

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265171	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/17/2025
NAME OF PROVIDER OR SUPPLIER Osage Beach Rehabilitation and Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 844 Passover Road Osage Beach, MO 65065	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>Based on interviews and record review, facility staff failed to notify the physician in a timely manner of an injury to one resident (Resident #1) when a television fell from the wall and struck the resident in the arm and head. The facility census was 77.</p> <p>1. Review of the facility's change in patient status Policy, revised 3/2024, showed the charge nurse is to notify the physician.</p> <p>Review of the facility's Accidents and Untoward Occurrences Policy, reviewed May 2025, showed staff are directed to notify the physician and document content of discussion.</p> <p>2. Review of Resident #1's Quarterly minimum data set (MDS), a federally mandated assessment tool, dated 6/5/25, showed staff assessed the resident as follows:</p> <p>-Cognitively intact;</p> <p>-Guillain-Barre syndrome (immune system attacks the nerves), Paraplegia (muscle weakness or paralysis on the lower half of the body).</p> <p>Review of the resident's nurse notes, late entry on 6/17/25, showed staff documented on 6/13/25 at 6:30 P.M. . Certified Nursing Assistant (CNA) A reported the TV in the residents room fell off the wall while transferring resident to bed from his/her wheelchair. CNA A reported the TV did not hit the resident and there were no red marks/areas on the resident and reported no pain. Review of the residents nurses notes did not contain documentation staff notified the physician of the change in condition.</p> <p>During an interview on 6/17/25 at 10:39 A.M., Registered Nurse (RN) B said he/she should have called to notify the physician. He/She said he/she did not realize the resident was struck by the television.</p> <p>During an interview on 7/2/25 at 8:08 A.M., the Director of Nursing (DON) said he/she expects all staff to notify the physician of any accidents, especially involving the head. He/She said the rule is when in doubt, call the physician and document. He/She said he/she does not know why the nurse did not call the physician.</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 7/2/25 at 10:02 A.M., the administrator said he/she expects the nurse to assess any accidents and to consult with the physician to see what to do. He/She does not know why the physician was not contacted.</p> <p>MO00255879</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Based on interview and record review, facility staff failed to provide a proper mechanical lift transfer for one resident (Resident #1) in a manner to prevent accidents when the lift hit a television mounted on the wall and the television fell and struck the resident and he/she sustained an injury to his/her head and arm. The facility census was 77.</p> <p>1. Review of the Electric Portable Patient Lift owner's operator and maintenance manual, undated, showed the guide recommends two persons transfer in circumstance of combativeness, obesity, contracture etc. It is the responsibility of each facility or medical professional to determine if a one or two person transfer is more appropriate.</p> <p>Review of the facility's Transfers and Lifts policy, undated, showed the lift must be used with two staff members.</p> <p>2. Review of Resident #1's Quarterly minimum data set (MDS), a federally mandated assessment tool, dated 6/5/25, showed staff assessed the resident as follows:</p> <ul style="list-style-type: none"> -Cognitively intact; -Totally dependent for transfer assist with two or more staff; -Paraplegia (muscle weakness or paralysis on the lower half of the body); -Obesity; -Utilized wheelchair for mobility. <p>Review of the residents plan of care, dated 12/18/24, showed staff assessed the resident as required the use of the mechanical lift for all transfers with two person assist.</p> <p>Review of the resident's nurse notes, late entry on 6/17/25, showed staff documented on 6/13/25 at 6:30 P.M. . Certified Nursing Assistant (CNA) A reported the television (TV) in the residents room fell off the wall while transferring the resident to bed from the wheelchair. CNA A reported the TV did not hit the resident and there were no red marks/areas on the resident and the resident denied pain.</p> <p>During an interview on 6/17/25 at 9:46 A.M., the resident said CNA A had him/her in the mechanical lift with no other staff present and the mechanical lift struck the TV on the wall and came down and hit him/her in the head and the arm. He/She told CNA A it hit him/her in the head and he/she felt the knot on his/her head and said he/she would get help. He/She said staff often only use one staff assist when they utilize the mechanical lift and that concerns the resident because he/she is paralyzed.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/17/25 at 10:39 A.M., Registered Nurse (RN) B said he/she was told by CNA A the TV fell off the wall during a transfer but did not hit the resident. He/She said he/she worked the next day and the resident never said anything further to him/her. He/She said he/she was not aware if CNA A had performed the mechanical lift on his/her own or had staff present but it is policy to always have two staff present during a mechanical lift.</p> <p>During an interview on 6/17/25 at 10:47 A.M., CNA A said he/she was raising the mechanical lift to assist the resident to bed and the top of the lift hit the TV and the TV came off the wall. He/She said he/she saw the TV hit the residents arm and the resident said it hit his/her head. He/She said he/she checked the residents head and there was no swelling. He/She said he/she reported the incident to RN B and told him/her it hit the residents arm and his/her head. He/She said he/she was operating the mechanical lift by him/herself. He/She said they always try to have two staff during mechanical lifts. CNA A said he/she couldn't remember why her/she did not have another staff in the room to assist with the mechanical lift transfer.</p> <p>MO00255879</p>