

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265475	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/03/2024
NAME OF PROVIDER OR SUPPLIER Maranatha Village, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 233 East Norton Road Springfield, MO 65803	

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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49585</p> <p>Based on interview and record review, the facility failed to ensure documentation was present in the medical record to support any discharge when staff failed to document to the resident's medical records the specific needs the facility could not meet, the attempts the facility made to meet those needs, and the services available at the receiving facility to meet the need, including documentation from the physician, for one resident (Resident #1) who was issued a facility initiated discharge notice. The facility's census was 87.</p> <p>Review of a facility policy titled Transfer or Discharge, Facility-Initiated, revised October 2022, showed the following:</p> <ul style="list-style-type: none"> -Once admitted to the facility, residents have the right to remain in the facility; -Facility-initiated discharges must meet specific criteria and require resident/representative notification and orientation, and documentation as specified in this policy; -A resident will not be discharged unless the discharge is necessary for the resident's welfare and the resident's needs cannot be met in facility; -A resident's declination of treatment is not grounds for discharge, unless the facility is unable to meet the needs of the resident; -The facility will document that the resident received information regarding the risks of refusal of treatment and staff conducted the appropriate assessment to determine if care plan revisions would allow the facility to meet the needs of the resident; -The attending physician should document the basis for the transfer or discharge in the resident clinical record if the resident is discharged due to the resident's welfare and the resident's needs cannot be met in the facility. <p>1. Review of Resident #1' s face sheet (document that gives resident's information at a quick glance) showed the following:</p> <ul style="list-style-type: none"> -admitted [DATE]; <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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Resident was his/her own responsible party;</p> <p>-Diagnoses included chronic obstructive pulmonary disease (COPD - condition causing constriction of the airways making it difficult to breathe), congestive heart failure (CHF - condition in which heart does not pump blood as well as it should), anxiety disorder, and chronic kidney disease (disease characterized by progressive damage and loss of function in the kidneys).</p> <p>Review of the resident's care plan, revised 10/08/24, showed the following:</p> <p>-Resident required one staff assistance for activities of daily living (ADL- dressing, grooming, bathing, eating, and toileting);</p> <p>-Resident had a need to be heard and used negative and untrue statements to seek attention;</p> <p>-Resident had potential to demonstrate frustration and anger directed towards staff and family with ineffective coping skills.</p> <p>(Staff did not care plan regarding noncompliance with medical care or orders.)</p> <p>Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated instrument required to be completed by facility staff), dated 10/08/24, showed the following:</p> <p>-Cognitively intact;</p> <p>-Resident had delusions;</p> <p>-Resident had verbal behaviors directed at others four to six days a week;</p> <p>-Resident rejected evaluation and care (e.g., blood work, taking medications, ADL assistance) four to six days a week;</p> <p>-Used a walker or wheelchair for mobility;</p> <p>-Required assistance of one staff with showering, dressing, and ADL's;</p> <p>-Independent with transfers and mobility.</p> <p>Review of the resident's notification of transfer or discharge, dated 11/18/24, showed the following:</p> <p>-Facility notified the resident of intent to transfer or discharge for the following reason: facility is unable to meet the needs of the resident's welfare due to resident not maintaining a physician with 24-hour coverage, refusal of medications, and disrespect of care provided by staff and physician;</p> <p>-The effective date of transfer or discharge: within 30 days or as of December 30, 2024;</p> <p>-The name and address to a facility which had available beds was documented.</p> <p>(continued on next page)</p>		

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<p>F 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's electronic medical record showed staff did not have documentation by the resident's physician regarding what needs the facility could not meet, what the facility had attempted to meet those needs, and what the accepting facility could do different to meet the resident's needs.</p> <p>Review of the resident's progress notes showed staff did not have documentation of the facility being unable to meet the resident's needs.</p> <p>During interviews on 12/03/24, at 10:17 A.M. and 12:26 P.M., the resident said the following:</p> <ul style="list-style-type: none"> -He/she thinks the facility is trying to get rid of him/her; -The facility gave him/her three eviction letters; -His/her physician is not available 24 hours a day and the Administrator said he/she needs an in-house physician; -He/she planned to appeal the discharge. <p>During an interview on 12/03/24, at 1:44 P.M., the Director of Nursing (DON) said the following:</p> <ul style="list-style-type: none"> -The Administrator issued facility-initiated discharges; -Staff discussed resident in stand-up meetings and staff have tried to resolve the problem with the resident and family; -He/she discussed 24-hour physician coverage with resident and resident will use emergency medical services after hours if needed. <p>During an interview on 12/03/24, at 2:16 P.M., the Physician Assistant said he/she worked with the Medical Director and is in the facility two to three days a week. He/she no longer sees resident due to resident aggressiveness and refusing care. Resident told the facility he wanted another provider.</p> <p>During an interview on 12/03/24, at 2:21 P.M., the Medical Director said the nurse reported the resident fired him/her. The resident had no physician to contact after hours. The facility was discharging resident due to noncompliance.</p> <p>During an interview on 12/03/24, at 3:58 P.M., the Administrator said the following:</p> <ul style="list-style-type: none"> -The resident refused to meet the requirement for physician available 24 hours a day; -Resident's current physician does not provide 24-hour care; -Facility staff have explained physician requirement with resident; -The resident has fired the medical director and refused to follow physician orders; <p>(continued on next page)</p>		

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<p>F 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-All information related to refusal of care should be documented in chart;</p> <p>-He/she called local hospitals to see if a physician would be available to assist with 24-hour coverage for resident, but none are available.</p> <p>MO00245803</p>		