

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265594	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/02/2026
NAME OF PROVIDER OR SUPPLIER Ozarks Methodist Manor, The		STREET ADDRESS, CITY, STATE, ZIP CODE 205 South College, Marionville, MO 65705	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on interviews and record review, the facility failed to ensure allegations of possible abuse were reported immediately to management and within two hours to the State Survey Agency (Department of Health and Senior Services - DHSS) when staff witnessed possible abuse involving one resident (Resident #1) and failed to report the allegation in a timely fashion. The facility census was 59. Review of the facility's policy titled Abuse, Neglect, Exploitation, Mistreatment and Misappropriation of Resident Property, undated, showed the following:-It is the policy of the facility that each resident will be free from abuse;-Abuse can include verbal, mental, sexual, or physical abuse;-All allegations of abuse, neglect, exploitation, mistreatment, injuries of unknown source will be reported immediately, but no later than two hours (abuse) and 24 hours (non-abuse);-All facility employees are mandated reporters;1. Review of Resident #1 face sheet (admission data) showed the following:-admission date 10/09/23;-Diagnoses include Alzheimer's disease (neurological disease affection memory and cognition). Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated comprehensive assessment instrument completed by facility staff), dated 12/30/25, showed the following:-Cognitively impaired;-Resident had verbal and physical behaviors. Review of the resident's current care plan, revised on 12/31/25, showed the following:-The resident had potential to be physically aggressive;-Staff should monitor and report signs and symptoms of resident posing danger;-Resident was resistive to care;-Staff should allow resident to make own decisions, encourage participation, and give clear explanation of care;-If resident resisted care, staff should leave and return five to ten minutes later and try again. Review of a witness statement dated 01/25/26, at 8:28 P.M., showed Certified Nurse Aide (CAN) B documented that the day before he/she and Certified Medication Tech (CMT) C took the resident to the bathroom. The resident became combative when staff were trying to change him/her. The resident bent CMT C's finger back and CMT C did the same back to the resident. CMT said you like that. Review of a witness statement dated 01/27/26, at 5:15 P.M., showed CNA B documented after the incident (on 1/24/26) he/she mentioned it to CNA D while on his/her lunch break. CNA D stated she should report it to LPN A to get the situation addressed. CNA B reported the incident to LPN A when he/she returned to work the following day. Review of the resident's progress note dated 01/25/26, at 8:30 P.M., showed Licensed Practical Nurse (LPN) A documented a CNA reported to him/her that another CNA thought he/she may have witnessed abuse to the resident last night on 01/24/26. Staff assessed the resident for injuries and notified the Director of Nursing (DON), who notified the Administrator. Staff placed call to power-of-attorney (POA) and to on-call physician. Staff notified county sheriff who came to facility and took statements from the CNA and CMT on duty at the time of the alleged abuse. Review of DHSS records showed the facility reported the allegation of possible abuse on 01/25/26, at 9:46 P.M. (The day following staff stated they witnessed the potential abuse.) Review of a witness statement dated 01/25/26, no time given, showed CNA D documented that CNA B came to him/her the prior night and said he/she thought he/she witnessed abuse. CNA D asked what</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 265594	Facility ID: 265594 If continuation sheet Page 1 of 2

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>happened and CNA B told him/her the resident bent CMT C finger backwards and then CMT C bent the resident's fingers backwards stating, how does that feel? During an interview on 01/30/26, at 8:15 P.M., CNA B said the following: -He/she should of reported the incident when it happened and was not sure why he/she did not; -He/she told CNA D about the incident on his/her lunch break and was told by CNA D to report it; -He/she went home after his/her shift and reported it the next day during his/her shift. During an interview on 01/30/26, at 10:17 A.M., CMT E said the following: -He/she was not aware of and had not received any complaints or allegations of abuse; -He/she would report any and all allegations of abuse to the charge nurse immediately. During an interview on 01/30/26, at 10:45 A.M., LPN F said the following: -Abuse can be any verbal, physical, or neglect that causes harm to a resident; -He/she would report an allegation of abuse immediately to the Director of Nursing (DON) and Administrator; -He/she expected his/her staff to report any allegations to them immediately; -He/she had not heard of or received any reports of abuse while working at the facility. During an interview on 01/30/26, at 11:00 A.M., CMT G said the following: -Any allegation of abuse should be reported to the charge nurse right away; -Any suspected abuse should be reported right away; -The facility had two hours to report allegations to the state; -He/she had not seen and was not aware of any abuse in the facility. During an interview on 01/30/26, at 12:35 P.M., the DON said the following: -He/she did not know why CNA B waited to report the incident; -He/she expected all staff to report allegations of abuse immediately. During an interview on 01/30/26, at 2:28 P.M., CNA H said the following: -All allegations of abuse should be reported to the nurse right away; -Staff should report allegations even if they are unsure so the nurse can investigate. During an interview on 1/30/26, at 2:35 P.M., Registered Nurse (RN) I said the following: -He/she expected all staff to report allegations of abuse to them immediately; -Reporting immediately was important so he/she could start the investigation and keep the resident safe by separating them from the alleged staff. During an interview on 01/30/26, at 4:00 P.M., the Administrator said he/she expected all staff to report allegations of abuse immediately. Complaint #2725411</p>		