

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265468	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/24/2025
NAME OF PROVIDER OR SUPPLIER  Granby House		STREET ADDRESS, CITY, STATE, ZIP CODE  301 South Main Granby, MO 64844	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0576</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure residents have reasonable access to and privacy in their use of communication methods.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 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.</p> <p>Review of the facility's policy titled Resident Rights, revised February 2021, showed the following:</p> <ul style="list-style-type: none"> <li>-Employees shall treat all residents with kindness, respect, and dignity;</li> <li>-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.</li> </ul> <p>1. Review of Resident #1's face sheet (a document that gives a patient's information at a quick glance) showed the following:</p> <ul style="list-style-type: none"> <li>-admission date of 09/12/24;</li> <li>-Diagnoses included schizophrenia (a mental disorder characterized by disruptions in thought processes perceptions, emotional responsiveness and social interactions), anxiety disorder and cognitive communication deficit.</li> </ul> <p>Review of the resident's care plan, revised 12/05/24, showed the following:</p> <ul style="list-style-type: none"> <li>-The resident had a risk for impaired communication;</li> <li>-Allow adequate time for the resident's response;</li> <li>-Evaluate the resident's ability to comprehend.</li> </ul> <p>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.</p> <p>During an interview on 04/24/25, at 7:50 A.M., the resident said the following:</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  Facility ID: 265468	If continuation sheet Page 1 of 3

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<p>F 0576</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-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;</p> <p>-Facility staff talk around him/her when he/she used the phone and he/she did not have privacy;</p> <p>-He/she tried to talk to his/her family member every day and would like more privacy.</p> <p>2. Review of Resident #2's face sheet showed the following:</p> <p>-admission date of 02/04/25;</p> <p>-Diagnoses included depression and anxiety disorder.</p> <p>Review of the resident's admission MDS, dated [DATE], showed the resident's cognitive skills intact.</p> <p>Review of the resident's care plan, dated, 02/12/25 showed the following:</p> <p>-The resident was unable to care for himself/herself in his/her home;</p> <p>-The resident had decided to remain at the facility for long term care;</p> <p>-Encourage the resident's family or ones close to him/her remain involved and continue to provide support.</p> <p>During an interview on 04/25/25, at 8:08 A.M., the resident said the following:</p> <p>-The phone was located at the nurses' station;</p> <p>-He/she did not have privacy when he/she used the phone;</p> <p>-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.</p> <p>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.</p> <p>4. During an interview on 04/24/25, at 8:36 A.M., Licensed Practical Nurse (LPN) A said the following:</p> <p>-The phone used by residents was located at the nurses' desk;</p> <p>-He/she did not know for sure what happened to the cordless phone;</p> <p>-The privacy was not what the residents deserved.</p> <p>During an interview on 04/24/25, at 8:50 A.M., Certified Nurse Aide (CNA) B said the following:</p> <p>(continued on next page)</p>		

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<p>F 0576</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Staff brought residents to the nurses' desk to use the phone;</p> <p>-He/she worked at the facility over a year and residents have used the phone at the nurses' desk;</p> <p>-There was a lot of traffic at the nurses' desk and there could be a better location for the phone.</p> <p>During an interview on 04/24/25, at 8:55 A.M., Certified Medication Technician (CMT) C said the following:</p> <p>-Staff take residents to the nurses' desk to use the phone;</p> <p>-There was not another place to take the residents when they wanted to use the phone;</p> <p>-There was always some staff at the nurses' desk;</p> <p>-The facility used to have a cordless phone.</p> <p>During an interview on 04/24/25, at 9:29 A.M., the Administrator said the following:</p> <p>-There was no privacy for residents at the nurses' desk;</p> <p>-She had worked on obtaining a phone for the residents the last couple of months.</p> <p>MO00252857</p>		