

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265428	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/16/2026
NAME OF PROVIDER OR SUPPLIER Lebanon South Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 514 West Fremont Road Lebanon, MO 65536	

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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p>Based on record review, observation, and interview, the facility failed to ensure all residents were treated with respect and dignity when one staff (Certified Nurse Aide (CNA) B) laid on one resident's (Resident #5) bed, next to the resident, while the resident was sleeping to try and wake the resident. The facility census was 71. Review of the facility policy titled, Resident Rights not dated, showed the following: -The resident has a right to a dignified existence, self-determination and communication with and access to persons and services inside and outside the facility. A facility must protect and promote the rights of each resident; -Resident Rights are to be fully respected and adhered to. Review of the facility policy titled, Patient [NAME] of Rights, not dated, showed the resident shall be treated with consideration, respect and full recognition of their dignity and individuality, including privacy in treatment and in care of your personal needs. 1. Review of Resident #5's face sheet (a brief summary of the resident's medical and admission history) showed the following: -admission date of 12/29/23; -Diagnoses included Alzheimer's disease, general anxiety disorder (worrying constantly and cannot control the worry), and high blood pressure. Review of the resident's care plan, reviewed 02/17/26, showed the following: -The resident had anxiety, and staff should maintain a calm environment and approach with him/her; -The resident received hospice services; -The resident had confusion related to Alzheimer's disease. Review of the resident's annual Minimum Data Set (MDS - a federally required assessment tool completed by facility staff), dated 02/20/26, showed the following: -The resident had severe cognitive impairment; -The resident was dependent on staff for all activities of daily living (ADL - grooming, eating, dressing, etc.). During an interview on 03/16/26, at 12:13 P.M., the Administrator said the following: -On 03/13/26, at 8:13 A.M., CNA A sent through text messaging with a picture of CNA B lying on the bed with the resident; -CNA A said that he/she felt that CNA B's behavior was inappropriate; -CNA A said that CNA B wanted to snuggle the resident; -CNA B said that he/she was being kind to the resident. Observation of a picture identified by as CNA B and the resident showed the following: -The resident was in bed under the covers laying on his/her side facing the wall; -The staff member, fully dressed in scrubs) was lying next to the resident in bed on his/her side with one arm around (hugging) the resident; -There was no indication of any sexual contact. During an interview on 3/16/26, at 1:38 P.M., CNA B said the following: -CNA B laid down beside the resident in the resident's bed; -CNA B said he/she was seeing if the resident was ready to get out of bed for dinner; -CNA B said he/she had not done that before and wanted the resident to be in a good mood when he/she woke up; -CNA B said he/she was not thinking when he/she laid down on the bed with the resident; -CNA B said the Administrator talked to him/her regarding the incident; -CNA B said it was inappropriate for him/her to lie on the bed with a resident. During an interview on 03/16/26, at 12:25 P.M., CNA C said the following: -CNA C said that he/she would report any concerns regarding staff behavior to the Director of Nursing (DON); -CNA C said that he/she had seen CNA B sit on the side of a resident's bed and give the resident a side hug but had not seen CNA B lie in bed with a resident. During an interview on 03/16/26, at 1:21 P.M., CNA G said the following: -CNA G would report any concerns about staff behavior to DON; -It would be inappropriate for a staff member to lie on the bed with a resident. During an interview on 03/16/26, at 12:57 P.M., with Certified Medical (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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Technician (CMT) F said the following: -CMT F would report any concerns regarding staff behavior to the DON;-CMT F said staff lying on the bed with a resident would be inappropriate and should be reported to the DON.During an interview on 03/16/26, at 12:35 P.M., Licensed Practical Nurse (LPN) D said the following: -If LPN D had concerns regarding other staff behavior, he/she would report it to the DON;-LPN D said that staff lying on the bed with a resident was inappropriate if the resident was unable to communicate. During an interview on 03/16/26, at 12:43 P.M., Registered Nurse (RN) E, said the following: -CNA A reported to RN E that CNA B had been inappropriate with the resident;-CNA A reported that CNA B was hugging and joking inappropriately with the resident;-RN E said that he/she told CNA A to report the incident to the DON.During an interview on 03/16/26, at 2:29 P.M., the DON said staff lying on the bed with a resident was inappropriate.During an interview on 3/16/26, at 2:38 P.M., the Administrator said the following: -It was inappropriate for staff to lie on a resident's bed;-She counseled CNA B about the incident involving the resident.Complaint #2802980</p>		

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>Based on interview and record review, the facility failed to implement an effective and complete grievance policy when staff failed to document and track residents' grievances, failed to make prompt efforts to resolve the residents' grievances and failed to provide a written summary of conclusions regarding the residents' grievances filed in resident council when the resident council members filed grievances/complaints regarding missing items, untimely responses to call lights, and rude/disrespectful staff. The facility census was 71. Review of the facility's policy titled, Grievance Protocol, not dated, showed the following: -The purpose of the grievance/complaint report and grievance log is to provide a written record of each resident and family concern and to ensure proper follow-up through the appropriate discipline; -The Social Service Director (SSD) is responsible for the program, although the Administrator is ultimately responsible for the proper implementation of the program. The social service director informs the administrator of each incident; -The appropriate situations for use of the grievance complaint report were resident articles that are lost or cannot be located, laundry concerns, resident care or personal hygiene issues that cannot be immediately resolved, any resident or family concern with a staff member, and any resident or family issue that would require a resolution; -The SSD will obtain the original grievance complaint report, record the grievance on the monthly grievance log, inform the Administrator of the grievance and forward a copy of the grievance to the appropriate discipline; -The Administrator and SSD evaluate the monthly grievance log for trends or patterns a devise an action plan to correct the issues; -A new grievance log should be completed each month. It should be present at the QAA meeting quarterly. Review of the facility's Grievance/Complaint Log showed no grievances/complaints filed/documentated for January 2026, February 2026, and March 2026. Review of the Resident Council Minutes, dated January 21, 2026, showed the following: -Resident said he/she pushes call light for his/her roommate who needs assistance and isn't able to push call light herself. Aides assume he/she can wait because he/she is mobile and alert, meanwhile roommate needs help; -A CNA told a resident he doesn't have time to put on compression socks on resident. The CNA leaves and doesn't come back. Resident tries to put them on his/herself. Resident said aide has bad attitude and tells the resident you can wait; -Resident missing sweatpants; -Trash on floor in rooms and hallways; -Staff did not document resolution of these concerns. Review of the Resident Council Minutes, dated February 10, 2026, showed the following: -Concern regarding call lights, aides playing with hair in dining room, two-hour checks not being done, and no shower aides means no showers; -Residents reported horse blanket missing, sweatpants missing, and three coats missing; -Staff did not document resolution of these concerns. Review of the Resident Council Minutes, dated February 18, 2026, showed the following: -Care concerns of no hot water, no towels or wash rags, staff need to knock before coming in, and call lights; -Resident reported missing blankets and clothes, horse blanket, and blue blanket; -Staff did not document resolution of these concerns. Review of the Resident Council Minutes, dated March 10, 2026, showed the following: -Care concerns included clothes in other people's closet, flies, talk nasty to residents, Hoyer lift left in rooms, bad attitudes, call lights, playing with hair and respect of a resident needing help; -Staff did not document resolution of these concerns. During an interview on 03/16/26, at 2:59 P.M., Registered Nurse (RN) E said the following: -A grievance was a complaint filed by a family member or resident; -Grievances should be documented; -RN E was not aware of any grievances or concerns filed by residents or their families. During an interview on 03/16/26, at 3:10 P.M., the Social Service Director (SSD) said the following: -The SSD tells residents to come to him/her with any complaints; -If a resident files a grievance the SSD refers it to the department head to address the issue; -The SSD follows up with the resident to see if the issue was resolved; -The SSD attends resident council meetings; -The Activities Director (AD) provides the department heads with a copy of the resident council minutes after each meeting; -The SSD was not aware of the (continued on next page)</p>		

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>complaints/grievances filed at the January 2026, February 2026, and March 2026 resident council meetings;-The SSD said if the residents would have come to him/her with the complaints she would have filled out a grievance form;-Call lights not being answered would be considered a grievance and should be documented.During an interview on 03/16/26, at 3:33 P. M. the Activity Director (AD) said the following: -A grievance was a complaint/concern that a resident had;-All staff were responsible for handling grievances. If a department head does not handle a grievance, it was then taken to the Administrator;-Grievances are documented on resident council minutes;-If a resident complains about an issue for more than a month the AD takes that complaint to the department head;-Call lights not being answered were considered a grievance and were reported to the DON;-Grievances were discussed in morning meeting the day following the resident council meeting;-The AD was not sure if grievances were documented anywhere other than the resident council minutes;-The AD was not aware of a grievance logbook being kept by any staff;-If a resident came to the AD outside of a resident council meeting with a complaint the AD reported that to the appropriate department head;-Every department gets a copy of the resident council minutes;-Department heads were responsible for correcting complaints through in-service with their staff;-Complaints weren't always handled immediately.During an interview on 03/16/26, at 3:43 P.M., the DON said the following: -A grievance was a complaint/grievance filed by a resident or family member of a resident;-The SSD kept a log of complaint/grievances;-There are two types of grievances: a complaint and a formal grievance;-A formal grievance required an investigation, an in-service with staff, and was handled by staff immediately;-A resident complaint did not include harm and was not documented. The residents were told to write a statement regarding the complaint and staff would follow up on the complaint;-Every department head received a copy of the resident council minutes after the meetings;-Call lights not being answered could be a grievance.During an interview on 03/16/26, at 4:04 P.M., the Administrator said the following: -Grievances were to be filed with the SSD;-Grievances were discussed every morning during the stand-up meeting;-Grievances were written down and given to the appropriate department head;-Examples of documented grievances were missing money, missing clothing if it cannot be found, etc;-Grievances are documented in resident council minutes or in stand-up meetings;-Grievances/complaints against a staff member were to be documented;-Any grievance/complaint filed against a staff member were to be addressed and then filed in the employee's personnel file;-There were no grievances/complaints filed against any staff members this year;-Grievances/complaints voiced during resident council meetings were passed on to the department heads by the AD;-The AD would then follow up with the resident to make sure the issue had been resolved;-Grievances filed during the resident council meetings should be documented in the grievance log after the meeting;-The administrator was not aware of the complaint filed by a resident on January 21, 2026, resident council meeting regarding a CNA;-The Administrator was not aware of the complaint filed by residents for three consecutive months regarding call lights not being answered.Complaint #2802980</p>		