STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265279	A. BUILDING _____ B. WING _____	C 01/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDAR POINTE	1800 WHITE COLUMNS DRIVE ROLLA, MO 65401

(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 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care	F 656		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	Administrator	2/4/25

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 656	Continued From page 1 plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, facility staff failed to develop and implement a comprehensive person-centered care plan for two residents (Resident #1 and #2) out of five sampled residents. The facility census was 64. 1. Review of facility's Care Planning Policy and Procedure policy, dated 01/17/24, showed facility staff are directed as follows: -The facility's standard is to perform quality of care that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices; -To ensure individualized completion of the care plan, and family/resident participation in the resident's plan of care with admission, quarterly, annual update, and if there is a significant change of condition; -A care plan will be developed upon admission per the Centers for Medicare and Medicaid Services (CMS) guidelines. It will be updated quarterly, and annually per CMS guidelines to ensure that there is a continuity of care, and is in	F 656		

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F 656	Continued From page 2 accordance with the individual's needs. Care plan will also be updated with a significant change of condition; The care plan must be based upon the resident assessment, choices and advance directives, if any. As the resident's status changes, the facility, attending practitioner and the resident representative, to the extent possible, must review and/or revise care plan goals and treatment choices. 2. Review of Resident #1's Quarterly Minimum Data Set (MDS), a federally mandated assessment tool, dated 01/04/25, showed staff assessed the resident as follows: -Moderate cognitive impairment; -Physical and verbal behavioral symptoms directed toward others occurred one to three days during the look back period; -Did not exhibit wandering behaviors during the look back period. Review of the resident's care plan, dated 09/18/24, showed it did not contain documentation the resident had behaviors of wandering or physical aggression towards other residents. Review of the facility's investigation report, dated 12/31/24, showed the resident wandered into another resident's room, yelled at another resident, then pulled the other resident's hair and hit him/her in the head. Review of the facility's investigation report, dated 01/22/25, showed the resident hit another resident in the arm multiple times.	F 656		

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F 656	Continued From page 3 During an interview on 01/23/25 at 10:07 A.M., Certified Medical Technician (CMT) A said the resident had a history of wandering and aggression towards other resident's. He/She said he/she did review other resident's care plans, but did not review Resident #1's care plan yet. He/She said he/she was educated to redirect the resident. During an interview on 01/23/25 at 10:20 A.M., Certified Nurse Aide (CNA) B said the resident has a history of wandering and aggression towards other residents. He/She said staff are educated to redirect to watch a tv show or another activity. During an interview on 01/23/25 at 10:28 A.M., Licensed Practical Nurse (LPN) C said the resident did have a history of wandering and physical aggression towards others. He/She believed the interventions were listed in the resident's care plan. During an interview on 01/23/25 at 11:16 a.m., the Care Plan Coordinator said the resident did have physical aggression towards other residents and wandering. He/She said he/she did not add the interventions to the care plan, even though the resident had behaviors of wandering and physical aggression. He/She said he/she just added interventions to the resident care plan. 3. Review of Resident #2's Annual MDS, dated 11/05/24, showed staff assessed the resident as severely cognitively impaired and wandering behavior occurred four to six days during the look back period. Review of the resident's care plan, dated	F 656		

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F 656	Continued From page 4 10/16/24, showed it did not contain documentation the resident had behaviors of wandering or physical aggression towards other residents. Observation on 01/23/25 at 9:56 A.M., showed Resident #2 wandered into Resident #1's room laid in Resident #1 bed. Observation on 01/23/25 at 10:16 A.M., showed a staff member assisted Resident #2 out of Resident #1's room. During an interview on 01/23/25 at 10:20 A.M., CNA B said the resident did have a history of wandering and staff are educated to redirect the resident. During an interview on 01/23/25 at 10:07 A.M., CMT said the resident did have a history of wandering and staff were directed to redirect the resident. He/She said the purpose of the care plan was to provide care and safety measure for the resident. During an interview on 01/23/25 at 10:28 A.M., LPN C said staff are educated to redirect the resident if he/she was wandering or becoming aggressive. He/She said the resident had a history of wandering, but had not noticed the resident wandering into other resident's rooms. During an interview on 01/23/25 at 11:16 a.m., the Care Plan Coordinator said he/she did not know the resident wandered. He/She said staff meet daily to discuss resident behaviors or changes. 4. During an interview on 01/23/25 at 10:28 A.M.,	F 656		

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F 656	Continued From page 5 LPN C said he/she would expect to see behaviors of wandering or physical aggression towards others addressed in the care plan by the Care Plan Coordinator. During an interview on 01/23/25 at 11:16 a.m., the Care Plan Coordinator said he/she updated care plans quarterly, when a resident had a change and new interventions were added to the care plan. He/She said the purpose of the care plan was to provide staff with direction to they type of care the resident required. He/She said if a resident had behaviors, including wandering or aggressive behaviors towards other residents, it should be added to the care plan. During an interview on 01/29/25 at 11:27 A.M., the administrator said the Care Plan Coordinator was responsible to update the care plans. He/She said staff discuss changes in resident conditions daily during meetings. He/She said the purpose of the care plan was to provide staff with direction to meet the resident needs. He/She said if the care plans were correct, then the concern is the staff may not be able to provide person centered care. He/She said staff were conducting random audits, but not currently. He/She said behaviors of wandering and aggression towards other resident's should be addressed in the care plan. During an interview on 01/29/25 at 11:28 A.M., the Director of Nursing (DON) said the purpose of the care plan was to provide staff with direction to meet the resident needs. He/She said if the care plans were correct, then the concern is the staff may not be able to provide person-centered care. He/She said behaviors of wandering and aggression towards other resident's should be	F 656		

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F 656	Continued From page 6 addressed in the care plan. He/She said the Care Plan Coordinator was responsible to update the care plans. He/She said staff discuss changes in resident conditions daily during meetings. He/She said staff were conducting random audits, but not currently. MO00248408	F 656		

Missouri Department of Health and Senior Services

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A4075	19 CSR 30-85.042(66) Nursing Care per Res Condition Each resident shall receive personal attention and nursing care in accordance with his/her condition and consistent with current acceptable nursing practice. I/II This regulation is not met as evidenced by: Class II Refer to F656.	A4075		

Missouri Department of Health and Senior Services
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — LNHA — TITLE: Administrator — (X6) DATE: 2/4/25

PLAN OF CORRECTION

Provider/Supplier Name:	Cedar Pointe
Street Address, City, Zip:	1800 White Columns Drive, Rolla, MO 65401
Date of Survey:	1/23/2025

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
F656 A4075	Our care plan coordinator has revised the care plans to include wandering, behaviors, or physical aggression for the 2 out of 5 sampled residents where documentation was needed. The care plan coordinator has reviewed and updated all care plans for residents throughout the facility who have any of these identified care areas that needed to be care planned with goal(s) and intervention(s). Going forward, the Director of Nursing, care plan coordinator, and/or her designee will audit 3 care plans per week x 6 weeks to ensure details such as behaviors, wandering, and/or physical aggression are included in the care plan so that it is a comprehensive care plan. Changes to a resident's care plan will be communicated during our daily clinical meeting and care plan conferences. The care plan coordinator, DON, ADON, and MDS coordinator have all be in-serviced on 2/10/2025 on what items should be included in a care plan and updating care plans timely to reflect a residents change in care. Care plans will be updated as applicable with new information identified through daily clinical meetings (i.e. newly identified behaviors, new onset of wandering, etc.) Details of the audits will be shared with the QAPI committee.	2/10/2025

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.