

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265336	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/23/2024
NAME OF PROVIDER OR SUPPLIER Carriage Square Rehab and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4009 Gene Field Road Saint Joseph, MO 64506	

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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47195</p> <p>Based on record review and interview, the facility failed to implement their abuse and neglect policy when they did not provide education to their staff after an alleged sexual assault by a staff member to a resident (Resident #1) on [DATE] and following an allegation regarding inappropriate touching by staff to a resident (Resident #2) on [DATE]. The facility census was 87.</p> <p>Review of facility policy, abuse prevention and prohibition program, revised [DATE], showed:</p> <ul style="list-style-type: none"> -To ensure the facility establishes, operationalizes, and maintains an Abuse Prevention and Prohibition Program designed to screen and train employees, protect residents, and to ensure a standardized methodology for the prevention, identification, investigation, and reporting of abuse, neglect, mistreatment, misappropriation of property, and crime in accordance with federal and state requirements. -Covered individuals will be trained through orientation and on-going training sessions, no less than annually, on the following topics: <ul style="list-style-type: none"> -Who is covered individual responsible for reporting; -Abuse prevention -Identification and recognition of signs and symptoms of abuse/neglect -Protection of residents during an abuse investigation -Investigation -Reporting and documentation of abuse and neglect -Reporting requirements of staff related to allegations of abuse/neglect without fear of reprisal; -Appropriate interventions to deal with aggressive and/or catastrophic reactions of residents; -Identification and recognition of signs of burnout, frustration, and stress that may lead to abuse <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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Follow up from the facility</p> <p>-Penalties associated with failure to report.</p> <p>The facility provides covered individuals with training to enable the identification of the following signs and symptoms of potential resident abuse and neglect:</p> <p>-Physical abuse</p> <p>g. Sexual exploitation</p> <p>h. Rape</p> <p>1. Review of Resident #1's, annual minimum data set (MDS), a federally mandated assessment tool completed by facility staff, dated [DATE], showed:</p> <p>-He/She had a Brief Interview Mental Status (BIMS) score of 8, a brief cognitive screening tool used to measure and track resident's cognitive decline or improvement in long term care, showed resident had moderately intact cognition;</p> <p>-He/She had clear speech and made self-understood and clear comprehension of others;</p> <p>-He/She had lower extremity impairment on both sides of his/her body with range of motion;</p> <p>-He/She required partial to moderate assistance with upper and lower body dressing, toileting, mobility to move from sit to lying position, lying to sitting on side of bed, sit to stand position, chair to bed transfers, toilet transfers.</p> <p>-He/She was independent with rolling left to right;</p> <p>-Diagnoses included sepsis, cancer, dementia (a condition characterized by impairment of at least two brain functions, such as memory loss and judgment), lack of coordination, generalized muscle weakness, unsteadiness on feet, and abnormalities of gait and mobility.</p> <p>Review of care plan, dated [DATE], showed:</p> <p>-He/She was dependent on staff for meeting emotional, intellectual, physical, and social needs. Cognitive deficits, physical;</p> <p>-He/She had impaired cognitive function due to dementia;</p> <p>-He/She had limited physical mobility due to dementia;</p> <p>-He/She was weight-bearing;</p> <p>-He/She required extensive to dependent assistance with bed mobility, transfers, toilet use, personal hygiene;</p> <p>(continued on next page)</p>

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-He/She was at risk for falls due to weakness, debility, and periods of confusion related to dementia.</p> <p>2. Review of Resident #2's, quarterly MDS, dated [DATE], showed:</p> <p>-He/She had BIMS score of 15, showed resident was cognitively intact;</p> <p>-Behaviors showed he/she had no hallucinations or delusions;</p> <p>-He/She functional limitation in range of motion on one side of upper and lower extremities;</p> <p>-He/She was dependent on a wheelchair;</p> <p>-He/She required substantial/maximal assistance with lower and body dressing and rolling left to right;</p> <p>-He/She was dependent for toileting, mobility of sitting to lying, lying to sitting, sit to stand, and chair to bed or chair transfers;</p> <p>-Diagnoses included renal failure (condition where the kidneys lose their ability to remove waste and balance fluids), chronic obstructive pulmonary disease (a group of lung disease that block airflow and make it difficult to breathe), depression, muscle wasting and atrophy (a decrease in size and wasting of the muscle tissue), and unspecified visual loss.</p> <p>Review of care plan, dated [DATE], showed:</p> <p>-Potential for delusion that 5 year old great grandson was shot or died while driving car or for making accusations against others;</p> <p>-He/She was extensive assist for bed mobility;</p> <p>-He/She had limited physical mobility;</p> <p>-He/She was non-weight bearing;</p> <p>-He/She had impaired cognitive function.</p> <p>3. During an interview on [DATE] at 9:00 A.M., Director of Nursing (DON) said:</p> <p>-Facility did last abuse and neglect training via care feed to their employees on [DATE].</p> <p>During an interview on [DATE] at 12:50 P.M., Administrator said:</p> <p>-He/She did not do any training on abuse and neglect after he/she was made aware of new allegations of abuse on [DATE] and [DATE];</p> <p>-He/She did training with Physical Therapy Assistant (PTA) B on customer service regarding PTA B watching what he/she said and PTA to report if a resident expressed they were uncomfortable;</p> <p>(continued on next page)</p>

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>MO234753</p>

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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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47195</p> <p>Based on record review and interviews, the facility failed to ensure that an allegation of sexual assault was reported to law enforcement (LE) for one resident (Resident #1) when Physical Therapist Assistant (PTA) A was observed with his/her hand inside Resident #1's brief by Certified Nurse Aide (CNA) A on [DATE] and failed to report an allegation of sexual abuse to the Department of Health and Senior Services (DHSS) within the required two hour time frame when Resident #2 reported PTA B inappropriately touched him/her on the leg on [DATE]. The facility census was 87.</p> <p>Review of facility policy, Abuse Prevention and Prohibition Program, revised [DATE], showed:</p> <ul style="list-style-type: none"> -Reported suspected incidents of criminal sexual abuse has been committed against a resident must immediately report this information to Administrator and Director of Nursing Services. -The facility will treat allegations as criminal sexual abuse wherein the facility determines that the resident did not have the decision-making capacity to consent to the sexual act. -The Administrator then acts to ensure the following steps are taken: <ul style="list-style-type: none"> -Proper authorities and individuals are notified immediately or within two hours, including but not limited to law enforcement, the attending physician, the resident's representative, the state survey agency, and adult protective services. <p>1. Review of Resident #1's, annual minimum data set (MDS), a federally mandated assessment tool completed by facility staff, dated [DATE], showed:</p> <ul style="list-style-type: none"> -He/She had a Brief Interview Mental Status (BIMS) score of 8, a brief cognitive screening tool used to measure and track resident's cognitive decline or improvement in long term care, showed resident had moderately intact cognition; -He/She had clear speech and made self-understood and clear comprehension of others; -He/She had lower extremity impairment on both sides of his/her body with range of motion; -He/She required partial to moderate assistance with upper and lower body dressing, toileting, mobility to move from sit to lying position, lying to sitting on side of bed, sit to stand position, chair to bed transfers, toilet transfers. -He/She was independent with rolling left to right; -Diagnoses included sepsis, cancer, dementia (a condition characterized by impairment of at least two brain functions, such as memory loss and judgment), lack of coordination, generalized muscle weakness, unsteadiness on feet, and abnormalities of gait and mobility. <p>Review of care plan, dated [DATE], showed:</p> <p>(continued on next page)</p>		

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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>-He/She was dependent on staff for meeting emotional, intellectual, physical, and social needs. Cognitive deficits, physical;</p> <p>-He/She had impaired cognitive function due to dementia;</p> <p>-He/She had limited physical mobility due to dementia;</p> <p>-He/She was weight-bearing;</p> <p>-He/She required extensive to dependent assistance with bed mobility, transfers, toilet use, personal hygiene;</p> <p>-He/She was risk for falls due to weakness, debility, and periods of confusion related to dementia.</p> <p>During an interview on [DATE] at 1:10 P.M., Administrator said:</p> <p>-He/She did not contact LE in regards to a report of sexual assault received from the eye witness of Resident #1.</p> <p>-He/She did not think to report it to LE because it was not rape;</p> <p>-He/She did not know what he/she would have reported to LE.</p> <p>During an interview on [DATE] at 3:31 P.M., Director of Nursing (DON) said:</p> <p>-He/She did not think LE should have been contacted as alleged perpetrator was removed from building and the resident was protected;</p> <p>-He/She would have reported to LE if facility was able to substantiate the allegation;</p> <p>-Resident #1's cognition impaired his/her ability to recognize certain things that may have happened to him/her;</p> <p>-He/She felt the facility had a 48-hour window to report the allegation to once an alleged perpetrator was removed from the building.</p> <p>During interview on [DATE] at 4:45 P.M., Administrator said:</p> <p>-He/She had contacted the local Police Department to report the allegation of PTA A worker inappropriately touching a resident.</p> <p>2. Review of Resident #2's, quarterly MDS, dated [DATE], showed:</p> <p>-He/She had BIMS score of 15, showed resident was cognitively intact;</p> <p>-Behaviors showed he/she had no hallucinations or delusions;</p> <p>-He/She functional limitation in range of motion on one side of upper and lower extremities;</p> <p>(continued on next page)</p>

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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>-He/She was dependent on a wheelchair;</p> <p>-He/She required substantial/maximal assistance with lower and body dressing and rolling left to right;</p> <p>-He/She was dependent for toileting, mobility of sitting to lying, lying to sitting, sit to stand, and chair to bed or chair transfers;</p> <p>-Diagnoses included renal failure (condition where the kidneys lose their ability to remove waste and balance fluids), chronic obstructive pulmonary disease (a group of lung disease that block airflow and make it difficult to breathe), depression, muscle wasting and atrophy (a decrease in size and wasting of the muscle tissue), and unspecified visual loss.</p> <p>Review of care plan, dated [DATE], showed:</p> <p>-Potential for delusion that 5 year old great grandchild was shot or died while driving car or for making accusations against others;</p> <p>-He/She was extensive assist for bed mobility;</p> <p>-He/She had limited physical mobility;</p> <p>-He/She was non-weight bearing;</p> <p>-He/She had impaired cognitive function.</p> <p>During an interview on [DATE] at 12:50 P.M., Administrator said:</p> <p>-He/She became aware of allegation from Resident #2 at the end of the day on [DATE];</p> <p>-He/She did not report Resident #2's allegation of sexual assault to DHSS because of the resident's past delusions and Physical Therapy Assistant B did not physically touch resident;</p> <p>-He/She just believed the allegation was untrue.</p> <p>-He/She did not believe it should be reported as he/she stated it happened a full year ago;</p> <p>MO234753</p>		

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<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47195</p> <p>Based on record review and interview, the facility failed to conduct a thorough investigation when on [DATE] Certified Nurse Aide (CNA) A reported an observation of Physical Therapy Assistant (PTA) A with his/her hand inside Resident #1's brief. The facility failed to notify the physician of the alleged sexual assault, contact law enforcement, and have the resident assessed for a medical exam. The facility also failed to have evidence the alleged violations were thoroughly investigated when Resident #2 alleged PTA B touched him/her inappropriately on [DATE] when they failed to notify the physician. The facility census was 87.</p> <p>Review of facility policy, abuse prevention and prohibition program, revised [DATE], showed:</p> <ul style="list-style-type: none"> -Each resident has right to be free from mistreatment, neglect, abuse, involuntary seclusion and misappropriation of property. The facility has zero-tolerance for abuse, neglect, mistreatment, and/or misappropriation of resident property. Staff must not permit anyone to engage in verbal, mental, sexual, or physical abuse, neglect, mistreatment, or misappropriation of resident property. -The administrator is responsible for coordinating and implementing the facility's abuse prevention policies, procedures, training programs, and systems. -Facility promptly and thoroughly investigates reports of resident abuse, mistreatment, neglect, injuries of an unknown source, or criminal acts. -The facility ensures protection of resident during abuse investigations; -The investigator may take some or all the following steps: <ul style="list-style-type: none"> -Review all relevant documentation; -Review the resident's medical record to determine events preceding the alleged incident; -Interview the person(s) making the incident report; -Interview any witnesses to the alleged incident; -Interviews the resident (as medically appropriate); -Interviews the resident's Attending Physician as needed to determine the resident's current level of cognitive function and medical condition; -Interviews facility staff members who have had contact with the resident during the period of the alleged incident; -Interviews the resident's roommate, family members, and visitors; -Interview other residents to whom the accused employee provides care or services; <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> -Reviews all events leading up to the alleged incident; -Exercise caution when handling materials that may be used for evidence of a criminal investigation. The investigator will ensure the facility did not impede on any criminal investigation (i.e., wash linens or clothing, destroy documentation, and bathing or cleaning the resident before the resident had been examined). -The facility should consult with law enforcement regarding preserving evidence. -The investigator observes the following guidelines when conducting interviews: <ul style="list-style-type: none"> -Each interview is conducted separately; -Each interview is conducted in a private location; -While the investigation is underway, accused individuals who are not facility staff may not have any unsupervised access to residents. -The investigator records the investigation results on facility reported incidents form. -The presence of a mental disorder or cognitive impairment does not automatically preclude a resident from engaging in deliberate or non-accidental behavior. -The Administrator will provide initial and follow-up written reports of the results of all abuse investigations and consequent actions to the appropriate agencies -The facility will report known or suspected instances of physical abuse, including sexual abuse, and criminal acts to proper authorities by telephone or through confidential Internet reporting tool as required by state and federal regulations immediately but no later than 2 hours after forming the suspicion. -The administrator will provide the state survey agency, law enforcement and the ombudsman with a copy of the investigative report within 5 days of the incident. -The resident's attending physician and responsible party, will be notified of the allegation and the outcome of the investigation. -Special considerations for reporting suspected incidents of criminal sexual abuse -The Director of Nursing or designee will immediately report this information to the attending physician. -The administrator then acts to ensure the following steps are taken: <ul style="list-style-type: none"> -The proper authorities and individuals are notified immediately or within 2 hours, including but not limited to law enforcement, the attending physician, the resident's representative, and the state survey agency. <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-A licensed nurse assesses the resident for possible injuries;</p> <p>-Resident is provided with medical treatment and emotional support as necessary;</p> <p>-The area where the alleged incident occurred is not disturbed or accessed by anyone before law enforcement arrived;</p> <p>-The resident's clothing is not changed to avoid disturbing or destroying evidence.</p> <p>-The resident is not bathed or, if female, douched, to avoid compromising potential evidence.</p> <p>-The resident is transported to the hospital or other destination as instructed by law enforcement.</p> <p>1. Review of Resident #1's, annual minimum data set (MDS), a federally mandated assessment tool completed by facility staff, dated [DATE], showed:</p> <p>-He/She had a Brief Interview Mental Status (BIMS) score of 8, a brief cognitive screening tool used to measure and track resident's cognitive decline or improvement in long term care, showed resident had moderately intact cognition;</p> <p>-He/She had clear speech and made self-understood and clear comprehension of others;</p> <p>-He/She had lower extremity impairment on both sides of his/her body with range of motion;</p> <p>-He/She required partial to moderate assistance with upper and lower body dressing, toileting, mobility to move from sit to lying position, lying to sitting on side of bed, sit to stand position, chair to bed transfers, toilet transfers.</p> <p>-He/She was independent with rolling left to right;</p> <p>-Diagnoses included sepsis, cancer, dementia (a condition characterized by impairment of at least two brain functions, such as memory loss and judgment), lack of coordination, generalized muscle weakness, unsteadiness on feet, and abnormalities of gait and mobility.</p> <p>Review of care plan, dated [DATE], showed:</p> <p>-He/She was dependent on staff for meeting emotional, intellectual, physical, and social needs. Cognitive deficits, physical;</p> <p>-He/She had impaired cognitive function due to dementia;</p> <p>-He/She had limited physical mobility due to dementia;</p> <p>-He/She was weight-bearing;</p> <p>-He/She required extensive to dependent assistance with bed mobility, transfers, toilet use, personal hygiene;</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-He/She was risk for falls due to weakness, debility, and periods of confusion related to dementia.</p> <p>Review of facility investigation, showed:</p> <ul style="list-style-type: none"> - The Director of Nursing (DON) and Social Services Director (SSD) interviewed the resident and identified the resident as confused; - The resident's interview showed the resident only said 'doing his/her therapy' when he/she was asked about his/her therapy. When asked if PTA A placed his/her hand down the resident's brief on [DATE], the resident said 'No, not that I can recall'. -Four residents were listed as having had asked PTA A no longer be his/her therapist; -Conclusion of investigation showed allegation of abuse was unsubstantiated because there was no witness other than CNA A and PTA A denied the allegation. The facility considered what CNA A saw regarding the resident and PTA A was misunderstood. Additionally, the facility investigation concluded there was no statement from any resident or other staff members that indicated inappropriateness from PTA A. -The facility asked the therapy company to transfer PTA A out of their facility. <p>Review of PTA A's schedule from [DATE] to [DATE], showed:</p> <p>-He/She provided therapy to resident on ,d+[DATE], ,d+[DATE], ,d+[DATE], ,d+[DATE], ,d+[DATE], ,d+[DATE], ,d+[DATE], and ,d+[DATE].</p> <p>During an interview on [DATE] at 2:37 P.M., Certified Nurse Aide (CNA) A said:</p> <ul style="list-style-type: none"> -On [DATE] he/she walked into resident's room because the call light was on between 10:,d+[DATE]:00 A.M.; -He/She noted the privacy curtain was pulled around resident's side of bed by doorway all the way except for a 12 inch gap; -He/She looked in 12 inch gap and noted resident's gown was pulled up towards his/her midriff above the belt line; -PTA A was standing behind resident's wheelchair leaning down to where resident's wheelchair handles were rubbing his/her side; -PTA A's right hand was reached down far inside resident's brief and he/she could not see PTA A's fingers; -PTA A's skin was darker complected compared to resident's white brief and skin complexion; -PTA was barehanded; -Resident was wearing a different colored night gown, like a moomoo that zipped up the front; <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-He/She heard resident making groans, but could not tell if resident was sensational groans or irritable groans;</p> <p>-He/She walked past Resident's privacy curtain into room and turned off call light and addressed Resident's roommate;</p> <p>-Resident's roommate asked him/her what PTA A was doing and if he/she was massaging resident;</p> <p>-PTA A jumped back when he/she looked over at PTA A;</p> <p>-From time she entered room to turn off call light to exit room and looked again into resident's side of the room, the resident had a blanket up to his/her shoulders and PTA A had moved himself/herself from standing behind wheelchair leaning over the resident to a position of sitting on resident's bed. The resident remained in sitting in his/her wheelchair;</p> <p>-He/She left room and went straight to Director of Nursing (DON) office;</p> <p>-He/She wrote down what he/she saw in a statement for the Administrator who then typed up the statement. The DON and Administrator also had him/her role play what he/she saw.;</p> <p>-He/She did not think any physical exam was completed as facility policy was that they had to be able to prove it;</p> <p>-He/She had worked on the resident's hall for past several months.</p> <p>During an interview on [DATE] at 3:10 P.M., Nurse Practitioner said:</p> <p>-He/She was not aware of alleged sexual assault of resident;</p> <p>-He/She expected the facility to notify him/her or Medical Director;</p> <p>-He/She would have expected the resident to be sent to the emergency room for a sexual assault exam.</p> <p>During an interview on [DATE] at 3:31 P.M., Director of Nursing (DON) said:</p> <p>-He/She was made aware of allegation between 10:30 A.M.-11:00 A.M. on [DATE] by CNA A;</p> <p>-He/She observed Physical Therapy Assistant (PTA) A walking out of resident's room as he/she took CNA A to Administrator's office;</p> <p>-He/She physically assessed resident after lunch at approximately 12:30 P.M.;</p> <p>-He/She notified resident's son of the allegation;</p> <p>-He/She conducted resident interviews in collaboration with Social Services Director from a list of residents the PTA A had provided to therapy and based on the residents cognition level;</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265336	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/23/2024
NAME OF PROVIDER OR SUPPLIER Carriage Square Rehab and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4009 Gene Field Road Saint Joseph, MO 64506	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on [DATE] at 1:45 P.M., Therapy Director of Operations said:</p> <ul style="list-style-type: none"> -PTA A was no longer employed by their company; -PTA A's termination was unrelated to allegation but related to not following company policy; -Their company did not investigate the employee, they relied on the facility to complete their own internal investigation; -Their policy was to remove the person named in allegation and place them on administrative leave immediately. <p>2. Review of Resident #2's, quarterly MDS, dated [DATE], showed:</p> <ul style="list-style-type: none"> -He/She had BIMS score of 15, showed resident was cognitively intact; -Behaviors showed he/she had no hallucinations or delusions; -He/She functional limitation in range of motion on one side of upper and lower extremities; -He/She was dependent on a wheelchair; -He/She required substantial/maximal assistance with lower and body dressing and rolling left to right; -He/She was dependent for toileting, mobility of sitting to lying, lying to sitting, sit to stand, and chair to bed or chair transfers; -Diagnoses included renal failure (condition where the kidneys lose their ability to remove waste and balance fluids), chronic obstructive pulmonary disease (a group of lung disease that block airflow and make it difficult to breathe), depression, muscle wasting and atrophy (a decrease in size and wasting of the muscle tissue), and unspecified visual loss. <p>Review of care plan, dated [DATE], showed:</p> <ul style="list-style-type: none"> -Potential for delusion that 5 year old great grandson was shot or died while driving car or for making accusations against others; -He/She was extensive assist for bed mobility; -He/She had limited physical mobility; -He/She was non-weight bearing; -He/She had impaired cognitive function. <p>During an interview on [DATE] at 11:05 A.M., Resident said:</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-There was one staff that made him/her feel afraid or humiliated from the therapy department;</p> <p>-He/She had him/her as therapist last year;</p> <p>-PTA B had stood in front of his/her bed last Saturday and rubbed his/her leg and touched him/her on his/her calf and on up his/her leg;</p> <p>-He/She hated every time PTA B would walk into his/her room;</p> <p>-Last year and this year PTA B grabbed his/her crotch in front of him/her;</p> <p>-Last year he/she wanted me to sit on his/her lap;</p> <p>-He/She did not tell anyone last year and kept it all inside because he/she had been around women who had been molested;</p> <p>-His/Her uncle would rub his/her legs like that;</p> <p>-He/She had enough training that he/she knew if he/she didn't tell someone nothing could get fixed;</p> <p>-He/She felt the importance of reporting when PTA B told him/her on ,d+[DATE] that he/she that he would be back working full time and he/she would be working with him/her full time;</p> <p>-He/She told Director of Therapy about PTA B;</p> <p>-Facility told him/her not to talk to any of the residents or anyone about what had happened.</p> <p>Review of facility documentation showed:</p> <p>-A concern/grievance report was received on [DATE];</p> <p>-Grievance summary showed PTA B was sent home pending investigation;</p> <p>-No investigation forms were used.</p> <p>Review of electronic medical record, showed:</p> <p>-Skin assessment was completed [DATE] with no issues;</p> <p>-Trauma assessment dated [DATE] showed no physical or sexual assault had happened to him/her;</p> <p>Review of PTA A's schedule from [DATE] to [DATE], showed:</p> <p>-He/She provided therapy to resident on ,d+[DATE], ,d+[DATE], ,d+[DATE], ,d+[DATE], ,d+[DATE], ,d+[DATE], ,d+[DATE], ,d+[DATE], and ,d+[DATE]</p> <p>Review of PTA B's schedule from [DATE] to [DATE] showed:</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-He/She had provided therapy to resident on ,d+[DATE] and [DATE];</p> <p>During an interview on [DATE] at 12:21 P.M., Director of Rehabilitation (DOR) said:</p> <p>-Resident told him/her about allegation against PTA B on [DATE], he/she did not say anything to him/her about PTA A;</p> <p>-Residents statement was the first time he/she had heard anything about PTA B touching the resident's leg;</p> <p>-He/She reported the allegation to the Social Services Director;</p> <p>-Resident was saying someone touched his/her legs;</p> <p>-Resident is cognitively aware most times and other times his/her cognition is declined;</p> <p>-He/She initially thought resident was referring to PTA A;</p> <p>-Resident was interviewed during investigation of PTA A.</p> <p>During an interview on [DATE] at 12:25 P.M., Social Services Director said:</p> <p>-DOR reported allegation from resident later in the afternoon on [DATE] but did not remember the time;</p> <p>-Resident reported that PTA B asked him/her to sit on his/her lap and had a hand on his/her private areas like he/she was tickling his/her privates a year ago;</p> <p>-He/She talked with four residents regarding PTA B interactions and all residents had excellent things to say about PTA B;</p> <p>-Resident did not have the ability to get up and sit on PTA B's lap;</p> <p>-Resident was able to describe PTA B's voice and he/she was able to clarify it was not PTA A and he/she also showed the resident a picture of PTA B and the resident confirmed he/she was referring to PTA B;</p> <p>-Resident had a history of delusions of stories that get in his/her head related to a grandson and the delusions would change over the course of six months to a year;</p> <p>-DOR took the report from resident to Administrator;</p> <p>-He/She believed investigation regarding PTA B was wrapped up and complete on [DATE];</p> <p>-PTA B just got [NAME] reviews from facility residents as he/she was person with big heart.</p> <p>During an interview on [DATE] at 12:50 P.M., Administrator said:</p> <p>(continued on next page)</p>

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> -Resident had a history of delusions saying grandson got killed in car accident; -He/She sent PTA B home; -Director of Social Services talked to resident; -Resident said PTA B was playing with his/her genitals and asked him/her to sit on his/her lap; -PTA B denied allegation; -Everyone loved PTA B; -He/She unsubstantiated the allegation; -PTA B said he/she did not even adjust his/her genitals in public; -Resident indicated allegation was a year ago; -PTA B was not going to treat resident in that way; -He/She did not report allegation due to resident's delusions and PTA B did not physically do anything to resident; -Resident did not report PTA B physically touching him/her; -Social Services Director clarified with resident that they were referring to PTA B and not PTA A; -Facility interviewed people that had worked with PTA A; -He/She did not even know if PTA A had worked with resident; -He/She believed allegation was not true. <p>During an interview on [DATE] at 3:10 P.M., Nurse Practitioner said:</p> <ul style="list-style-type: none"> -He/She was not made aware of Resident's allegation made on [DATE]; -He/She would have expected facility to notify him/her or Medical Director; -He/She would have expected them to suspend staff pending investigation; -He/She would have expected an sexual assault exam completed for the resident; <p>During an interview on [DATE] at 3:31 P.M., Director of Nursing (DON) said:</p> <ul style="list-style-type: none"> -He/She found out about resident's allegation late in afternoon on [DATE]; -He/She was not involved in investigating this resident's allegation. <p>(continued on next page)</p>

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<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 [DATE] at 1:45 P.M., Therapy Director of Operations said:</p> <ul style="list-style-type: none"> -He/She was made aware of allegations against PTA B on afternoon of [DATE]; -Facility administrator advised PTA B that he/she could wait onsite outside of patient care area while they completed their investigation; -He/She advised PTA B that he/she needed to leave the building and go wait outside in his/her car; -Facility unsubstantiated allegation on [DATE]; -PTA B was scheduled to be back in the building working on [DATE] <p>During an interview on [DATE] at 2:10 P.M., Administrator said:</p> <ul style="list-style-type: none"> -PTA B was in facility part time; -He/She received allegation at end of day on [DATE]; -He/She did not feel allegation needed to be reported as resident said it happened over a year ago; -Resident described PTA B patting him/her on leg and that it made him/her uncomfortable because PTA B had done it a year ago; -He/She did not know if resident had a trauma history. <p>During an interview on [DATE] at 4:40 P.M., PTA B said:</p> <ul style="list-style-type: none"> -He/She said nothing sexual out if his/her mouth; -Resident could not sit up on his/her own; -He/She may have patted resident's leg and said he/she was there to do his/her therapy; -He/She had only worked with resident one time; -He/She was made aware of investigation by Administrator and Director of Rehabilitation; -He/She left facility and came back an hour later after investigation was completed; -He/She had not had contact with Resident since the allegation was made; -He/She would never inappropriately touch resident. <p>3. During an interview on [DATE] at 2:10 P.M., Administrator said:</p> <ul style="list-style-type: none"> -When abuse and neglect are alleged then facility will send the alleged perpetrator home; <p>(continued on next page)</p>

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-He/She would talk to resident, talk to roommate of resident, and other like resident's;</p> <p>-He/She would talk to staff that worked that day;</p> <p>-He/She would write up interviews;</p> <p>-He/She would have staff write out their statements;</p> <p>-He/She may have SSD, him/herself, staffing coordinator, dietary manager, or DON involved in the investigation;</p> <p>-He/She would report the concerns to the regional team;</p> <p>-He/She types up final investigation with collaboration of DON and sends to Regional Management.</p> <p>MO234753</p>