

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265690	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2025
NAME OF PROVIDER OR SUPPLIER  Luther Manor Retirement & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3170 Highway 61 North Hannibal, MO 63401	

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 interview and record review, the facility failed to report an injury of unknown origin to the state survey agency for one resident (Resident #1), who suffered a fractured humeral shaft (new fracture), in a review of five sampled residents. The facility census was 56.</p> <p>Review of the facility's undated policy, Abuse Prevention Program, showed the following:</p> <ul style="list-style-type: none"> <li>-Facility management shall promptly and thoroughly investigate all reports of resident abuse, neglect and injuries of unknown source;</li> <li>-Should an incident or suspected incident of resident abuse, mistreatment, neglect or injury of unknown source be reported, the Administrator or his/her designee, will immediately send validated report to the Department of Health and Senior Services, local police or licensing agencies;</li> <li>-If the events that cause the allegation involve abuse or result in serious bodily injury, the allegation must be reported within two hours.</li> </ul> <p>1. Review of Resident #1's nurses note, dated 5/6/25, showed he/she was admitted to the facility from the hospital with a diagnosis of left humerus fracture with open reduction internal fixation (ORIF) from a fall at home.</p> <p>Review of the resident's admission Minimum Data Set (MDS), a federally mandated assessment instrument required to be completed by facility staff, dated 5/13/25, showed the following:</p> <ul style="list-style-type: none"> <li>-Moderately impaired cognition;</li> <li>-Required moderate assistance of staff for bed mobility, transfers and ambulation;</li> <li>-Required maximum assistance of staff for bathing and dressing;</li> <li>-He/She had physical impairment on one side of his/her upper extremity;</li> <li>-He/She had a fall and fracture prior to admission;</li> <li>-No falls since admission.</li> </ul> <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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's nurses' notes, dated 5/15/25, showed Licensed Practical Nurse (LPN) A documented the resident had a follow up appointment today to have his/her left arm assessed. He/She had a fracture of the left arm and was to be NWB to left upper extremity (LUE), use ice and elevate the LUE throughout the day. Use the sling for comfort when out the bed/chair. The resident will have surgery on Friday.</p> <p>During interview on 5/22/25 at 8:26 P.M., LPN A said he/she found out the resident had a fracture in his/her arm from the physician's office after the resident's follow-up appointment on 5/15/25. He/She thought it was the initial fracture and they scheduled the resident for surgery. The resident had not had any recent falls or trauma while at the facility and had not complained of any additional pain. Staff transferred the resident with two assist, a gait belt (an safety device used to assist in moving and walking) and a hemi walker (type of mobility device for people who have use of only one hand or arm). He/She reported the fracture to the Director of Nurses (DON) and the Assistant Director of Nurses (ADON) on 5/15/25.</p> <p>Review of the resident's care plan, dated 5/19/25, showed the following:</p> <ul style="list-style-type: none"> <li>-Impaired activities of daily living (ADLs) related to recent hospitalization for left humerus fracture/repair;</li> <li>-Non-weight bearing (NWB) to left upper extremity;</li> <li>-Provide assist of one for bathing and dressing;</li> <li>-Provide assist of two for all transfers. Apply arm sling during transfers.</li> </ul> <p>Review of the resident's hospital discharge note, dated 5/22/25, showed the discharge diagnosis of fracture of humerus shaft, left. The resident had an initial ORIF (open reduction internal fixation) of the left supracondylar (located in the upper arm near the elbow) humerus on 5/2/25. He/She had further ORIF of the left humeral shaft fracture on 5/16/25.</p> <p>During interview on 5/22/25 at 6:38 P.M., the ADON said the resident was readmitted to the facility today after having surgery on his/her left arm. The resident had had a follow-up appointment on 5/15/25 for his/her fractured arm. The hospital notified the facility on 5/15/25 that there was a fracture that would require surgery. She thought the fracture had not set correctly so that is why the resident had to have surgery (on 5/16/25). The resident had not fallen since he/she was admitted to the facility. The new fracture should have been considered an injury of unknown origin and should have been reported to the state agency.</p> <p>During interview on 5/23/25 at 8:23 A.M., the DON said the following:</p> <ul style="list-style-type: none"> <li>-She was aware the resident had surgery for a fractured arm prior to his/her original admission to the facility;</li> <li>-She was notified about the second fracture when the physician's office called and told staff the resident had a fracture. She didn't know if it was new because the resident had not had any falls. The physician's office did not give the facility much detail regarding the fracture;</li> </ul> <p>(continued on next page)</p>

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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>-She didn't consider the fracture an injury of unknown origin because she knew the resident had not had any incidents while at the facility;</p> <p>-She wouldn't necessarily have reported the fracture as an injury of unknown origin because she didn't have much information about what happened and why it happened.</p> <p>During interview on 6/3/25 at 1:05 P.M., the Administrator said he found out about the resident's fracture after the resident's follow-up appointment with his/her physician (on 5/15/25), but was not aware it was a new fracture or he would have reported it as an injury of unknown origin. He learned of the new fracture upon the state agency's investigation.</p> <p>MO254546</p> <p>MO254640</p>

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F 0689  Level of Harm - Actual harm  Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.  Deficiency Text Not Available		