STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265181	A. Building B. Wing	03/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Warrenton Manor	65 State Hwy Aa Wright City, MO 63390

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)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. 18236 Based on interview and record review, facility staff failed to notify one resident (Resident #1's) out of six sampled residents family and physician of a fall which resulted in an injury. The facility census was 81. 1. Review of the facility's physician notification, unknown date, showed the facility will immediately inform the resident, consult with the resident's physician, and if known, notify the resident's legal representative or interested family member when there is an accident which resulted in injury to the resident and has the potential in requiring physician intervention. 2. Review of Resident #1's Minimum Data Set (MDS), a federally mandated assessment tool, dated 1/9/24, showed diagnoses of Parkinson's disease (A disorder of the central nervous system that affects movement, often including tremors), pain, and insomnia. Review of the resident's plan of care, dated 3/10/24, showed staff assessed the at risk for falls. Review of the resident's fall risk assessment, dated 12/30/23, showed the resident assessed at a high risk for falling. Review of the resident's nurses note, dated 3/5/24 at 9:44 P.M., showed staff documented the resident found on his/her right side. Review showed the resident sustained a large abrasion and bruise to the right side of his/her face and two small abrasions between the knuckles on his/her right hand. Review showed the resident complained of pain from the abrasion and bruising on his/her forehead. Review showed the nurses note did not contain documenation staff notified the residents physician or family of the fall. Review of the residents medical record did not contain documentation staff notified the residents phsyician or family of the fall. During an interview on 3/13/24 at 11:02 A.M., the Director of Nursing (DON) said he/she did not know whether staff notified the resident's family about the resident's fall on 3/5/24. The DON said he/she did not have documentation showing staff notified the family about this fall. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 3/13/24 at 12:42 P.M., the administrator said she had no evidence staff notified the physician about the resident's fall on 3/5/24. She said she expected staff to notify the resident's attending physician and family whenever a resident falls. She said she was not sure why staff failed to notify the resident's attending physician or family about the fall on 3/5/24. During an interview on 3/14/24 at 10:04 A.M., the resident's physician said staff did not notify him/her about the resident's fall on 3/5/24 until he/she came to the facility the next day. He/She said staff should have called him/her before he/she had come on-site. MO00232980