

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265236	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/05/2024
NAME OF PROVIDER OR SUPPLIER  Mark Twain Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  11988 Mark Twain Lane Bridgeton, MO 63044	

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 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>37672</p> <p>Based on interview and record review, the facility failed to immediately report an allegation of staff to resident verbal abuse, which was overheard by Resident #1, involving Resident #2 and Certified Nurse Aide (CNA) A to the Department of Health of Senior Services (DHSS) within the required two-hour time frame. The sample was 2. The census was 82.</p> <p>Review of the facility's undated Abuse Prohibition Policy, showed:</p> <p>-Facility operation policy: each resident has the right to be free from abuse, corporal punishment, involuntary seclusion, neglect, misappropriation of resident property or exploitation. Residents must not be subjected to abuse by anyone, including but not limited to staff, other residents, consultants, volunteers, agency staff, family or legal guardians;</p> <p>-Definitions:</p> <p>-Abuse: means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish;</p> <p>-Verbal abuse: defined as the use of oral, written or gestured language that willfully includes disparaging and derogatory terms to resident or their families, or within their hearing distance, regardless of their age, ability to comprehend, or disability. Examples of verbal abuse include but are not limited to: threats of harm, saying things to frighten a resident;</p> <p>-Reporting: the facility will ensure that allegations of abuse are reported immediately to the supervisor or charge nurse. The supervisor or charge nurse will then report immediately to the Administrator or Director of Nursing (DON). The results of all investigations will be reported to the Administrator or the DON and to the other officials in accordance with state and local laws, as well as federal regulations;</p> <p>-Initial report to the state certifying agency will be made immediately, but no later than two hours, if the allegation involves abuse of serious bodily injury, or not later than 24 hours if the allegation does not involve abuse or does not result in serious bodily injury;</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265236	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/05/2024
NAME OF PROVIDER OR SUPPLIER  Mark Twain Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  11988 Mark Twain Lane Bridgeton, MO 63044	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Failure to report any suspicion of abuse, neglect, misappropriation of resident property or violation of this policy, may result in monetary penalties and/or exclusion from participation in any federal health care program.</p> <p>Review of Resident #1's medical record, showed:</p> <p>-Able to make needs and wants known;</p> <p>-Diagnoses included chronic pain, anxiety and depressive disorder.</p> <p>Review of Resident #2's medical record, showed:</p> <p>-Able to make some needs and wants known;</p> <p>-Diagnoses included diabetes, dementia with behavioral disturbances and agitation, depression and muscle weakness;</p> <p>-Staff provide moderate to total assistance with daily care needs.</p> <p>During an interview on 4/5/24 at 8:48 A.M., the Social Worker (SW) said Resident #1 and the nurse approached him/her on 4/4/24. Resident #1 told the SW that he/she was in the shared bathroom on 4/1/24 in the evening and overheard a staff member tell Resident #2 that if you pinch me again, I'm going to slap you. Resident #1 frequently complained about staff and did not add specifics to the allegation. The SW said the allegation should have been reported to DHSS within the required time frame. He/She had not reported the allegation. The facility was experiencing a respiratory outbreak and the SW had gotten busy assisting staff with those needs.</p> <p>During an interview on 4/5/24 at 9:15 A.M., Resident #1 said on 4/1/24 at approximately 9:00-10:00 P.M., he/she was in the shared bathroom of him/her and Resident #2. Resident #1 said he/she heard a staff person tell Resident #2 if you pinch my titty one more time, I'm going to slap you. He/She did not see the staff member and did not hear a slap. Resident #1 described the staff member based on the staff member's voice. Resident #1 told the SW on 4/4/24 in the late morning of what he/she heard. He/She felt the SW did not take the allegation seriously. No additional staff had spoken to him/her about the allegation.</p> <p>During an interview on 4/5/24 at 1:44 P.M., the Administrator said the SW should have reported the allegation to DHSS when the resident reported the allegation.</p> <p>MO00234177</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265236	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/05/2024
NAME OF PROVIDER OR SUPPLIER  Mark Twain Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  11988 Mark Twain Lane Bridgeton, MO 63044	
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 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>37672</p> <p>Based on interview and record review, the facility failed to follow their policy to investigate an allegation of verbal abuse between Certified Nurse Aide (CNA) A and Resident #2 which was overheard by Resident #1 from the shared bathroom of Resident #1 and #2. Resident #1 reported the incident to the facility's Social Worker (SW) on 4/4/24. The allegation was not investigated following the resident notification. The sample size was 2. The census was 82.</p> <p>Review of the facility's undated Abuse Prohibition Policy, showed:</p> <p>-Facility operation policy: each resident has the right to be free from abuse, corporal punishment, involuntary seclusion, neglect, misappropriation of resident property or exploitation. Residents must not be subjected to abuse by anyone, including but not limited to staff, other residents, consultants, volunteers, agency staff, family or legal guardians;</p> <p>-Definitions:</p> <p>-Abuse: means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish;</p> <p>-Verbal abuse: defined as the use of oral, written or gestured language that willfully includes disparaging and derogatory terms to resident or their families, or within their hearing distance, regardless of their age, ability to comprehend, or disability. Examples of verbal abuse include but are not limited to: threats of harm, saying things to frighten a resident;</p> <p>-Investigate: the facility will investigate all types of abuse and report. The facility will ensure all alleged violations involving mistreatment, neglect, abuse and report. Staff accused of abuse will be sent home immediately on suspension until the results of the investigation are complete. The results of the investigation determine that an employee has committed abuse, the employee will be terminated. If the investigation determines that the employee did not commit abuse, the employee will return to work.</p> <p>Review of Resident #1's medical record, showed:</p> <p>-Able to make needs and wants known;</p> <p>-Diagnoses included: chronic pain, anxiety and depressive disorder.</p> <p>Review of Resident #2's medical record, showed:</p> <p>-Able to make some needs and wants known;</p> <p>-Diagnoses included: diabetes, dementia with behavioral disturbances and agitation, depression and muscle weakness;</p> <p>-Staff provide moderate to total assistance with daily care needs.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265236	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/05/2024
NAME OF PROVIDER OR SUPPLIER  Mark Twain Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  11988 Mark Twain Lane Bridgeton, MO 63044	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/5/24 at 8:48 A.M., the Social Worker (SW) said Resident #1 and the nurse approached him/her on 4/4/24. Resident #1 told him/she that he/she was in the shared bathroom on 4/1/24 in the evening and overheard a staff member tell Resident #2 that if you pinch me again, I'm going to slap you. Resident #1 frequently complained about staff and did not add specifics to the allegation. The SW said he/she did not begin an investigation into the allegation. The facility was experiencing a respiratory outbreak and he/she had gotten busy assisting staff with those needs. Resident #2 required staff to meet his/her care needs.</p> <p>During an interview on 4/5/24 at 9:15 A.M., Resident #1 said on 4/1/24 at approximately 9:00-10:00 P.M., he/she was in the bathroom he/she shared with Resident #2. Resident #1 said he/she heard a staff person tell Resident #2 if you pinch my titty one more time, I'm going to slap you. He/she did not see the staff member and did not hear a slap. Resident #1 described the alleged staff member based on the staff member's voice. Resident #1 said the staff person had a slightly deeper voice, long hair black, wavy hair, was dark skinned around 5 foot 7 inches and had a thin build. Resident #1 told the SW on 4/4/24 in the late morning of what he/she heard. He/She felt the SW did not take the allegation seriously. No additional staff had spoken to him/her about the allegation. No management staff asked him/her any further questions or was asked to describe or identify the alleged staff person. Resident #2 is dependent on staff for his/her care.</p> <p>During an interview on 4/5/24 at 10:03 A.M., Licensed Practical Nurse (LPN) C said on the morning of 4/4/24, Resident #1 said he/she was in the bathroom that is shared with Resident #2. Resident #1 overheard a staff member tell Resident #2 stop pinching me, or I'll slap you. LPN C took the resident to the SW to report the allegation. LPN C had not completed a witness statement at the time of the interview. He/She received abuse and neglect inservicing a few months ago.</p> <p>During an interview on 4/5/24 at 10:03 A.M., CNA B said he/she had not abused or disrespected a resident. He/She worked with Residents #1 and #2 on 4/4/24. Management had not asked him/her questions regarding allegations of verbal abuse at the time of the interview with the surveyor. He/She had worked at the facility for approximately 7 months and was last inserviced on abuse and neglect at the time of orientation.</p> <p>During an interview on 4/5/24 at 11:01 A.M., CNA A said he/she worked a 16 hour shift on 4/2/24 and frequently cared for Resident #2. He/She was scheduled to work the evening shift on 4/5/24 beginning at 3:00 P.M. Resident #2 required full staff care. CNA A did not work the evening shift on 4/1/24. CNA A worked at the facility for approximately 4 months. He/She was trained on abuse and neglect at the time of hire. He/She had not been interviewed regarding any verbal abuse allegations at the time of the interview with the surveyor.</p> <p>During an interview on 4/5/24 at 12:10 P.M., the surveyor provided Resident #1's description of the staff to the Assistant Director of Nursing (ADON) and the Director of Nursing (DON). The ADON said based on the resident's description of the staff, the staff member would be CNA A. Neither the ADON nor the DON were aware of the allegation. All staff should report all allegations immediately to management to begin the investigation process.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265236	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/05/2024
NAME OF PROVIDER OR SUPPLIER  Mark Twain Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  11988 Mark Twain Lane Bridgeton, MO 63044	
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 0610  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	During an interview on 4/5/24 at 1:44 P.M., the Administrator said he/she had not been notified of any allegations of verbal abuse. Staff are expected to immediately notify management and begin an investigation. The SW should have started the investigation when she was told by the resident on 4/4/24 of the allegation. The facility was starting the investigation, obtaining staff statements and suspending the staff on 4/5/24.		