

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265178	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/06/2024
NAME OF PROVIDER OR SUPPLIER Ozark Rehabilitation & Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1083 Ozark Care Drive, 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 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>43024</p> <p>Based on interview and record review, facility staff failed to properly stretch one resident (Resident #1) leg for range of motion, in a safe manner which resulted in an injury to his/her leg that required surgical intervention. The facility census was 40.</p> <p>1. Review of the Restorative Program - range of motion policy, revised 02/03/22, showed the policy is to provide the resident with limited range of motion appropriate treatment and services to increase or prevent further decrease in range of motion. Staff are instructed to provide resident with repetitions as per residents tolerance and care plan and never continue past the point of resistance or pain.</p> <p>2. Review of Resident #1's Annual minimum data set (MDS) a federally mandated assessment tool, dated 09/17/24, showed staff assessed the resident as follows:</p> <ul style="list-style-type: none"> -Cognitively intact; -Totally dependent with two plus staff to assist; -Incomplete quadriplegic (weakness or partial paralysis but has some sensation); -Wheelchair for mobility. <p>Review of the physician order sheet, dated 6/21/24, showed the resident may participate in restorative program as tolerated.</p> <p>Review of the nurse's notes, dated 10/11/24 at 10:50 P.M., showed staff documented a loud pop from the resident's right knee while staff performed leg stretches and repositioning. The resident stated he/she had pain in the knee, rated a ten out of ten. Range of motion was painful and patella (kneecap) easily malleable (out of shape without breaking) and painful. Sent to local hospital.</p> <p>Review of the resident's x-ray, dated 10/11/24, showed the resident with a spiral fracture of the right femur.</p> <p>Review of the resident's plan of care, dated 10/18/24, showed staff assessed the resident with alteration in musculoskeletal impairment due to femur fracture and provide therapies as ordered.</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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/23/24 at 11:14 A.M., the resident said the aides are responsible to stretch his/her legs. He/She said the new Certified Nursing Assistant (CNA) A, said he/she had the perfect stretch to help his/her legs that was not a routine stretch. When CNA A and CNA B performed the stretch something in his/her leg snapped and he/she knew something was wrong immediately. The nurse came to assess him/her and sent him/her to local hospital where a spiral fracture was found in his/her right leg and he/she had surgery.</p> <p>During an interview on 10/23/24 at 11:33 A.M., the administrator said the stretch was not a routine stretch for the patient, but it was an accident, he/she said he/she expects the assigned stretches to be done and only therapy should introduce new stretches.</p> <p>During an interview on 10/23/24 at 12:28 P.M., CNA A said he/she taught the resident a new stretch because he/she had done it when he/she played sports. CNA A said he/she placed the resident's leg over his/her opposite knee and pushed towards his/her chest. He/She said it was an accident and he/she was trying to help the resident, the resident did not seem in pain at first after the pop, but then his/her knee cap was hurting. The resident was then sent to the local hospital.</p> <p>During an interview on 10/23/24 at 1:08 P.M., CNA B said he/she and CNA A stretched the resident's legs upon request. CNA A introduced a new stretch where they placed his/her leg over his opposite knee and pushed towards his/her chest. He/She said there was a pop in the residents leg. He/She did not know why CNA A changed the residents stretches from his/her normal routine. He/She said he/she immediately went and had the nurse assess the resident and he/she sent him/her to the hospital.</p> <p>During an interview on 11/21/24 at 3:12 P.M., the Director of Nursing (DON) said passive range of motion (ROM) is staff assisting the residents to move any joints. Staff have a list of movements and what they mean and they are not supposed to take anyone pass resistance or pain. He/She said he/she does not know why staff would introduce a stretch that was pass resistance and inflicted pain or injury. Staff recieve training in biweekly staff meetings on multiple topics and ROM is taught several times a year and information is in the Activities Daily Living (ADL) that is available to all staff at all times.</p> <p>MO00243950</p>		