

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265498	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/20/2024
NAME OF PROVIDER OR SUPPLIER Bluffs, The		STREET ADDRESS, CITY, STATE, ZIP CODE 3105 Bluff Creek Drive Columbia, MO 65201	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42815</p> <p>Based on record review and interview, facility staff failed to follow their Abuse & Neglect policy to investigate an allegation of misappropriation of property and failed to contact the local law enforcement within the required timeframe for one resident (Resident #1) out of one sampled residents. The facility census was 122.</p> <p>1. Review of the facility's policy titled, Abuse and Neglect, revised 05/10/19, showed staff are directed to do the following:</p> <p>-All allegations of abuse, neglect, exploitation, or mistreatment, including injuries of unknown source and misappropriation of resident property will be thoroughly investigated. The facility will prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress;</p> <p>-All Alleged violations involving abuse, neglect, exploitation, or mistreatment of residents, including injuries of unknown source and misappropriation of resident property, shall be reported immediately to the administrator and the Missouri Department of Health and Senior Services (DHSS), twenty four hours from the time the allegation is made if the events that cause the allegation do not involve abuse and do not result in serious bodily injury;</p> <p>-If there is any reasonable suspicion of a crime against an individual who is a resident of, or is receiving care from, the facility, a report shall also immediately be made to law enforcement no later than two hours if the events that cause the suspicion result in serious bodily injury or no later than twenty four hours if the events that cause the suspicion do not result in serious bodily injury;</p> <p>-Once any individual has reported an allegation of abuse, neglect, exploitation, or mistreatment, including injuries of unknown source and misappropriation of resident property, the Administrator or his or her designee will assess the allegation and determine the direction of the investigation. The following protocol will be used for any investigation:</p> <p>-At a minimum, the administrator or his or her designee will conduct interviews of the person making the report, any witnesses to the incident, the alleged perpetrator, and the residents involved, unless contraindicated. Additional interviews may be conducted, including, but not limited to, all staff members having contact with any residents involved in the incident, visitors, family members, roommates, and physicians.</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>-The policy did not provide direction for staff in regard to the investigation timeframe.</p> <p>2. Review of Resident #1's Quarterly Minimum Data Set (MDS), a federally mandated assessment tool, dated 02/03/24, showed the staff documented:</p> <p>-Moderate cognitive impairment;</p> <p>-admitted [DATE].</p> <p>Review of the facility's investigation, dated 05/15/24, showed staff documented the resident's family member emailed the administrator on 05/13/24 related to the resident's electronic device missing. Review showed staff did not contact the local police until 05/20/24 (five days after the allegation of misappropriation of property).</p> <p>During an interview on 05/20/24 at 1:40 P.M., Certified Nurse Aide (CNA) A said staff are directed to report abuse, including misappropriation of property to the charge nurse.</p> <p>During an interview on 05/20/24 at 2:03 P.M., the administrator said staff are directed to immediately report abuse, to include misappropriation of property. He/She said he/she did not report the missing device to the police, since he/she did not know he/she was required to. He/She said allegations of abuse, including misappropriation are required to report to DHSS within the required timeframes. He/She said he/she notified DHSS once he/she determined the item could potentially have been stolen and was not just missing. The administrator said he/she realized it was stolen when the resident's family member told him/her the internet device had been deactivated and then reactivated by someone else.</p> <p>During an interview on 05/20/24 at 3:02 P.M., Licensed Practical Nurse (LPN) B said staff are directed to report abuse, including misappropriation on property, to the Director of Nursing.</p> <p>MO00236191</p>		

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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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42815</p> <p>Based on interviews and record review, facility failed to report a missing electronic device for one resident (Resident #1) out of one sampled residents to the Department of Health and Senior Services (DHSS) within the required timeframe. This has the potential to affect all residents. The facility census was 122.</p> <p>1. Review of the facility's policy titled, Abuse and Neglect, revised 05/10/19, showed staff are directed:</p> <p>-All Alleged violations involving abuse, neglect, exploitation, or mistreatment of residents, including injuries of unknown source and misappropriation of resident property, shall be reported immediately to the Administrator and the Missouri Department of Health and Senior Services (DHSS), but not later than two hours from the time the allegation is made if the events that cause the allegation involve abuse or result in serious bodily injury or twenty four hours from the time the allegation is made if the events that cause the allegation do not involve abuse and do not result in serious bodily injury.</p> <p>2. Review of Resident #1's Quarterly Minimum Data Set (MDS), a federally mandated assessment tool, dated 02/03/24, showed staff assessed the resident as:</p> <p>-Moderate cognitive impairment;</p> <p>-admitted [DATE].</p> <p>Review of the facility's investigation, dated 05/15/24, showed the facility documented:</p> <p>-The resident's family member emailed the administrator on 05/13/24 and documented Resident #1's electronic device was missing;</p> <p>-Notified DHSS on 05/15/24.</p> <p>During an interview on 05/20/24 at 2:03 P.M., the administrator said staff are directed to immediately report abuse, including misappropriation of property. He/She said he/she did not report the missing device to the police, since he/she did not know he/she was required to. He/She said allegations of abuse, including misappropriation are required to report to DHSS within the required timeframes. He/She said he/she notified DHSS once he/she determined the item could potentially have been stolen and not just missing when the resident's family member told him/her the [NAME] had been deactivated and then reactivated by someone else.</p> <p>MO00236191</p>		