

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265420	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/15/2024
NAME OF PROVIDER OR SUPPLIER Apple Ridge Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 100 West Thomas Avenue Waverly, MO 64096	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46519</p> <p>Based on observation, interview, and record review, the facility failed to ensure one sampled resident (Resident #1) was free from abuse when on 4/4/24 Resident #2 hit Resident #1 causing a small abrasion (a superficial injury that can occur on the skin and visceral linings of the body, disrupting tissue continuity) to the top of his/her head out of four sampled residents. The facility census was 38 residents.</p> <p>On 4/15/24 the Administrator and Director of Regional Consulting were notified of the past noncompliance that occurred on 4/4/24. The facility administration was made aware of the altercation after staff reported an abrasion to the top of Resident #1's head and an investigation was immediately started. During the investigation all facility staff were educated on abuse and neglect. Resident safety checks were completed from 4/4/24-4/8/24 with no abnormalities. The residents' care plans were updated. The deficiency was corrected on 4/8/24.</p> <p>Review of the facility's undated policy titled Abuse and Neglect showed:</p> <ul style="list-style-type: none"> -The facility would not condone any form of resident abuse or neglect. -Abuse is defined as willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish. -The following are some examples of actual abuse/neglect and signs and symptoms of abuse/neglect that should promptly be reported: <ul style="list-style-type: none"> --Welts or bruises. --Abrasions or lacerations. -Our residents have the right to be free from abuse. -This includes but is not limited to freedom from corporal physical abuse. -As part of the resident abuse prevention, the administration will protect the residents from abuse by anyone. <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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1. Review of Resident #1's undated Face Sheet showed he/she admitted to the facility with the following diagnoses:</p> <ul style="list-style-type: none"> -Wedge Compression Fracture (fracture that occurs in the front part of the vertebra, collapsing the bone in front of the spine and leaving the back of the same bone unchanged) of First Lumbar Vertebra. -Metabolic Encephalopathy (a problem in the brain usually caused by a chemical imbalance in the blood) -Alzheimer's Disease (a progressive disease that destroys memory and other important mental functions). <p>Review of Resident #1's Annual Minimum Data Set (MDS- a federally mandated assessment instrument completed by facility staff for care planning) dated 3/27/24 showed the resident had severely impaired cognition.</p> <p>Review of Resident #2's Face Sheet showed he/she admitted to the facility with the following diagnoses:</p> <ul style="list-style-type: none"> -Bipolar Disorder (a disorder associated with episodes of mood swings ranging from depressive lows to manic highs). -Major Depressive Disorder (MDD- a mental health disorder characterized by persistently depressed mood or loss of interest in activities, causing significant impairment in daily life). -Autistic Disorder (a serious developmental disorder that impairs the ability to communicate and interact). <p>Review of Resident #2's Annual MDS dated [DATE] showed:</p> <ul style="list-style-type: none"> -The resident was cognitively intact. -The resident exhibited verbal symptoms towards others (e.g., threatening others, screaming at others, cursing at others) one to three days during the seven days look back period of the assessment. <p>Review of Resident #2's Incident Report dated 4/4/24 showed:</p> <ul style="list-style-type: none"> -The resident had been in a physical altercation in the dining room on on 4/3/24 around 9:45 A.M. -The resident had admitted to hitting Resident #1 on the top of his/her head. -The resident had a ring on when hitting Resident #1 causing an abrasion to the top of Resident #2 ' s head. -Resident #1 had flipped the hat of a peer and Resident #2 became agitated at Resident #1. <p>Review of Resident #1's Incident Report dated 4/4/24 showed:</p> <p>(continued on next page)</p>		

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