STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265690	A. Building B. Wing	06/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Luther Manor Retirement & Nursing Center	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)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. Based on interview and record review, the facility failed to notify one resident's (Resident #2) physician timely of hip pain following a fall on 05/21/25. The resident complained of hip pain and received pain medication twice on 05/21/25, however, staff did not notify the physician of the resident's pain at the time of the fall until 05/23/25. An x-ray on 05/24/25 showed the resident fractured his/her hip. The facility census was 54. Review of the facility's protocol and procedure regarding nursing assessments, dated July 2012 showed the following: -It was the responsibility of every licensed and registered nurse to perform thorough nursing assessments on residents; -The nurse would notify the physician with any abnormal findings and/or complaints making sure the total assessment was performed and communicated with the physician. 1. Review of Resident #2's undated Continuity of Care Document (CCD) showed his/her diagnoses included hemiplegia (paralysis or inability to move one side of the body) affecting left nondominant side, muscle weakness, need for assistance with personal care, and lack of coordination. Review of the resident's admission Minimum Data Set (MDS), a federally mandated assessment to be completed by the facility, dated 04/18/25, showed the following: -His/Her cognition was moderately impaired; -He/She required substantial/maximum assistance with bathing; -He/She was dependent on staff for transfers; -His/Her range of motion was limited on both upper and lower extremity on one side. Review of the facility's event report, dated 5/21/25 at 2:18 P.M., showed the following: -Licensed Practical Nurse (LPN) A documented the resident slid out of the shower chair and landed on the floor on 05/21/25 at 1:00 P.M.; (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265690	A. Building B. Wing	06/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Luther Manor Retirement & Nursing Center	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)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-The resident complained of right hip soreness but was able to move appropriately without increased pain. Review of facility's communication to physician fax, dated 05/21/25, showed LPN A communicated to the resident's physician that the resident slid out of the shower chair and there were no injuries. (Review showed no documentation LPN A communicated the resident's complaint of right hip soreness to the resident's physician.) During an interview on 06/11/25 at 7:50 A.M., Certified Nurse Assistant (CNA) D said he/she was present with the resident when the resident fell out of the shower chair on 05/21/25. The resident initially complained of right leg pain after the fall. During an interview on 06/11/25 at 9:25 A.M., LPN A said the following: -Staff called him/her to the shower room after the resident fell out of the shower chair (on 05/21/25); -Initially, the resident complained of right hip pain, however, the resident did not complain of pain with range of motion; -He/She reassessed the resident approximately one hour after the fall, and the resident did not have any further complaints of pain; -He/She faxed the resident's physician to notify him/her of the resident's fall; -He/She did not notify the physician of the resident's initial complaint of hip pain because the resident did not have pain when he/she reassessed the resident (approximately one hour) after the fall. Review of the resident's progress notes, dated 05/21/25 at 5:38 P.M., showed LPN B documented the resident complained of hip pain and received Tylenol (pain medication). (Review showed no documentation staff notified the resident's physician of the resident's hip pain which required pain medication to treat.) Review of the resident's Medication Administration Record (MAR), dated 05/21/25, showed the resident received two tablets of Tylenol 500 milligrams (mg) at 3:37 P.M. During an interview on 06/11/25 at 12:15 P.M., LPN B said the following: -He/She medicated the resident with Tylenol for complaints of hip pain which he/she believed was following a fall; -He/She did not recall notifying the resident's physician of the resident's complaints of hip pain. Review of the resident's MAR, dated 05/21/25, showed LPN E administered Tylenol 500 mg two tablets at 11:45 P.M. for complaints of pain. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265690	A. Building B. Wing	06/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Luther Manor Retirement & Nursing Center	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)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the resident's progress notes, dated 05/21/25, showed no documentation related to staff administering Tylenol to the resident at 11:45 P.M. (Review showed no documentation staff notified the resident's PCP of the resident's complaints of pain.) During an interview on 06/12/25 at 11:10 A.M., LPN E said the following: -He/She received report (on 05/21/25) that the resident fell in the shower room; -The resident complained of pain later the evening following the fall; -He/She did not notify the resident's physician of the resident's pain. Review of the resident's progress notes, dated 05/23/25 at 10:12 A.M., showed Registered Nurse (RN) C documented the following was communicated via fax to the resident's physician: -The resident fell in the shower on 05/21/25; -The resident complained of pain in his/her right hip after the fall, but did not have pain in the hip at this time; -The resident now complained of left shoulder pain which he/she thought was due to the fall. Review of the resident's progress notes, dated 05/23/25 at 10:41 A.M., showed RN C documented the following: -Staff contacted the resident's spouse about the resident's complaint of left shoulder pain and the request for an x-ray of the shoulder; -The resident's spouse questioned if an x-ray of the resident's right hip was requested due to complaints of pain in the right hip on the day of the fall; -Staff contacted the resident's physician's office to request an x-ray order of the right hip. During an interview on 06/11/25 at 9:25 A.M., LPN A said the following: -On 05/23/25, RN C noted the resident complained of pain and requested x-rays of the left shoulder and right hip; -When x-rays were being obtained on 05/24/25, the resident said it was his/her left hip that hurt, not his/her right hip; -The x-ray of the left hip revealed a fracture. Review of the resident's progress notes, dated 05/24/25 at 12:15 P.M., showed LPN A documented the following: -Mobile x-ray results of the left hip showed a mildly displaced fracture (broken bone) of the femoral neck (hip fracture); (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265690	A. Building B. Wing	06/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Luther Manor Retirement & Nursing Center	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)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Physician notified the resident said it was his/her left hip that hurt not the right hip. Review of the resident's left hip x-ray report, dated 05/24/25, showed a mildly displaced left subcapital femoral neck fracture (left hip fracture). During an interview on 06/16/25 at 12:10 P.M., the resident's nurse practitioner (NP) said the following: -He expected staff to notify him of the resident's initial complaint of hip pain following the fall (on 5/21/25); -He would have ordered an x-ray on 05/21/25 if staff had notified him the resident complained of hip pain. During an interview on 06/16/25 at 1:07 P.M., the Director of Nursing said she expected staff to notify the resident's physician of any complaints of pain, including the resident's initial hip pain following the fall. During an interview on 06/16/25 at 1:07 P.M., the Administrator said he expected staff to notify the resident's physician of any complaints of pain, including the resident's initial hip pain following the fall. MO254765 MO254949