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	265368	A. BUILDING _____ B. WING _____	01/09/2025

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F 584 SS=D	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and	F 584		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

LNHA | 01/23/2025

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.

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§483.10(i)(7) For the maintenance of comfortable sound levels.
This REQUIREMENT is not met as evidenced by:
Based on observation, interview, and record review, the facility failed to maintain a safe, clean, comfortable and homelike environment. This deficient practice had the potential to affect all residents at the facility. The facility census was 70.

Review of the facility's policy titled, "Homelike Environment," revised on February 2021, showed;
- Residents are provided with a safe, clean, comfortable and homelike environment.

The facility did not provide a maintenance log.

1. Observations on 01/08/25 at 8:22 A.M., and 01/09/25 at 8:52 A.M., of the dining room and the C unit showed:
- A deep crack in the laminate flooring across the middle of the dining room, approximately 15 foot (ft) in length and approximately 1 inch (in) deep causing a shift in the walking surface;
- Approximately 20 ft of missing baseboard trim along the entire dining room wall near the kitchen;
- Exposed sheetrock approximately 20 in x 20 in in the C unit hallway.

During an interview on 01/09/25 at 10:27 A.M., the Maintenance Supervisor (MS) said the crack in the dining room floor had been there since he/she had worked there. No one had not discussed fixing it. The foundation shifted which caused the crack.

During an interview on 01/09/25 at 10:44 A.M.,

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F 584	Continued From page 2 the Administrator said she was aware of the crack in the dining room floor and it had been there for a long time. She said they had no current plans to fix it.	F 584		
F 758 SS=D	Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5) §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic Based on a comprehensive assessment of a resident, the facility must ensure that--- §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record; §483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs; §483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and	F 758		

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§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.

§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication.
This REQUIREMENT is not met as evidenced by:
Based on interview and record review, the facility failed to attempt a gradual dose reduction (GDR) for three residents (Residents #16, #24, and #58) out of five sampled residents. The facility census was 70.

Review of the facility's policy titled, "Tapering Medications and Gradual Dose Reduction," revised July 2022, showed:
- After medications are ordered for a resident, the staff and practitioner shall seek an appropriate dose and duration for each medication that also minimizes the risk of adverse consequences;
- Residents who use psychotropic (medications that affect the mind, emotions, and behavior) medications shall receive gradual dose reductions and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;
- The staff and practitioner will consider tapering of medications as one approach to finding an optimal dose or determining whether continued

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use of a medication is benefiting the resident;
- The physician will review periodically whether current medications are still necessary in their current doses. For example, whether an individual's conditions or risk factors are sufficiently prominent or enduring that they require medication therapy to continue in the current dose, or whether those conditions and risks could potentially be equally well managed or controlled without certain medications, or with a lower dose;
- Residents who use psychotropic medications shall receive gradual dose reductions, unless clinically contraindicated, in an effort to discontinue the use of such drugs. Pertinent behavioral interventions (non-pharmacological attempts to influence an individual's behavior, including environmental alterations and staff approaches to care) will also be attempted;
- Within the first year after a resident is admitted on a psychotropic medication or after the resident has been started on a psychotropic medication, the staff and practitioner shall attempt a GDR in two separate quarters (with at least one month between the attempts), unless clinically contraindicated. After the first year, the facility shall attempt a GDR at least annually, unless clinically contraindicated;
- For any individual who is receiving a psychotropic medication to treat a psychiatric disorder other than behavioral symptoms related to dementia {for example, schizophrenia, bipolar mania, or depression with psychotic features), the GDR may be considered contraindicated, if: the continued use is in accordance with relevant current standards of practice and the physician has documented the clinical rationale for why any attempted dose reduction would be likely to impair the resident's function or cause psychiatric

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instability by exacerbating an underlying psychiatric disorder; or the resident's target symptoms returned or worsened after the most recent attempt at a GDR within the facility and the physician has documented the clinical rationale for why any additional attempted dose reduction at that time would be likely to impair the resident's function or cause psychiatric instability by exacerbating an underlying medical or psychiatric disorder.

1. Review of Resident #16's medical record showed:
- Admission date of 01/19/23;
- Diagnoses of catatonic disorder (syndrome marked by not able to move normally), anxiety (persistent worry and fear about everyday situations), schizophrenia (long term mental disorder that affects a person's ability to think, feel, or behave clearly, sometimes including delusions or hallucinations), and drug induced akathisia (movement disorder causing feeling of restlessness and an urge to move);
- An order for Paxil (an antidepressant mediation) 40 milligrams (mg) by mouth at bedtime daily for anxiety disorder, dated 07/29/24;
- An order for quetiapine (an antipsychotic (medications that treat symptoms of psychosis, such as hallucinations and delusions) medication) 100 mg by mouth at bedtime daily for schizophrenia, dated 05/07/24;
- An order for mirtazapine (an antidepressant medication) 30 mg by mouth at bedtime daily for anxiety disorder, dated 12/18/23;
- No documentation of attempted GDRs for Paxil, quetiapine, or mirtazapine;
- No documentation of contraindications of medication adjustments for Paxil, quetiapine, or mirtazapine.

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2. Review of Resident #24's medical record showed:
- Admission date of 01/17/24;
- Diagnoses of dementia (a disorder marked by memory loss, personality changes, and impaired reasoning that interferes with daily functioning), suicidal ideations, bipolar (a mental disorder that causes unusual shifts in mood) disorder, major depressive disorder (long-term loss of pleasure or interest in life), transient cerebral ischemic attack (TIA - a neurologic deficit that produces stroke symptoms that resolve within 24 hours), cerebral infarction (damage to the brain from interrupted blood supply), insomnia (difficulty sleeping), and anxiety;
- An order for escitalopram (an antidepressant medication) 10 mg by mouth every morning for anxiety disorder, dated 07/15/24;
- An order for trazodone (an antidepressant medication) 50 mg by mouth at bedtime for insomnia, dated 01/29/24;
- An order for quetiapine 50 mg by mouth at bedtime daily for major depressive disorder, dated 01/17/24;
- No documentation of attempted GDRs for escitalopram, trazodone, or quetiapine;
- No documentation of contraindications of medication adjustments for escitalopram, trazodone, or quetiapine.

3. Review of Resident #58's medical record showed:
- Admission date of 01/05/24;
- Diagnoses of cerebrovascular disease (a condition that impacts the brain's blood vessels and blood flow), rheumatoid arthritis (a chronic disease marked by inflammation of multiple joints), bipolar disorder, hypertension (high blood

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F 758	Continued From page 7 pressure), and diabetes mellitus (DM - a condition that affects the way the body processes blood sugar); - An order for aripipazole (an antipsychotic medication) 5 mg by mouth in the morning related to bipolar disorder, dated 01/29/24; - No documentation of attempted GDRs for aripipazole; - No documentation of contraindications of medication adjustments for aripipazole. During an interview on 01/09/25 at 11:30 A.M., Pharmacist A said he/she did the monthly medication reviews at least once a month if not more. He/She sent the monthly information to the facility. The facility was responsible for sending the recommendations or considerations to the physicians. A GDR was done when needed unless the resident had bipolar, schizoaffective disorder, or schizophrenia diagnoses. For those diagnoses, the resident did not need a GDR and he/she would let the psychiatric physician handle the resident's medication titrations. A GDR was usually done within the first three months of admission, then every six months, then every year on average for residents without a diagnosis of bipolar, schizoaffective disorder, or schizophrenia. During an interview on 01/09/25 at 11:50 A.M., the Administrator said she expected GDRs to be done for all residents on any psychotropic medication unless they were contraindicated. The GDRs should be completed per the facility's policy.	F 758		
F 759 SS=D	Free of Medication Error Rts 5 Prcnt or More CFR(s): 483.45(f)(1)	F 759		

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§483.45(f) Medication Errors.
The facility must ensure that its-

§483.45(f)(1) Medication error rates are not 5 percent or greater;
This REQUIREMENT is not met as evidenced by:
Based on observation, interview and record review, the facility failed to maintain a medication error rate of less than five percent (%). There were 28 opportunities with two errors made, resulting in an error rate of 7.14% for two residents (Residents #23 and #58) out of six sampled residents. The facility's census was 70.

Review of the facility's policy titled, "Insulin Administration," revised September 2014, showed:
- The staff will have access to specific instructions from the manufacturer on all forms of insulin delivery systems;
- The policy did not address insulin pen administration technique.

Review of the Fiasp (a rapid insulin injected just below the skin that helps lower mealtime blood sugar spikes) Flextouch Pen (insulin in a pen-type device) instructions, revised, June 2023, showed:
- Prime the pen by turning the dose knob to two units;
- Hold the pen with the needle is pointing up;
- Tap the cartridge holder gently to collect air bubbles at the top;
- Push the dose knob in until it stops, and zero is seen in the dose window, count to five slowly, the insulin will be visible at the tip of the needle;
- Select the dose;
- Give the injection after selecting the area and

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cleaning the site with an alcohol swab.

1. Review of Resident #23's Physician Order Sheet (POS), dated January 2025, showed:
- An order for Fiasp insulin pen 100 units per milliliter (ml) subcutaneous (an injection just below the skin) per a sliding scale of blood sugar of if 140-180 = 2 units, 181- 240 = 3 units, 241-300 = 4 units, 301 - 350 = 6 units, 351-400 = 8 units, dated 11/11/24.

Observation of Resident #23's medication administration on 01/08/25 at 11:11 A.M., showed:
- Certified Medical Technician (CMT) B administered 3 units of of Fiasp insulin for a blood sugar of 199 subcutaneously with the resident's Fiasp Flextouch Pen;
- CMT B failed to prime the Fiasp Flextouch Pen per the manufacturer's instructions prior to the administration of the insulin to the resident.

2. Review of Resident #58's POS, dated January 2025, showed:
- An order for Fiasp insulin pen 100 units per ml subcutaneous with meals per a sliding scale of blood sugar of if 0-149 = 0 units, 150-199 =3 units, 200 - 249 = 6 units, 250 - 299 = 9 units, dated 11/28/24.

Observation of Resident #58's medication administration on 01/08/25 at 11:26 A.M., showed:
- CMT B administered 3 units of Fiasp insulin for a blood sugar of 189 subcutaneously with the resident's Fiasp Flextouch Pen;
- CMT B failed to prime the Fiasp Flextouch Pen per the manufacturer's instructions prior to the administration of the insulin to the resident.

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F 759	Continued From page 10 During an interview on 01/09/25 at 8:19 A.M., CMT B said when administering insulin, he/she would prime the insulin pen when it was brand new, and then after that, he/she did not prime the pen before each dose. He/She had not ever been told to prime the insulin pens before administering each dose. During an interview on 01/09/25 at 10:48 A.M., the Director of Nursing (DON) said all insulin pens should be primed before each individual dose according to the manufacturer guidelines. During an interview on 01/09/25 at 10:50 A.M., the Administrator said she would expect staff to follow manufacturer guidelines, and prime insulin pens before giving each dose.	F 759		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents,	F 880		

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F 880	Continued From page 11 staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.	F 880		

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§483.80(e) Linens.
Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.

§483.80(f) Annual review.
The facility will conduct an annual review of its IPCP and update their program, as necessary.
This REQUIREMENT is not met as evidenced by:
Based on observation, interview, and record review, the facility failed to implement Enhance Barrier Precautions (EBP) during tube feeding (liquid food delivered into the stomach by a tube) and incontinent care for one resident (Residents #21) out of four sampled residents. The facility census was 70.

Review of the facility's policy titled, "Enhanced Barrier Precautions," not dated, showed:
- EBP is used as an infection prevention and control intervention to reduce the spread of multi-drug resistant organisms;
- Gloves and gown are applied prior to performing high contact resident care activity;
- Examples of high-contact resident activities requiring EBP include: dressing, bathing, transferring, hygiene care, changing linens, changing briefs and assistance with toileting, device care or use for central line, feeding tube, tracheostomy/ventilator etc.) and wound care.

1. Observation on 01/08/25 at 11:12 A.M., of Resident #21's tube feeding administration showed:
- EBP signage posted outside of the resident's room;
- Licensed Practical Nurse (LPN) C did not put on an isolation gown, entered the resident's room,

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 880	Continued From page 13	F 880		

performed hand hygiene, put on gloves, and administered the resident's tube feeding;
- LPN C removed the gloves, performed hand hygiene, and left the resident's room.

2. Observation on 01/08/25 at 6:06 P.M., of Resident #21's incontinent care showed:
- EBP signage posted outside of the resident's room;
- Certified Nursing Assistant (CNA) E and Nursing Assistant (NA) D did not put on an isolation gown, entered the resident's room, performed hand hygiene, put on gloves, performed the incontinent care, removed the gloves, performed hand hygiene, and left the resident's room.

During an interview on 01/09/25 at 10:02 A.M., LPN C said he/she did not wear a gown when doing tube feedings for Resident #21.

During an interview on 01/08/25 at 6:26 P.M., CNA E said he/she did not normally wear a gown when performing any kind of care for Resident #21. CNA E asked the Director of Nursing (DON) before doing care if he/she needed a gown and was told no.

During an interview on 01/08/25 at 6:27 P.M., NA D said he/she did not wear a gown when performing incontinent care on Resident #21.

During an interview on 01/09/25 at 10:50 A.M., the DON said she would expect staff to follow EBP precautions. Staff should wear a gown when administering tube feedings and during incontinent care.

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00560	A. BUILDING: _____ B. WING _____	01/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCK POINT NURSING CENTER	8477 NORTH STREET BIRCH TREE, MO 65438

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A3038	19 CSR 30-85.032(38) Furniture/Equip, Provide Comfort & Safety The facility shall maintain furniture and equipment in good condition and shall replace it if broken, torn, heavily soiled or damaged. Rooms shall be designed and furnished so that the comfort and safety of the residents are provided for at all times. II/III This regulation is not met as evidenced by: Class III. Refer to F584	A3038		
A4055	19 CSR 30-85.042(46) Safe/Effective Medication System There shall be a safe and effective system of medication distribution, administration, control, and use. I/II This regulation is not met as evidenced by: Class II. Refer to F759.	A4055		
A4061	19 CSR 30-85.042(52) Drug Regimen Review-Monthly At least monthly a pharmacist or a registered nurse shall review the drug regimen of each resident. Irregularities shall be reported in writing to the resident's physician, the administrator, and the director of nurses. There must be written documentation which indicates how the reports were acted upon. II/III This regulation is not met as evidenced by: Class III.	A4061		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00560	A. BUILDING: _____ B. WING _____	01/09/2025

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A4061	Continued From page 1 Refer to F758.	A4061		
A4086	19 CSR 30-85.042(77) Infection Control/Communicable Disease Residents shall be cared for by using acceptable infection control procedures to prevent the spread of infection. The facility shall make a report to the division within seven (7) days if a resident is diagnosed as having a communicable disease, as determined by the Missouri Department of Health and listed in the Code of State Regulations pertaining to communicable diseases, specifically 19 CSR 20-20.020, as amended. I/II This regulation is not met as evidenced by: Class II. Refer to F880.	A4086		

PLAN OF CORRECTION

Provider/Supplier Name:	Rock Point Nursing Center
Street Address, City, Zip:	8477 North Street Birch Tree, Missouri 65438
Date of Survey:	01/07/2025 – 01/09/2025

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	

ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
	This plan of correction is submitted as required under state law. The submission of this plan does not constitute an admission on the part of Rock Point Nursing Center as to the accuracy of the surveyors' findings or the conclusion drawn therefrom. The plan of correction does not constitute an admission on the part of the facility that the findings cited are accurate, that the findings constitute a deficiency or the scope and severity regarding any of the deficiencies cited are correctly applied. The facility submits this plan of correction with the intention that it be inadmissible by any third party or any civil action or criminal action against the facility or any employee, agent, officer, director or shareholder of the facility. Any changes to the facility policies and procedures should be considered to be subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and should be inadmissible in any proceeding on that basis.	
F584	The Facility will continue to ensure residents have a safe, clean comfortable, and homelike environment. The crack in the dining room floor will be repaired. The missing baseboard trim near the kitchen will be replaced. The exposed sheetrock in C hallway will be repaired. Facility staff will be trained on recognizing and recording environmental maintenance needs by the Administrator. The Administrator or designee will, through daily walking rounds, inspect areas of the facility for additional areas that need repair.	02/22/2025

F758	The facility will continue to attempt gradual dose reductions (GDR) for all residents using psychotropic medicines as ordered per physician or prescribing practitioner, unless clinically contraindicated. Residents #16, #24, and #58 have received pharmaceutical review with ordering practitioner follow up for gradual dose reduction and/or discontinuation and/or documentation of clinical rationale for not attempting the GDR. All residents' charts will be reviewed by DON and/or designee to verify that all required GDRs have been recommended and properly acted upon by the prescribing practitioner. Pharmacist A will include in the monthly pharmaceutical review, a review of all residents receiving any psychotropic medications regardless of diagnosis; and make appropriate GDR recommendations for the ordering practitioner to review and/or implement appropriately. Ongoing monitoring will be conducted by the DON and/or designee with review of monthly pharmaceutical review reports for timely and appropriate implementation and documentation by the ordering practitioner.	02/22/2025
F759	The facility will continue to ensure residents are free from medication errors. Residents #23 and #58 will have medications administered (insulin pens) per the manufacturer instructions. All residents will have medications (insulin pens) administered per the manufacturer instructions. The Director of Nursing, a state certified CMT/Insulin instructor, will In-service all Licensed Nurses and Certified Medication Technicians on properly priming insulin pens prior to administering. Ongoing monitoring will be conducted by the DON and/or designee through daily observational rounds	02/22/2025
F880	The facility will continue to maintain an infection prevention and control program (IPCP) designed to provide a safe, sanitary and comfortable environment to help prevent the development and transmission of communicable diseases and infections. Res. #21 will have EBP (Enhanced Barrier Precautions) implemented for high-contact care by facility staff. DON and/or designee will review all residents of the facility regarding each resident's care requirements. Any resident requiring EBP for high-contact care will have EBP implemented.	02/22/2025

	The Infection Preventionist will provide additional training for all facility staff regarding proper implementation and techniques for EBP utilization. Ongoing monitoring will be conducted by the DON and/or designee through daily walking and observational rounds. In addition, implementation will be reviewed in QAA/QAPI meetings monthly.	

The Administrator signing and dating the first page of the CMS-2567/State Form is indicating their approval of the plan of correction being submitted on this form.

PLAN OF CORRECTION

Provider/Supplier Name:	Rock Point Nursing Center
Street Address, City, Zip:	8477 North Street Birch Tree, Missouri 65438
Date of Survey:	01/07/2025 - 01/09/2025

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	265368

ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
A3038	Refer to F584	02/22/2025
A4055	Refer to F759	02/22/2025
A4061	Refer to F758	02/22/2025
A4086	Refer to F880	02/22/2025

The Administrator signing and dating the first page of the CMS-2567/State Form is indicating their approval of the plan of correction being submitted on this form.