

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265406	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/20/2025
NAME OF PROVIDER OR SUPPLIER Autumn Oaks Caring Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1310 Hovis Street Mountain Grove, MO 65711	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>Based on observation, interview, and record review, the facility failed to ensure all residents with catheters (a sterile tube inserted into the bladder to drain urine) received treatment and services in a manner to prevent urinary tract infections (UTI) when staff failed to document providing catheter care per physician's orders for one resident (Residents #1). A sample of four residents was reviewed in a facility with a census of 76. Review showed the facility did not provide a policy regarding catheter care. Review of the facility's policy titled, Physician Services, revised February 2021, showed the following information: -Once a resident is admitted, orders for the resident's immediate care and needs can be provided by a physician, physician's assistant, nurse practitioner, or clinical nurse; -Physician's orders are maintained in accordance with current regulations and facility policy. 1. Review of Resident #1's face sheet (basic information sheet) showed the following information: -admission date of 02/03/25; -Diagnoses included neurogenic bladder (nerves that control the bladder are damaged leading to abnormal bladder function) and paraplegia (loss of motor and sensory functions in the lower body). Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated assessment instrument completed by facility staff), dated 07/25/25, showed the following information: -Moderate cognitive impairment; -Required substantial assistance with personal hygiene; -Dependent upon staff for dressing, shower, upper/lower body dressing and transfers; -Indwelling urinary catheter; -Always incontinent of bowel. Review of the resident's care plan, revised on 09/09/25, showed the following information: -Indwelling catheter (urinary catheter) related to neurogenic bladder; -Provide peri/catheter care every shift; -Updated 08/25/25, with at risk for infection and received levofloxacin (used to treat bacterial infections, including urinary tract) 500 mg (milligram) daily until 09/02/25 for UTI (urinary tract infection). Review of the resident's August 2025 Physicians Order Sheet (POS) showed the following information: -An order, dated 05/28/25, for catheter/peri care every shift, two times per day; -An order, dated 06/02/25, for urinary catheter bag, change weekly one time a day every Monday for infection prevention; -An order, dated 06/21/25, for foley catheter changed monthly; -An order, dated 06/21/25, for urinary catheter, irrigate with 30 cubic centimeters (cc) of normal saline each shift and as needed; Review of the resident's August 2025 nurses' notes showed the following: -A note, dated 08/14/25, new orders received for cephalexin (antibiotic used to treat bacterial infections, including urinary tract infections) every 12 hours for UTI. Resident aware of orders; -A note, dated 08/21/25, dark colored green urine noted in patient's foley bag. Patient denies any signs or symptoms of UTI at this time. Physician notified and new order received to collect urinalysis with culture and sensitivity; -A note dated 08/26/25, urinalysis results reported to physician with new order noted to start levofloxacin 500 mg every day for seven days. Review of the resident's August 2025 Treatment Administration Record (TAR) showed the following information: -An order, dated 05/28/25, for catheter and peri care each shift, two times a day; 8:00 A.M., and 5:00 P.M.; -An order, dated 06/02/25, to</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 265406	If continuation sheet Page 1 of 3

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