

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265713	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/24/2025
NAME OF PROVIDER OR SUPPLIER Miller County Care and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1157 Highway 17 Tuscumbia, MO 65082	

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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, facility staff failed to complete an accurate Level I Pre-admission Screening (used to evaluate for the presence of psychiatric conditions to determine if a Pre-admission Screening and Resident Review (PASARR) level II screen is required) as required for two residents (Resident #6 and #56) out of 18 sampled residents with new mental health diagnoses. The facility census was 60.</p> <p>1. Review of the facility's policy titled admission Criteria, revised March 2019, showed staff are directed to use the PASRR to screen all potential admissions to determine if they meet the criteria for mental disorder, intellectual disabilities, or related disorders regardless of payer source.</p> <p>2. Review of Resident #6's Face Sheet, dated 09/30/22, showed the resident admitted to the facility on [DATE] with a diagnosis of Post Traumatic Stress Disorder (PTSD)</p> <p>Review of the resident's medical record showed staff used a Level I Pre-admission Screening completed at another facility on 09/10/21, which did not contain the diagnosis of PTSD.</p> <p>During an interview on 04/23/25 at 1:23 P.M., the Social Service Designee (SSD) said with the resident's new diagnosis a new Level I Pre-admission Screening should have been completed. The SSD said he/she did not review the resident's previous Level I screening when he/she was admitted. The SSD said he/she did not know the resident had PTSD. The SSD said he/she did not know he/she should review Level I screenings for residents admitted from different facilities.</p> <p>3. Review of Resident #56's Significant Change in Status Assessment (SCSA) minimum data set (MDS), a federally mandated assessment tool, dated 03/07/25, showed staff assessed resident as:</p> <ul style="list-style-type: none"> -Severely cognitively impaired; -Had verbal and physical behaviors one to three days during the look back period; -Diagnoses of non-traumatic brain dysfunction, Alzheimer's disease, Dementia, and anxiety disorder. <p>Review of the residents Level I Pre-admission Screening dated, 01/14/25 showed the resident did not have any mental health diagnoses.</p> <p>Review of the resident's medical record, dated 02/10/25, showed the resident transferred to a psychiatric hospital for evaluation and treatment an returned to the facility on [DATE]. The record did</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
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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>not contain an updated Level I Pre-admission Screening.</p> <p>During an interview on 04/23/25 at 1:23 P.M., said he/she did know about the resident's psychiatric evaluation and new diagnosis.</p> <p>4. During an interview on 04/23/25 at 1:23 P.M., the SSD said he/she is responsible for completing the PASRR's. The SSD said PASRR's should be completed before admission and updated with any change in condition or if the resident is on a leave of absence for greater than 60 days. A change in condition would include being diagnosed with a new mental health diagnosis. The SSD said they were not aware that a new PASRR needed to be completed with a change in condition until this week.</p> <p>During an interview on 04/24/25 at 10:58 A.M., the Director of Nursing (DON) said he/she did not know until this week when a PASRR should be completed. The SSD is responsible for accurately completing PASRR's.</p> <p>During an interview on 04/24/25 at 11:40 A.M., the administrator said the SSD is responsible for completing PASRR's. PASRR's should be completed on admission and with a change in condition. The SSD did not know the requirements and is in the process of learning PASRR's. The resident's PASRR should have been updated after the psychiatric stay and new diagnosis.</p>		

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, facility staff failed to accurately complete the Pre-admission Screening and Resident Review (PASRR) process prior to admission for two residents (Residents #18, and #44) out of 18 sampled residents. The facility census was 60.</p> <p>1. Review of the facility's policy titled admission Criteria, dated March 2019, showed all new admissions and readmissions are assessed for mental disorders, intellectual disabilities or related disorders RD per the Medicaid PASSAR process. The facility conducts a Level I PASSAR screen for all potential admissions, regardless of payer source, to determine if the individual meets the criteria for mental disorders, intellectual disabilities or related disorders.</p> <p>3. Review of Resident 18's Face Sheet, dated 12/04/24, showed the resident admitted to the facility on [DATE] with diagnoses of Schizophrenia, Generalized Anxiety Disorder and Mild Cognitive Impairment.</p> <p>Review of the resident's medical record showed staff completed a Level I Pre-admission Screening, dated 03/18/25, more than three months after the resident had been admitted .</p> <p>During an interview on 04/23/25 at 1:23 P.M., the Social Service Designee (SSD) said the resident admitted from a residential care facility (RCF) and he/she forgot to complete the Level I Pre-admission screening until the medicaid office called and said they were waiting on one. The SSD said he/she thinks he/she has 30 days to complete the screening. The SSD said he/she did not complete the screening within 30 days of the resident's admission.</p> <p>4. Review of Resident 54's Face Sheet, dated 11/25/24, showed the resident admitted to the facility on [DATE] with diagnoses of Dementia with psychotic disturbance, Major Depressive Disorder, Generalized Anxiety Disorder and Insomnia.</p> <p>Review of the resident's medical record showed staff completed a Level I Pre-admission Screening on 03/18/25, more than four months after the resident had been admitted . Review showed staff failed to document the resident's in patient psychiatric stay within the last three months.</p> <p>During an interview on 04/23/25 at 1:23 P.M., the SSD said he/she did not complete the resident's Level I Screening within 30 days of the resident's admission because he/she forgot.</p> <p>During an interview on 04/24/25 at 10:51 A.M., the Director of Nursing (DON) said he/she does not know how long the facility has to complete the Level I Pre-admission Screening for newly admitted residents. The DON said he/she does not know why it had not been completed for the two residents upon admission.</p> <p>During an interview on 04/24/25 at 11:41 A.M., the administrator said the SSD should complete a Level I Pre-admission screening upon the residents' admission. The administrator said he/she does not know why the screenings were not completed when the two residents were admitted to the facility, and it should have been done on admission. The administrator said he/she is responsible to ensure the SSD has completed the screenings.</p>

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>Based on observation, interview, and record review, facility staff failed to provide appropriate treatment and services to prevent further decrease in range of motion (ROM), movement of a joint, for one resident (Resident #23) out 18 sampled residents, who had a contracture (shortening and hardening of muscles, tendons, or other tissue, often leading to deformity and rigidity of joints) to the left hand. The facility census was 60.</p> <p>1. Review of the facility's policy titled, Resident Mobility and Range of Motion, dated July 2017, showed residents will not experience an avoidable reduction in ROM. Residents with limited ROM will receive treatment and services to increase and/or prevent a further decrease in ROM. Residents with limited mobility will receive appropriate services, equipment and assistance to maintain or improve mobility unless reduction to mobility is unavoidable. The resident's care plan will include specific interventions, exercises and therapies to maintain, prevent avoidable decline in, and/or improve mobility and ROM. Resident will receive restorative nursing care as needed to help promote optimal safety and independence. Restorative goals and objectives are individualized and resident-centered, and are outline in the resident's plan of care.</p> <p>2. Review of Resident #23's Annual Minimum Data Set (MDS), a federally mandated assessment tool, dated 01/11/25, showed staff assessed the resident as:</p> <ul style="list-style-type: none"> -Severe cognitive impairment; -ROM impairment to one side of upper and lower extremities; -Used a wheelchair; -Diagnoses of Stroke, Aphasia (language disorder that affects a person's ability to communicate, affects a person's ability to express and understand written and spoken language) and Hemiplegia (paralysis, or the ability to move on side of the body). <p>Review of the resident's care plan, dated 01/30/25, showed staff documented the resident is not on a restorative program, he/she is at his/her potential. Monitor and record any increased stiffness in joints. Provide instruction and assistance during ROM. Restorative Aid provided assistance with ROM.</p> <p>Review of the resident's Contracture Risk Assessment, dated 01/30/2023, showed staff documented:</p> <ul style="list-style-type: none"> -Joint condition has moderate limitation; -Muscle tone has moderate hypertonicity (muscles are abnormally tight or stiff) or flaccid; -Degenerative Disorder (gradual deterioration of tissues); -Restorative program. <p>Observation on 04/21/25 at 12:22 P.M., showed the resident's left hand contracted without an intervention in place.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 04/21/25 at 3:18 P.M., showed the resident's left hand contracted without an intervention in place.</p> <p>Observation on 04/22/25 at 11:01 A.M., showed the resident's left hand contracted without an intervention in place.</p> <p>Observation on 04/23/25 at 8:30 A.M., showed resident propelled self down the hall in his/her wheelchair. Resident attempted to open his/her contracted left hand with his/her right hand.</p> <p>Observation on 04/24/25 at 10:01 A.M., showed the resident propelled self down the hall in his/her wheelchair. The resident's left hand contracted with no intervention in place.</p> <p>During an interview on 04/23/25 at 3:20 P.M., Certified Medication Technician (CMT) M said he/she had not noticed the resident's left hand is contracted. The CMT said he/she doesn't know if staff are doing anything with the resident's left hand, and doesn't know if restorative is working with the resident.</p> <p>During an interview 04/24/25 at 9:21 A.M., Restorative Aide (RA) O he/she does not work with the resident. The RA said when he/she walks by the resident he/she puts a rolled up washcloth in the resident's left hand, but it's probably not on the resident's care plan. The resident had a carrot (devices placed in hand to prevent further contractures). The RA said he/she does not think any of the staff do the rolled up wash cloth with the resident. The RA said he/she has not talked to staff about rolling up a washcloth for the resident and that's his/her fault. The RA said he/she did not tell the Therapy Department when the resident lost his/her carrot over a year ago. The RA said he/she did not think to tell therapy, because the resident does not receive therapy anymore. The RA said he/she does not provide ROM for the resident and has not seen staff do it either. The RA said he/she has seen the resident pull on his/her fingers on his/her contracted hand, it's probably because he/she needs ROM completed with him/her.</p> <p>During an interview on 04/24/25 at 9:47 A.M., the Rehabilitation Director said the resident has a contracture to the left hand from a stroke. The Rehabilitation Director said he/she would expect staff to complete ROM when getting the resident dressed. The Rehabilitation Director said to his/her knowledge there has not been a specific splint recommended or anything like that for the resident, and it has not been mentioned to him/her. The Rehabilitation Director said if there is not an intervention in place, the contracture would get worse. The Rehabilitation Director said he/she would have expected staff to let him/her know the resident lost his/her carrot, the Rehabilitation Department has plenty of carrots, or splinting things downstairs.</p> <p>During an interview on 04/24/25 at 10:16 A.M., CMT M said he/she doesn't know if anything is care planned for the resident's ROM, and he/she doesn't even know if he/she has access to look at the care plans. CMT M said he/she hasn't looked at the resident's care plan.</p> <p>During an interview on 04/24/25 at 11:03 A.M., the Director of Nursing (DON) said he/she would expect staff to use a rolled up wash cloth or a carrot in the resident's hand to prevent further contracture. The DON said he/she would expect staff to provide ROM with the resident when they clean his/her hands throughout the day. The DON said if the resident had a carrot and it went missing, he/she would expect staff to report it to restorative therapy, or the charge nurse. The DON said he/she doesn't know why staff are not providing interventions for the resident's contracted hand.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 04/24/25 at 11:41 A.M., the administrator said he/she would expect staff to follow orders for residents with contractures. The administrator said staff usually keep continuous orders for restorative therapy if a resident has contractures to keep the contractures from getting worse. The administrator said he/she expects staff to report to the charge nurse if a resident has a device and it gets lost, so it can get replaced. The administrator said he/she doesn't know why staff did not report the resident's missing therapy device.</p>		

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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>Based on interview and record review, the facility staff failed to designate a person to serve as the Director of Food and Nutrition Services (DFNS) with the appropriate qualifications, when the facility did not employ a qualified dietitian or other clinically qualified nutrition professional full-time. This failure has the potential to affect all residents. The facility census was 60.</p> <p>1. Review of the facility's Dietitian policy, revised November 2022, showed:</p> <p>-If a dietician is not employed full time (35 or more hours per week) a director of food and nutrition services will be designated. The individual will:</p> <ul style="list-style-type: none"> a. be a certified dietary manager; or b. be a certified food service manager; or c. be nationally certified in food service management and safety; or d. have a associated's (or higher) desgree in food service management or hospitality, if the course study includes food service or restaurant management, from an accredited institution; or e. has two or more years of experience in the position of director of food and nutrition services in a nursing facility setting and has completed a course of study in food safety and management, by no later than October 1, 2023, that includes topics integral to managing dietary operations including, but not limited to, foodborne illness, sanitation procedures, and food purchasing/receiving; and f. receives frequently scheduled consultations from a qualified dietitian or other qualified nutrition professional. <p>-For designations made before November 28, 2016, the director of food and nutrition services will meet the above requirements no later than November 28, 2021. For designations made after November 28, 2016, the requirements will be met no later than November 26, 2017.</p> <p>Review of the dietary manager's (DM) personnel records showed a hire date for the DFNS position listed as 03/17/25. Review showed the records did not contain documentation of prior experience as a DFNS in a nursing facility and certification or other education required for the director of nutritional services position.</p> <p>During an interview on 04/23/25 at 1:15 P.M., the DM said he/she became the DM on 03/17/25 and he/she did not have a degree or certification related to food service management. The DM said he/she had been a DM in another nursing facility for at least two years, but he/she had not completed any courses of study related to food safety and managment. The DM said the facility enrolled him/her in an online certified dietary manager's course, but he/she had not started the course yet. The DM said the facility's consultant registered dietician (RD) only works part-time and the facility did not have any other clinically qualified nutritional staff employed full-time.</p> <p>During an interview on 04/23/25 at 2:13 P.M., the administrator said the DM had been the DM since March 2025 and he/she did not have a degree or certification related to food service management. The</p> <p>(continued on next page)</p>		

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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>administrator said the DM had been a DM in another nursing facility for at least two years, but he/she had not completed any courses of study related to food safety and managment. The administrator said the facility's consultant RD only works part-time and the facility did not have any other clinically qualified nutritional staff employed full-time. The administrator said they enrolled the DM in an online certified dietary manager's course after his/her hire, but he/she had not started the course yet. The administrator said he/she knew of the qualifications that the DFNS had to meet by regulation, but he/she thought they just needed to enroll the DM into a course and did not realize that the DM had to meet the qualifications upon hire.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview and record review, the facility staff failed to thaw frozen meat in a manner to prevent the growth of food-borne pathogens. This failure has the potential to affect all residents. The facility census was 60 .</p> <p>1. Review of the 2022 United States Food and Drug Administration Food Code, section 3-501.13 Thawing, showed:</p> <p>-Except as specified in paragraph (D) of this section, time/temperature control for safety food shall be thawed:</p> <p>(A) Under refrigeration that maintains the food temperature at 41 degrees Fahrenheit (dF) or less; or</p> <p>(B) Completely submerged under running water:</p> <p>(1) At a water temperature of 70 dF or below,</p> <p>(2) With sufficient water velocity to agitate and float off loose particles in an overflow, and</p> <p>(3) For a period of time that does not allow thawed portions of ready-to-eat food to rise above 41 dF, or</p> <p>(4) For a period of time that does not allow thawed portions of a raw animal food requiring cooking as specified under paragraphs 3-401.11(A) or (B) to be above 41 dF for more than 4 hours including:</p> <p>(a) The time the food is exposed to the running water and the time needed for preparation for cooking, or</p> <p>(b) The time it takes under refrigeration to lower the food temperature to 41 dF;</p> <p>(C) As part of a cooking process if the food that is frozen is:</p> <p>(1) Cooked as specified under paragraphs 3-401.11(A) or (B), subsection 3-401.12, or subsection 3-401.15, or</p> <p>(2) Thawed in a microwave oven and immediately transferred to conventional cooking equipment, with no interruption in the process; or</p> <p>(D) Using any procedure if a portion of frozen ready-to-eat food is thawed and prepared for immediate service in response to an individual consumer's order.</p> <p>Observation on 04/23/25 at 9:48 A.M., showed the food preparation sinks in the cook's station contained a 10 pound package of raw ground beef and a half cut fully cooked deli-style turkey breast in a plastic resealable bag floating in water without running water on it. Observation also showed a package of frozen blueberries laid in a small amount of 82 degrees Fahrenheit (dF) water. Observation showed the frozen blueberries did not have running water on them.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 04/23/25 at 9:52 A.M., [NAME] B said he/she put the hamburger in the sink a little bit ago to thaw for use at lunch, but he/she put the turkey breast in the sink at 7:00 A.M. to thaw for use on the sandwiches for dinner. The cook said he/she just put the package of blueberries in sink to thaw so he/she could make the dessert for lunch. The cook said he/she was trained to pull foods from the freezer to thaw in refrigerator three days a head of time, but staff did not pull the items so they were still frozen. The cook said he/she was not trained how to thaw foods in the sink and he/she had seen other staff thaw frozen foods this way.</p> <p>Observation on 04/23/25 at 10:18 A.M., showed the cook removed the raw hamburger from the sink of water, removed it from the packaging, placed it in a pan on the stove and cooked it to make goulash for the lunch meal. Observation showed the plastic bag of turkey breast and package of blueberries remained in the sinks of water without water running on them.</p> <p>Observation on 04/23/25 at 11:02 A.M., showed the cooked removed the package of blueberries from the sink and used the contents to prepare the dessert for the lunch meal. Observation showed the plastic bag of turkey breast remained in the sink of water without water running on it.</p> <p>During an interview on 04/23/25 at 11:02 A.M., the DM said, if thawed in the sink, frozen food should be submerged in cool water with cool water running on it and staff have been trained on how to properly thaw food. The DM said he/she has had to provide a lot of correction and reeducation to staff since he/she became the DM on 03/17/25.</p> <p>During an interview on 04/23/25 at 3:00 P.M., the administrator said the facility did not have a policy for food thawing and in the absence of a policy, staff should follow the current food code requirements. The administrator said, when thawed in the sink, frozen food should be submerged under cool running water and staff have been trained on how to properly thaw food as he/she had just in-serviced staff on the requirements after they recently had to throw away two cases of turkey due to improper thawing.</p>		