STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265468	A. BUILDING _____ B. WING _____	C 04/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRANBY HOUSE	301 SOUTH MAIN GRANBY, MO 64844

(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 576 SS=E	Right to Forms of Communication w/ Privacy CFR(s): 483.10(g)(6)-(9) §483.10(g)(6) The resident has the right to have reasonable access to the use of a telephone, including TTY and TDD services, and a place in the facility where calls can be made without being overheard. This includes the right to retain and use a cellular phone at the resident's own expense. §483.10(g)(7) The facility must protect and facilitate that resident's right to communicate with individuals and entities within and external to the facility, including reasonable access to: (i) A telephone, including TTY and TDD services; (ii) The internet, to the extent available to the facility; and (iii) Stationery, postage, writing implements and the ability to send mail. §483.10(g)(8) The resident has the right to send and receive mail, and to receive letters, packages and other materials delivered to the facility for the resident through a means other than a postal service, including the right to: (i) Privacy of such communications consistent with this section; and (ii) Access to stationery, postage, and writing implements at the resident's own expense. §483.10(g)(9) The resident has the right to have reasonable access to and privacy in their use of electronic communications such as email and video communications and for internet research. (i) If the access is available to the facility (ii) At the resident's expense, if any additional expense is incurred by the facility to provide such access to the resident. (iii) Such use must comply with State and Federal	F 576		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Dana Sp | TITLE: Admin | (X6) DATE: 5/5/25

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265468	A. BUILDING _____ B. WING _____	C 04/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRANBY HOUSE	**301 SOUTH MAIN GRANBY, MO 64844**

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F 576	Continued From page 1 law. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview, the facility failed to provide all residents reasonable access to the use of a phone in a private environment when the resident use phone was located at the nurses' station providing a lack of privacy for two residents (Resident #1 and #2) when they used the phone. The facility census was 52. Review of the facility's policy titled "Resident Rights," revised February 2021, showed the following: -Employees shall treat all residents with kindness, respect, and dignity; -Resident rights included the right to privacy and confidentiality; the right to access to a telephone, mail and email; and the right to communicate in person, by mail, email, and telephone with privacy. 1. Review of Resident #1's face sheet (a document that gives a patient's information at a quick glance) showed the following: -Admission date of 09/12/24; -Diagnoses included schizophrenia (a mental disorder characterized by disruptions in thought processes perceptions, emotional responsiveness and social interactions), anxiety disorder and cognitive communication deficit. Review of the resident's care plan, revised 12/05/24, showed the following: -The resident had a risk for impaired communication; -Allow adequate time for the resident's response; -Evaluate the resident's ability to comprehend.	F 576		

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	265468	A. BUILDING _____ B. WING _____	C 04/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRANBY HOUSE	301 SOUTH MAIN GRANBY, MO 64844

(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 576	Continued From page 2 Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated comprehensive assessment instrument completed by facility staff), dated 04/07/25, showed the resident's cognitive skills intact. During an interview on 04/24/25, at 7:50 A.M., the resident said the following: -He/she used the phone located behind the nurses' desk. The phone had a cord and he/she was not able to take the phone with him/her; -Facility staff talk around him/her when he/she used the phone and he/she did not have privacy; -He/she tried to talk to his/her family member every day and would like more privacy. 2. Review of Resident #2's face sheet showed the following: -Admission date of 02/04/25; -Diagnoses included depression and anxiety disorder. Review of the resident's admission MDS, dated 02/10/25, showed the resident's cognitive skills intact. Review of the resident's care plan, dated, 02/12/25 showed the following: -The resident was unable to care for himself/herself in his/her home; -The resident had decided to remain at the facility for long term care; -Encourage the resident's family or ones close to him/her remain involved and continue to provide support. During an interview on 04/25/25, at 8:08 A.M., the resident said the following:	F 576		

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	265468	A. BUILDING _____ B. WING _____	C 04/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRANBY HOUSE	**301 SOUTH MAIN GRANBY, MO 64844**

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F 576	Continued From page 3 -The phone was located at the nurses' station; -He/she did not have privacy when he/she used the phone; -Facility staff were around the nurses' station when he/she had talked on the phone and he/she felt a lot of staff listen to his/her conversation. 3. Observation on 04/24/25, at 8:30 A.M., showed a phone with a cord on the nurses' desk located by a medication cart. One nurse sat at the desk on the computer and another nurse stood at the medication cart by the nurses' desk. 4. During an interview on 04/24/25, at 8:36 A.M., Licensed Practical Nurse (LPN) A said the following: -The phone used by residents was located at the nurses' desk; -He/she did not know for sure what happened to the cordless phone; -The privacy was not what the residents deserved. During an interview on 04/24/25, at 8:50 A.M., Certified Nurse Aide (CNA) B said the following: -Staff brought residents to the nurses' desk to use the phone; -He/she worked at the facility over a year and residents have used the phone at the nurses' desk; -There was a lot of traffic at the nurses' desk and there could be a better location for the phone. During an interview on 04/24/25, at 8:55 A.M., Certified Medication Technician (CMT) C said the following: -Staff take residents to the nurses' desk to use the phone; -There was not another place to take the	F 576		

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	265468	A. BUILDING _____ B. WING _____	C 04/24/2025

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GRANBY HOUSE	**301 SOUTH MAIN GRANBY, MO 64844**

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F 576	Continued From page 4 residents when they wanted to use the phone; -There was always some staff at the nurses' desk; -The facility used to have a cordless phone. During an interview on 04/24/25, at 9:29 A.M., the Administrator said the following: -There was no privacy for residents at the nurses' desk; -She had worked on obtaining a phone for the residents the last couple of months. MO00252857	F 576		

Missouri Department of Health and Senior Services

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	16481	A. BUILDING: _____ B. WING _____	C 04/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRANBY HOUSE	301 SOUTH MAIN GRANBY, MO 64844

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A8034	19 CSR 30-88.010(33) Telephone-Private Calls Telephones appropriate to the residents' needs shall be accessible at all times. Telephones available for residents' use shall enable all residents to make and receive calls privately. II/III This regulation is not met as evidenced by: Class II* 1. Please refer to F576. *The higher classification merited due to the extent of the violation and violation's effect on the resident. MO00252857	A8034		

Missouri Department of Health and Senior Services
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Dara Sp — TITLE: Admin — (X6) DATE: 5/5/25

PLAN OF CORRECTION

Provider/Supplier Name:	Granby House
Street Address, City, Zip:	301 S Main St
Date of Survey:	4/24/25

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	2654568

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 the State	
	Law. This submission if this plan does not constitute an admission on the part of Grany House as to the accuracy of the surveyors find or the conclusion drawn there from. The plan of correction does not constitute admission on the part of the facility that the findings cited are accurate, that the scope and severity regarding any of the deficiencies cited are correctly applied. The facility submits this plan of correction with the intention that is inadmissible by any third party in civil action or criminal action against the facility or any employee, agent, office director or share fold of the facility. Any changes to the facility policies and procedures should be subsequent remedial measures as that employed in Rule 407 of the Federal Rules of Evidence and should be inadmissible on any proceedings on that basis. Please accept this plan of correction with completion dates as our written credible allegation of compliance.	
F576	**Right to Forms of Communication w/Privacy** **CFR(s): 483.10(g)(6)-(9)** The facility failed to provide all residents reasonable access to the use of a phone in a private environment when the resident use phone was located at the nurses station providing a lack of privacy for two residents. Residents and staff were educated on 5/5/25 by the administrator on the location of facility's phone to be used for private phone calls. Resident #1 and #2 were included in this education. All residents will be considered at risk for this alleged deficient practice. Maintenance and/or designee will check the phone weekly to ensure it is still functioning properly. This will be an on-going process.	5/9/25

	For Quality Assurance: This process will be reviewed monthly at the QAPI meeting x 3 months, then randomly thereafter until the committee deems it no longer necessary. Areas of concern will be addressed at the time of discovery for further interventions. The Administrator and Maintenance will be responsible for compliance	
A8034	See F576	

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.