

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/19/2025
NAME OF PROVIDER OR SUPPLIER  Big Bend Woods Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  110 Highland Avenue Valley Park, MO 63088	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 30687</p> <p>Based on interview and record review, the facility failed to ensure two residents, one with cognitive impairment, did not engage in sexual activity (Resident #1 and Resident #2). The sample was four. The census was 88.</p> <p>The Director of Nursing (DON) was notified on 3/19/25 at 12:40 P.M., of the past non-compliance, which occurred on 3/6/25. The facility provided in-servicing for all staff regarding the facility's abuse and neglect policy with emphasis on sexual abuse. The facility also updated Resident #1's care plan. The deficiency was corrected on 3/11/25.</p> <p>Review of the facility's Abuse, Neglect, Misappropriation of Resident Property Policy, dated 8/24, showed the following:</p> <ul style="list-style-type: none"> <li>-The Administrator has primary responsibility in the facility for implementation of the abuse and neglect program;</li> <li>-The facility will follow all state and federal guidelines on preventing abuse, neglect, mistreatment, exploitation and misappropriation of property. Abuse shall include physical harm, pain, mental anguish, verbal abuse, sexual abuse, or involuntary seclusion;</li> <li>-Sexual Abuse: <ul style="list-style-type: none"> <li>-Non-consensual sexual contact of any type with a resident. Includes, but is not limited to: <ul style="list-style-type: none"> <li>-Unwanted intimate touching of any kind especially of breasts or perineal area;</li> <li>-All types of sexual assault or battery, such as rape, sodomy, and coerced nudity;</li> <li>-Forced observation of masturbation and/or pornography; and;</li> <li>-Taking sexually explicit photographs and/or audio/video recordings of a resident(s) and maintaining and/or distributing them (e.g. posting on social media). This would include, but is not limited to, nudity, fondling, and/or intercourse involving a resident.</li> </ul> </li> </ul> </li> </ul> <p>Review of the facility Sexual Expression Policy, undated, showed 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
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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Policy:</p> <p>The facility recognizes and respects the importance of emotional and physical intimacy without regard to sexual orientation or gender. For the purpose of this policy, sexual expression is defined as words, gestures, movements or activities; including touching, flirting, and/or physical contact which appear motivated by the desire for affection, relationship, intimacy, and/or sexual gratification;</p> <p>-In this regard, residents have the right to seek and engage in consensual sexual expression with other residents. Residents also have the right to access and/or obtain for private use, materials with sexually explicit content; books, magazines, film, video, pictures, or drawings. To the extent possible, residents also have the right to access a private space in support of sexual expression;</p> <p>It is the function and responsibility of the staff to uphold and facilitate resident sexual expression. It is also the responsibility of the facility to provide comprehensive and culturally sensitive staff training to ensure resident rights to privacy and to protect residents from abuse.</p> <p>The facility will also develop a care plan and updates on a quarterly basis or when there is a significant change in circumstances.</p> <p>-Purpose:</p> <p>-To ensure that residents' right to safe and healthy sexual expression is recognized, respected, supported, and maintained.</p> <p>-To ensure staff uphold and support resident sexual expression as defined and described in policy.</p> <p>Review of Resident #1's admission Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 12/31/24, showed the following:</p> <p>-Severe cognitive impairment;</p> <p>-No behaviors;</p> <p>-Diagnoses of congestive heart failure and high blood pressure.</p> <p>Review of the residents's care plan, showed no documentation regarding sexual behavior or expression.</p> <p>Review of the resident's nurse's note, dated 3/6/25 at 6:02 P.M., showed at 5:30 P.M., this nurse found an opposite sex resident in his/her room at his/her bedside, receiving oral sex. The opposite sex resident was escorted out of room, and moved to another division. There was no injury noted to resident and his/her mood is pleasant. The reporter was unable to reach his/her family member to report situation.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 3/19/25 at 9:09 A.M., the resident said the person he/she was being intimate with was his/her partner. The resident said they had been dating and were sexually active. The resident he/she cares for his/her partner and wanted to be sexually active. The resident said they had been dating for a while and he/she was very comfortable.</p> <p>Review of Resident #2's admission MDS, dated [DATE], showed the following:</p> <ul style="list-style-type: none"> <li>-No cognitive impairment;</li> <li>-No behaviors;</li> <li>-Diagnoses of anemia (a condition where your blood doesn't have enough healthy red blood cells or hemoglobin, leading to reduced oxygen delivery to tissues and organs, causing symptoms like fatigue, weakness, and shortness of breath), high blood pressure, and end stage renal disease (ESRD, also known as kidney failure, is a condition where the kidneys have permanently lost most of their ability to function).</li> </ul> <p>Review of the resident's care plan, showed no documentation regarding sexual behavior or expression.</p> <p>Review of the resident's nurse's note, dated 3/6/25 at 5:40 P.M., showed the resident was observed in another resident's room, receiving oral sex. The resident was asked to leave this resident's room. The resident did leave the room while chanting boo hoo. The Director of Nursing (DON) and Administrator made aware. The resident was placed on 15 minute checks monitoring.</p> <p>Review of the resident's medical record, showed the resident was discharged home on 3/7/25.</p> <p>During an interview on 3/14/25 at 10:46 A.M., Licensed Practical Nurse (LPN) A said he/she was working the day when LPN B came to him/her and said Resident #2 was in Resident #1's room. LPN A said he/she went to Resident #1's room, knocked on the door, entered the room and Resident #2 was receiving oral sex from Resident #1. LPN A said he/she could see Resident #1 laying on the bed covered up with a blanket. LPN A said he/she asked Resident #2 to leave the room and was escorted to his/her room. LPN A said Resident #1 is cognitively impaired and could not consent to sexual activity. LPN A said he/she had recently been in-serviced on the facility's Abuse and Neglect Policy.</p> <p>During an interview on 3/14/25 at 12:47 P.M., LPN B said on 3/6/25 at approximately 5:30 P.M., he/she was coming into work and was walking the halls glancing in resident rooms, as he/she usually does when coming on shift. He/She looked in Resident #1's room and saw Resident #2 standing over Resident #1 with his/her pants down. LPN B went to get LPN A and they went into Resident #1's room. When they entered, Resident #2's mouth was near Resident #1's genitals. LPN B had Resident #1 leave the room immediately. LPN B was recently inserviced on the facility's Abuse and Neglect Policy.</p> <p>During an interview on 3/19/25 at 11:35 A.M., the Social Service Director (SSD) said the two residents were friendly with each other. The SSD said the two would often sit together and talk and never thought the two would become sexually involved. The SSD said due to the low cognitive score of Resident #1, he/she would not recommend the two residents be sexually involved. He/She was recently inserviced on the facility's Abuse and Neglect Policy.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 3/19/25 at 12:40 P.M., the DON said due to Resident #1's low cognitive score, he/she would not be able to consent to sexual behavior. The DON said he/she did not know the two would be sexually involved.</p> <p>MO00250654</p>		