STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265577	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Marshfield Care Center for Rehab and Healthcare	800 South White Oak Marshfield, MO 65706

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on observation, interview and record review, the facility failed to ensure all residents were treated with dignity and respect, when staff did not allow one resident (Resident #26) to eat in the dining room with other residents, talk with other residents, and smoke with other residents after the resident displayed behaviors. The facility census was 51. Review of the facility's policy titled, Resident Rights, dated 06/10/25, showed the resident has the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. Review of the facility's policy titled, Patient bill of rights as provided by the LTC (Long term care) Ombudsman Program, dated 04/22/24, showed you shall be treated with consideration, respect, and full recognition of your dignity and individuality, including privacy in treatment and in care for your personal needs. 1. Review of Resident #26 face sheet (a brief summary of the resident's medical and admission history) showed the following: -admission date of 01/28/26;-Diagnoses included depression. Review of the resident's quarterly Minimum Data Set (MDS - a federally required assessment tool completed by facility staff), dated 02/21/26, showed the following: -The resident was cognitively intact;-The resident exhibited the following behavior one to three days during look back period; -Other behavioral symptoms not directed toward others (e.g. physical symptoms such as hitting or scratching self, pacing, rummaging, public sexual acts, disrobing in public, throwing or smearing food or bodily wastes, or verbal/vocal symptoms like screaming, disruptive sounds) were exhibited. Review of the facility's follow-up investigation report, dated 05/01/26, included the following:-On 4/29/26, at 8:10 P.M., Certified Medical Technician (CMT) L reported to the charge nurse that he/she walked into the dining room and witnessed the resident acting inappropriately with another resident. CMT L immediately separated the residents; -The resident was very remorseful and said he/she understood his/her actions were inappropriate;-The resident had been friendly with other residents who were cognitively aware of the situation, such as hand holding and eating lunch with and conversing; -The resident was alert and oriented; (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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Staff updated the resident's care plan to reflect the inappropriateness with some residents; -The resident had a diagnosis of depression; -Staff immediately placed the resident on one-to-one care and on 15-minute checks to ensure the safety of other residents; -Alternate placement for the resident had been confirmed and staff scheduled transportation to the facility for 05/07/26;- The Director of Nursing (DON), Administrator, and charge nurses are ensuring that the one-to-one and 15-minute checks are being documented and that the resident is not left alone around any residents of the opposite sex until his/her discharge to another facility. Review of the resident's care plan, last reviewed 05/03/26, showed the following: -The resident had socially inappropriate/disruptive behavior symptoms as evidence by his/her frustration with and/or yelling at staff because he/she was upset;-The resident had an incident where he/she acted inappropriately towards another resident; -The resident was accepted to another facility due to his/her inappropriateness;-Remove the resident from other residents' rooms and unsafe situations as needed; -Divert the resident's behavior by the use of activities; -When he/she becomes inappropriate move him/her to a quiet, calm environment; -Remove the resident from group activities when behavior was present as needed; -Missing smoking times angered the resident and the rules around smoking cause him/her to become angry and irritable. -If disruptive behaviors occur during the smoke break, that specific smoking time can immediately end to de-escalate the situation; -Staff to assist to/from smoking designation area as needed; -When the resident becomes socially inappropriate/disruptive, provide comfort measures for basic needs; -Assess whether the resident's behavior endangers the resident or other residents; -Staff to intervene if necessary and divert the resident's behavior by the use of activities if able. Observations on 05/03/26, showed the following: -At 4:43 P.M., the resident sat in a recliner in the day room. The resident said, Nobody helps me, I wait for hours: -At 6:54 P.M., the resident sat in a recliner in the day room eating a sandwich. During an interview on 05/04/26, at 12:56 P.M., Resident #27 said the following:-Resident #27 and (continued on next page)

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 05/07/26, at 10:12 A.M., Certified Medication Tech (CMT) O said the following:-The resident was not to be in the vicinity of residents of the opposite sex;-The resident was not allowed to smoke with other residents;-The resident was to eat meals in the day room by himself;-Keeping a resident from talking to other residents and not letting the resident visit with alert and oriented residents in a common area would go against resident's rights and could be considered isolation. During an interview on 05/06/26, at 7:20 A.M., Licensed Practical Nurse (LPN) D said the following: -Staff check the resident every 15-minutes on the night shift and make sure he/she was in bed; -Staff encouraged the resident to keep distance from other residents; -The resident can visit with other residents as long as there was adequate space and reasonable boundaries. During an interview on 05/07/26, at 10:45 A.M., the MDS Coordinator said staff were taking the resident to smoke separately because other residents were calling him/her names During an interview on 05/07/26, at 11:44 A.M., the DON said the following: -The resident could not sit or eat lunch with any residents of the opposite sex unsupervised; -The resident was on a separate smoke break due to one resident who had post-traumatic stress disorder; -The resident was allowed to go to activities and anything supervised by staff. Complaint #2999226