

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265582	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2025
NAME OF PROVIDER OR SUPPLIER Stonecrest Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 2 Highway Y Viburnum, MO 65566	
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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide written information to the resident and/or the resident's representative for the ombudsman (resolves complaints for residents of long term care facilities) contact information, the contact information for the agency responsible for protective and advocacy of individuals with mental disorders, contact information for the protection and advocacy of individuals with development disabilities, and appeal information for two residents (Residents #20 and #45) out of two sampled residents. The facility's census was 54. Review of the facility's policy titled, "Resident Transfer/Discharge, Immediate Discharge, and Therapeutic Leave, dated 04/25/25, showed:</p> <p>Purpose is to establish a policy and procedure regarding the transfer/discharge of residents. To ensure no inappropriate discharges are made and that no discharges are made in an unsafe manner;</p> <p>Residents who are sent emergently to the hospital are considered transfers because the resident's return is generally expected;</p> <p>Notification of resident and resident representative with the reason for the transfer or discharge in writing should occur;</p> <p>The notice should include: reason for transfer/discharge; effective date; location to which resident is going; resident's right to appeal, name, address, email and number of the long-term care ombudsman office; for residents with development disabilities the mailing address, email, and the telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities; and for residents with mental disorders related to a disability the mailing address, email, and the telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder.</p> <p>1. Review of Resident #20's medical record showed:</p> <p>admitted on [DATE];</p> <p>The resident transferred to the hospital on [DATE], with a return anticipated;</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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>No documentation the facility provided the written information to the resident and/or the resident's representative of the ombudsman's contact information, the contact information for the agency responsible for the protective and advocacy of individuals with mental disorders, the contact information for the protection and advocacy of individuals with development disabilities, and the appeal information.</p> <p>During an interview on 07/31/25 at 11:45 A.M., the Business Office Manager (BOM) and the Social Services Designee (SSD) said the discharge paperwork should include all the required information. The nurses had been using the form in the electronic medical record but it did not have the appeal, ombudsman, or other required information.</p> <p>During an interview on 07/31/25 at 4:00 P.M., the Administrator said the discharge paperwork did not include all of the required information, but it should.</p> <p>2. Review of Resident #45's medical record showed:</p> <p>admitted on [DATE];</p> <p>The resident transferred to the hospital on [DATE], with a return anticipated;</p> <p>No documentation the facility provided the written information to the resident and/or the resident's representative of the ombudsman's contact information, the contact information for the agency responsible for the protective and advocacy of individuals with mental disorders, the contact information for the protection and advocacy of individuals with development disabilities, and the appeal information.</p> <p>During an interview on 07/31/25 at 10:45 A.M., the Administrator said there was not a transfer/discharge notification form for Resident #45.</p>