STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265208	A. BUILDING _____ B. WING _____	C 01/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STONEBRIDGE VILLA MARIE	**1030 EDMONDS STREET JEFFERSON CITY, MO 65109**

(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 607 SS=D	Develop/Implement Abuse/Neglect Policies CFR(s): 483.12(b)(1)-(5)(ii)(iii) §483.12(b) The facility must develop and implement written policies and procedures that: §483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property, §483.12(b)(2) Establish policies and procedures to investigate any such allegations, and §483.12(b)(3) Include training as required at paragraph §483.95, §483.12(b)(4) Establish coordination with the QAPI program required under §483.75. §483.12(b)(5) Ensure reporting of crimes occurring in federally-funded long-term care facilities in accordance with section 1150B of the Act. The policies and procedures must include but are not limited to the following elements. §483.12(b)(5)(ii) Posting a conspicuous notice of employee rights, as defined at section 1150B(d)(3) of the Act. §483.12(b)(5)(iii) Prohibiting and preventing retaliation, as defined at section 1150B(d)(1) and (2) of the Act. This REQUIREMENT is not met as evidenced by: Based on record review and interview, facility staff failed to thoroughly investigate an allegation of sexual assault for one resident (Resident #1) out of one sampled resident. The facility census was 69.	F 607		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
John M Bryant	Admin	2-14-2025

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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F 607	Continued From page 1 1. Review of the facility's policy titled, "Abuse, Neglect, and Exploitation Program Responsibilities", dated September 2022, showed staff are directed as follows: -abuse includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled using technology; -The Abuse Coordinator in the facility is the Administrator, or facility appointed designee when the Administrator is absent. -Report allegations or suspected abuse, neglect, or exploitation immediately to the Administrator, Law Enforcement, and State Survey and Certification Agency through established procedures. --For investigation of alleged abuse, neglect and exploitation: When suspicion of abuse, neglect or exploitation, or reports of abuse neglect or exploitation occur, an investigation is immediately warranted. Components of an investigation may include: -Interview the involved resident, if possible, and document all responses; -If resident is cognitively impaired, interview the resident several times to compare responses; -Interview all witnesses separately; -If there is no discernable response from the resident, or if the resident's response is incongruent with that of a reasonable person, interview the resident's family, responsible parties or other individuals involved in the resident's life to gather how he/she believes the resident would react to the incident; -Include roommates, residents in adjoining rooms, staff members in the area and visitors in the area, obtain witness statements, according to appropriate policies; -All statements should be signed and dated by	F 607		

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F 607	Continued From page 2 the person making the statement; -Document the entire investigation chronologically. -In response to allegation of abuse, neglect, exploitation or mistreatment, the facility must have evidence that all allegations are thoroughly investigated and completed within five days of forming a suspicion; -Report the results of all investigation to the resident's designated representative and to other officials including the State Survey Agency, within five working days of the incident. 2. Review of Resident #1's quarterly Minimum Data Set (MDS), a federally mandated assessment tool, dated 10/31/24, showed staff assessed the resident as follows: -Severe cognitive impairment; -Independent with bed mobility, supervision with transfers and ambulation; -Diagnoses to include Dementia, Traumatic Brain Injury, anxiety disorder. Review of the facility's investigation report, dated 01/14/25, showed the Director of Nursing (DON) documented he/she had been notified by LPN A the resident made an allegation of rape, started an investigation, and he/she interviewed the resident at approximately 12:10 P.M. Review showed the facility investigation did not contain signed and dated statements from staff or witnesses to the allegation, and did not contain documentation of interviews with other residents. During an interview on 01/17/25 at 1:40 P.M., the administrator said the DON & ADON gathered most of the information for the investigation, the DON had all the documentation on his/her	F 607		

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F 607	Continued From page 3 computer, but he/she was off work at the time. During an interview on 01/17/25 at 2:42 P.M., Licensed Practical Nurse (LPN) A said he/she was not asked to provide a signed statement of the resident's allegation.	F 607		
F 609 SS=D	MO00248175 Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §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. §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	F 609		

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F 609	Continued From page 4 appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on record review and interview, facility staff failed to contact local law enforcement, and failed to report to the Department of Health and Senior Services (DHSS) within the two-hour required timeframe for one resident (Resident #1) out of one sampled resident with an allegation of sexual abuse. The facility's census was 69. 1. Review of the facility's policy titled, "Abuse, Neglect, and Exploitation Program Responsibilities", dated September 2022, showed staff are directed as follows: -Abuse includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled using technology; -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 two hours after the allegation is made if the events that cause the allegation involve abuse or resulting 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 State Survey Agency and if a crime is suspected, law enforcement. 2. Review of Resident #1's quarterly Minimum Data Set (MDS), a federally mandated assessment tool, dated 10/31/24, showed staff assessed the resident as follows: -Severe cognitive impairment; -Independent with bed mobility, supervision with	F 609		

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F 609	Continued From page 5 transfers and ambulation; -Diagnoses to include Dementia, Traumatic Brain Injury, Anxiety Disorder, a bladder infection. Review of the facility's investigation report, dated 01/14/25, showed the Director of Nursing (DON) documented he/she interviewed the resident at approximately 12:10 P.M., and the resident reported an allegation he/she had been sexual assualted two nights prior. The report did not contain documentation facility staff reported the allegation to DHSS within the two-hour timeframe after the resident reported the allegation of sexual abuse and did not notify the local law enforcement department. Review of the DHSS complaint/facility self-report database showed facility staff did not report the resident's allegation of sexual abuse to DHSS 72 hours after the resident initially reported his/her allegation to facility staff. During an interview on 01/17/25 at 1:40 P.M., the administrator said DHSS should be contacted within two hours after he/she receives a report/allegation of abuse. He/She said when staff reported the resident's allegation 01/16/25, he/she did not contact DHSS within two hours because after doing his/her internal investigation, the resident's allegation of abuse was not determined to be substantiated, so he/she made the report to DHSS within 24 hours. During an interview on 01/17/25 at 2:26 P.M., the Assistant Director of Nursing (ADON) said he/she was aware the resident reported the initial allegation at least two days prior to Licensed Practical Nurse (LPN) A, who had immediately reported it to the administrator and DON. The	F 609		

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F 609	Continued From page 6 ADON said all allegations of abuse should be reported to DHSS within two hours after the allegation is made, and he/she was not sure why the DON or administrator did not report to DHSS within the two-hour timeframe. During an interview on 01/17/25 at 2:42 P.M., LPN A said the resident reported to him/her at least two days prior around lunch time, he/she was raped the night before. The LPN said he/she immediately reported the resident's allegation to the administrator, and the DON came to the unit and started an investigation. During an interview on 01/21/25 at 10:30 A.M., the DON said he/she started an investigation on 1/14/24 for the resident's allegation of abuse. He/She said abuse allegations should be reported to DHSS within two hours, but he/she did not report to DHSS because the internal investigation did not reveal that the resident was abused. MO00248175	F 609		

Missouri Department of Health and Senior Services

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	08282	A. BUILDING: _____ B. WING _____	C 01/22/2025

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A8023	19 CSR 30-88.010(23) Develop/Implement A/N Policies 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 This regulation is not met as evidenced by: Class III Please refer to F607	A8023		
A8025	19 CSR 30-88.010(25) Report A/N to DHSS/DMH When Needed If the administrator or other employee of a long-term care facility has reasonable cause to believe that a resident of the facility has been abused or neglected, the administrator or employee shall immediately report or cause a report to be made to the department. Any administrator or other employee of a long-term care facility having reasonable cause to suspect that a vulnerable person has been subjected to abuse or neglect or observes such a person being subjected to conditions or circumstances that would reasonably result in abuse or neglect shall immediately report or cause a report to be made to the department and to the Department of Mental Health. I/II This regulation is not met as evidenced by: Class II Please refer to F609	A8025		

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PLAN OF CORRECTION

Provider/Supplier Name:	Stonebridge Villa Marie
Street Address, City, Zip:	1030 Edmonds St. Jefferson City MO 65901
Date of Survey:	1/22/2025

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 and Federal Law. The submission of the Plan of Correction does not constitute admission on the part of **Stonebridge Villa Marie** as to the accuracy of the surveyors' findings nor the conclusions drawn from those findings. Submission of the Plan of Correction does not constitute an admission on the part of **Stonebridge Villa Marie** that the findings constitute a deficiency, or that the scope and severity determinations are correct. This Plan of Correction is intended to constitute the facility's credible letter alleging compliance. Compliance has been and will be achieved no later than the Plan of Correction, **Feb 17, 2025** Compliance will be maintained as provided in the Plan of Correction.	
F607	The facility will achieve compliance with the F tag by ensuring that all allegations of abuse and neglect are properly and thoroughly investigated. 1. The Regional Director of Operations will re-educate the administrator on the proper thorough investigation of all allegations of abuse and neglect related to Resident 1 and all other allegations of abuse and neglect. 2. To ensure continued compliance, the administrator will report weekly to the Regional Director of Operations and will submit all investigations of alleged abuse and neglect to the Regional Director of Operations for review. This will continue weekly for three months or until compliance has been met. 3. Any practices found to not follow the established facility processes will be corrected on the spot, and the findings of the QAPI audits will be documented and submitted at the monthly QA committee meeting for further review and corrective action.	Feb 17, 2025
F609	The facility will achieve compliance with the F tag by ensuring that all allegations of abuse and neglect are properly and thoroughly investigated.	Feb 17, 2025

	All allegations of abuse or neglect are reported within two hours of receipt of the allegation. 1. The Regional Director of Operations will re-educate the administrator on the requirements to report all allegations of abuse and neglect within 2 hours of the allegation. 2. To ensure continued compliance, the administrator will review the 24 hr. report in the EMR daily Monday through Friday to ensure no new incidents occurred. 3. If an allegation of abuse or neglect is reported to the administrator, he/she will notify the Regional Director of Operations immediately on receipt of the allegation in order to allow the Regional Director of Operations to monitor the timeliness of the report to DHSS and compliance with the two hour reporting requirement. 4. The administrator will report weekly to the Regional Director of Operations to notify him/her of any allegations of abuse or neglect that occurred in the past week and will report the timeliness of the required reporting. This weekly reporting will continue for three months or until continued compliance has been met. 5. Results of the reporting will be taken to QAPI meetings for review. Any practices found to not follow the established facility processes will be corrected on the spot, and the findings of the QAPI audits will be documented and submitted at the monthly QA committee meeting for further review and corrective action.	
A 8023	See F607 above	
A 8025	See F609 above	

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.