STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265473	A. BUILDING _____ B. WING _____	C 08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENDALE GARDENS NURSING & REHAB	3535 EAST CHEROKEE SPRINGFIELD, MO 65809

(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 600 SS=D	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to protect each resident's right to be free from physical abuse when Registered Nurse (RN) C slapped one resident's (Resident #1) face in retaliation for the resident biting the RN's finger. The facility census was 89. Review of the facility's policy titled, "Abuse Prohibition," dated 2016, showed the following: -It is the purpose of the facility to prohibit mistreatment, neglect, abuse, misappropriation of resident's property, and exploitation of any resident. To assist the facility staff members in recognizing incidents of abuse, the following definitions of abuse are provided; -Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. Abuse also includes the	F 600		

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

Administrator

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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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENDALE GARDENS NURSING & REHAB	**3535 EAST CHEROKEE SPRINGFIELD, MO 65809**

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F 600	Continued From page 1 deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology. Willful, as used in this definition of abuse, means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm; -Physical abuse is defined as hitting, slapping, pinching, kicking, etc. It also includes controlling behavior through corporal punishment. Review of the facility's policy titled, "Resident's Rights," undated, showed the following: -Long-term care residents have a right to care which maintains or enhances the quality of life; -A resident has the right to be free from abuse. Residents shall not be subjected to physical, sexual, or emotional injury or harm. 1. Review of Resident #1's face sheet (resident's information at a quick glance) showed the following: -Admission date of 08/31/22; -Diagnoses included of anxiety (a feeling of fear, dread, and uneasiness), unspecified dementia (dementia without a specific diagnosis, multiple types of mental and physical conditions present at once), and major depressive disorder (a mental health disorder characterized by persistently depressed mood).	F 600		

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GLENDALE GARDENS NURSING & REHAB	**3535 EAST CHEROKEE SPRINGFIELD, MO 65809**

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F 600	Continued From page 2	F 600		

Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated comprehensive assessment instrument completed by facility staff), dated 06/14/24, showed the following:

-The resident was severely cognitively impaired.
-The resident used a wheelchair.
-The resident required supervision when eating.
-The resident required a therapeutic diet.

Review of the resident's care plan, dated 06/20/24, showed the following:

-The resident required assistance with eating;
-Provide the resident with encouragement and gentle verbal cues with cares.

Review of the facility's investigation, dated 07/30/24, showed the following:

-At 9:47 P.M., on 07/28/24, the Administrator was contacted by the Director of Nursing (DON);
-The DON said Nurse Aide (NA) A and NA B witnessed RN C slap the resident on his/her left cheek;
-RN C said the resident had something in his/her mouth that could cause him/her to choke;
-The resident refused to open his/her mouth and spit out the object in his/her mouth;
-RN C said he/she used his/her thumb and index finger to open the resident's mouth;
-RN C said he/she placed his/her finger in the resident's mouth once it opened and the resident bit RN C's finger;
-RN C said he/she pulled his/her hand away and in a reactive response very lightly tapped the resident's left cheek;
-RN C said the tap was very slight and an automatic response to being bit;

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F 600	Continued From page 3 -RN C was removed from the facility and sent home. Review of the incident report (written statement), undated, completed by NA A showed the following: -NA A went to the resident's room to get the resident up for dinner; -The resident was chewing on something, but would not spit it out; -NA B and RN C helped remove the item from the resident's mouth; -NA A was completing last rounds when NA A noticed the resident chewing on something again; -The resident refused to spit the item out; -RN C was trying to get the item out of the resident's mouth and the resident refused to spit it out; -The resident chopped down on RN C's finger; -RN C got upset and slapped the resident on the left side of the resident's face; -RN C said he/she was sorry and that was a reaction; -RN C had NA A and NA B remove everything from the residents room. During an interview on 08/01/24, at 2:04 P.M., NA A said the following: -The resident had choked on a straw earlier in the day; -NA A checked on the resident and he/she was chewing on something and would not spit it out when asked; -NA A asked NA B and RN C for help getting the object out of the resident's mouth; -RN C put her finger in the resident's mouth to remove the item;	F 600		

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F 600	Continued From page 4 -The resident bit down on RN C's finger and RN C slapped the resident on the left of side of the resident's face; -RN C apologized to the resident and said the slap was a reaction to the bite; -RN C's action of slapping the resident was not appropriate; -NA B left the resident's room and reported the incident to the DON. Review of the incident report (written statement), undated, completed by NA B, showed the following: -NA A had come and got RN C and myself and said the resident have been chewing on something and refused to spit it out; -NA B said all three of them went to the resident's room to remove the item the resident was chewing on; -RN C claimed that the resident bit him/her; -NA B said he/she did not physically see the resident bite RN C; -NA B said he/she saw RN C love tap (smacked the resident) then RN C said he/she was sorry and that it was a reaction; -NA B said that RN C seemed a little upset in his/her voice; -This happened about 9:30 P.M. During an interview on 08/01/24, at 2:14 P.M., NA B said the following: -NA A had checked on the resident and the resident was chewing on something and would not spit it out; -NA A asked him/her and RN C to help NA A get the item out of the resident's mouth; -RN C opened the resident's mouth to remove the	F 600		

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F 600	Continued From page 5	F 600		

item;
-From his/her position in the room he/she did not see the resident bite RN C's finger;
-He/she saw RN C "love tap" the resident on the left cheek;
-RN C said the hit was a reaction to the resident biting his/her finger;
-RN C's reaction to being bit by the resident was not appropriate;
-He/she and NA A left the resident's room and reported the incident to the DON.

Review of RN C's written statement, dated 07/28/24, showed the following:

-RN C was called to the resident's room around 9:30 P.M., for the second time on this shift;
-The resident was chewing on a plastic straw and was not spitting the straw out of his/her mouth;
-NA A and NA B asked the RN to come to the resident's room because they thought the resident was chewing on a rubber band;
-RN C asked a medical technician (med tech) who often works the hall to accompany him/her to assist in getting the rubber band out of the resident's mouth;
-The resident was asked several times and the med tech then used his/her thumb and index finger to open her mouth;
-The resident finally opened his/her mouth slightly and the med tech was able to get the item which was a plastic straw;
-RN C said the second time he/she did the same;
-RN C asked the resident several times to open his/her mouth and the resident did not follow command;
-RN C said he/she was concerned that the resident could choke on the straw;
-RN C said that he/she did as the med tech and

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F 600	Continued From page 6 placed his/her thumb and index finger on the resident's cheeks; -RN C said the resident opened his/her mouth slightly and RN C put his/her index finger in the residents mouth to retrieve the straw and the resident bit down on RN C's finger; -RN C pulled his/her hand away and in a reactive response very lightly taped the resident left cheek; -RN C said the tap was very very slight and an automatic response to being bit; -RN C said the resident continued to keep his/her mouth tightly closed; -RN C tried the thumb and index finger again and the resident opened his/her mouth slightly more and RN C was able to retrieve the straw; -RN C said he/she was unsure if NA A and NA B were in the room and saw the resident bite RN C; -RN C said he/she did say the resident bit him/her; -RN C said that his/her finger stung from the bite; -RN C said he/she then instructed NA A and NA B to remove all straws and paper products from the residents table and make sure the resident's water pitcher was in reach without a straw; -RN C said that after the NA's left the resident's room he/she told the resident he/she was sorry for doing what he/she did; -RN C said she told the resident he/she was afraid the resident would choke on the straw; -RN C said the resident looked at him/her in the eye, smiled and RN C and said he/she wouldn't have choked; -RN C said she told the resident they did not know that for sure and gave the resident a kiss on the forehead and the resident smiled bigger; -RN C said the med tech he/she lightly pushed on her cheeks.	F 600		

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F 600	Continued From page 7 During an interview on 08/02/24, at 3:21 P.M., RN C said the following: -NA A came to him/her and reported the resident was chewing on something and refused to spit it out; -The resident had been chewing on a straw earlier in the evening and had choked on it; -He/she, NA A, and NA B went into the resident's room; -He/she asked the resident several times to spit out what he/she was chewing on; -The resident refused to spit out the item; -She used his/her thumb and index finger to get the resident to open his/her mouth; -The resident opened his/her mouth RN C used his/her index finger to sweep the resident's mouth; -The resident bit down on RN C's finger and let go; -He/she tapped the resident's left cheek lightly; -The tap was a knee jerk reaction to being bit by the resident; -His/her reaction to the resident biting him/her was not appropriate. During an interview on 08/01/24, at 2:43 P.M., the DON said the following: -The DON was contacted by NA A and NA B; -NA A and NA B told the DON that RN C had tried to remove an item from the resident's mouth by putting his/her finger in the resident's mouth and the resident bit RN C's finger; -NA A and NA B told the DON that RN C slapped the resident on the left cheek; -The DON said she reported the incident to the Administrator; -The DON and Administrator spoke with RN C	F 600		

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F 600	Continued From page 8 and instructed RN C to leave the facility and he/she was suspended pending the investigation of the incident; -The DON said that RN C's reaction to being bit by the resident was not appropriate. During an interview on 08/01/24, at 3:05 P.M., the Administrator said the following: -The Administrator was contacted by the DON; -The Administrator spoke with NA A and NA B about the incident; -The Administrator spoke with RN C regarding the incident; -RN C was sent home and suspended pending the investigation; -RN C's reaction to being bit by the resident was not appropriate. Complaint MO00239672	F 600		

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A4074	19 CSR 30-85.042(65) Protective Oversight, Voluntary Leave Each resident shall receive twenty-four- (24-) hour protective oversight and supervision. For residents departing the premises on voluntary leave, the facility shall have, at a minimum, a procedure to inquire of the resident or resident's guardian of the resident's departure, of the resident's estimated length of absence from the facility, and of the resident's whereabouts while on voluntary leave. I/II This regulation is not met as evidenced by: Class II 1. Please refer to F600. MO00239672	A4074		

PLAN OF CORRECTION

Provider/Supplier Name:	Glendale Gardens Nursing and Rehab
Street Address, City, Zip:	3535 E. Cherokee Springfield Mo 65809
Date of Survey:	8/1/2024

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 Corrections does not constitute and admission on the part of Glendale Gardens Nursing and Rehab as the accuracy of the surveyor's findings nor the conclusions drawn there from. The Facility's submission of the Plan of Corrections does not constitute and admission on the part of the Facility that the findings cited are accurate, that the findings constitutes deficiency, or that the scope and severity regarding any of the deficiencies cited are correctly applied. 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 last completion date identified in the Plan of Corrections on 09/15/2024. Compliance will be maintained as provided in the Plan of Correction 09/15/2024.	
F 600	1. The Facility does and will continue to ensure residents are free from abuse and neglect. This facility does not consider striking a combative resident an appropriate response in any situation. It is also not acceptable for an employee to claim his/her action was "reflexive" or a "knee-jerk reaction" and was not intended to cause harm. 2. What corrective action will be accomplished for residents affected? The nurse was counseled by the administrator and director of nursing, that striking a resident is not tolerated even if it was a reflexive or knee-jerk reaction to being bit. 3. How will the facility identify other residents having the potential to be affected by the same practice and what corrective action will be taken? All residents in this home have the potential to be affected. The Administrator conducted interviews with each resident regarding the care and services that they receive. There were no other allegations of abuse or inappropriate care made as a result of those interviews.	9/15/2024

	4. What measures will be put into place to ensure this Practice does not recur? The Administrator will be immediately notified of any allegations of abuse. An investigation will be initiated immediately, and the alleged abuser will be suspended from the facility pending the outcome of the investigation. All staff were in-serviced on 8/10/2024 on types of abuse and it is also not acceptable for an employee to claim his/her action was "reflexive" or a "knee-jerk reaction" and was not intended to cause harm. Abuse and Neglect will be in-services at each monthly in-service for the next 3 months in order to provide additional education and training on proper care techniques. Administrator and Social Services Director will meet with each resident weekly to discuss their care and address any concern for next 3 months coinciding with Abuse training. 5. How corrective Action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality Assurance program will be put into place? Administrator or designee will monitor monthly and document any abuse or neglect for the next three months and report any issues or concerns to the monthly QA meeting.	

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.

PLAN OF CORRECTION

Provider/Supplier Name:	Glendale Gardens Nursing and Rehab
Street Address, City, Zip:	3535 E. Cherokee Springfield Mo 65809
Date of Survey:	8/1/2024

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A 4074	Please refer to F 600	9/15/2024

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.