

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265680	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/28/2025
NAME OF PROVIDER OR SUPPLIER Oak Knoll Skilled Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 37 North Clark Avenue Ferguson, MO 63135	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure one resident was free from physical abuse from a staff member (Resident #1). The sample was six. The census was 68.</p> <p>The Administrator was notified on 5/27/25 at 1:22 P.M., of the past non-compliance, which occurred on 5/18/25. The facility provided in-servicing for all staff regarding the facility's abuse and neglect policy with emphasis on reporting in a timely manner. The deficiency was corrected on 5/20/25.</p> <p>Review of the facility's Abuse and Neglect Policy, dated 5/14/24, showed the following:</p> <p>-Purpose: The facility has a ZERO TOLERANCE policy on any form of abuse or neglect against residents. Each resident has the right to be free from verbal, sexual, physical, mental abuse, corporal punishment, involuntary seclusion, and neglect. All facility residents will not be subjected to abuse by anyone, including but not limited to; facility staff, other residents, consultants, volunteers, staff of other agencies serving the resident, family members, legal guardians, visitors, friends, or any individual that is in the facility.</p> <p>-Definition:</p> <p>-Physical Abuse- includes pushing, hitting, slapping, punching, pinching and kicking. It also includes controlling behavior through corporal punishment and unwanted physical movement.</p> <p>-Identification and Investigation:</p> <p>-An investigation will ensue following a report of abuse, injury of unknown origin, or suspicion of abuse.</p> <p>-1. Staff, residents, family members & visitors are to report any suspected abuse to any of the following persons:</p> <p>-a. Administrator;</p> <p>-b. Director of Nursing (DON);</p> <p>-c. Charge Nurse;</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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-d. Social Worker (Grievance Officer);</p> <p>-c. Administration Department Heads;</p> <p>-2. Incident/Accident Reporting Policy: The facility must begin the investigation immediately in order to collect accurate data related to the incident/accident. The facility will begin a timeline of events (before, during, after event occurred) to include resident and staff statements, security camera review and nurses' assessments. Federal law requires the facility to do a thorough investigation of the incident. In order for the facility to provide evidence of the thoroughness of the investigation, the information must be recorded in a facility self-report form.</p> <p>Review of Resident #1's admission Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 2/11/25, showed the following:</p> <p>-Severe cognitive impairment;</p> <p>-Physical and verbal behaviors;</p> <p>-Diagnoses of dementia, schizophrenia (a chronic brain disorder characterized by a range of symptoms that can include hallucinations, delusions, disorganized thinking, and negative symptoms), anxiety and depression.</p> <p>Review of the resident's care plan, dated 1/14/25, showed the following:</p> <p>-Problem: The resident has verbal and physical behavioral symptoms directed toward others (threatening others, screaming at others, cursing at others, hitting/pushing others). He/She also has physical behaviors directed at him/her self such as throwing him/herself to the floor and into walls;</p> <p>-Resolution: Maintain a calm environment and approach the resident.</p> <p>Review of the resident's nurse's note, dated 5/18/25 at 6:53 P.M., showed it was reported to this writer that earlier today this resident was in an altercation with a staff member. It was told to this writer that this resident was laying on the couch and the housekeeper forcefully removed him/her off the couch. This resident does not remember the event and after evaluating his/her body there are no bruising or red marks found. The resident said he/she is not in any pain or discomfort at this time. Nursing will continue to monitor and assess.</p> <p>During an interview on 5/27/25 at 9:20 A.M., the resident said he/she was downstairs in the common area of the old building and Housekeeper (Hsk) A was cleaning. Hsk A asked him/her to move to the other room. The resident said he/she moved and Hsk A hit him/her in the face near his/her left eye. The resident said he/she feels safe. Observation at that time showed the resident did not have any bruising to his/her left eye.</p> <p>Review of Resident #2's quarterly MDS, dated [DATE], showed the following:</p> <p>-No cognitive impairment;</p> <p>-No moods or behaviors;</p> <p>(continued on next page)</p>		

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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>-Diagnoses of high blood pressure, depression and schizophrenia.</p> <p>During an interview on 5/27/25 at 11:00 A.M., the resident said he/she was sitting in the common area in the old building across from Resident #1. Resident #1 lay on the small couch. Hsk A said to Resident #1, he/she needed to move. Resident #1 stood up in front of Hsk A and they started pushing each other. The resident said he/she saw Hsk A hit Resident #1 in the eye. The resident was not sure which eye. Resident #1 just walked away. The resident said he/she was not sure he/she should report the incident. The resident said later that day he/she told the receptionist. The resident said he/she feels safe.</p> <p>During an interview on 5/28/25 at 9:07 A.M., Certified Nurse Aide (CNA) B said he/she was in the breakroom in the old building and he/she heard Hsk A tell Resident #1 is was not time to smoke yet and go back upstairs. CNA B said he/she came out of the breakroom and told Resident #1 to go back upstairs until smoke time. CNA B said he/she went back into the breakroom. CNA B said Hsk A talks loudly. CNA B did not hear any type of argument. CNA B said he/she has heard Hsk A speak to residents inappropriately, but he/she has never reported the concern to the DON or the Administrator because other staff were around and he/she thought they would report it. CNA B said he/she was inserviced on the facility's abuse and neglect policy with an emphasis on reporting concerns immediately.</p> <p>During an interview on 5/28/25 at 9:20 A.M., Hsk C said he/she was mopping by the vending machine in the old building when he/she heard Hsk A and Resident #1 talking. Hsk A asked the resident to move over. Hsk C said he/she heard the resident get up and when he/she looked over he/she saw the resident make a fist and saw Hsk A holding the resident's wrist and telling the resident to calm down and the resident pulled away. Hsk C said he/she did not see anyone get hit. Hsk C said he/she did not report the incident because he/she thought it was resolved with the resident walking away. Hsk C said he/she should have reported the incident. He/She was recently inserviced on the facility's abuse and neglect policy regarding reporting immediately.</p> <p>During an interview on 5/28/25 at 9:53 A.M., Receptionist (Rec) D said on 5/18/25, he/she was sitting at the front desk talking with Resident #2. Resident #2 said did you hear what happened with Resident #1 and Hsk A? Rec D said no, what happened? Resident #2 said they were pushing each other and Resident #1 got hit. Rec D said we need to report this immediately. Rec D said he/she reported the incident to the charge nurse. Rec D said she was inserviced on the facility's abuse and neglect policy regarding reporting immediately.</p> <p>Review of Hsk A's employee file, showed documentation he/she was terminated on 5/19/25 for failing to report the altercation.</p> <p>During an interview on 5/28/25 at 1:22 P.M., the Administrator and DON said they expected all employees to follow the facility's abuse and neglect policy which includes reporting allegations or altercations immediately. The Administrator said he completed the inservices of all staff members on 5/20/25.</p> <p>MO00254467</p>		