

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265108	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Beth Haven Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2500 Pleasant Street Hannibal, MO 63401	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>Refer to Y0CV12.</p> <p>This deficiency is uncorrected. For previous examples, see the Statement of Deficiencies dated 02/06/25.</p> <p>Based on observation, interview and record review, the facility failed to ensure one resident (Resident #7) in a review of 15 sampled residents, had a proper fitting wheelchair that did not cause him/her pain. The census was 65.</p> <p>Review of the facility policy, Accommodation of Needs, last revised March 2021, showed the following:</p> <ul style="list-style-type: none"> -The facility's environment and staff behaviors are directed toward assisting the resident in maintaining and/or achieving safe, independent functioning, dignity and well-being; -The resident's individual needs and preferences are accommodated to the extent possible, except when the health and safety of the individual or other residents would be endangered; -The resident's individual needs and preferences, including the need for adaptive devices and modifications to the physical environment, are evaluated upon admission and reviewed on an ongoing basis; -In order to accommodate individual needs and preferences, adaptations may be made to the physical environment, including the resident's bedroom and bathroom, as well as the common areas in the facility. Examples of such adaptations may include: providing a variety of types (for example, chairs with and without arms), sizes (height and depth), and firmness of furniture in rooms and common areas so that residents with varying degrees of strength and mobility can independently arise to a standing position; -In order to accommodate individual needs and preferences, staff attitudes and behaviors are directed towards assisting the residents in maintaining independence, dignity and well-being to the extent possible and in accordance with the residents' wishes. For example, arranging personal items so that they are in easy reach of the resident. <p>Review of Resident #7's care plan, last revised 11/18/24, showed the following:</p> <ul style="list-style-type: none"> -The resident wished to be physically comfortable while maintaining a sense of control; <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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-He/She had a decline in activities of daily living (ADL) performance and mobility status related to diagnosis of multiple sclerosis (a chronic, autoimmune disease that affects the brain and spinal cord);</p> <p>-The resident will maintain highest level of functioning within limits of progressive multiple sclerosis (MS). He/She will remain free of complications or discomfort related to MS.</p> <p>Review of the resident's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument to be completed by the facility, dated 01/10/25, showed the following:</p> <p>-Cognitively intact;</p> <p>-Dependent on staff for transfers;</p> <p>-Used a manual wheelchair.</p> <p>Review of the resident's Physician's Orders, dated 03/03/25, showed physical therapy and occupational therapy evaluation for fitting new wheelchair.</p> <p>Review of the resident's Social Services Progress Notes, dated 03/05/25 at 3:44 P.M., showed Social Services spoke with outpatient therapy this afternoon who said a message was left for the Director of Nursing (DON) at some point saying the resident would not be able to receive outpatient therapy for a new wheelchair because one of the occupational therapy requirements for a new wheelchair was the resident could not be in a nursing home. At this time, the resident must wait until this facility was able to offer in house therapy before proceeding with getting a new wheelchair. (There was no documentation to show an alternate plan was made to ensure the resident had a comfortable wheelchair.)</p> <p>Observation on 04/10/25 at 1:40 P.M., showed the resident in bed. The resident's wheelchair sat in front of his/her dresser.</p> <p>During a telephone interview on 04/15/25 at 4:23 P.M., the resident said the following:</p> <p>-The only wheelchair he/she had to use was in his/her room last week;</p> <p>-The wheelchair was too small; he/she had ordered and paid for it with his/her own money when he/she came to the facility;</p> <p>-He/She did not know what he/she was doing when he/she ordered the wheelchair; it was too short and it hurt terrible to sit in the wheelchair;</p> <p>-After 02/06/25, the facility gave him/her a cushion for the wheelchair and he/she tried it; the cushion made it worse because the wheelchair was too small and the cushion made it too high so his/her discomfort was worse, instead of better;</p> <p>-He/She has not been evaluated for a wheelchair, or been given a different wheelchair to see if it would help with his/her discomfort;</p> <p>-He/She would like a wheelchair to sit in that did not cause him/her so much discomfort;</p> <p>(continued on next page)</p>		

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-He/She had told the DON and the Social Services Director (SSD) about his/her chair being uncomfortable after the last survey;</p> <p>-The resident said with his/her MS diagnosis, when he/she sat, one hip was higher than the other and that caused pressure/discomfort and when you added the chair that was not the correct size, he/she experienced additional discomfort/pressure.</p> <p>During an interview on 04/10/25 at 4:45 P.M., the SSD said she had not made an appointment for the resident for an occupational therapy evaluation at this time. She made calls on 04/09/25, but did not successfully schedule an appointment.</p> <p>During an interview on 04/10/25 at 11:37 A.M. and 2:15 P.M., the DON said the following:</p> <p>-The resident should have a proper fitting wheelchair that did not cause pain;</p> <p>-The facility was responsible for ensuring residents had proper equipment, including wheelchairs;</p> <p>-The SSD was responsible to ensure the resident had an appointment to be evaluated for a properly fitting or possibly a custom wheel chair;</p> <p>-She gave the resident a Roho (brand of cushion for wheelchairs with air filled pockets for pressure relief) and the resident said it was helping some at first;</p> <p>-She went and asked the resident about the cushion and the resident said after he/she used it for a while it was hurting him/her more so he/she had the staff remove it;</p> <p>-She became aware of the resident's concern of his/her chair being uncomfortable during the last survey.</p>

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<p>F 0840</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Employ or obtain outside professional resources to provide services in the nursing home when the facility does not employ a qualified professional to furnish a required service.</p> <p>Refer to Y0CV12.</p> <p>Based on interview and record review, the facility failed to ensure residents received physical, occupational, and speech therapy services under an arrangement agreed upon by both the facility and the provider of outpatient therapy services. This failure resulted in lack of communication between the facility and the provider, lack of coordination of care with agreed upon goals, lack of communication to ensure residents had their at home programs implemented at the facility, and failed to ensure residents could toilet and have basic assistance while at therapy for two residents (Resident's #400 and #402) in a review of two residents receiving outpatient therapy services. The facility census was 65.</p>		