

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265352	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/16/2024
NAME OF PROVIDER OR SUPPLIER  Manchester Rehab and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  312 Solley Drive Ballwin, MO 63021	

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>30687</p> <p>Based on interview and record review, the facility failed to follow their abuse policy by not thoroughly investigating an allegation of a resident being hit in the head by a male nurse. The facility failed to interview the resident and the resident's sibling who reported the allegation to the facility's Marketing Director while he/she was visiting the resident in the hospital (Resident #1). The sample was three. The census was 45.</p> <p>Review of the facility's Abuse Prevention and Prohibition Program, revised 10/24/22, showed the following:</p> <p>-Purpose: 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;</p> <p>-Policy:</p> <p>-1. Each resident has the 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;</p> <p>-2. The Facility is committed to protecting residents from abuse by anyone, including but not limited to facility staff, other residents, consultants, volunteers, staff from other agencies serving residents, family members, legal guardians, surrogates, sponsors, friends, and visitors. This policy statement also includes deprivation by any individual, including a caretaker, of goods, services or rights that are necessary for a resident to attain or maintain physical, mental, and psychosocial well being;</p> <p>-3. The Administrator is responsible for coordinating and implementing the Facility's abuse prevention policies, procedures, training programs, and systems;</p> <p>-Procedure: The Administrator may delegate coordination and Implementation of components of the abuse prevention program to other staff within the Facility.</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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Investigation:</p> <p>-A. The Facility promptly and thoroughly investigates reports of resident abuse, mistreatment, neglect, injuries of an unknown source, or criminal acts. The Facility has protocols for investigations of theft/misappropriation of resident property abuse;</p> <p>-B. If the Administrator receives a report of an incident or suspected incident of resident abuse, mistreatment, neglect, injuries of an unknown source or crime, the Administrator or designee, may appoint a member of the Facility's management team (the Investigator) to investigate the alleged incident. If the investigation is delegated, the Administrator provides the Investigator with any supporting documents related to the alleged incident;</p> <p>-C. The Facility ensures protection of residents during abuse investigations;</p> <p>-D. The Investigator may take some or all of the following steps:</p> <p>-Reviews all relevant documentation;</p> <p>-Reviews the resident's medical record to determine events preceding the alleged incident;</p> <p>-Interviews the person(s) making the incident report;</p> <p>-Interviews any witnesses to the alleged incident;</p> <p>-Interviews the resident (as medically appropriate);</p> <p>--Interviews the resident's roommate, family members, and visitors.</p> <p>Review of Resident #1's admission Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, showed the following:</p> <p>-No cognitive impairment;</p> <p>-No moods or behaviors;</p> <p>-Dependent for activities of daily living;</p> <p>-Diagnoses included diabetes, osteoporosis and Down Syndrome (a genetic disorder which causes a distinct facial appearance, intellectual disability, developmental delays, and may be associated with thyroid or heart disease).</p> <p>Review of the facility's investigation, dated 1/5/24, showed the following:</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>-On 1/4/24, the resident was discharged to hospital per his/her family's request due to swelling of the left hand. On 1/5/24, the Marketing Director went to visit the resident at the hospital. While the Marketing Director was in the room conversing with the resident and the family, the resident mentioned that he/she was hit in the head. The resident was only able to say a male but was not able to give any timeline on when it may have happened and did not say where it happened. The family was very pleasant and didn't give the Marketing Director any feeling that it happened in the facility. The resident had to use the restroom, so the Marketing Director was asked to leave the room while the nurses did care. The Marketing Director called the Administrator and the Director of Nursing (DON) and let them know what was said. The Marketing Director reported the resident did not have any marks or bruising on his/her head or face;</p> <p>-The facility has four male workers that could be considered. All four males were interviewed. The facility interviewed 10 residents and all 10 residents feel safe and have never seen any resident being hit by a staff member. The investigation does not show any signs that the resident was physically abused by any staff members at the facility;</p> <p>-Further review showed no documentation of an interview with the resident or the resident's family sibling.</p> <p>Review of the resident's medical record, showed no documentation regarding the allegation of abuse.</p> <p>During an interview on 1/10/24 at 1:35 P.M., the Marketing Director said he/she went to do a bed side visit on 1/5/24 at the hospital. The resident's family member came into the resident's room and the resident started to speak with the family member. The family member said the resident just told him/her, he/she was hit in the head. The Marketing Director was asked to leave the room because the resident had to use the bed side commode. A male nurse came in and he/she stepped out. The Marketing Director called the Administrator and DON. The DON and Administrator asked him/her to get more details. The resident's family member said he/she would get more details and call later. The Marketing Director said this was the end of his/her communication with the incident. He/She did not know if the DON or Administrator contacted the resident's family member for an interview.</p> <p>During an interview on 1/11/24 at 7:55 A.M., Family Member A said on 1/5/24, he/she was at the hospital visiting the resident. The Marketing Director came to visit the resident. The resident said he/she had to go to the bathroom and he/she had everyone step out. A male nurse came in to assist the resident and the resident got scared and starting said NO! NO! NO! so the male nurse left the room. Family Member A said the resident told him/her, he/she was hit in the head by a male nurse at the facility. Family Member A told the Marketing Director this allegation. Family Member A said neither the Administrator nor the DON called him/her or the resident for an interview.</p> <p>During an interview on 1/10/24 at 11:49 A.M., the DON said she received a for your information (FYI) from the Marketing Director saying some male nurse hit the resident. The DON said she and the Assistant Administrator immediately called all male nurses and suspended them pending an investigation and interviewed them. The DON said they interviewed 10 residents as well. The DON said she did not contact the resident or the resident's family member for an interview.</p> <p>(continued on next page)</p>		

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F 0607  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	During an interview on 1/10/24 at 12:12 P.M., the Administrator said he/she did not call the resident or the resident's family for an interview. The Administrator said he/she did not think of it and it should have been done to make the investigation complete.  MO00230006

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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>30687</p> <p>Based on observation, interview and record review, the facility failed to report an allegation of resident abuse to the Department of Health and Senior Services (DHSS) as required, within a two-hour time frame, for one of three sampled residents (Resident #1). The census was 45.</p> <p>Review of the facility's Abuse Prevention and Prohibition Program, revised 10/24/22, showed the following:</p> <p>-Purpose: 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;</p> <p>-Policy:</p> <p>-1. Each resident has the 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;</p> <p>-2. The Facility is committed to protecting residents from abuse by anyone, including but not limited to facility staff, other residents, consultants, volunteers, staff from other agencies serving residents, family members, legal guardians, surrogates, sponsors, friends, and visitors. This policy statement also includes deprivation by any individual, including a caretaker, of goods, services or rights that are necessary for a resident to attain or maintain physical, mental, and psychosocial well being;</p> <p>-3. The Administrator is responsible for coordinating and implementing the Facility's abuse prevention policies, procedures, training programs, and systems;</p> <p>-Procedure: The Administrator may delegate coordination and Implementation of components of the abuse prevention program to other staff within the facility.</p> <p>-Reporting/Response;</p> <p>-A. Facility Staff are Mandatory Reporters;</p> <p>-All covered individuals will report reasonable suspicion of a crime against a resident when it is objectively reasonable for a person to entertain a suspicion of conduct that appears to be financial abuse, physical abuse, neglect, abandonment, isolation, abduction, or other treatment resulting in physical harm or pain or mental suffering, deprivation of goods or services that are necessary to avoid physical harm or mental suffering;</p> <p>(continued on next page)</p>		

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