STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265526	A. Building B. Wing	08/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Chariton Park Health Care Center	902 Manor Drive Salisbury, MO 65281

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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. 42592 Based on interview and record review, the facility failed to ensure one resident (Resident #1), in a review of 15 sampled residents, remained free from abuse when Licensed Practical Nurse (LPN) A engaged in text communication of a sexual nature in response to one resident's (Resident #1's), requests on social media for a sexual relationship with LPN A. The resident had diagnoses of physical and mental health disorders, resided on a secured unit for residents with behaviors, and was under guardianship. The facility census was 113. On 8/7/24 at 5:15 P.M., the administrator was notified of the past noncompliance which occurred on 7/14/24. On 8/1/24, the administrator became aware of the violation of abuse, regarding sexual text messages to Resident #1 by LPN A. Upon discovery, the facility conducted an investigation, notified appropriate parties, suspended LPN A and all facility staff were educated on the facility abuse and neglect policy and social media policy. LPN A self terminated on 8/3/24. The deficiency was corrected on 8/3/24 after all staff had been inserviced and LPN A was no longer employed with the facility. Review of the facility policy, titled Abuse and Neglect Policy, revised on 06/12/24, showed the following: -It is the policy of this facility to report all allegations of abuse/neglect/exploitation or mistreatment, immediately to the administrator of the facility and to other appropriate agencies in accordance with current state and federal regulations within prescribed time frames; -Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish, which can include staff to resident abuse; -It includes verbal abuse, sexual abuse, physical abuse, and mental abuse, including abuse facilitated or enabled through use of technology; -Verbal abuse means the use of oral, written or gestured language that willfully includes disparaging and derogatory terms to residents or their families, or within their hearing distance regardless of their age, ability to comprehend, or disability. This includes using profanity or speaking in a demeaning, non-therapeutic, undignified, threatening or derogatory manner in a resident's presence; (continued on next page)

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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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-The facility will develop and operationalize policies and procedures for screening and training employees, protection of residents and for the prevention, identification, investigation, and reporting of abuse, neglect, mistreatment, and misappropriation of property. Review of the facility policy, titled Social Media Policy, revised 05/31/22, showed the following: -This policy applies to all employees, agency staff and volunteers who work for the company; -Social media includes all means of communicating or posting information or content of any sort on the Internet, including to your own or someone else's web log or blog, journal or diary, personal web site, social networking or affinity web set, web bulletin board or a chat room, whether or not associated or affiliated with the company, as well as any other form of electronic communication; -The guidelines stated in the company's policies, along with the following information, apply to your activities online; -Keep in mind that any of your conduct that adversely affects your job performance, the performance of fell ow employees or otherwise, adversely affects residents, suppliers, or other people who work on behalf of the company or the company's legitimate business interests may result in disciplinary action up to and including termination; -Anything that makes fun of a resident or puts them in an unfavorable light can be considered abuse; -Do not friend residents on social media websites; -Employees are responsible for caring for residents and shall not accept friend requests from residents unless there is prior relationship (before the resident came to the facility) between the employee and the resident. 1. Review of Resident #1's face sheet showed the following: -He/She was under guardianship; -Diagnoses include anoxic brain damage (brain injury caused by lack of oxygen), major depressive disorder (a mental health disorder characterized by persistently depressed mood or loss of interest in activities, causing significant impairment in daily life) and anxiety disorder (a mental health disorder characterized by feelings of worry, anxiety, or fear that are strong enough to interfere with one's daily activities). Review of the resident's quarterly Minimum Data Set (MDS), a federally mandated tool completed by facility staff, dated 05/08/24, showed the following: -Adequate hearing, clear speech, able to make self understood and understands others; -Cognitively intact; -Has hallucinations and delusions. (continued on next page)

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility-initiated investigation on 08/01/24 at 6:39 P.M., showed the following: -The resident reported issues he/she had with a staff member that picked up food for him/her after she had ordered the food online; -The Director of Nurses (DON) asked the resident if he/she could go through the resident's messages and the resident entered his/her pass code and handed the phone to the DON with permission to view content; -The DON found messages on the resident's phone under a profile of Licensed Practical Nurse (LPN) A; -Review of the messages between LPN A and Resident #1 showed a message from the resident to LPN A stating It's Sunday, no one is here, you can come now. LPN A responded with I can't do that, what if you get pregnant?. Resident #1 continued in the message thread to express wishes to have sex with LPN A. A message from LPN A within this thread said, you would scream if I stuck it in your ass.; -The DON asked Resident #1 if he/she and LPN A had any sexual contact to which the resident replied no, but did endorse that he/she wanted to have sex with LPN A, but LPN A was afraid he/she would get pregnant and LPN A wanted to do it in my butt. He/She said that was all that LPN A would talk about and he/she did not want to do that; -Resident #1 reported he/she initiated contact with LPN A through Facebook and he/she felt as though LPN A flirted with him/her; -LPN A had completed Health Insurance Portability and Accountable Act (HIPPA): Do's and Don'ts of social media and electronic communication training on 12/17/23 and preventing, recognizing, and reporting abuse on 05/23/22 and 12/17/23; -Employee discipline notice for LPN A for date of occurrence 08/01/24, resident found to have messages on phone from employee (LPN A) of a sexual nature, corrective action suspension pending investigation. Review of a facility generated questionnaire, dated 08/01/24, showed the following: -Question #3: Have you been in contact with any employee through social media, i.e. Facebook, Messenger, TIC-TOK, or e-mail, text, personal phone calls or messages? If yes, please describe; -Resident #1 answered question #3: Yes - LPN A, messaged through Facebook messenger; -Question #6: Have you had any sexual contact with an employee, i.e. verbal or physical? If yes, please describe; -Resident #1 answered question #6: yes - LPN A. Review of the resident's care plan, revised 08/02/24, showed the following: -Resident has history of behavioral challenges and requires protective oversight; (continued on next page)

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-He/She can behave impulsive and tends to follow any avenue of unrest or complaint available, waxed and wanes between expressing that he/she does not have mental health issues and does not need to be in a facility to relying on I have a brain injury and can not help how I act sometimes; -Provide opportunities for the resident to express feelings and to reinforce positive coping; -Assist with identifying formation of health relationships; -Potential for alteration in well-being related to inappropriate contact through social media and messaging with two . staff members. During an interview on 08/07/24 at 1:50 P.M., the DON said the following: -The policy on social media contact between staff and residents was that was not to happen; -A staff member should not, at any time, make any remarks to a resident, or gestures toward a resident, that would make them feel uncomfortable; -A staff member should not, at any time, suggest a sexual relationship with a resident; -She had started an investigation on a different matter, and that investigation brought to light the concerns related to LPN A; -LPN A was immediately put on suspension pending the investigation. During an interview on 08/07/24 at 4:34 P.M., the interim administrator said the following: -A staff member should never suggest sexual favors/make sexual comments (toward a resident); -A staff member should never suggest a sexual relationship with a resident at any time; -A staff member should never message a resident on any social media platform, the facility has a policy against that behavior. MO00240147