

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265530	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/28/2025
NAME OF PROVIDER OR SUPPLIER Capitol River Wellness & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1221 Southgate Lane Jefferson City, MO 65110	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, facility staff failed to ensure two resident's (Resident #1 and #2) were allowed to exercise resident's rights when staff opened their mail without the resident's present. The facility census was 81.</p> <ol style="list-style-type: none"> Review of facility's resident bill of right's policy, dated November 2016, showed residents have the right to send and receive mail promptly and unopened. Review of Resident #1's admission Minimum Data Set (MDS), a federally mandated assessment tool, dated 3/12/25, showed staff assessed the resident as cognitively intact. <p>During an interview on 4/28/25 at 10:00 A.M., the resident said the business officer manager (BOM) opened his/her mail in his/her office and then came in his/her room on 4/24/25. He/She has an audio conversation with the BOM where the BOM said he/she opens residents mail that comes from places like Medicaid and disability because it may affect the residents billing. He/She said he/she asked the BOM for the envelope to see who the envelope was addressed too and the BOM said he/she no longer had it.</p> <p>Review of the resident's audio recording on 4/28/25 at 10:04 A.M., showed the resident said he/she would like the envelope from the mail the BOM opened, he/she said he/she did not have the envelope anymore. The BOM said he/she opens mail from certain places like Medicaid and disability because it has the ability to affect the residents billing and payments. The BOM is the only person in the building who delivers the mail at the facility.</p> <p>During an interview on 4/28/25 at 12:01 P.M., Staff Member A said the BOM did open the resident's mail and that he/she had a conversation with the BOM to educate him/he you can not open resident's mail.</p> <p>During an interview on 4/28/25 at 12:04 P.M., the BOM said he/she only partially opened resident #1's mail one time and then went to his/her room.</p> <ol style="list-style-type: none"> Review of Resident #2's MDS, dated [DATE], showed staff assessed the resident as cognitively intact. <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
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NAME OF PROVIDER OR SUPPLIER Capitol River Wellness & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1221 Southgate Lane Jefferson City, MO 65110	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/28/25 at 11:33 A.M., the resident said the BOM will usually come to his/her room and open mail with him/her if its something important like about his/her disability. He/She said several months back the BOM has opened the mail before coming to his/her room.</p> <p>During an interview on 4/28/25 at 12:26 P.M., the administrator said staff should never open a residents mail and she expects staff to follow the residents bill of rights.</p> <p>MO00253232</p>		