STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265123	A. BUILDING _____ B. WING _____	C 08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEBANON NORTH NURSING & REHAB	596 MORTON ROAD LEBANON, MO 65536

(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 609 SS=D	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 appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to report an allegation of abuse to the State Survey Agency (Department of Health and Senior Services - DHSS) within the required time two hour frame when one resident (Resident #1), out of six sampled residents, made an allegation of sexual abuse to facility staff. The facility census	F 609		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Delois McQueen	administrato	8.22.24

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 was 55. Review of the facility's policy titled "Reporting," dated 11/28/16, showed the following: -It is the policy of this facility that each resident will be free from abuse. Abuse can include verbal, mental, sexual, or physical abuse, misappropriation of resident property and exploitation, corporal punishment or involuntary seclusion; -The Nursing Home Administrator or designee will report abuse to the state agency per State and Federal requirements; -All allegations of abuse, neglect, exploitation, mistreatment, injuries of unknown sources, and misappropriation of resident will be reported immediately but no later than the following timeframes. If abuse is alleged or the allegation results in serious bodily injury, the allegation must be reported within two hours after the allegation was made. If the allegation does not allege abuse or result in serious bodily injury, the report must be made within 24 hours after the allegation was made; -The facility will adhere to reporting timeframes as outlined for reporting to the State Survey agency for reporting to law enforcement. When there is reasonable suspicion that a crime has occurred, to include but not limited to: abuse or the crime results in serious bodily injury, the crime must be reported within two hours. If the crime is not abuse or result in serious bodily injury, the report must be made within 24 hours; -The facility must 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	F 609		

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F 609	Continued From page 2	F 609		

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) in accordance with State law through established procedures.
-Employees must always report any abuse or suspicion of abuse immediately to the Administrator. If Administrator is not there, report to the Director of Nursing (DON) or immediate supervisor and they will report to the Administrator.

1. Review of the resident's face sheet (a document that gives a patient's information at a quick glance) showed the following:

-Admission date of 07/22/22;
-Diagnoses included urinary tract infection (UTI - an infection in any part of the urinary system), anxiety, chronic pain, and depression.

Review of the resident's significant change Minimum Data Set (MDS - a federally mandated comprehensive assessment instrument completed by facility staff), dated 07/31/24, showed the following:

-Cognitively intact;
-No behaviors;
-Required maximum assistance from staff for toilet hygiene, upper body dressing, lower body dressing and putting on/taking off footwear, required supervision of staff for personal hygiene and oral hygiene and was dependent on staff for

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F 609	Continued From page 3 bathing; -Used a wheelchair for locomotion. Review of the resident's care plan, revised 08/07/24, showed the following: -The resident had a potential for behavior issues during showers. Staff to provide a calm and quiet environment, keep the environment at the temperature that he/she found comfortable, and provide music of his/her choice if he/she desired. The resident needed help washing parts of his/her body and he/she can not lift his/her arms past his/her shoulders. The resident had a catheter (a flexible tube inserted through a narrow opening into a body cavity). Staff to position it carefully; -He/she was at risk for infections related to having a suprapubic urinary catheter (a surgically created connection between the urinary bladder and the skin used to drain urine from the bladder in individuals with obstruction of normal urinary flow). The nurse would assess him/her for pain and discomfort due to catheter use. The staff would check his/her catheter tubing for kinks throughout the shift. Secure the dignity bag on the bed in a manner to prevent it from being stepped on during cares. Staff would provide catheter care every shift and as needed; -The resident was able to complete most his/her own activities of activities of daily living (ADL - dressing, eating, bathing, etc.). The resident ambulated independently and fed self and showered with staff assistance to include his/her hair care. Staff to observe, document, and report any functional decline and provide increased assistance as needed. Staff to notify the charge nurse, physician, and therapy of increased need.	F 609		

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F 609	Continued From page 4 Review of the resident's nurses' progress notes showed the following: -On 08/08/24, at 4:10 P.M., the resident came up to the desk and stated that he/she wanted to go to the hospital because he/she had something up inside him/her. The nurse asked if the resident had a bowel movement and the resident stated no, he/she had one yesterday. The resident kept saying that he/she wanted to go to the hospital to be checked out. He/she complained of pain 8 out of 10 and oxycodone (a medication to treat pain) 5 milligrams (mg) given. At 5:00 P.M., the nurse attempted to contact the resident's guardian and left a message. The physician was notified and received an order to send to the ER for evaluation. Staff notified EMS at 5:05 P.M. that the nurse needed to transfer the resident to the ER. EMS arrived at 5:20 P.M. and left at 5:30 P.M.; -On 08/08/24, at 7:54 P.M., received a call from the resident's guardian at 7:53 P.M. The guardian stated he/she was okay with the resident being sent to the local ER since the issue was not with the resident's heart. He/she also stated he/she spoke with the ER and was told the resident had a UTI and they were not sure at this time if they would admit or not. The guardian stated that the ER reported to him/her that the resident was not at baseline as far as orientation and he/she told them to check for sepsis (a serious condition in which the body responds improperly to an infection). ER staff reported to the guardian that blood work had already been drawn and they were waiting on results; -On 08/08/24, at 11:31 P.M., as per phone conversation with ER staff, the resident had been transferred to another ER due to having the possibility of a gasrtrointestinal (GI) bleed (a sign	F 609		

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F 609	Continued From page 5	F 609		

of a disorder in the digestive tract) from an unknown source. The ER staff said the resident's guardian was aware.

Review of the resident's Emergency Department (ED) Provider Notes dated 08/08/24, at 5:35 P.M., showed the following:

-The resident reported that maybe somebody stuck something in his/her vagina last night while he/she slept. He/she did not remember anybody coming into his/her room. He/she did not remember seeing anybody around his/her room. He/she slept in a room by him/herself at the nursing facility;
-On arrival, the resident reported vaginal pressure and he/she thought that somebody may have stuck something inside of him/her. He/she also reported that he/she may have been drugged because he/she did not wake up in the middle night from this. Police report was filed by charge nurse.

Review of the resident's ED Notes showed the following:

-On 08/08/24, at 5:45 P.M., resident presented to the (ED) by EMS from facility. Resident reported vaginal pain and stated "I think someone came In my room in the middle of the night and stuck something up there. I think it's still there." Resident said "I may have been drugged with my nighttime medication." Resident denied waking up during that time and stated he/she woke today with vaginal pain;
-On 08/08/24, at 6:27 P.M., hospital staff notified police department of reported sexual assault. The dispatcher reported an officer would be sent to take a report;

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F 609	Continued From page 6 -On 08/08/24, at 7:10 P.M., police department present at hospital to take report. Hospital staff notified senior services at this time; -On 08/08/24, at 7:51 P.M., hospital staff spoke with the resident's guardian by phone at this time and updated on resident's condition as well as sexual assault allegations. Advised that the police department and Department of Health and Senior Services (DHSS) were notified. The guardian requested update regarding the resident's disposition. Review of the facility's investigation, dated 08/12/24, showed the following: -The MDS Coordinator notified the resident's guardian, Administrator, QA Nurse, DON, and physician and obtained witness statements from employees; -The MDS Coordinator interviewed the resident; -The resident was sent to the hospital for evaluation; -As evidenced from the emergency room (ER) visit documentation, the resident did not have anything inside of him/her and the allegation was not verified; -The hospital staff reported the allegation to law enforcement. Review of statement dated 08/08/24, at 4:30 P.M., completed by Certified Nursing Assistant (CNA) E, showed he/she was at the desk when the resident came and said that someone put something inside him/her last night. The CNA reported to the MDS Coordinator and then left to answer call lights. During an interview on 08/09/24, at 1:06 P.M., the Administrator said the following:	F 609		

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F 609	Continued From page 7 -The resident made the allegation of abuse to the MDS Coordinator on 08/08/24, between 5:00 P.M. and 5:30 P.M.; -The MDS Coordinator reported the allegation to the corporate Quality Assurance (QA) Nurse on 08/08/24 and to the Administrator around 7:00 P.M.; -The resident reported someone put something in his/her behind; -The resident's story kept changing and the resident was sent to the hospital; -He/she considered the allegation the resident made to be an allegation of sexual abuse; -He/she did not report the allegation to DHSS because the corporate QA nurse told him/her to wait to hear from the hospital; -The MDS Coordinator obtained statements from staff and started an investigation; -He/she should have reported the allegation to DHSS within two hours. During an interview on 08/09/24, at 1:28 P.M., the MDS Coordinator said the following: -On 08/08/24, at 4:10 P.M., the resident reported to Certified Nursing Assistant (CNA) D that someone stuck something up inside the resident and the CNA brought the resident to him/her to report the allegation; -He/she did a head to toe assessment on the resident and the resident had no injuries; -He/she reported to the Administrator on 08/08/24 at approximately 4:30 P.M., attempted to contact the resident's guardian, notified the resident's physician, and reported the allegation to the corporate QA Nurse; -The allegation the resident made was an allegation of physical or sexual abuse and should	F 609		

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F 609	Continued From page 8	F 609		

have been reported to DHSS within two hours;
-The Administrator and corporate QA nurse told him/her to wait and find out what the hospital said before he/she reported to DHSS;
-He/she continued to ask the Administrator and QA Nurse for guidance because he/she knew the clock was ticking;
-He/she did not report to DHSS because he/she followed the direction of the QA Nurse and Administrator;
-He/she should have reported the allegation.

Review of DHSS records showed DHSS did not receive a self-report regarding the resident's abuse allegations.

During an interview on 08/09/24, at 1:43 P.M., the Director of Nursing (DON) said the following:

-On 08/08/24, at 4:30 P.M., the MDS Coordinator reported to him/her that the resident reported somebody put something down there;
-He/she spoke with the resident and the resident stated someone put something in his/her vagina;
-The resident was not able to tell who the alleged perpetrator was, but was sure something was put inside him/her;
-The allegation made by the resident was an allegation of abuse and should have been reported to DHSS immediately;
-The MDS Coordinator reported allegations of abuse to DHSS;
-The MDS Coordinator and the Administrator started an investigation and gathered statements from staff.

Review of the a statement dated 08/08/24, at 4:30 P.M., completed by CNA D, showed the resident had stopped the CNA in the hall and told

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F 609	Continued From page 9 the CNA he/she needed to talk to the CNA, but could not say it out loud. The CNA went over to the resident and the resident explained that someone the night before or the night prior to that put something inside of him/her and it was stuck and hurting him/her. The CNA immediately went and reported to the MDS Coordinator; During an interview on 08/09/24, at 1:55 P.M., CNA D said the following: -On 08/08/24, at approximately 4:00 P.M., the resident came down the hall and said they needed to talk, but said they could not say it out loud; -The resident reported he/she had something stuck inside him/her and the CNA pointed out the resident's catheter. The resident said that was not what he/she was talking about; -The resident then reported that either last night or the night before, someone stuck something inside of him/her and it was still there; -The resident did not name an alleged perpetrator; -The CNA told the resident they needed to report to the MDS Coordinator; -The CNA took the resident to the MDS Coordinator and reported the allegation the resident made; -He/she considered the allegation the resident made to be sexual abuse and the allegation should have been reported to DHSS within two hours; -The resident was crying and distressed and told him/her not to tell anyone. The CNA told the resident the CNA had to report to the nurse. During an interview on 08/09/24, at 12:51 P.M., CNA A said the following:	F 609		

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F 609	Continued From page 10 -If a resident reported abuse to him/her, he/she reported to the charge nurse immediately; -The Administrator reported to DHSS within two hours. During an interview on 08/09/24, at 12:55 P.M., CNA B said the following: -If a resident reported abuse to him/her, he/she reported to the charge nurse immediately; -The Assistant DON or charge nurse reported to DHSS within two hours. During an interview on 08/09/24, at 1:55 P.M., CNA D said the following: -If a resident reported abuse to him/her, he/she reported to the charge nurse or Administrator immediately; -The Administrator reported to DHSS within two hours. During an interview on 08/09/24, at 1:00 P.M., Certified Medication Technician (CMT) C said the following: -If a resident reported abuse to him/her, he/she reported to the charge nurse immediately; -The charge nurse reported to the DON and Administrator immediately; -The DON or Administrator reported to DHSS within two hours. During an interview on 08/09/24, at 1:28 P.M., the MDS Coordinator said the following: -If a resident reported abuse to a CNA, the CNA reported to the charge nurse immediately;	F 609		

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F 609	Continued From page 11 -The charge nurse started an investigation, assessed the resident, and notified the resident's physician, responsible party and the Administrator; -The charge nurse, MDS Coordinator, DON, or Administrator reported to DHSS within two hours; -Any allegation of abuse should be reported to DHSS within two hours. During an interview on 08/09/24, at 1:43 P.M., the DON said the following: -If a resident reported to a CNA or CMT, the CNA or CMT reported to the charge nurse immediately; -The charge nurse reported to the DON immediately; -He/she reported to DHSS within two hours; -All allegations of abuse had to be reported to DHSS within two hours. During an interview on 08/09/24, at 1:06 P.M., the Administrator said any allegation of abuse should be reported to DHSS within two hours. MO00240273 MO00240289	F 609		

PLAN OF CORRECTION

Provider/Supplier Name:	Lebanon North Nursing & Rehab
Street Address, City, Zip:	596 Morton Road, Lebanon, 65536
Date of Survey:	08/09/204
PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	265123

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 being submitted as required under State and Federal law. The submission under this plan of correction does not constitute admission on the part of Lebanon North Nursing & Rehab, as to the accuracy of the surveyor's findings or the conclusion drawn from there. The Facility's submission of this plan of correction does not constitute any admission on the part of the Facility that the findings constitute a deficiency, or that the scope and severity regarding any of the deficiencies cited are correctly applied.	
	The Facility submits the plan of correction with the intention that it be inadmissible by any third party and any civil or criminal action against the Facility or any employee, agent, officer, director, or shareholder of the Facility.	
	Any changes to Facility policies and procedures should be considered to be subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and should be inadmissible in any proceedings on that basis.	
	Please accept this plan as the Facility's Credible Letter of Allegation that all deficiencies have been corrected by the last day noted in this plan of correction.	

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:	Lebanon North Nursing & Rehab
Street Address, City, Zip:	596 Morton Road, Lebanon, 65536
Date of Survey:	08/09/204
PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	265123

ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
F609	The facility does and will continue to report allegations of possible abuse within two hours to the State Survey Agency.	8/23/2024
1.	**Corrective action will be accomplished for the resident(s) found to be affected by the alleged deficient practice by:**	
	1) Resident #1 was transferred to hospital August 8th, 2024, and police report was filed by hospital charge nurse. Genitourinary assessment per hospital records dated August 8th, 2024, indicated the following: i) Rectum: Normal ii) Vagina: No foreign body. Vaginal discharge present. No erythema, tenderness, or bleeding. External exam normal. There were no physical indicators that abuse occurred based on this examination.	
2.	**The facility recognizes all residents may potentially be affected by this alleged deficient practice.**	
3.	**The corrective action will be accomplished by:**	
	1) Social Services Director (SSD) interviewed random residents to identify other possible abuse instances August 22nd, 2024. No other instances were identified during these interviews.	
	2) Current and future admitted residents will have facility staff report allegations of possible abuse within two hours to the State Survey Agency.	
	3) Inservice education for facility staff was conducted by the Minimum Data Set Coordinator (MDSC)/Designee beginning August 9th, 2024, on the following: 1) Types of abuse; Elements of Abuse Policy; Policy and Procedures for abuse reporting and investigation.	
4.	**The measures put in place and the systemic changes made to ensure the alleged deficient practice does not recur were:**	
	1) The above documented inservice education will be reviewed annually and with the orientation process of newly hired facility staff.	

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PLAN OF CORRECTION

Provider/Supplier Name:	Lebanon North Nursing & Rehab
Street Address, City, Zip:	596 Morton Road, Lebanon, 65536
Date of Survey:	08/09/204
PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	265123

ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
F609	2) Current and newly hired staff will complete an exam pertaining to abuse policies and procedures with a minimum grade of 80% or one on one instruction will be given until 80% competency is achieved.	8/23/2024
	3) SSD/Designee will perform random sweeps of the facility weekly beginning August 29th, 2024, interviewing 3-5 residents for 4 weeks to identify residents with possible abuse issues.	
	4) Charge nurses will monitor for the following every shift beginning August 23rd, 2024, x 4 weeks or as determined by QAPI committee if substantial compliance is achieved prior: 1) All instances of possible abuse must be reported to the direct supervisor and Administrator immediately and within two hours to the State Survey Agency. 2) A thorough investigation will be initiated timely when an allegation of abuse is received. 3) Employee(s) who are reported for possible abuse will be suspended to protect the resident from retaliation and to protect other residents.	
	5) Director of Nursing (DON)/Designee will monitor for the following continuously each time an abuse allegation is made: 1) If a crime against a resident is suspected, facility administrative staff must notify law enforcement. 2) Administrator or Designee must report to the State Survey Agency (Department of Health & Senior Services) within two hours after the allegation is made.	
	6) Administrator/Designee will monitor for the following continuously each time an abuse allegation is made: 1) All instances of possible abuse must be reported to the direct supervisor and Administrator immediately and within two hours to the State Survey Agency. 2) Employee(s) who are reported for possible abuse will be	

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F609	suspended to protect the resident from retaliation and to protect other residents. 3) If a crime against a resident is suspected, facility administrative staff must notify law enforcement.	8/23/2024
5.	**The facility plans to monitor its performance to ensure that solutions are sustained. This plan will be implemented and the corrective action will be evaluated for its effectiveness. The plan of correction will be integrated into the Quality Assurance System.**	
	All negative findings of the Quality Assurance checks as related to compliance to the following will be documented and submitted to the monthly Facility Quality Improvement Committee for review and additional interventions will be made as needed: 1) All instances of possible abuse must be reported to the direct supervisor and Administrator immediately and within two hours to the State Survey Agency. 2) A thorough investigation will be initiated timely when an allegation of abuse is received. 3) Employee(s) who are reported for possible abuse will be suspended to protect the resident from retaliation and to protect other residents. 4) If a crime against a resident is suspected, facility administrative staff must notify law enforcement.	

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