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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>265324 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                | (X3) DATE SURVEY COMPLETED<br><br>04/15/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Woodland Manor Nursing Center |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>100 Woodland Court<br>Arnold, MO 63010 |  |

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>Based on interview and record review, the facility failed to provide their final investigation in a timely manner after a report of sexual abuse for one resident (Resident #1) of three sampled residents. On 4/5/2025, Resident #1 reported Registered Nurse (RN) A had sexually assaulted him/her on 04/3/25. As of 04/15/25, the facility had not completed the investigation. The census was 130.</p> <p>Review of the facility's Abuse Policy and Procedures/Investigation Protocols dated 12/14/18 showed:</p> <ul style="list-style-type: none"> <li>- Employees are required to report any occurrences of potential mistreatment they observe, hear about, or suspect to a supervisor, the Administrator (ADM) or the Director of Nurses (DON);</li> <li>- Once the ADM/DON determine that there is possible mistreatment, the ADM or DON will appoint a person to take charge of the investigation. The person in charge of the investigation will obtain a copy of any documentation relative to the incident;</li> <li>- The person in charge of the investigation will report the conclusions of the investigation to the ADM or DON designee within five working days of the reported incident. The final report shall contain the following; <ul style="list-style-type: none"> <li>- Name, age, diagnosis and mental status of the resident allegedly abused or neglected;</li> <li>- The original allegation (note day, time, location, the specific allegation, by whom, witness to the occurrence, circumstances surrounding the occurrence and any noted injuries);</li> <li>- Facts determined during the process of the investigation, review of medical record and interview of all witnesses;</li> <li>- Conclusion of the investigation based on known facts;</li> <li>- If the allegation is determined to be valid and perpetrator is an employee, include on a separate sheet the employee's name, address, phone number title, date of hire, date of birth, social security number, copies of previous disciplinary actions and current status (still working, suspended or terminated);</li> <li>- Attach a summary of all interviews conducted;</li> </ul> </li> <li>- The final written report will be sent to the Department of Health and Senior Services.</li> </ul> <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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| NAME OF PROVIDER OR SUPPLIER<br><br>Woodland Manor Nursing Center  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>100 Woodland Court<br>Arnold, MO 63010 |  |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |   |   |  |
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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>1. Review of the facility's self-report sent to the Central Registry Unit (CRU) on 04/05/25 showed:</p> <ul style="list-style-type: none"> <li>- On 04/05/25, Resident #1 reported to Emergency Medical Services (EMS) that staff RN A had sexually assaulted him/her on 04/03/25;</li> <li>- The resident was being sent out for a psychiatric evaluation;</li> <li>- RN A had been suspended pending the investigation.</li> </ul> <p>No completed investigation of the allegations had been received in the regional office as of 04/15/25 (7 business days after initial report).</p> <p>During an interview on 04/15/25 at 11:00 A.M., the ADM said he had not completed the investigation. He had not obtained a written statement from RN A or from the resident. He said he did not realize he needed to provide the final report since the facility had determined there was no abuse.</p> <p>Complaint #252300</p> |   |  |