

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265565	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/03/2024
NAME OF PROVIDER OR SUPPLIER  Pleasant Hill Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1300 Broadway Pleasant Hill, MO 64080	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45403</b></p> <p>Based on interview and record review, the facility failed to ensure one sampled resident (Resident #1) was treated with dignity and respect when on 3/25/24 Registered Nurse (RN) A cursed and yelled at the resident in the dining room out of three sampled residents. The facility census was 81 residents.</p> <p>On 3/25/24 the Administrator was notified of Past Non-Compliance which occurred on 3/25/24. RN A was suspended pending investigation immediately. Upon completion of the investigation, RN A was terminated for violating facility policy on 3/26/24. Facility training for abuse, neglect, dignity and customer services was completed for all staff 3/26/24 prior to the start of their shift.</p> <p>Review of the facility Resident Rights Policy dated 5/1/23 showed:</p> <p>-Purpose:</p> <p>--This policy is concerned with all incidents and accidents involving residents.</p> <p>--All of our residents have the right to be free from abuse, neglect, exploitation and misappropriation of resident property.</p> <p>--Abuse is the willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain, or mental anguish.</p> <p>--Verbal abuse is the use of oral, written or gestured communication or sounds that includes disparaging and derogatory term to residents or their families/representatives, or within their hearing distance, regardless of their ages, abilities to comprehend, or the nature of their disabilities by any staff member, volunteer, vendor, visitor, or other resident that is directed at the resident.</p> <p>--Examples of verbal abuse include, but are not limited to: threatening to hurt and saying things to frighten a resident.</p> <p>--Using profanity to a resident or ridiculing the resident are also examples that could be abuse.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1. Review of Resident #1's Face Sheet showed he/she was admitted on [DATE] with diagnoses including hyperlipidemia (high cholesterol) and presence of aortocoronary bypass graft (surgery in which a healthy blood vessel taken from another part of the body is used to make a new path for blood around a blocked artery).</p> <p>Review of the resident's Care Plan dated 11/17/23 showed:</p> <ul style="list-style-type: none"> <li>-Quality of life:</li> <li>--The resident enjoys visiting with peers.</li> <li>--Assist with activities to stay connected with friends.</li> </ul> <p>Review of the resident's Minimum Data Set (MDS- a federally mandated assessment instrument completed by facility staff for care planning) dated 2/19/24 showed he/she was assessed to be cognitively intact and able to make his/her wants and needs known.</p> <p>Review of the facility's Verification of Investigation dated 4/1/24 showed:</p> <ul style="list-style-type: none"> <li>-Resident #1 was yelled at by RN A.</li> <li>-RN A was rude and always trying to tell Resident #1 what he/she can and can't do.</li> <li>-RN A has been the only staff the resident had a problem with.</li> <li>-RN A attempted to throw the resident out if he/she did not do what he/she wanted the resident to do, which was to stay away from his/her friend.</li> <li>-RN A was immediately suspended.</li> <li>-RN A was terminated on 3/26/24 because his/her behavior violated facility policy in that he/she displayed inappropriate behavior with the public, resident, and staff.</li> </ul> <p>Review of the resident's Social Service Note dated 4/3/24 showed he/she was satisfied with the things done to resolve the issue.</p> <p>During an interview on 4/3/24 at 10:23 A.M. the Administrator said:</p> <ul style="list-style-type: none"> <li>-RN A was terminated as a result of the investigation for violating facility policy.</li> <li>-He/She did not feel the incident reached the level of abuse, but was not in compliance with facility policy.</li> </ul> <p>During an interview on 4/3/24 at 11:01 A.M. the Social Services Director said:</p> <ul style="list-style-type: none"> <li>-Resident #1 had become friends with another resident of the opposite gender.</li> <li>-The residents would often sit next to one another and hold hands.</li> </ul> <p>(continued on next page)</p>

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