

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265672	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2025
NAME OF PROVIDER OR SUPPLIER Magnolia Wellness Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3421 Gasconade Saint Louis, MO 63118	

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. (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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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure two residents' right to be free from abuse was not violated, when a staff member threatened a resident, using profanity and was held back by other staff (Resident #6). In addition, Residents #1 and #2 were involved in a physical resident to resident altercation. Resident #2 flipped Resident #1's mattress over, which caused Resident #1 to fall and hit the floor. The sample was 9. The census was 85. The Administrator was notified on 8/15/25 at 9:56 A.M. of the past non-compliance, which began on 7/13/25. The facility immediately separated Resident #6 and the employee, who threatened the resident. The employee was suspended pending investigation and later terminated. Staff determined there was no physical injury to the resident. The resident's care plan was updated and social services followed up with the resident. In addition, the facility provided education for staff on de-escalation. In addition, the Administrator was notified on 8/15/25 at 9:56 A.M. of the past non-compliance, which began on 7/26/25. The facility immediately separated both residents and performed head to toe skin assessments. Resident #1 reported he/she felt safe at the facility, and he/she was fine. The police were contacted, and Resident #2 was issued a citation for peace disturbance. Resident #2 was immediately sent out to the area's local hospital for an evaluation, treatment, and monitoring. No new orders were given. Upon his/her return to the facility, Resident #2 was placed on a different floor. In addition, he/she was being followed Psychiatrist G and was placed on 72 hours (1:1) behavior monitoring. The facility also started working on alcohol abuse resources/referrals for Resident #2 to include Alcohol Anonymous (AA) classes in which the resident agreed to attend. The facility immediately conducted their investigation, whereas several residents along with staff were interviewed. An all-staff education was immediately started on abuse, neglect, and exploitation with emphasis on identifying and reporting abuse and neglect. The noncompliance was corrected on 7/28/25. Review of the facility's Abuse Prevention and Prohibition Program policy, revised 8/22, showed:-Purpose: To ensure the facility establishes, operationalizes, and maintains an abuse prevention and prohibition program designed to screen and train employees, protect residents, and to ensure a standardized methodology for the prevention, identification, investigation, and reporting of abuse, neglect, mistreatment, misappropriation of property, and crime in accordance with federal and state requirements;-Policy: --Each resident has the right to be free from mistreatment, neglect, abuse, and voluntary seclusion and misappropriation of property the facility has zero tolerance for abuse, neglect, mistreatment and or misappropriation of resident property staff must not permit anyone to engage in verbal, mental, sexual, or physical abuse, neglect mistreatment or misappropriation of property;--The facility is committed to protecting residents from abuse by anyone, including but not limited to facility staff, other residents, consultants, volunteers, staff from other agencies serving residents, family members, legal guardians, surrogates, sponsors, friends and visitors. This policy statement also includes deprivation by any individual, including a caretaker, of goods, services or rights that are necessary for a resident to attain or maintain physical, mental or psychosocial well-being;--The Administrator is responsible for coordinating and implementing the facilities abuse prevention policies, procedures, training programs, and systems. 1.Review of Resident #6's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 6/17/25, showed:-Cognitively intact;-No behaviors;-Independent with Activities of Daily Living (ADL, essential and routine self-care tasks that most healthy individuals can perform without assistance);-Diagnoses included asthma and other abnormalities of breathing. Review of the resident's care plan, updated 4/3/25, showed:-Focus: The resident has impaired cognitive function or impaired thought processes;-Goal: The resident will maintain current level of cognitive function through the review date;-Interventions: Use the residents preferred name. Identify yourself at each interaction. Face the resident when speaking and make eye contact. Reduce any distractions- turn off TV, radio, close door etc. The resident understands consistent, simple, directive sentences. Provide the resident with necessary cues. Stop and return if agitated;-Focus: The resident has potential to demonstrate verbally abusive behaviors toward other residents and staff;-Goal: The resident will verbalize understanding of need to control verbally abusive behavior through the review date;-Interventions: --Assess resident's understanding of the situation. Allow time for the resident to express self and feelings towards the situation;--Analyze of key times, places, circumstances, triggers, and what de-escalates behavior and document;--Document observed behavior and attempted interventions in behavior log. Review of the facility's investigation, dated 7/14/25, showed:-Description: Resident #6 was in an angry mood and</p>		