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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>265169 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing   | (X3) DATE SURVEY COMPLETED<br><br>12/17/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Pioneer Skilled Nursing Center |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1500 South Kansas Avenue<br>Marceline, MO 64658 |  |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |
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| <p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>36185</p> <p>Based on interview and record review, the facility failed to report allegations of misappropriation of property as required for one resident (Resident #7) in a review of seven sampled residents. The facility census was 60.</p> <p>Review of the facility's policy titled, Abuse Neglect and Exploitation, undated, showed the following:</p> <p>-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, exploitation, and misappropriation of resident property;</p> <p>-Misappropriation of resident property means the deliberate misplacement, exploitation, or wrongful, temporary, or permanent, use of a resident's belongings or money without the resident's consent;</p> <p>-Reporting of all alleged violations to the Administrator, state agency adult protective services and to all required agencies (law enforcement when applicable) within specified time frames;</p> <p>-Not later than 24 hours if the events of the allegation do not involve abuse and not result in serious bodily injury.</p> <p>1. Review of Resident #7's inventory list dated 6/17/24 showed the following:</p> <p>-A green purse;</p> <p>-A cell phone and charger.</p> <p>Review of the resident's admission Minimum Data Set (MDS, a federally mandated assessment instrument completed by the facility staff), dated 6/24/24, showed the resident was cognitively intact.</p> <p>Review of the resident's September 2024 Amazon credit card statement (provided by the resident's Power of Attorney to the state agency) showed the following:</p> <p>-On 8/20/24, a purchase for \$14.99;</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>-On 8/20/24, a purchase for \$26.34;</p> <p>-On 8/20/24 a purchase for \$34.99;</p> <p>-On 8/20/24 a purchase for \$56.99;</p> <p>-On 8/20/24 a purchase for \$58.99.</p> <p>During an interview on 12/17/24 at 11:50 A.M. the resident's family member and power of attorney (POA) said the following:</p> <p>-On 8/17/24 when visiting the resident, he/she noticed the resident's iPhone was missing. The family member reported the missing phone to the Director of Nursing (DON);</p> <p>-On 8/21/24 when visiting the resident, the family member noticed the resident's purse was also missing. The purse contained the resident's bank card, credit card and an Amazon credit card;</p> <p>-The family member checked to see if any purchases had been made on the resident's cards. There were five charges made on the resident's Amazon credit card on 8/20/24 totaling almost three hundred dollars. The resident did not make the purchases charged to the resident's card;</p> <p>-The resident did not have access to his her/phone to make any purchases on his/her Amazon account at the time the purchases were made. The resident was also very weak and depressed during this time frame and had no interest in day to day activities;</p> <p>-He/She canceled all the resident's cards and reported the missing purse along with the charges that were made on the resident's Amazon card to the charge nurse and the DON.</p> <p>During an interview on 12/17/24 at 10:35 A.M. Certified Nurse Assistant (CNA) A said the following:</p> <p>-The resident had an iPhone when he/she was at the facility. The resident attached it to a lanyard and wore it around his/her neck;</p> <p>-The resident also had a blue/teal colored wallet he/she kept in his/her room;</p> <p>-He/She heard the items were missing from other staff at the facility but couldn't recall when the information was reported to him/her;</p> <p>-He/She worked routinely on the resident's hall.</p> <p>During an interview on 12/17/24 at 2:45 P.M. CNA B said the following:</p> <p>-The resident's iPhone and blue wallet came up missing when he/she was at the facility. CNA B got a message through the facility communication app directing staff to be on the look out for the items missing;</p> <p>-The resident's family member asked everyone about the missing items;</p> <p>(continued on next page)</p> |  |  |

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| <p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>-He/She worked routinely on the resident's hall.</p> <p>During an interview on 12/17/24 at 2:35 P.M. the Social Service Director (SSD) said the following:</p> <p>-He/She was responsible for handling the facility's grievances;</p> <p>-The missing items should have been reported to the state agency and the police, as the items were costly items.</p> <p>During an interview on 12/17/24 the DON said she would expect the facility to follow the policy regarding misappropriation and the reporting time frames.</p> <p>During an interview on 12/17/24 at 2:30 P.M. the facility's corporate nurse said the following:</p> <p>-She would expect staff to follow the facility policy regarding misappropriation;</p> <p>-The facility should have reported the resident's missing iPhone, purse and credit cards to the state agency.</p> <p>MO245720</p> |

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| <p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Respond appropriately to all alleged violations.</p> <p>36185</p> <p>Based on interview and record review, the facility failed to thoroughly investigate allegations of misappropriation made by one resident (Resident #7) in a review of seven sampled residents. The facility census was 60.</p> <p>Review of the facility's policy titled, Abuse Neglect and Exploitation, undated, showed the following:</p> <ul style="list-style-type: none"> <li>-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, exploitation, and misappropriation of resident property;</li> <li>-Misappropriation of resident property means the deliberate misplacement, exploitation, or wrongful, temporary, or permanent, use of a resident's belongings or money without the resident's consent;</li> <li>-An immediate investigation is warranted when suspicion of abuse, neglect or exploitation, or reports of abuse, neglect or exploitation occur;</li> <li>-Identifying and interviewing all involved persons including the alleged victim, witnesses and others who might have knowledge of the allegations;</li> <li>-Providing complete and thorough documentation of the investigation;</li> <li>-The Administrator will report the results of the investigation when final within five working days of the incident, as required by state agencies.</li> </ul> <p>1. Review of Resident #7's inventory list, dated 6/17/24, showed the following:</p> <ul style="list-style-type: none"> <li>-A green purse;</li> <li>-A cell phone and charger.</li> </ul> <p>Review of the resident's admission Minimum Data Set (MDS, a federally mandated assessment instrument completed by the facility staff), dated 6/24/24 showed the resident was cognitively intact.</p> <p>Review of a folder the Director of Nurses (DON) identified as the investigation information regarding the resident's missing items from August 2024, showed the following:</p> <ul style="list-style-type: none"> <li>-A small hand written note, which included the resident's name with the date 8/17/24, indicating the last day phone was active, and a date of 8/20/24, indicating the date Amazon charges were made;</li> <li>-A list of staff that worked on 8/20/24;</li> <li>-The file did not include a resident statement, employee statements or any other documentation regarding the investigation.</li> </ul> <p>(continued on next page)</p> |  |  |

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| <p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Review of the resident's September 2024 Amazon credit card statement (provided by the resident's POA to the state agency) showed the following:</p> <ul style="list-style-type: none"> <li>-On 8/20/24, a purchase for \$14.99;</li> <li>-On 8/20/24, a purchase for \$26.34;</li> <li>-On 8/20/24 a purchase for \$34.99;</li> <li>-On 8/20/24 a purchase for \$56.99;</li> <li>-On 8/20/24 a purchase for \$58.99.</li> </ul> <p>During an interview on 12/17/24 at 11:50 A.M. the resident's family member and power of attorney (POA) said the following:</p> <ul style="list-style-type: none"> <li>-On 8/17/24 when he/she visited the resident at the facility, he/she noticed the resident's iPhone was missing. The family member reported the missing phone to the previous DON;</li> <li>-On 8/21/24 when he/she visited the resident at the facility, the family member noticed the resident's purse was also missing. The purse contained the resident's bank card, credit card and an Amazon credit card;</li> <li>-The family member checked to see if any purchases had been made on the resident's cards. There were five charges made on the resident's Amazon credit card on 8/20/24 totaling almost three hundred dollars. The resident didn't make the purchases charged to the resident's card;</li> <li>-The resident did not have access to his her/phone to make any purchases on his/her Amazon account at the time the purchases were made. The resident was also very weak and depressed during this time frame and had no interest in day to day activities;</li> <li>-The family member canceled all the resident's cards and reported the missing purse along with the charges that were made on the resident's Amazon card to the charge nurse and the DON;</li> <li>-The facility did not share any outcome of an investigation and was not sure if anything was ever done to look into the missing items.</li> </ul> <p>During an interview on 12/17/24 at 2:35 P.M. the Social Service Director (SSD) said the following:</p> <ul style="list-style-type: none"> <li>-He/She was responsible for handling the facility's grievances;</li> <li>-He/She did not receive any information or a grievance on a missing iPhone or purse and didn't complete an investigation regarding the resident's missing iPhone or purse;</li> <li>-He/She heard the previous DON handled the investigation regarding missing items involving the resident;</li> <li>-A thorough investigation should have been completed.</li> </ul> <p>(continued on next page)</p> |  |  |

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| <p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During an interview on 12/17/24 the DON said the following:</p> <ul style="list-style-type: none"> <li>-She had been in his/her position as the DON for approximately a week;</li> <li>-She would expect the facility to follow the policy regarding misappropriation and complete a thorough investigation.</li> </ul> <p>During an interview on 12/17/24 at 2:30 P.M. the facility's corporate nurse said the following:</p> <ul style="list-style-type: none"> <li>-She would expect staff to follow the facility policy regarding misappropriation and complete a thorough investigation into any missing items reported;</li> <li>-She would expect staff and residents be interviewed and documentation of the investigation;</li> <li>-The SSD was the facility grievance officer and should have documented the investigation, but the SSD thought the previous DON completed the investigation.</li> </ul> <p>MO245720</p> |

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| <p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 36185</p> <p>Based on observation, interview, and record review, the facility failed to ensure staff provided four residents (Resident #1, #2, #3, and #7), of seven sampled residents, that were unable to complete their own activities of daily living, the necessary care and services to maintain good personal hygiene and staff failed to assist and provide nail care. The facility census was 60.</p> <p>Review of the facility's policy titled, Nail Care, dated 2024, showed the following:</p> <ul style="list-style-type: none"> <li>-The purpose of this procedure is to provide guidelines for the provision of care to a resident's nails for good grooming and health;</li> <li>-Routine cleaning and inspection of the nails will be provided during activities of daily living (ADL) care on an ongoing basis;</li> <li>-Routine nail care, to include trimming and filing, will be provided on a regular schedule (such as weekly on 3-11 shift). Nail care will be provided between scheduled occasions as the need arises;</li> <li>-The resident's care plan will address the frequency of nail care to be provided, the type of nail care provided and the staff member responsible for the nail care;</li> <li>-Nails should be kept smooth to avoid injury.</li> </ul> <p>1. Review of the Resident#1's admission Minimum Data Set (MDS, a federally mandated assessment instrument completed by the facility staff), dated 9/10/24, showed the following:</p> <ul style="list-style-type: none"> <li>-The resident was cognitively intact;</li> <li>-The resident required partial to moderate assistance with personal hygiene and bathing;</li> <li>-Received hospice care.</li> </ul> <p>Review of the resident's Care Plan, dated 10/10/14, showed the following:</p> <ul style="list-style-type: none"> <li>-Required partial to moderate assistant with bathing and personal hygiene; Hospice aide will provide shower, check nail length, have nurse trim on bath day;</li> <li>-The resident's diagnoses included malignant neoplasm (cancerous tumor) of prostate, secondary neoplasm of bone, and palliative care (comfort care).</li> </ul> <p>Observation on 12/17/24 at 8:45 A.M. showed the resident's fingernails were uneven with some fingernails over one inch long in length, with brown debris under all of the nails.</p> <p>During an interview on 12/17/24 at 12:15 P.M. the resident said the following:</p> <p>(continued on next page)</p> |  |  |

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| <p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>-His/Her nails were dirty and too long. He/She didn't have any nail clippers to trim his/her fingernails or he/she would;</p> <p>-The staff were too busy to take care of his/her fingernails.</p> <p>2. Review of Resident #2's annual MDS, dated [DATE], showed the following:</p> <p>-The resident was rarely or never understood;</p> <p>-Long and short-term memory were ok;</p> <p>-Range of motion impairment to both upper and lower extremities;</p> <p>-The resident was dependent on staff for activities of daily living (ADLs);</p> <p>-Received hospice care;</p> <p>-Diagnoses included Huntington's disease (a rare, inherited, brain disorder that affects a person's movement, thinking and mental health).</p> <p>Review of the resident's Care Plan, dated 10/10/24, showed the following:</p> <p>-The resident needed assistance with ADLs due to decreased strength and balance related to Huntington's disease;</p> <p>-The resident needed assistance of one to two staff members for bathing;</p> <p>-Required assistance of two staff members with dressing;</p> <p>-Required assistance of one staff member with eating;</p> <p>-The resident received showers from the hospice provider;</p> <p>-Please keep fingernails trimmed short so the resident wouldn't accidentally scratch himself/herself.</p> <p>Observation on 12/17/24 at 12:30 P.M. showed the resident's finger nails were uneven with some of the finger nails approximately one inch long in length.</p> <p>During an interview on 12/19/24 at 1:40 P.M. the resident's family member said the following:</p> <p>-The resident would normally keep his/her fingernails trimmed much shorter than what they were;</p> <p>-When he/she visited the resident, which was usually in the evening before the resident received supper, the resident's clothes were often dirty with dried food on them from the noon meal.</p> <p>3. Review of Resident #3's annual MDS, dated [DATE], showed the following:</p> <p>(continued on next page)</p> |  |  |

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| <p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>-The resident was cognitively impaired;</p> <p>-Required supervision or touching assistance from staff with meals;</p> <p>-Substantial/Maximal assistance with upper body dressing;</p> <p>-Dependent on staff for personal hygiene;</p> <p>-Received hospice care;</p> <p>-Diagnoses included dementia.</p> <p>Review of the resident's Care Plan, revised 10/10/24, showed the following:</p> <p>-Substantial/Maximal assistance with upper body dressing;</p> <p>-Required supervision or touching assistance from staff with meals, staff provides verbal cues and or touching/steadying and/or contact guard assistance as activity completed;</p> <p>-Adjust provision of ADLs to compensate for resident's changing ability, the resident had a terminal disease related to dementia;</p> <p>-Staff will need to anticipate the resident's wants/needs as much as possible as the resident was unable to express needs and wants.</p> <p>Observation on 12/17/24 at approximately 12:30 P.M., showed the resident sat in his/her wheelchair in his/her room. The resident's face had dried white colored debris on his/her left cheek and down the front of the resident's shirt.</p> <p>Observation on 12/17/24 at approximately 3:30 P.M., showed the resident remained in his/her wheelchair with dried white colored debris on his/her left cheek and down the front of his/her shirt.</p> <p>4. Review of Resident #7's significant change in status, MDS dated [DATE], showed the following:</p> <p>-Cognitively intact;</p> <p>-Range of motion impairment in both upper and lower extremities;</p> <p>-The resident was dependent on staff to complete all ADLs.</p> <p>Review of the resident's Care Plan, dated 11/13/24, showed the following:</p> <p>-The resident had multiple sclerosis (MS, nerve damage that disrupts communication between the brain and the body) with paraplegia (loss of muscle function in the lower half of the body, including the legs, feet and toes) and needed assistance with ADLs, the amount of assistance may vary;</p> <p>-Required assistance of one staff member for personal care and bathing;</p> <p>(continued on next page)</p> |  |  |

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| <p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>-Encourage the resident to participate in activities he/she enjoyed, like getting his/her nails done.</p> <p>During an interview on 12/17/24 at 11:45 A.M. the resident's family member said the following:</p> <p>-The family member was shocked by the resident's appearance when he/she went to visit. The resident was filthy, with dry crusted skin on his/her face and body, as though the resident had not bathed for a long period. The resident's fingernails were so long they were digging into the resident's palms;</p> <p>-The resident had an odor of urine and body odor. The resident was always meticulous with his/her appearance and would have never wanted looked like that.</p> <p>5. During an interview on 12/17/24 at 9:45 A.M. Certified Nurse Assistant (CNA) E said he/she thought the activities staff was responsible for resident's nail care.</p> <p>During an interview on 12/17/24 at 12:45 P.M. CNA B said the following:</p> <p>-Nail care was not a CNA task, he/she thought the shower aide was responsible for residents' nail care;</p> <p>-Resident #7 refused his/her shower a lot, and his/her fingernails were long. Staff probably missed cleaning and trimming Resident #7's fingernails.</p> <p>During an interview on 12/17/24 at 1:15 P.M. the Director of Nursing (DON) said the following:</p> <p>-The CNAs were responsible for nail care. If a resident was on Hospice, the hospice CNA should trim the resident's nails on shower days or let facility staff know if the resident's nails needed trimmed;</p> <p>-She would expect each resident's nails be trimmed and cleaned routinely and as needed;</p> <p>-She would expect the residents be neat and clean, including clean clothing;</p> <p>-She would expect the residents to have routine showers at least two times a week.</p> <p>During an interview on 12/17/24 at 2:30 P.M. the facility's corporate nurse said the following:</p> <p>-Nail care was not a task that was assigned to the CNAs in the electronic medical record ( EMR). The facility needed to add that task to the EMR to assure it was completed;</p> <p>-She would expect the resident's be neat and clean, including clothing.</p> <p>MO245720</p> |  |  |