

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265760	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2025
NAME OF PROVIDER OR SUPPLIER Fulton Manor Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 520 Manor Drive Fulton, MO 65251	

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 0606</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Not hire anyone with a finding of abuse, neglect, exploitation, or theft.</p> <p>Based on interview and record review, facility staff failed to ensure the facility did not employ or engage staff who had a Federal Indicator (a marker given by the federal government to individuals who have committed abuse, neglect, or misappropriation of property) on the Certified Nurse Aide (CNA) Registry for one employee (CNA A) out of four sampled employees. The facility census was 45.</p> <p>1. Review of the facility's policy, Abuse, Neglect and Exploitation Policy, dated 01/31/24, showed it is the policy of this facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, and exploitation and misappropriation of resident property;</p> <p>-Potential employees will be screened for a history of abuse, neglect, exploitation, or misappropriation of resident property.</p> <p>Review of the facility's policy, Background Screening Investigations, dated 03/2019, showed:</p> <p>-Our facility conducts employment background screening checks, reference checks and criminal conviction investigation checks on all applicants for positions with direct access to residents (direct access employs);</p> <p>-The director of personnel, or designee, conducts background checks, reference checks and criminal conviction checks (including fingerprinting as may be required by state law) of all potential direct access employees and contractors. Background and criminal checks are initiated within two days of an offer of employment or contract agreement, and completed prior to employment;</p> <p>-For any individual applying for a position as a certified nursing assistant, the state nurse aide registry is contacted to determine if any findings of abuse, neglect, mistreatment of individuals of individuals, and/or theft or property have been entered into the applicant's file.</p> <p>2. Review of CNA A's personnel record showed a hire date of 01/31/25. Review showed CNA's Registry, dated 01/30/25, showed the employee had a federal indicator for misconduct.</p> <p>During an interview on 04/03/25 at 1:12 P.M., the administrator said the Social Service Director (SSD) was responsible to conduct background checks and to ensure staff should not be excluded from working in the facility. The administrator said he/she did not know CNA A had a federal indicator on his/her CNA Registry and should not be working in the facility. The administrator said there was no one completing audits, but now he/she will be auditing the files in the future.</p> <p>During an interview on 04/03/25 at 9:47 P.M., the SSD said he/she conducted background checks prior</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
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<p>F 0606</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>to hire or during orientation, including checking the Family Care Safety Registry, CNA Registry and the employee disqualification log. The SSD said he/she did not notice the federal indicator was listed on the employee's CNA Registry because he/she was looking at the active status on the form and overlooked the section for the federal indicator for misconduct.</p> <p>MO00251528, MO00251658 and MO00252236</p>		