| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 265253 | A. BUILDING _____ B. WING _____ | C 08/09/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TRUMAN HEALTHCARE & REHABILITATION CENTER | 206 WEST FIRST STREET LAMAR, MO 64759 |

| (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 |
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| F 609 SS=D | Reporting of Alleged Violations<br>CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4)<br><br>§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:<br><br>§483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.<br><br>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.<br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review, the facility failed to report to the State Survey Agency (Department of Health and Senior Services - DHSS) an allegation of resident to resident sexual abuse involving two resident (Resident #1 and Resident #2) within required two hours time frame. The facility census was 91. | F 609 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Rio Selby — TITLE: Administrator — (X6) DATE: 9-5-23

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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| F 609 | Continued From page 1<br><br>Review of the facility's policy titled "Abuse Investigation and Reporting," dated 2017, showed the following:<br><br>-All reports of resident abuse, neglect, exploitation, misappropriation of resident property, mistreatment and /or injuries of unknown source (abuse) shall be promptly reported to local, state and federal agencies (as defined by current regulations) and thoroughly investigated by the facility management. Findings of abuse investigations will also be reported;<br>-All alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of an unknown source and misappropriation of property, will be reported by the facility Administrator, or his/her designee, to the following persons or agencies: state licensing agency responsible for surveying/licensing the facility, local/state Ombudsman, the resident's representative, Adult Protective Services, law enforcement, the resident's physician, and the facility medical director;<br>-An alleged violation of abuse, neglect, and exploitation or mistreatment (including injuries of unknown source and misappropriation of resident property) will be reported immediately, but not later than two hours if the alleged violation involves abuse or has resulted in serious bodily injury; or twenty-four hours if it does not involve abuse.<br><br>1. Review of Resident #1's face sheet (resident's information at a quick glance) showed the following information:<br><br>-Admission date of 07/05/23;<br>-Diagnoses included Alzheimer's disease | F 609 | | |

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| | 265253 | A. BUILDING _____ B. WING _____ | C 08/09/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| **TRUMAN HEALTHCARE & REHABILITATION CENTER** | **206 WEST FIRST STREET LAMAR, MO 64759** |

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| F 609 | Continued From page 2<br>(progressive mental deterioration that can occur in middle or old age, due to generalized degeneration of the brain. It is the most common cause of premature senility), other frontotemporal neurocognitive disorder (affecting the frontal and temporal lobes of the brain that causes changes in personality and behavior;) and insomnia (trouble falling/staying asleep and can be short term of a few days to a few weeks or become chronic and lasts longer than a month).<br><br>Review of the resident's admission Minimum Data Set (MDS - federally mandated assessment tool completed by facility staff), dated 07/25/23, showed the resident was severely cognitively impaired.<br><br>Review of the resident's Care Plan, dated 08/03/23, showed the following:<br><br>-Talk in a calm voice;<br>-Refer to social services for an evaluation;<br>-Remove from public area when behaviors are disruptive and unacceptable;<br>-Do not argue with resident and administer behavior medications, as ordered by physician.<br><br>Review of the resident's progress notes showed the following:<br><br>-On 08/03/23, at 5:04 P.M., resident up, wonders, and easily redirected for the most part. Resident did later in the afternoon became agitated and was throwing cups onto the floor and a fork. Resident was found in bed with another resident at one point and then kissing the same resident at another point. Both easily redirected. Resident was agitated. Staff notified the physician and Administrator. Staff received new order for a | F 609 | | |

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| F 609 | Continued From page 3<br>one-time dose of Haldol (an antipsychotic medication), 10 milligrams (mg).<br><br>2. Review of Resident #2's face sheet showed the following information:<br><br>-Admission date of 08/01/23;<br>-Diagnoses included unspecified dementia (a term used to describe a group of symptoms affecting memory, thinking and social abilities, which interfere with daily life), mild, with other behaviors.<br><br>Review of the resident's admission Minimum Data Set, dated 07/25/23, showed the resident was cognitively impaired.<br><br>Review of the resident's Care Plan, dated 08/04/23, showed the following:<br><br>-Talk in a calm voice;<br>-Refer to social services for an evaluation;<br>-Remove from public area when behaviors are disruptive and unacceptable;<br>-Do not argue with resident and administer behavior medications, as ordered by physician.<br><br>Review of resident's progress notes shows the following:<br><br>-On 08/03/23, at 5:00 P.M., showed resident alert and oriented to self and surroundings and able to make needs known. The reisdent is up at will. Resident was getting in bed with another resident clothed at one point. Then kissing the same resident at another point. Both easily redirected. Staff notified the physician and the Administrator were notified of both situations. | F 609 | | |

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| **TRUMAN HEALTHCARE & REHABILITATION CENTER** | **206 WEST FIRST STREET LAMAR, MO 64759** |

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| F 609 | Continued From page 4<br>Review of facility records showed the facility did not document reporting the allegation of resident to resident sexual abuse to DHSS.<br><br>Review of DHSS records showed the facility did not self-report the allegation of resident to resident sexaul abuse on 08/03/23.<br><br>During an interviewon 08/09/23, at 12:10 P.M., Certified Nurse Aide (CNA) E said the following:<br><br>-If he/she were there when it happened, he/she would have separated the residents, called for help, notify all parties who are to be informed and document the situation;<br>-He/she would report to the Administrator, Director of Nursing (DON), Assistant Director of Nursing (ADON), the physician and family;<br>-The Administrator would notify the state within two hours.<br><br>During an interview on 08/09/23, at 12:25 P.M., CNA F said the following:<br><br>-He/she would report any kind of abuse to the nurse and to the DON to make sure it's reported;<br>-The DON or Administrator should report it to state within two hours;<br>-Any allegation like this must be reported.<br><br>During an interview on 08/09/23, at 12:55 P.M., CNA G said the following:<br><br>-He/she was told of what happened between Resident #1 and Resident #2;<br>-He/she would separate the residents and report the incident to the charge nurse, DON, ADON or Administrator to let them know;<br>-Someone needs to contact state within two | F 609 | | |

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| F 609 | Continued From page 5<br>hours of the incident and family, physician and guardians.<br><br>During an interview on 08/09/23 at 1:15 P.M., Registered Nurse (RN) H said the following:<br><br>-As soon as the aides reported this incident to him/her, they informed the DON;<br>-He/she contacted the physician him/herself;<br>-He/she assumed the DON would call the state.<br><br>During an interview on 08/09/23, at 1:35 P.M., RN A said any abuse allegation must be reported to state.<br><br>During an interview on 08/09/23, at 1:50 P.M., ADON said the following:<br><br>-The DON is responsible for reading notes every day and they have a department-head meeting every morning at 8:45 A.M.;<br>-He/she knows it should have been reported on the same day it happened, within two hours.<br><br>During an interview on 08/09/23, at 2:30 P.M., the Corporate Nurse said the following:<br><br>-The allegation should have been reported sooner than it was;<br>-It should have been reported within two hours;<br>-It is a reportable offense.<br><br>MO00222654 | F 609 | | |

Missouri Department of Health and Senior Services

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| | 01346 | A. BUILDING: _____ B. WING _____ | C 08/09/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| TRUMAN HEALTHCARE & REHABILITATION C | 206 WEST FIRST STREET LAMAR, MO 64759 |

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| A8023 | 19 CSR 30-88.010(23) Develop/Implement A/N Policies<br><br>The facility shall develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of any resident and misappropriation of resident property and funds, and develop and implement policies that require a report to be made to the department for any resident or to both the department and the Department of Mental Health for any vulnerable person whom the administrator or employee has reasonable cause to believe has been abused or neglected. II/III<br><br>This regulation is not met as evidenced by:<br>Class III<br><br>1. Please refer to F609.<br><br>MO00222654 | A8023 | | |



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

Rui Q Sely Administrato | 9-5-23

# PLAN OF CORRECTION

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| **Provider/Supplier Name:** | Truman Healthcare & Rehabilitation Center |
| **Street Address, City, Zip:** | 206 W 1st St Lamar, MO 64759 |
| **Date of Survey:** | 8-9-2023 |

| **PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER** | 265253 |
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| ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | COMPLETION DATE |
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| | This plan of correction is submitted as required under State and Federal Law. The submission of the Plan of Correction does not constitute an admission on the part of Truman Healthcare & Rehabilitation Center as to the accuracy of the surveyors' findings nor the conclusions drawn from those findings. Submission of the plan of correction does not constitute a deficiency, or that the scope and severity determinations are correct. This plan of correction is intended to constitute the facilities credible letter alleging compliance. Compliance will be achieved no later than the plan of correction date. | 9-8-23 |
| F609 | **Reporting of Alleged Violations** | |
| A8023 | The facility failed to report to DHSS an allegation of resident to resident sexual abuse within required 2 hours time frame. Resident #1 is no longer a resident here and was discharged on . Resident #2 is no longer a resident here and was discharged on . Both residents were placed on immediate 1:1 with a sitter on the night of 8/8/23 when this was discovered. The report was made to the Director of Nursing, who abandoned job on Friday, August 11th and did not report this incident to the administrator or proceed with reporting to DHSS. | 9-8-23 |
| | All staff were inserviced between 8/23-/8/25/23. The abuse and neglect policy and procedure was reviewed and what timely reporting constitutes. Charge nurses were inserviced that when charting a potential allegation, to put the physician's name that they contact and to list the name of the management personnel contacted. So that followup will be consistent and timely. | |
| | Quality Assurance will be the responsibility of the administrator, to monitor all allegations of abuse and neglect and ensure proper notification is made timely and appropriate interventions put in place immediately to ensure the safety of all residents. The corporate nurse consultant will also review all self reports made to DHSS for completeness. Any findings will be brought to the Quality Assurance meeting and addressed | |
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**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.**