STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265555	A. Building B. Wing	05/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Eldon Nursing & Rehab	1001 East North Street Eldon, MO 65026

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 - 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43024 Based on interview and record review, facility staff failed to implement interventions for one resident (Resident #2), with a history of similar behaviors, which failed to ensure one resident (Resident #1) remained free from sexual abuse, when Resident #2 put his/her hand down Resident #1's pants without Resident #1's consent. The facility census was 65. 1. Review of the facility's abuse and neglect policy, undated, showed it is the policy of this facility that each resident will be free from Abuse. Abuse can include verbal, mental, sexual, or physical abuse, misappropriation of resident property and exploitation, corporal punishment or involuntary seclusion. Additionally, residents will be protected from abuse, neglect, and harm while they are residing at the facility. No abuse or harm of any type will be tolerated, and residents and staff will be monitored for Protection. 2. Review of Resident #1's Quarterly Minimum Data Set (MDS), a federally mandated assessment tool used to plan care, dated 5/5/24, showed staff assessed as: -Severely cognitively impaired; -Diagnoses of Dementia, Multiple Sclerosis (disease of the central nervous system); -Impairment on both sides of body; -Used wheelchair; -Total dependence on staff for eating, toileting, transferring, bed mobility and hygiene. Review of the resident's plan of care, dated 5/29/2020, showed staff are directed to keep resident free from harm. (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 - Actual harm Residents Affected - Few	Review of the residents nurse's notes, dated 5/19/24 at 4:47 P.M., showed staff documented Resident #2's family member reported around 2:00 P.M. when they came in to visit with Resident #2 they witnessed him/her in the main dining room in a chair by Resident #1 in his/her wheelchair. Resident #2's family observed Resident #2's hand down Resident #1's pants. The incident was immediately reported to the Director of Nursing (DON) and Administrator at 2:10 P.M. The physician was notifed of the incident at 2:12 P. M. Resident #1's Durable Power of Attorney (DPOA) was notified of the incident. Incident paperwork was filled out. Safety plan in place. Resident said he/she did not know Resident #2's hands were down his/her pants. When asked if he/she was hurt,the resident said no. Staff documented the resident did not have an injury upon assessment. During an interview on 5/20/24 at 12:05 P.M., the resident's spouse said he/she was notified of the incident and was told the other resident would be moved to a different unit. He/She said if his/her spouse was in his/her right mind he/she would not have liked anyone putting their hands down his/her pants in a public place. During an interview on 5/20/24 at 12:47 P.M., the resident said he/she does not remember an incident with another resident but he/she would not like it if someone put their hands down his/her pants. 3. Review of Resident #2's Admission MDS, dated [DATE], showed staff assessed the resident as follows: -Moderately cognitively intact; -Diagnoses of Dementia, Alzheimer's Disease and Depression; -Required minimal or no supervision for eating, toileting, transferring, bed mobility and hygiene. Review of the residents plan of care, dated 5/8/24, showed staff assessed the residents at risk for behavioral episodes due to cognitive changes related to diagnoses. Review showed plan of care, updated 5/20/24, to address the resident's sexual behavior toward another resident and intervention to redirect resident if behaviors occurs, rearrange seating to avoid provocation, attempt to engage resident in activities as often as possible. Review of the residents nurses notes, dated 5/19/24 at 4:21 P.M., showed the DON documented It was reported by the resident's family that around 2:00 P.M., when they came into visit with the resident, they witnessed him/her in the main dining room sitting in a chair by Resident #1 in his/her wheelchair. The family observed the resident with his/her hand down Resident #1's pants. Family quickly pulled his/her hand out of Resident #1's pants. The incident was immediately reported to the DON and Administration at 2:10 P.M., the physician was notified of the incident at 2:12 P.M., and new orders were given to place the resident on 15 minute checks for the next 24 hours. Incident paperwork was filled out. Safety plan in place. The resident remained on 15 minute checks at this time. During an interview on 5/20/24 at 11:44 A.M., the resident's DPOA said he/she stopped by to see the resident in the main dining room. He/She said when he/she approached the resident, he/she saw the residents hands were down Resident #1's pants. He/She said Resident #1 was turned away from Resident #2 in his/her wheelchair and it was hard to see if he/she was awake. He/She said a nurse was at the nurses station but the incident was out of his/her line of sight. He/She said he/she let the nurse know what happened because he/she wanted to make sure the other resident was okay. (continued on next page)

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F 0600 Level of Harm - Actual harm Residents Affected - Few	During an interview on 5/20/24 at 11:57 A.M., Registered Nurse (RN) A said on 5/19/24 around 2:00 P.M., the residents family member let him/her know the resident's hand was down Resident #1's pants. He/She said the family immediately stopped the resident. He/She said the Resident #2 did not remembered the incident and he/she has never seen Resident #2 show sexual behaviors previously. 4. Review of the facilities investigation, dated 5/19/24, showed Resident #2's DPOA reported to RN A he/she witnessed the resident's hands down Resident #1's pants. The DPOA had already removed Resident #2 from the dining room away from Resident #1. Review showed staff documented neither resident could recall the incident. 5. During an interview on 5/20/24 at 12:50 P.M., the DON said he/she was not aware Resident #2 had sexual behaviors prior to admittance and has not shown signs of sexual behaviors. Resident #2 was placed here because of wandering and needed a locked unit. He/She said the resident was not on the locked unit now because he/she has had no issues. During an interview on 5/20/24 at 1:01 P.M., the administrator said his/her staff handled the incident per his/her expectation, they contacted him/her and the DON. The physician and the family were notified and a safety watch was put into effect to make sure Resident #1 was not around Resident #2. He/She said he/she was aware that a similar allegation had been made at his/her previous skilled nursing facility but he/she does not know the outcome. MO00236354