STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265475	A. Building B. Wing	06/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maranatha Village, Inc	233 East Norton Road Springfield, MO 65803

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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. Based on observation, interview, and record review, the facility failed provide care per standards of practice to all residents when staff failed to document timely and complete assessments and monitoring, and failed to notify the physician in a timely fashion for one resident (Resident #1) after the reisdent fell and when the resident began having low blood oxygen readings. The facility census was 102 residents. Review of the facility's policy titled Change in Resident's Condition or Status, revised on 02/2021, showed the following: -The facility promptly notifies the resident, his/her attending physician, and the resident's representative of changes in the resident's medical/mental condition and or status; -The nurse will notify the resident's attending physician or on call physician when there is significant change in the resident's physical/emotional/mental condition, need to alter the resident's medical treatment; -The nurse will record in the resident's medical record information relative to the changes in medical/mental condition/status. Review of the facility's current policy, titled Oxygen Administration, showed the following: -Verify that there is a physician's order for this procedure or facility protocol for oxygen administration; -Before administering oxygen, and while the resident is receiving oxygen therapy, assess for signs of cyanosis (blue tone to the skin), signs or symptoms of hypoxia (lack of oxygen), vital signs, and lung sounds; -Document the date and time the oxygen procedure was performed, the name and title of person performing the procedure, rate of oxygen flow, route, rationale and frequency and duration of the treatment. Review of the facility's dyspnea/low oxygen saturation call book guidelines, showed the following: -Dyspnea (low oxygen) saturation of less than 90%, apply oxygen at 2 liters via nasal cannula and call the doctor; -What should not be written in the book, but instead called to the doctor, included changes in a (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265475	A. Building B. Wing	06/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maranatha Village, Inc	233 East Norton Road Springfield, MO 65803

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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	resident's consciousness, falls which require immediate treatment, changes in breath sounds that require intervention, especially residents admitted with pneumonia, congestive heart failure, new crackles, wheezes, or rhonichi with decreased pulse oxygen or labored respirations. Abnormal vital signs that you would expect to be treated immediately. 1. Review of the Resident #1's face sheet (resident's information at a quick glance) showed the following: -admission date of 05/24/25; -Diagnoses included pulmonary hypertension (high pressure in the arteries of the lungs), chronic respiratory failure (lungs cannot adequately supply the body with oxygen), diabetes mellitus (commonly known as diabetes, is a chronic condition characterized by high blood sugar levels), heart failure (occurs with the heart can't pump enough blood to meet the body's needs), cerebral infarction (brain tissue is damaged due to lack of blood flow), and sleep apnea (person's breathing repeatedly stops). Review of the resident's May 2025 Physician's Order Sheet (POS) showed the following: -An active order to monitor and record vital signs two times per day. Staff to contact physician if oxygen saturation (measures the percentage of hemoglobin in your blood that is carrying oxygen) is below 90% (a normal oxygen saturation range is typically between 95% to 100%); -An active order to record on weights tab of chart each shift the vital signs and include liter flow of O2 (oxygen) if on supplemental oxygen; -Staff did not have an order for oxygen usage. Review of the resident's May 2025 Nurse's Notes showed the following: -On 05/30/25, at 4:50 A.M., the resident had dried blood on his/her lips and in his/her mouth. The resident reported that his/her mouth hurt. The nurse cleaned resident's mouth and could not see where blood was coming from. Staff will continue to monitor for bleeding; -On 05/30/25, at 4:11 P.M., nurse called to resident's bathroom and upon entering noted resident to be laying on his/her left side in front of the toilet with his/her head against the opposite door. Blood was noted to back of both hands from skin tears and hematoma (a closed wound where blood collects and fills a space inside the body)/knot was noted to the left top of his/her forehead. Resident stated he/she was trying to pull up his/her briefs and lost his/her balance. Staff completed head to toe assessment, obtained vitals, and started neuro checks. Resident was able to move all extremities without difficulty and voiced no new pain. Resident was brought to nurses' station for better monitoring and ice pack applied to forehead. Nurse notified nurse practitioner. Blood pressure noted as 115/52 millimeters of Mercy (mmHg) (normal blood pressure is 120/80 mmHg); -On 05/31/25, at 12:54 A.M., resident was alert and able to make needs known, required extensive assist of one person with activities of daily living (ADLs) and transfers. Respirations even and unlabored. Resident had no complaints of shortness of breath or cough and no complaints of pain or discomfort. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265475	A. Building B. Wing	06/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maranatha Village, Inc	233 East Norton Road Springfield, MO 65803

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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Staff did not document any additional nurses notes regarding the fall or follow-up monitoring for May 2025. Review of the resident's vital signs recorded in the electronic medical record showed the following: -On 05/31/25, at 8:31 A.M., the resident's oxygen saturation level was 72% on room air; -On 05/31/25, at 6:33 P.M., the resident's oxygen saturation level was 95% on room air; -Staff did not document any additional vitals. Review of the nurse's daily nursing assessments showed the following: -On 05/30/25, at 2:20 P.M., staff noted no concerns with lung sounds; -On 05/31/25, at 2:18 P.M., Licensed Practical Nurse (LPN) B documented abnormal lung sounds with oxygen saturation in the 80's on 3 liters of oxygen via nasal cannula (device used to deliver supplemental oxygen). Review of the resident's medical record showed staff did not document physician notification of the resident's change in condition, reduced oxygen levels, or the need for an order for oxygen usage. Review of the resident's June 2025 Nurses' Notes showed the following: -On 06/01/25, at 12:39 A.M., LPN F obtained the resident's oxygen saturation and found it to be 73%. Oxygen was in place. LPN F increased the oxygen per protocol. Oxygen saturation continued to decrease to 43%. Resident's fingertips appeared to have a bluish hue. Saturation continued to be 43% to 51% and resident appeared to have some confusion. Resident thought he/she lived in Lebanon, Missouri and thought he/she was late for a wedding. LPN F called the physician and new orders received to send the resident to hospital for evaluation and treatment; -On 06/02/25, at 3:30 P.M., the Assistant Director of Nursing (ADON) called the hospital for an update and was told the resident was in intensive care unit with a gastrointestinal (GI) bleed. During an interview on 06/03/25, at 10:47 A.M., Certified Nurse Aide (CNA) A said the following: -When a resident has a fall or change in condition, he/she tells the nurse; -The nurse does an assessment and asks about pain and takes the resident's vitals; -If it's a fall, staff try to figure out why the fall occurred; -He/she knew the resident had a fall but wasn't present when the fall happened; -He/she did work the day after the resident fell, on 05/31/25, and he/she noticed the resident had a blue tone to his/her fingers and his/her oxygen was low. He/she did not notice a change in the resident's cognition as the resident was able to tell what he/she needed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265475	A. Building B. Wing	06/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maranatha Village, Inc	233 East Norton Road Springfield, MO 65803

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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During interviews on 06/03/25, at 10:51 A.M. and 2:30 P.M., LPN B said the following: -When a resident falls or has a change in condition, he/she completes a head to toe assessment. If the fall is unwitnessed, neuro checks are completed and the doctor and family are notified; -He/she worked on 05/31/25 the day shift. The resident was around the nurses' station and he/she had a goose egg on his/her head, but did not have any complaints of pain; -Neuro checks were being completed and vitals were okay; -He/she could not get a reading on the resident's oxygen saturation; -He/she put oxygen on the resident. He/she thought the resident had an order as the resident had sleep apena; -Seemed like the resident began having problems on Sunday (06/01/25); -He/she was aware the resident's oxygen saturation was documented at 72% on 05/31/25 at 8:31 A.M. He/she put oxygen on the resident; -He/she did offer for the resident to go to the hospital and sent the physician a message that morning. He/she did not remember if he/she documented sending the message in the record; -When a resident has low oxygen saturation, they have a standing order to put on oxygen; -He/she said there are parameters to follow on when oxygen should be placed on a resident, but he/she doesn't know them off hand. During interviews on 06/03/25, at 10: 57 A.M. and 2:20 P.M., Certified Medical Technician (CMT) C said the following: -If there is a change in condition or falls, he/she gets the nurse; -Nurses do assessment, vitals, and neurochecks; -When he/she came in on 05/31/25, the resident had a knot and discoloration on his/her head; -There were some issues with the resident's oxygen saturation. He/she did check the resident's vitals on 05/31/25, at 8:31 A.M., and the oxygen saturation was 72% and the resident's fingertips were cold and a bluish color. He/she told LPN B; -LPN B put the resident on oxygen; -They were to monitor through the day and it became increasingly difficult to get a reading for the oxygen. He/she did not recall getting another reading that day and the only one they documented was the first one; -He/she checked the pulse oximeter (device used to measure oxygen saturation), to make sure it was functioning and it was fine; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265475	A. Building B. Wing	06/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maranatha Village, Inc	233 East Norton Road Springfield, MO 65803

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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Normal oxygen saturation levels are 90 to 100% and anything below 90% is too low; -Each time he/she tried to get the oxygen saturation reading, and he/she couldn't, he/she would let LPN B know. He/she worked until 3:00 P.M. and he/she did not get another reading. He/she wasn't sure how many times he/she attempted. During an interview on 06/03/25, at 1:33 P.M., CNA D said the following: -He/she was told to keep an eye on the resident after the fall happened; -He/she worked the night shift on 05/31/25 and he/she noticed the resident having confusion and he/she was normally alert an oriented; -On 05/31/25, when coming to work, LPN E was telling LPN F to be aware of the resident's oxygen is going up and down; -LPN F was upset because there was nothing charted in the record about the oxygen saturation and what had been done for the resident; -He/she didn't recall if the resident normally wore oxygen but thought he/she might have been wearing oxygen when he/she saw the resident; -On 05/31/25, around 10:30 P.M., he/she went to the resident's room, and the resident was in a nightgown, and had another one in his/her hand and said can you help me I need to go to a wedding; -LPN F took the resident's vitals and the oxygen saturation and he/she believed it was around 50%, and they were having difficulties even getting a reading; -LPN F immediately called the doctor. -He/she did remember the resident's fingers being blue. During an interview on 06/03/25, at 1:47 P.M., LPN E said the following: -He/she worked worked the evening shift on 05/30/25 and 05/31/25; -The resident was a one person assist and shouldn't walk alone; -When falls or change in conditions occur, monitoring, neuro checks, and vital sign sheets are completed; -The resident was fine on 05/30/25; -On 05/31/25, he/she noticed the resident's oxygen level was dropping and his/her fingers turned a different color. He/she put oxygen on the resident and the resident had some confusion; -When he/she put the oxygen on the resident, the oxygen saturation went back up; -He/she didn't recall the oxygen saturation levels, or if they were documented, but they do check (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265475	A. Building B. Wing	06/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maranatha Village, Inc	233 East Norton Road Springfield, MO 65803

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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	vitals each shift; -The resident came from the hospital with oxygen and had an order to wear as needed; -He/she noticed the resident's fingers were blue on Saturday (05/31/25); -On 05/31/25, before his/she left, the resident wasn't ready for bed; -He/she passed on to the next shift nurse to monitor the resident due to the fluctuating oxygen level; -The resident's vitals were good at dinnertime and around 9:00 P.M. he/she noticed the resident's fingers were blue; -Vitals are documented in the record and neuro checks on a sheet; -LPN B said the resident was having oxygen issues and he/she would put on the oxygen and the levels would go back up; -He/she didn't notify the doctor because the oxygen levels would go back up; -He/she doesn't know if LPN B notified the doctor but he/she believes LPN B probably did. He/she didn't know if there was a response from the doctor; -When a resident had low oxygen saturation, if not within parameters, which he/she believed was 85%, staff were supposed to put on oxygen and call the doctor; -The resident's lungs were clear, he/she checked the resident's blood sugar and it was fine, and the resident didn't seem to have any cognitive issues. -He/she did notice the resident's fingers were bluish and cold. During an interview on 06/03/25, at 2:55 P.M., LPN G said the following: -When a resident had a change in condition the nurse did a head to toe assessment and started the 72 hour monitoring; -If a resident had an oxygen saturation of 72%, the resident would be put on oxygen immediately and the doctor would be notified; -Anytime the doctor was notified it was documented in the resident's electronic medical record. During an interview on 06/05/25, at 7:30 A.M., LPN F said the following: -He/she did work on 05/31/25, the overnight shift, and received report from LPN E saying the resident had battled low oxygen levels through the day and he/she was told to monitor; -He/she checked the resident's oxygen saturation and from what he/she remembered, it was around 53%. He/she tried a few different fingers as it was so low and the resident's fingers were cold and had (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265475	A. Building B. Wing	06/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maranatha Village, Inc	233 East Norton Road Springfield, MO 65803

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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	a blue hue; -He/she put the pulse ox on his/herself and it read 96%; -The resident was wearing oxygen and it was set on 1 liter, so he/she increased it per protocol to 2 liters. He/she took the oxygen saturation again and it decreased to 43%; -He/she called the doctor and the doctor couldn't believe it was that low and asked they test it with another pulse ox but it ready the same; -He/she was directed to send the resident to the hospital -He/she was not told anyone called the doctor about the resident's condition; -He/she could not find any documentation on monitoring or what had been going on with the resident; -They have parameters for oxygen saturation and if it's below 90% staff put on oxygen and call the doctor as it could be a life threatening condition; -The resident did not refuse to go to the hospital. During an interview on 06/03/25, at 2:30 P.M., the Assistant Director of Nursing (ADON) said the following: -If a resident had an unwitnessed fall, staff were to do neuro checks, fall incident report, notify the family and provider. If witnessed without head strike 72 hour fall monitoring and document for three days; -If a resident has low oxygen saturation, staff would apply oxygen and call the doctor; -He/she didn't believe the resident had an order for oxygen and they have a standing order from their medical director; -He/she wasn't notified of the resident's low oxygen saturation; -The facility has parameters and if the oxygen saturation is lower than 90%, the staff are to call the doctor; -Oxygen level of 72% is too low and he/she would expect the staff to place the resident on oxygen and call the doctor; -Staff would document in the resident's record when they called the doctor, any conversations they had, and the orders given by the doctor; -He/she assumed if the physician would have been notified about the 72% oxygen saturation the doctor would have sent the resident to the hospital. During an interview on 06/03/25, at 3:04 P.M., the Physician said the following: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265475	A. Building B. Wing	06/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maranatha Village, Inc	233 East Norton Road Springfield, MO 65803

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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-If a resident has an O2 of 72%, he/she would expect staff to start oxygen and call the doctor; -He/she looked at the resident's chart and did recall seeing the resident one time and noted the resident to currently be in the hospital; -He/she said staff do call him/her in most situations, but he/she doesn't have a recollection of whether staff called him/her; -Low oxygen saturation could be related to a GI bleed. MO00255086