

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265618	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/21/2026
NAME OF PROVIDER OR SUPPLIER  South Hampton Place		STREET ADDRESS, CITY, STATE, ZIP CODE  4700 Brandon Woods Columbia, MO 65203	

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 0620</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Not require residents to give up Medicare or Medicaid benefits, or pay privately as a condition of admission; and must tell residents what care they do not provide.</p> <p>Based on interview and record review, facility staff failed to ensure the admission policy did not require the resident and/or responsible party to waive facility liability for loss or damage to personal belongings and failed to complete a Resident Inventory Listing for two residents (Resident #1 and #2) out of three residents. The census was 69.1. Review of the facility's, Cash and Valuables Policy Update, undated, showed the facility will not be responsible for any money or personal items exceeding \$40.00 limit. Review of the facility's admission agreement, dated 02/2018, showed the facility shall not be liable for any of the residents' items that are lost or stolen, except for those items noted for replacement under state guidelines that the facility might reside. Review of the facility's policy, Personal Property, dated 12/2024, showed the resident's personal belongings and clothing shall be inventoried and documented upon admission and as such items are replenished. 2. Review of Resident #1's medical record showed the admission agreement, signed and dated 04/16/26, by the resident/responsible party and facility representative. The medical record did not contain documentation staff completed a Resident Inventory Listing form. 3. Review of Resident's #2's medical record showed the admission agreement, signed and dated 04/14/26, by the resident/responsible party and facility representative. The medical record did not contain documentation staff completed a Resident Inventory Listing form. 4. During an interview on 04/21/26 at 11:48 A.M., administrator said the person who was responsible for completing the inventory list quit and the facility had not found a replacement yet, so he/she could not locate an inventory sheet for Resident #1 and Resident #2. He/She said the corporate legal department said in Missouri the facility was not required to replace stolen or missing items. He/She said the policy did state the facility was not responsible for replacing missing or stolen items, except on a case by case basis. 2979350 and 2984790</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 0943</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give their staff education on dementia care, and what abuse, neglect, and exploitation are; and how to report abuse, neglect, and exploitation.</p> <p>Based on interview and record review the facility failed to provide training for abuse, neglect, exploitation, and misappropriation of resident property and the reporting and prevention of incidents of abuse, neglect, exploitation, and misappropriation of resident property for two employees (Certified Nurse Assistant (CNA) B and Nurse Aide (NA) C ) out of three employee. The facility census was 69.1. Review of the facility's policy, Abuse, Prevention and Prohibition Policy, dated 03/2025, showed facility staff shall be trained on the Abuse Prohibition Program during orientation, annually and ongoing during education sessions, and per state regulations. The facility's abuse prohibition program includes the following seven components: Screening, Training, Prevention, Identification, Investigation, Protection, and Reporting/Response. 2. Review of CNA B's employee file showed a hire date of 03/27/26. The file did not contain documentation of abuse and neglect training containing the seven components listed in the facility policy, during his/her orientation. During an interview on 04/21/26 at 12:56 P.M., CNA B said he/she did not receive orientation upon hire. He/She said he/she did not receive abuse and neglect training. 3. Review of NA C's employee file showed a hire date of 04/02/26. The file did not contain documentation of abuse and neglect training containing the seven components listed in the facility policy, during his/her orientation. During an interview on 04/21/26 at 1:00 P.M., NA C said he/she did not receive abuse and neglect training. 4. During an interview on 04/21/26 at 2:05 P.M., the staffing coordinator said he/ she educated staff to report abuse and neglect during orientation, but did not discuss the screening, training, prevention, identification, investigation, protection, and response to abuse and neglect. He/She said if a staff member did not know what qualifies as abuse and neglect, they may not know what is reportable. He/She said he/she was filling in on providing the training during orientation and did not know he/she was responsible for educating staff on screening, training, prevention, identification, investigation, protection, and reporting/response for abuse and neglect. During an interview on 04/21/26 at 2:27 P.M., the administrator said new staff should receive screening, training, prevention, identification, investigation, protection, and response to abuse and neglect. He/She said he/she did not know the staffing coordinator was not providing in-depth training about abuse and neglect. He/She said he/she did not attend orientation with new staff members. During an interview on 04/21/26 at 2:28 P.M., the Director of Nursing (DON) said new staff received abuse and neglect training, including, screening, training, prevention, identification, investigation, protection, and response. He/She said he/she did not know the staffing coordinator was not providing in-depth training about abuse and neglect. He/She said he/she did not attend orientation with new staff members. 2979350 and 2984790</p>		