:40 P.M., the Administrator said the following:-He/she always does taste testing;-He/she was now aware of the temperatures being an issue and was concerned.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265878	A. Building B. Wing	03/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Copper Rock Healthcare	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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to maintain effective and complete an infection prevention and control program when staff failed to follow appropriate Enhanced Barrier Precautions (EBP - an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and glove use during high contact resident care activities) for one resident (Resident #5) with an indwelling catheters (tubing placed to drain the bladder to outside the body). Staff failed to follow acceptable standards of care for performing hand hygiene and glove use during personal care for four residents (Residents #49, #3,#21, and #23). The facility census was 77. 1. Review of the facility's policy titled Enhanced Barrier Precautions, reviewed December 2025, showed the following:-EBP are used as an infection prevention and control intervention to reduce the spread of multi-drug-resistant organisms (MDROs) to residents;-EBP employs targeted gown and glove use during high contact resident care activities when contact precautions do not otherwise apply;-Gloves and gowns are applied prior to performing the high contact resident care activity;-Examples of high-contact resident care activities requiring the use of gown and gloves for EBPs included dressing, bathing, showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use (central line, urinary catheter, feeding tube, tracheostomy/ventilator, etc.), and wound care (any skin opening requiring a dressing);-EBP are indicated, when contact precautions do not otherwise apply, for residents with wounds and/or indwelling medical devices regardless of MDRO colonization;-EBP remain in place for the duration of the resident's stay or until resolution of the wound or discontinuation of the indwelling medical device that places them at increased risk;-Staff are trained prior to caring for residents on EBP;-Personal protective equipment (PPE) is available outside the resident rooms;-Residents, families and visitors are notified of the implementation of EBP throughout the facility. Review of Resident #5's face sheet showed the following:-admission date of 08/05/24;-Diagnoses included neuromuscular dysfunction of bladder (condition where nerve damage or disease interrupts signals between the brain and bladder, causing loss of bladder control) and cystostomy status (an artificial, surgically created opening (stoma) in the urinary bladder that allows urine to drain directly through the abdominal wall into a collection bag). Review of the resident's quarterly Minimum Data Set (MDS – a comprehensive assessment tool completed by facility staff), dated 02/20/26, showed the following:-Cognitively intact;-Indwelling catheter. Review of the resident's care plan, reviewed on 12/02/25, showed the following:-Resident required EBP due to central line, suprapubic catheter, and open wound;-Staff should post signage on the door or wall outside of the room indicating precautions for PPE;-Staff should utilize PPE as indicated during cares. Review of the resident's Physician's Order Sheet (POS), current as of 03/13/26, showed the following:-An order, dated 08/12/25, for suprapubic catheter (flexible tube inserted through a small, surgical incision in the lower abdomen directly into the bladder to drain urine) care every shift;-An order, dated 11/12/25, for urinary catheter drainage bag, change every night shift on the 12th of every month;-An order, dated 03/10/26, to change suprapubic catheter every day shift on the fourth of every month related to retention of urine;-An order, dated 03/10/26, to change suprapubic catheter a need. Observation on 03/10/26, at 12:55 PM, showed the following:-Licensed Practical Nurse (LPN) H entered the resident's room;-An EBP sign on door stated use of gown and gloves required for personal (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265878	A. Building B. Wing	03/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Copper Rock Healthcare	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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	cares;-A hospice nurse was present in the room;-The nurse and hospice nurse applied gloves;-The nurses did not put on gowns;-LPN H prepared supplies on bedside table to change supra pubic catheter, removed resident sheet from abdominal area, and opened incontinent brief and inspected at catheter bag and tubing;-LPN H touched the tubing and drainage bag and noted that the bag contained clear yellow urine and noted the catheter appeared to be functioning properly; -The hospice nurse and LPN H decided not to change catheter since it was changed on 03/04/26 and was working at this time;-Staff removed gloves and used hand sanitizer and applied new gloves and lifted the resident's right leg to view bandage on outer side of calf;-LPN H removed the bandage and noted skin to be darker in appearance and healing well;-Staff removed gloves and washed hands;-The staff did not apply gowns during resident contact. During an interview on 03/12/26, at 12:20 PM, LPN S said the following: -Residents with wounds, catheters, tube feeding, or IV's require staff to use EBP;-There were signs on the resident door and PPE in the closet of the room;-The staff should be wearing gown and gloves with any personal cares to protect the resident. During an interview on 03/13/26, at 11:00 A.M., Certified Medication Tech (CMT) A said the EBP should be following when doing cares for a resident that has wounds, a catheter or other indwelling device. During an interview on 03/13/26, at 11:25 A.M., LPN H said EBP included wearing a gown and gloves and a mask if necessary for bodily fluid precaution. During an interview on 03/13/26, at 1:57 P.M., the Director of Nursing (DON) said EBP should be worn when doing close contact care for a resident who has a wound, catheter or other indwelling device. During an interview on 03/13/26, at 2:27 P.M., the Administrator said EBP should be worn while caring for a resident with an open sore, catheter, or other indwelling device. 2. Review of the facility's policy entitled Handwashing/Hand Hygiene, reviewed October 2025, showed the following:-Hand hygiene was the primary means to prevent the spread of healthcare associated infections;-All personnel are trained and regularly in-serviced on the importance of hand hygiene in preventing the transmission of healthcare-associated infections;-All personnel are expected to adhere to hand hygiene policies and practices to help prevent the spread of infections to other personnel, residents, and visitors;-Hand hygiene products and supplies are readily accessible and convenient for staff to use to encourage compliance with hand hygiene policies. Alcohol-based hand-rub (ABHR) dispensers are placed in areas of high visibility and consistent with workflow throughout the facility;-Hand hygiene is indicated immediately before touching a resident; before performing an aseptic task; after contact with blood body fluids, or contaminated surfaces; after touching a resident; after touching the resident's environment; before moving from work on a soiled body site to a clean body site on the same resident; and immediately after glove removal;-Wash hands with soap and water when hands are visibly soiled;-Single-use disposable gloves should be used before aseptic procedures, when anticipating contact with blood or body fluids, and when in contact with a resident, or the equipment or environment of a resident, who is on contact precautions;-The use of gloves does not replace hand washing/hand hygiene;-Perform hand hygiene before applying non-sterile gloves;-Perform hand hygiene after removing gloves. 3. Review of Resident #49's face sheet showed the following:-admission date of 04/25/25;-Diagnoses (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265878	A. Building B. Wing	03/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Copper Rock Healthcare	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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	included multiple sclerosis (chronic autoimmune disease - can cause problems with vision, numbness/tingling, fatigue, balance/coordination, and muscle stiffness/tremors/weakness) and neuromuscular dysfunction of the bladder. Review of the resident's quarterly MDS, dated [DATE], showed the following:-Mild impairment to cognition;-Dependent on others for bathing/showers, dressing, personal hygiene, bed mobility, transfers, and mobility using a manual wheelchair;-Presence of indwelling catheter (tubing placed to drain the bladder to outside the body into a collection bag);-Presence of feeding tube - intake greater than 51% via use. Review of the resident's Physician Order Sheet (POS), current as of 03/12/26, showed the following:-An order, dated 10/15/25, to change the urostomy (indwelling catheter with tubing placed through the abdomen) wafer and bag every three days. Change as needed for leaking or dislodgement;-An order, dated 12/01/25, for urinary catheter care every shift;-An order, dated 01/28/26, to drain urostomy bag every shift;-An order, dated 03/12/26, for tube feeding four times a day, give 300 milliliters (ml) Jevity (nutritional supplement) 1.5 mixed with 100 ml water and flush with 100 ml water.(Staff did not document orders related to EBP.) Review of the resident's care plan, updated 03/04/26, showed the following:-Resident required EBP due to urostomy and feeding tube;-Post EBP signage on the door or wall to outside of room indicating precautions for PPE;-Utilize PPE as indicated during cares. Observation on 03/12/26, at 12:32 A.M., showed the following:-Nurse Aide (NA) K washed his/her hands and donned a surgical gown and gloves. CMT J washed his/her hands and donned gloves. The CMT then donned a surgical gown without securing the sleeves using the thumb holes; -CMT J used pre-moistened wipes to clean the resident's front peri area;-NA K turned the resident onto his/her left side, toward the NA;-Without changing gloves or performing hand hygiene, CMT J used wipes to clean the resident's coccyx and buttocks of feces;-The CMT removed his/her gloves, did not perform hand hygiene, and placed a clean disposable brief under the resident's left side;-The CMT and NA turned the resident to his/her right side;-NA K finished placement of the brief and secured the sides;-Without performing hand hygiene, CMT J rolled a blanket and placed it under the resident's right arm and NA K covered the resident. 4. Review of Resident #3's face sheet showed the following:-admission date of 12/7/24;-Diagnoses included spinal chord disease, paraplegia (partial or complete paralysis of the lower half of the body, including both legs), an obstructive and reflux uropathy (conditions where urine flow is blocked or flows backward, causing urine backup, kidney swelling and potential kidney damage). Review of the resident's quarterly MDS, dated [DATE], showed the following:-Cognition was intact;-Impairment on both lower extremities;-Substantial/maximal assistance for toileting hygiene, shower/bath, roll left and right, move from sitting to lying and lying to sitting on side of bed, and toilet transfer;-Indwelling urinary catheter;-Always incontinent of bowel;-Application of ointments/medications other than to feet. Review of the resident's care plan, revised 09/19/25, showed the following:-The resident had actual impairment to skin integrity of the buttocks present upon admission related to immobility and incontinence;-Keep skin clean and dry and assist with repositioning and cleansing after incontinent episodes. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265878	A. Building B. Wing	03/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Copper Rock Healthcare	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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observation on 03/10/26, at 9:53 A.M., showed the following:-LPN D took Triad (used to treat wounds) and gauze and laid it on the resident's bedside table where the resident's food tray was and put on a gown and gloves. There were several tubes of cream on the bedside dresser;-He/she assisted the resident over to his/her side in bed with the indwelling urinary foley catheter;-There was hard bowel movement between his/her legs between buttocks;-The LPN cleansed with wet wipes between the buttocks with several wipes by wiping front to back and turning the wet wipe with each wipe;-After cleansing between the buttocks, LPN D did not remove his/her gloves and wash hands. With the same gloves, he/she turned the resident;-LPN D removed the gown and gloves, did not wash hands, opened the closet door to look for an incontinence brief, and then went out of the room to the outside treatment cart, got an incontinence brief, and then went to the closet, touched all the closet doors and drawers to look for a brief;-He/she used hand sanitizer from on the wall, put on a new gown and gloves, and put a clean brief underneath him/her, got the Triad and applied to the resident's reddened peri-area;-LPN D removed his/her gloves, and picked up a pair of gloves placed on the bedside table where the food tray was;-He/she helped the resident turn over and applied the Triad on his/her left lower buttock;-He/she removed gloves, did not wash hands, put on a new pair of gloves, got the wet wipes and cleaned the inner right thigh, and then the left inner thigh and the perineal area which was red near the opening for the catheter tubing;-LPN D put Triad cream on the front perineal area, removed gloves, did not wash hands. He/she put on another pair of gloves to wipe off some of the Triad cream before he/she pulled up his/her pants with the gloves after he/she wiped some of the Triad cream off with a wet wipe, and then pulled up his/her blanket;-He/she gathered the trash bags in both garbage cans on both sides of bed;-LPN D wiped off the milk beneath the glass on the bedside table, then removed the gloves, put on a new pair of gloves, without washing and/or sanitizing hands, and removed the gown and gloves, didn't wash hands, put on one glove and picked up plate and trash to take out of room, shut off the light;-LPN D took the trash to the soiled utility room behind the nurses' desk and then washed his/her hands. 5. Review of Resident #21's face sheet showed the following:-admission date of 06/30/25;-Diagnoses that included vascular dementia without behaviors, peripheral vascular disease (reduced circulation of blood to a body part, other than the brain or heart, due to a narrowed or blocked blood vessel), and high blood sugar. Review of the resident's admission MDS, dated [DATE], showed the following:-Cognition was severely impaired and did not make decisions;-Had impairment on lower extremity on one side;-Dependent on staff for oral hygiene, toileting, shower/bath, upper and lower body dressing, personal hygiene, mobility to roll, turn, and reposition and transfers;-Always incontinent of bowel and bladder. Review of the resident's care plan, revised 11/18/25, showed the following:-Risk for self-care deficit of bathing, dressing, and feeding due to dementia with confusion and incontinence of bowel and bladder;-Required substantial to maximum assistance and dependent with dressing, transfers, shower, and mobility;-Frequently incontinent and needed assistance with perineal care from staff. Observation on 03/9/26, at 12:55 P.M., showed the following:-Nurse Aide (NA) C and Certified Nurse Aide (CNA) B used hand sanitizer, put on gloves, and CNA B put the gait belt around the resident's waist;-They transferred the resident from the wheelchair to the bed;-They removed the resident's house slippers, raised his/her bed;-They laid a clean incontinence brief and cleansing wipes at the foot of the bed;-They removed his/her pants and CNA B pulled bed pad down as they rolled the resident to his/her side and removed his/her incontinence brief which was wet with urine;-NA C took wet cleansing wipes and wiped front to back with the wipe. The resident had a small bowel (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265878	A. Building B. Wing	03/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Copper Rock Healthcare	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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	movement;-NA C talked to the resident and used more wet wipes to cleanse the resident between the legs;-NA C put a clean incontinence brief on the resident;-NA C removed gloves, did not wash hands, touched the dresser drawer and then held the resident's hand. CNA B kept the same gloves on, and pulled up the resident's blanket, after taking her pants and putting them on the back of the wheelchair to put on later;-NA C took out trash bag from trash can and put a new bag into it;-CNA B took the trash bag out without washing and/or sanitizing hands before he/she left the room. 6. Review of Resident #23's face sheet showed the following:-admission date of 10/30/24;-Diagnoses included stroke, left hemiplegia (one sided paralysis), mini strokes, and gastrostomy tube (opening into the skin to the stomach). Review of the resident's annual MDS, dated [DATE], showed the following:-Cognition was moderately impaired;-Impairment on one side of upper extremity;-Impairment on both sides of lower extremities;-Dependent for toileting and personal hygiene, upper and lower body dressing;-Frequently incontinent of bowel and bladder;-Application of ointments/medications other than to feet. Review of the resident's care plan dated 12/08/25, showed the following:-Dependent on staff for all cares, transfers, and mobility;-Incontinent of bowel and bladder and required staff assistance with hygiene;-Keep skin clean and dry, assist with toileting, cleansing, and repositioning as needed. Observation on 03/09/26, at 1:27 P.M., showed the following:-CNA B and NA C took the resident to his/her room. CNA B used the hand sanitizer at the door. NA C went to the resident's bathroom and grabbed a pair of gloves and put them on without washing or sanitizing hands;-CNA B brought the mechanical lift into the room and he/she and NA C transferred the resident to the bed;-They removed his/her soft boots from both feet, drew the privacy curtain and then CNA B put a pair of gloves on and then got the urinal to assist the resident lying in bed;-The resident voided into the urinal and then CNA B used wet wipes around the area, and then pulled the brief up since it was not wet;-CNA B removed his/her gloves, did not wash or sanitize hands, covered the resident with the blanket, and raised the bed, opened the privacy curtain;-Both CNA B and NA C sanitized hands at the door before leaving the room. 7. During an interview on 03/12/26, at 2:20 P.M., CNA I said the following:-Staff were to wash their hands before and after changing their gloves;-They were to sanitize their hands in the resident's room;-They were to sanitize and/or wash hands if they carry trash and go up at the nurses' station to place in the soiled utility room. During an interview on 03/13/26, at 11:00 A.M., CMT A said staff should wash their hands prior to donning a gown and gloves, and sanitize or wash their hands every time gloves are removed. During an interview on 03/12/26, at 2:45 P.M., LPN E said the following:-Staff were to wash their hands when soiled and before and after they do personal cares on a resident;-Staff should wash their hands or use hand sanitizer when entering a resident's room and when they leave a resident's room;-They were to wash hands before applying gloves, and after removing their gloves. During an interview on 03/13/26, at 11:25 A.M., LPN H staff should wash their hands prior to performing personal care, perform the care, and change gloves after a soiled area. Hands should be sanitized with every glove change. Staff should wash or sanitize their hands before touching other items or doing other care and utilize the hand sanitizer gel before exiting a resident's room. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265878	A. Building B. Wing	03/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Copper Rock Healthcare	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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 03/12/26, at 2:55 P.M., the Associate Director of Nursing (ADON) said the following:-Staff were wash and/or sanitize hands before they enter and leave the resident's room;-They were to wash hands before applying gloves and after taking off their gloves;-They should wash hands when they touch residents' belongings or like someone's cup or dishes. During interview on 03/13/26, at 1:58 P.M., the Director of Nursing (DON) said the following:-Staff were to wash their hands and/or sanitize hands and put on gloves before they enter a resident's room, and wash or sanitize hands when they leave a resident's room;-They were to wash hands before putting on gloves and after removing gloves, during perineal care, transfers, and when hands were soiled. During an interview on 03/13/26, at 2:27 P.M., the Administrator said gloves should be worn to do any bodily care for a resident, and staff should wash/sanitize their hands with any glove change.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265878	A. Building B. Wing	03/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Copper Rock Healthcare	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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. Based on observation, interview, and record review, the facility failed ensure all residents had interventions in place and followed to ensure acceptable parameters of nutritional status were maintained when staff failed to assist two residents (Resident #18 and #75) during meals. A sample of 25 residents was reviewed for dietary concerns. The facility census was 77. 1. Review of Resident #18's face sheet (a quick-glance referral of the resident's information) showed the following:-admission date of 01/17/25;-Diagnoses included dementia, chronic systolic (heart failure), chronic kidney disease, stage 3 (kidneys losing the ability to filter blood, leading to waste build-up), and paroxysmal atrial fibrillation (irregular heart rhythm). Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated comprehensive assessment instrument completed by facility staff), dated 01/22/26, showed severe cognitive deficit. Review of the resident's current care plan showed the following:-An ADL (activities of daily living) self-care performance deficit due to dementia;-Resident dependent on staff for all ADL's;-Monitor intake and record at meals;-Resident to receive adaptive cup with lid to assist with fluid intake and independence. Observation of the breakfast meal on 03/09/26, beginning at 8:35 A.M., showed the following:-The resident sat in a wheelchair at a dining table with eyes closed. Resident occasionally opened his/her eyes, look to either side, and closed them again;-He/she had an untouched plate of food in front of him/her on the table;-The resident did not try to eat the food on his/her own;-Staff did not approach the resident to encourage the resident to eat, or to assist the resident with eating;-At 8:45 A.M., the resident's plate remained untouched;-At 8:52 A.M., the resident's plate remained untouched;-At approximately 9:05 A.M., staff took the resident to his/her room without offering to assist the resident with the meal; -At 9:17 A.M., Dietary Aide (DA) L removed the resident's plate of food and threw it away. During an interview on 03/13/26, at 9:30 A.M., the Social Services Director (SSD), said the following:-He/she will assist residents with eating whenever he/she was available to do so;-He/she assisted the resident many times in the past;-The resident can feed him/herself, but does need someone to assist a lot of the time or the resident just will not do it on his/her own;-Even if the resident does not feel like eating, it should still be offered to him/her;-The resident should never be taken back to his/her room without being offered food. During an interview on 03/13/26, at 2:40 P.M., the Administrator said the following:-He/she would expect staff to offer help to all residents who may require it;-The resident's family member usually came in during most meals and helped the resident eat. 2. Review of Resident #75's face sheet showed the following information: -admission date of 01/24/23;-Diagnoses included chronic obstructive pulmonary disease (COPD - group of lung diseases that block airflow and make it difficult to breathe), shortness of breath, asthma (chronic, long-term lung disease that inflames and narrows the airways, making breathing difficult), dementia (chronic or persistent disorder of the mental processes caused by brain disease or injury and marked by memory disorders, personality changes, and impaired reasoning), anorexia (serious, often chronic eating disorder characterized by extreme food restriction, intense fear of weight gain, and a distorted body image, leading to dangerous weight loss), chronic pain, and dysphagia (difficulty swallowing). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265878	A. Building B. Wing	03/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Copper Rock Healthcare	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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the resident's care plan, last reviewed on 02/02/26, showed the following:-Resident at risk for impaired nutrition related to poor appetite and low body weight;-Staff should assist with meals, feeding and set-up, as needed;-Educate resident to avoid fluid intake with meals, and instead encourage fluids between meals;-Ensure resident in proper position for eating;-Serve diet as ordered and adaptive equipment as ordered. Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated comprehensive assessment completed by facility staff), dated 02/04/26, showed the following:-Severe cognitive impairment;-Dependent on staff for eating, oral hygiene, showering, personal hygiene, dressing, and toileting hygiene;-Required mechanically altered diet – change in texture of foods. Review of the resident's Physician's Order Sheet (POS), current as of 03/12/26, showed the following:-An order, dated 11/19/25, for fortified diet with pureed texture, regular/thin consistency and super cereal at breakfast. Super pudding at lunch and supper. Thin fluids to resident's preference;-An order, dated 02/06/26, for staff to offer assist with meals. Observation on 03/08/26, beginning at 12:40 PM, showed the following: -The resident seated in wheelchair in dining room;-Meal included pureed (cooked, blended, or strained food processed into a thick, smooth, and creamy liquid or paste, often resembling baby food or thick pudding) meat and vegetables and pudding in a cup with plastic wrap covering top;-Resident ate meal with a fork by dipping the fork into the food and getting food on just the tip of the fork;-The resident poked the fork through the plastic wrap to get some pudding;-Staff did not assist the resident. Observation on 03/10/26, beginning at 1:20 PM, showed the following: -Resident sat in a wheelchair in the dining room;-No staff seated with the resident;-The resident ate pudding with a butter knife;-The resident then put the butter knife in pureed pork;-Resident was getting small bites of food on the knife;-Staff did not assist the resident. Observation on 03/12/26 showed the following:-At 12:35 P.M., staff put a puree meal that included chicken penne pasta, green beans, and cake, in front of the resident at the dining table and removed the warming cover. The resident was seated in a wheelchair with eyes closed. The staff did not attempt to rouse the resident;-At 12:48 P.M., resident sat with eyes closed at dining room table. Staff did not assist the resident. The puree food on plate remained uncovered and untouched;-At 1:05 P.M., CNA G encouraged resident to wake up and asked if resident was done with food. The resident said no and kept eyes closed. The staff walked away and did not offer assistance or provide encouragement;-At 1:18 PM, the resident remained at table with eyes closed. The resident did not attempt to eat any food. Staff were not seated with or near the resident;-At 1:38 PM, the resident's eyes remained closed and resident had not attempted to eat any food. Staff were not seated with or near the resident. One kitchen staff asked resident if he/she was done eating, the resident said no. The kitchen staff left the untouched meal plate at the table. The resident's eyes remained closed; -At 1:45 PM, Licensed Practical Nurse (LPN) H came out of the nursing station and took another resident to his/her room. The resident remained in dining room with meal untouched in front of him/her;-At 1:52 PM, the resident remained in dining room with no food intake. Staff were not near the resident;-At 1:58 PM, the Activities Assistant asked resident if he/she was done eating. The resident said yes. The resident's plate was untouched. The Activities Assistant pushed the resident's wheelchair to the common area. During an interview on 03/12/26, at 11:30 AM, resident's family member said that the staff should (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265878	A. Building B. Wing	03/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Copper Rock Healthcare	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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	help the resident with his/her meals. The resident could not feed him/herself. The hospice staff told him/her that the resident's intake was dwindling and the resident needed assistance with meals. 3. During an interview on 03/12/26, at 12:00 PM, Certified Nurse Aide (CNA) R said there would be information in the resident chart if they required meal assistance and would be passed along in report. During the meals the aides try to leave one aide on the floor to watch call lights and other staff to keep an eye on the dining room. The staff in the dining room should sit with residents that require meal assistance. During an interview on 03/12/26, at 12:20 PM, LPN S said residents that need meal assistance generally sat at the middle table in the dining room. The staff should help and cue residents for meals. If a resident had orders to assist with meals the staff should be seated with the resident for the meal. The staff should follow physician orders. During an interview on 03/12/26, at 1:20 PM., LPN H said residents that require meal assistance generally sat at the middle table in the dining room. However, they could sit where they choose. The staff should be helping residents with meals and providing assistance as needed. The staff should encourage and monitor residents in the dining rooms. If there is an order to assist with meals, the staff should sit with the resident for the whole meal. The staff should ensure residents have the appropriate utensils for meals. During an interview on 03/12/26, at 2:10 PM, the Director of Nursing (DON) said residents should be seated at the middle table for assistance with meals but there were not assigned seats. If a resident had an order that said assist with meals the staff should observe, monitor, and assist the resident. Residents should not be eating puree food with fork. During an interview on 03/12/26, at 2:25 PM, the Administrator said residents that need assistance were generally seated at the middle table in the dining room. The staff should be circulating the dining room offering assistance and encouragement to all the residents. A resident with an order for assistance with meals should have more supervision and staff should check frequently.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265878	A. Building B. Wing	03/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Copper Rock Healthcare	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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure an effective pain management program was in place for each resident when staff failed to address one resident's (Resident #23) complaint of pain. The facility census was 77.Review of the facility policy Pain Assessment and Management, revised April 2025, showed the following:-Purpose to help staff identify pain in the resident, develop interventions consistent with the resident's goals and needs, and address the underlying causes of pain;-Pain management included identifying signs and symptoms of and assessing existing pain; -recognizing situations and conditions with the potential for pain; -addressing the underlying causes of the pain; developing and implementing approaches to pain management based on accepted standards of practice; monitoring for the effectiveness of interventions, and modifying approaches as necessary;-Comprehensive pain assessments are conducted upon admission, quarterly, whenever there is a significant change in condition, and when there is an onset of new pain or worsening of existing pain;-Recognize signs of pain such as facial expressions such as grimacing, frowning, clenching of the jaw, behavior such as resisting care, irritability, depressed mood, decreased participation in usual physical and /or social activities, guarding, rubbing or favoring a part of the body;-Ask the resident if they are experiencing pain and be aware the resident may avoid the term pain and use other descriptors such as throbbing, aching, hurting, cramping, numbness, or tingling;-Characteristics of pain including location, intensity, description, patter, frequency, timing, and duration;-Identify underlying causes of pain such as common procedures such as moving the resident can cause pain;-Monitor the resident's pain and consequences of pain at least each shift for acute or sub-acute pain or significant changes in levels of chronic pain and at least weekly in stable chronic pain;-Monitor to determine if the resident's pain is being adequately controlled;-Document the following in the resident's medical record: the resident's reported pain using a standardized pain scale, characteristics of the pain such as location, intensity, description, pattern, and frequency; and underlying cause of the pain, factors that worsen or improve pain, interventions, and outcomes after interventions.1.Review of Resident #23's face sheet showed the following:-admission date of 10/30/24;-Diagnoses included stroke, left hemiplegia (one sided paralysis), pain in left shoulder and in left hand, and arthritis. Review of the resident's care plan, dated 12/8/25, showed the following:-Had occasional complaint of pain:-Monitor/record/report to nurse if any signs and symptoms of non-verbal pain such as changes in breathing, vocalizations such as grunting, moans, yelling out, silence, mood or behavior such as more irritable, restless, aggressive, constant motion, squirmy, eyes wide open/shut, tearing, face is sad, crying, clenched teeth, grimacing, body is tense, rigid, and thrashing;-Monitor/record/report to nurse if resident complains of pain or requests pain treatment and notify physician if interventions are unsuccessful or current complaint is a significant change from resident's past experience of pain;-Observe and report changes in usual routine, sleep patterns, decrease range of motion (ROM), and withdrawal or resistance to care;-Report to nurse any change in usual activity or refusal to attend activities related to pain or discomfort.Review of the resident's annual MDS, dated [DATE] ,showed the following:-Moderately impaired cognition-No behaviors;-Impairment on one side of upper extremity;-Impairment on both sides of lower extremities;-Had occasional pain which occasionally affected sleep and occasionally interfered with day-to-day activities;-Had mild pain.Review of the resident's February 2026 and March 2026 Medication Administration Record (MAR) showed the following:-An order, dated 02/28/26, for Tylenol Extra Strength oral tablet 500 milligrams (mg) to give 1000 mg by mouth every 8 hours for pain control. Administration scheduled at 12:00 midnight, 8:00 A.M., and 4:00 P.M.;-An order, dated 09/08/25, for ibuprofen oral tablet to give 800 mg by mouth every 12 hours as needed (PRN) for pain. Staff to document pain level.Review of the resident's progress note dated 02/22/26, at 6:14 A.M., showed the following: -The past two mornings when getting the resident up for the day, the resident (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265878	A. Building B. Wing	03/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Copper Rock Healthcare	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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	had started swinging his/her arms at staff and state, I am going to hurt you;-Staff familiar with resident doing the same activities of daily living (ADLs) and cares and getting the resident in his/her chair with Hoyer (mechanical) lift and resident stated, If you are going to hurt me, I am going to hurt you!-Staff was being gentle with resident doing the regular morning routine. (Staff did not document addressing the resident's comments of being in pain.) Review of the resident's MAR, dated 02/22/26, showed staff did not document administration or offering PRN ibuprofen for as needed for pain to the resident.Observation on 03/09/26, at 1:27 P.M., showed the following:-Certified Nurse Aide (CNA) B and Nurse Aide (NA) C took the resident to his/her room;-CNA B brought the mechanical lift into the room;-CNA B said the resident had been in pain this day. He/she noticed this around 12:30 P.M. at lunchtime and since the resident had been yelling out with pain in his/her left arm which doesn't move. He/she had not told anyone about the resident's pain;-CNA B and NA C attached the mechanical lift pad to the Hoyer lift and as CNA B operated the lift to raise the resident, the resident said, Ow. His/her eyes remained closed and the resident grimaced the aides raised and then lowered him/her on to the bed;-The aides rolled him/her to his/her good side on the right so CNA B could check his/her incontinence brief and it was dry;-The resident said, Ow several times with eyes closed and grimaced, when they moved the resident to his/her side;-The aides rolled covered the resident with the blanket and raised the bed;-CNA B asked the resident if he/she was comfortable and the resident said, No;-CNA B asked what he/she could do to make him/her comfortable and the resident did not answer.Review of the resident's March 2026 MAR showed on 03/09/26 staff did not document the resident's pain for the resident and did not administer ibuprofen as needed for pain. During an interview on 03/12/26, at 2:20 P.M., CNA I said the following:-The resident had pain in his/her left arm and it always hurts;-The resident was in a lot of pain;-Staff do go in and ask his/her level of pain and he/she randomly blurts out, Ow;;-If the resident complained of pain, he/she will see if the resident needed a pain medication, and will let the nurse know.During an interview on 03/12/26, at 2:26 P.M., CNA B said the following:-The resident yelled out a lot with the pain in his/her left arm;-He/she would let the medication technician know when the resident had pain to see if there was a pain medication he/she could have.During interviews on 03/11/26, at 11:00 A.M., and on 03/12/26, at 2:30 P.M., Licensed Practical Nurse (LPN) E said the following:-He/she will look at the resident's face and what they say in regards to having pain;-Pain was subjective and he/she expected staff to report pain with a resident;-Staff were to pre-medicate some residents before treatments, and before a shower;-The resident yelled out with pain a lot and repeatedly in his/her left arm and they try to pop it up on a pillow;-He/she would expect staff to let him/her know if the resident had more pain when they transferred him/her.During an interview on 03/12/26, at 2:55 P.M., the Associate Director of Nursing (ADON) said the following:-For pain, they were to look for signs if the resident could not tell them they were in pain;-Signs included grimacing, touch, not sleeping well, or not doing normal activities like not wanting to get out of bed or go for a shower;-The resident experienced a lot of pain and typically ibuprofen worked for his/her pain;-The nurses and medication technicians do assess pain and do re-assess pain in the computer;-They were to follow up with the physician with any changes and new orders.During an interview on 03/13/26, at 11:21 A.M., the Director of Nursing (DON) said when staff know a resident was in pain, they should talk to the nurse and report this. The nurse should look into this.During an interview on 03/13/26, at 2:27 P.M., the Administrator said if staff noted a resident in pain, they were to notify the nurse, and the nurse should address the pain.