

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265599	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/17/2025
NAME OF PROVIDER OR SUPPLIER  Clarence Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  111 East Street Clarence, MO 63437	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Based on interview and record review, the facility failed to ensure one vulnerable resident, (Resident #5), of six sampled residents received protective oversight when Certified Nurse Aide (CNA) A gave the resident access to the CNA's marijuana vape pen to inhale marijuana. The facility also failed to provide protective oversight when staff failed to immediately report to administration when CNA A reported he/she high while under the influence of marijuana while on duty at the facility. The census was 34. Review of the facility's Drug and Alcohol policy, undated, showed the following:-Drug was defined as any chemical substance that produced a physical, mental, emotional or behavioral change to the user;-The use, possession, and distribution of drugs pose a serious threat to the safety of the employees, visitors, and the public;-The company was concerned with situations where the use, possession or distribution of drugs affect job performance, the employee's safety, and the safety of others;-The following behavior by employees was prohibited:a. Abuse of legal drugs;b. Arrival for work under the influence of drugs; 1. Review of the Resident #5's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 6/13/25, showed the following:-The resident had moderate cognitive impairment;-No behaviors present;-He/She had functional limitation in range of motion to unilateral upper and lower extremities;-He/She was dependent on staff for showering and transfers. Review of the resident's care plan, updated 9/26/25, showed the following:-The nursing staff administered antipsychotic medication to the resident for depression and behavior symptoms;-The nursing staff administered antidepressant medication to the resident related to pain and depression;-The resident receive anticonvulsant medication related to history of seizures;-He/She was dependent on staff for most of his/her daily cares due to history of stroke that affected the left side;-He/She was totally dependent on staff for bathing and liked to shower twice a week. Review of the resident's physician orders, dated October 2025, showed the following medication orders:-Aripiprazole (antipsychotic) 15 milligrams (mg) give one tablet by mouth once a day (started 7/3/25);-Baclofen (skeletal muscle relaxant) 20 mg give one tablet by mouth four times a day (started on 6/18/21);-Duloxetine DR (antidepressant) 20 mg give one capsule by mouth twice a day (started on 4/21/25);-Keppra (anticonvulsant) 1,000 mg give one tablet orally twice a day (started on 7/23/24);-Levothyroxine (thyroid drug) 150 micrograms (mcg) give one tablet by mouth daily (started 9/18/25);-Lyrica (anticonvulsant) 75 mg give one capsule by mouth three times a day (started 8/27/24);-Metoprolol tartrate (lowers blood pressure) 25 mg give half a tablet by mouth once a day (started 7/17/21);-Promethazine (antiemetic) 25 mg give one tablet by mouth three times a day for control of nausea (started 4/18/24);-Zanaflex (skeletal muscle relaxant) 2 mg give one table by mouth daily (started 6/12/25). During an interview on 10/2/25 at 12:40 P.M., CNA D said the following:-CNA A asked for help with Resident #5 in the shower room on 9/29/25 because the resident required two person assistance with the mechanical lift for transfers; -CNA D and CNA B went to the shower room to assist CNA A;-CNA A said he/she calmed the resident down a month ago by getting the resident</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265599	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/17/2025
NAME OF PROVIDER OR SUPPLIER  Clarence Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  111 East Street Clarence, MO 63437	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>high off a marijuana vape pen;-CNA A said later on he/she worried about the resident and checked on him/her and the resident was sitting up in his/her room eating candy corn. The next time CNA A checked on the resident, he/she was asleep;-On Friday, September 26th, 2025, CNA A came to work and said he/she was high as a kite;-CNA C reported the incident to the Director of Nursing (DON). During an interview on 10/2/25 at 1:00 P.M., CNA G said the following:-CNA A came to work on Friday, September 26th, 2025, and said she was high as a kite;-CNA G thought another staff member who heard what CNA A said reported it to the DON. During an interview on 10/2/25 at 1:10 P.M., Certified Medication Technician (CMT) I said he/she heard CNA A say he/she was high as a kite and it was reported to the DON by CNA C. During an interview on 10/2/25 at 11:33 A.M., Certified Nurse Aide (CNA) A said the following:-A year ago, he/she gave Resident #5 a shower and Resident #5 asked CNA A for some marijuana;-CNA A had his/her marijuana vape pen on his/her person and allowed the resident to have a puff from the pen. During an interview on 10/2/25 at 1:15 P.M., the DON said the following:-No staff member reported to her about CNA A saying he/she was under the influence until approximately 6:30 P.M. on 9/29/25; -CNA A's shift ended a few hours before the DON was notified;-CNA B and CNA D went to the DON around 10:00 A.M. and told her CNA A said he/she had given Resident #5 a puff off his/her marijuana vape pen;-The DON immediately went to CNA A to ask about the allegation and CNA A said it happened one year ago;-CNA A did not appear to be impaired. During an interview on 10/2/25 at 1:50 P.M., the nurse for the resident's primary physician said there was no record the facility staff called regarding Resident #5 receiving a puff off a marijuana vape pen and the physician would have expected to be notified of the incident. During an interview on 10/2/25 at 3:05 P.M., the Administrator and DON said the following:-CNA A was suspended for one week as soon as the DON became aware of the allegation on 9/29/25;-The DON conducted one on one education with CNA A about leaving the marijuana vape pen at home and not giving residents marijuana or sharing a vape pen;-The Administrator's expectation was the staff follow the policy about not working while under the influence of drugs, not to bring a marijuana vape pen in the facility because of temptation, not sharing any smoking materials/vape with residents, and report suspicions of someone being under the influence to management. Review of medication interactions with cannabis on drugs.com, showed the following:-Combining cannabis with aripiprazole could increase side effects like drowsiness, confusion, and impaired coordination, potentially due to additive central nervous system (CNS) depressant effects. The risks were particularly significant for the elderly;-Combining with baclofen significantly increased the risk of side effects, primarily due to heightened CNS depression, when combined could amplify sedative effects and lead to potentially dangerous symptoms with risks being higher for the elderly;-Combining with duloxetine increased side effects like dizziness, drowsiness, confusion, and impaired concentration, thinking, and motor coordination. Cannabis could affect the medication's effectiveness, either by increasing the duloxetine levels in the body, raising the risk of severe side effects, like serotonin syndrome (a potentially life-threatening condition caused by too much serotonin (neurotransmitter helps control emotions, sleep, and overall well-being) in the body) or decreasing the levels making it less effective;-Combining with Keppra could decrease the effectiveness of Keppra and worsen seizure management;-Combining with levothyroxine could interact by increasing or decreasing its levels in the body, potentially leading to side effects or making the medication less effective;-Combining with Lyrica could increase the risk of excessive drowsiness, dizziness, confusion, and difficulty concentrating, because both substances can have a combined sedative effect on the central nervous system;-Combining with metoprolol tartrate could lead to several cardiovascular effects, most notably and additive effect on lowering blood pressure;-Combining with promethazine could lead to a major drug interaction</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265599	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/17/2025
NAME OF PROVIDER OR SUPPLIER  Clarence Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  111 East Street Clarence, MO 63437	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>with severe side effects due to increased central nervous system depression, when used together, the effects could be dangerously amplified;-Combining with Zanaflex could cause a major drug interaction that increases the risk of severe CNS depression and dangerously low blood pressure. 2631603</p>