

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265473	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024
NAME OF PROVIDER OR SUPPLIER Glendale Gardens Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 3535 East Cherokee Springfield, MO 65809	

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** 48534</p> <p>Based on interview and record review, the facility failed to protect each resident's right to be free from physical abuse when Registered Nurse (RN) C slapped one resident's (Resident #1) face in retaliation for the resident biting the RN's finger. The facility census was 89.</p> <p>Review of the facility's policy titled, Abuse Prohibition, dated 2016, showed the following:</p> <p>-It is the purpose of the facility to prohibit mistreatment, neglect, abuse, misappropriation of resident's property, and exploitation of any resident. To assist the facility staff members in recognizing incidents of abuse, the following definitions of abuse are provided;</p> <p>-Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. Abuse also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology. Willful, as used in this definition of abuse, means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm;</p> <p>-Physical abuse is defined as hitting, slapping, pinching, kicking, etc. It also includes controlling behavior through corporal punishment.</p> <p>Review of the facility's policy titled, Resident's Rights, undated, showed the following:</p> <p>-Long-term care residents have a right to care which maintains or enhances the quality of life;</p> <p>-A resident has the right to be free from abuse. Residents shall not be subjected to physical, sexual, or emotional injury or harm.</p> <p>1. Review of Resident #1's face sheet (resident's information at a quick glance) showed the following:</p> <p>-admitted [DATE];</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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Diagnoses included of anxiety (a feeling of fear, dread, and uneasiness), unspecified dementia (dementia without a specific diagnosis, multiple types of mental and physical conditions present at once), and major depressive disorder (a mental health disorder characterized by persistently depressed mood).</p> <p>Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated comprehensive assessment instrument completed by facility staff), dated 06/14/24, showed the following:</p> <ul style="list-style-type: none"> -The resident was severely cognitively impaired. -The resident used a wheelchair. -The resident required supervision when eating. -The resident required a therapeutic diet. <p>Review of the resident's care plan, dated 06/20/24, showed the following:</p> <ul style="list-style-type: none"> -The resident required assistance with eating; -Provide the resident with encouragement and gentle verbal cues with cares. <p>Review of the facility's investigation, dated 07/30/24, showed the following:</p> <ul style="list-style-type: none"> -At 9:47 P.M., on 07/28/24, the Administrator was contacted by the Director of Nursing (DON); -The DON said Nurse Aide (NA) A and NA B witnessed RN C slap the resident on his/her left cheek; -RN C said the resident had something in his/her mouth that could cause him/her to choke; -The resident refused to open his/her mouth and spit out the object in his/her mouth; -RN C said he/she used his/her thumb and index finger to open the resident's mouth; -RN C said he/she placed his/her finger in the resident's mouth once it opened and the resident bit RN C's finger; -RN C said he/she pulled his/her hand away and in a reactive response very lightly tapped the resident's left cheek; -RN C said the tap was very slight and an automatic response to being bit; -RN C was removed from the facility and sent home. <p>Review of the incident report (written statement), undated, completed by NA A showed the following:</p> <ul style="list-style-type: none"> -NA A went to the resident's room to get the resident up for dinner; <p>(continued on next page)</p>		

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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>-The resident was chewing on something, but would not spit it out;</p> <p>-NA B and RN C helped remove the item from the resident's mouth;</p> <p>-NA A was completing last rounds when NA A noticed the resident chewing on something again;</p> <p>-The resident refused to spit the item out;</p> <p>-RN C was trying to get the item out of the resident's mouth and the resident refused to spit it out;</p> <p>-The resident chopped down on RN C's finger;</p> <p>-RN C got upset and slapped the resident on the left side of the resident's face;</p> <p>-RN C said he/she was sorry and that was a reaction;</p> <p>-RN C had NA A and NA B remove everything from the residents room.</p> <p>During an interview on 08/01/24, at 2:04 P.M., NA A said the following:</p> <p>-The resident had choked on a straw earlier in the day;</p> <p>-NA A checked on the resident and he/she was chewing on something and would not spit it out when asked;</p> <p>-NA A asked NA B and RN C for help getting the object out of the resident's mouth;</p> <p>-RN C put her finger in the resident's mouth to remove the item;</p> <p>-The resident bit down on RN C's finger and RN C slapped the resident on the left of side of the resident's face;</p> <p>-RN C apologized to the resident and said the slap was a reaction to the bite;</p> <p>-RN C's action of slapping the resident was not appropriate;</p> <p>-NA B left the resident's room and reported the incident to the DON.</p> <p>Review of the incident report (written statement), undated, completed by NA B, showed the following:</p> <p>-NA A had come and got RN C and myself and said the resident have been chewing on something and refused to spit it out;</p> <p>-NA B said all three of them went to the resident's room to remove the item the resident was chewing on;</p> <p>(continued on next page)</p>		

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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>-RN C's reaction to being bit by the resident was not appropriate.</p> <p>Complaint MO00239672</p>