STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265694	A. Building B. Wing	06/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Baptist Homes of Shelbina	142 Shelby Plaza Road Shelbina, MO 63468

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 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure staff treated four residents (Residents #4, #2, #6, and #3), in a review of 10 sampled residents, with dignity and respect when Certified Medication Assistant (CMT) A spoke to the residents with a harsh and demeaning tone and with aggressive actions that resulted in the residents feeling they were being scolded and/or treated like children. The facility census was 61. Review of the facility policy, Dignity, dated 2001, showed the following: -Each resident shall be cared for in a manner that promotes and enhances his/her sense of well-being, level of satisfaction with life, and feelings of self-worth and self-esteem; -Residents are treated with dignity and respect at all times; -The facility culture supports dignity and respect for residents by honoring goals, choices, preferences, values, and beliefs. This begins with the initial admission and continues throughout the resident's facility stay; -Residents' private space and property are respected at all times. Staff do not handle or move a resident's personal belongings without the resident's permission. Review of the facility policy, Resident Rights, dated 2001, showed the following: -Employees shall treat all residents with kindness, respect, and dignity; -Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to be treated with respect, kindness, and dignity. 1. Review of Resident #4's quarterly Minimum Data Set (MDS, a federally mandated assessment instrument, completed by facility staff), dated 05/14/26, showed the following: -Cognitively intact; -Diagnosis of cerebral palsy (a group of disorders affecting a person's ability to move and maintain balance and posture). Review of the resident's progress note, dated 06/02/26 at 1:39 P.M., the Administrator documented staff called him/her into the business office director's office to address a complaint from the resident. The resident said the CMT on duty (CMT A) handled him/her roughly by pulling up his/her pants too quickly after toileting and peri-care activities. The Administrator brought the CMT in to hear the allegations and it was decided the CMT should not provide toileting and peri-care to avoid any further issues. During an interview on 06/07/26 at 2:35 P.M., Certified Nurse Assistant (CNA) C said the following: -Today at the lunch table, CMT A took a fork out of the resident's hand without asking when the resident was trying to cut up his/her food; -The resident said, I'll do it!-CMT A said fine, he/she would just tell the charge nurse the resident refused help. CMT A put the fork down and left; -CMT A's voice was somewhat loud, and it was like CMT A scolded the resident; -He/She did not tell anyone about this but probably should have. During an interview on 06/08/26 at 10:40 A.M., the resident said the following: -CMT A took his/her fork out of his/her hand today and tried to cut up his/her food; -He/She became angry because CMT A did that: -One day, CMT A came into his/her bathroom, stood him/her up, and pulled up his/her pants too fast and too rough; -CMT A always worked fast and did not take time with him/her, and he/she did not like it; -CMT A argued with him/her when he/she told CMT A he/she was going too fast; -It made him/her mad when CMT A argued with him/her. During an interview on 06/07/26 at 5:15 P.M., CMT A said the following: -He/She denied any previous conflicts with the resident; -The resident could be challenging to care for, so he/she tried to avoid providing care for the resident, but passed medications to the resident; (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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F 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-The resident struggled to cut his/her food today at lunch. He/She asked if the resident needed help. The resident said no and slammed his/her fist on the table so he/she left. 2. Review of Resident #2's quarterly MDS, dated [DATE], showed the resident was cognitively intact. During an interview on 06/07/26 at 11:30 A.M., the resident said the following: -About one week ago, he/she placed his/her blanket on the chair next to the empty spare bed in his/her room; -CMT A did not knock on his/her open door or speak, entered his/her room, grabbed the blanket off the chair and tossed it onto his/her bed; -CMT A told him/her to keep his/her things on his/her own bed, because the other side of the room had to be kept clean and not cluttered, and ready for the possibility of a new resident, then left the room; -He/She could tell CMT A was angry when he/she tossed the blanket and spoke by the tone of CMT A's voice; it was harsh and aggressive, and the way CMT A forcibly tossed the blanket onto his/her bed; -CMT A spoke to him/her several times before with a harsh and aggressive tone, like CMT A thought he/she was the boss; -CMT A's tone of voice and how he/she spoke was disrespectful and felt degrading;-He/She told Licensed Practical Nurse (LPN) H about this, but was not sure anything had been done; -CMT A does not usually speak to him/her now when CMT A comes into his/her room. During an interview on 06/08/26 at 12:50 P.M., the resident's family member said the following: -CMT A talked down to the resident last week when the resident was on the phone with him/her; -He/She heard CMT A's voice; it was abrupt and short with the resident. The resident identified the staff member was CMT A; -It was not so much the words CMT A said, but the tone of his/her voice, like CMT A had no patience, was irritated, and wanted to make the resident feel small;-The resident told him/her CMT A made him/her feel like a child. During an interview on 06/07/26 at 03:45 P.M., LPN H said the following: -About one week ago, the resident told him/her CMT A was a little cross with him/her; -CMT A told the resident he/she needed to keep his/her belongings on his/her side of the room, in the event of a new admission; -The resident said it was the tone of voice CMT A used, like CMT A was scolding him/her, that made him/her mad; -He/She did not tell anyone about this because the resident said CMT A did not raise his/her voice. 3. Review of Resident #6's quarterly MDS, dated [DATE], showed the resident was cognitively intact. During an interview on 06/07/26 at 12:05 P.M., the resident said the following: -About one month ago, CMT A was rude and hateful to him/her at the nurses' station when he/she stopped CMT A and asked for assistance. He/She could not recall what he/she needed at that time; -CMT A spoke to him/her in a harsh tone and said he/she did not have time to help him/her right then; -He/She refused to let CMT A speak to him/her that way, and told CMT A that; -Since then, CMT A did not speak much, if any, to him/her; -CMT A talked down to people, like they were beneath him/her;-He/She reported this to the previous administrator and for a while, CMT A seemed better, but now it was occurring again. 4. Review of Resident #3's comprehensive MDS, dated [DATE], showed the resident was cognitively intact. During an interview on 06/07/26 at 12:40 P.M., the resident said the following: -CMT A came into his/her room this morning, did not knock or speak, pulled up his/her shirt, placed a pain patch on his/her upper back, did not pull his/her shirt back down, and left the room without saying anything; -A couple of months ago, he/she asked CMT A to call his/her physician to see if his/her medications could be spread throughout the day. CMT A said, You can't do that! in a harsh and mean tone; -The resident asked another nurse to call his/her physician. The other nurse called his/her physician and now his/her medications were scheduled at different times through the day;-CMT A seemed angry because he/she asked another nurse to do this, and his/her medications were changed. CMT A had been worse since then, like he/she was mad he/she asked someone else to do it. Sometimes, CMT A did not speak to the him/her at all. If CMT A did speak to him/her, it was with a short, fast, and angry tone of voice; -One day, he/she was in the dining room and tried to help another resident open a carton of milk. CMT A grabbed the milk carton out of his/her hand and said, I'll do that, you go back to your room; -About one month ago, he/she tried to help another resident put on a clothing protector. CMT A took the clothing protector out of his/her hand and said, I'll do that and told him/her to go to his/her room; -It made him/her angry and he/she felt like a child who was being scolded when CMT A (continued on next page)

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F 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	spoke to him/her in a harsh or angry tone of voice and when CMT A stopped him/her from helping others;-He/She told the previous administrator about what had occurred, but he/she was not sure anyone said anything to CMT A to address it. 5. During an interview on 06/07/26 at 5:15 P.M., CMT A said the following: -His/Her relationship with all of the residents was pretty good. He/She got along with all the residents; -He/She was not aware of any time he/she spoke to a resident in a rude, loud, or demeaning way; -He/She was not aware of any time he/she told a resident they could not do something for themselves or made a resident feel like a child; -He/She was not aware of any residents who complained about the care he/she provided. During an interview on 06/08/26 at 3:45 P.M., the Director of Nursing (DON) said the following: -A couple of weeks ago, some staff said CMT A spoke to some of the residents in a mean and hateful way, and was short-tempered with the residents; -She could not recall who told her this or who the residents were; -She spoke with CMT A. CMT A said he/she had been under a lot of stress lately, so she recommended some mental health counseling for CMT A; -She spoke with some residents about their general care but could not recall who she spoke with or what specific questions she asked. No resident complained at that time about CMT A; -She did not document this or report it to the Administrator; -It was not respectful to speak to a resident with a harsh or short-tempered tone; -Staff should treat all residents with dignity and respect. During interviews on 06/07/26 at 5:42 P.M. and 06/08/26 at 3:25 P.M., the Administrator said the following: -Last week Resident #4 said CMT A was rushed when he/she provided care and the resident did not like it. The resident said CMT A was too fast when he/she assisted the resident off the toilet and when CMT A pulled up the resident's pants;-He told CMT A to allow the other CNAs to provide personal care to Resident #4, for CMT A just to pass medications; -Resident #4 seemed agreeable to this plan; -He was not aware of any other residents who had complained about how CMT A spoke to them; -No staff reported any concerns with how CMT A interacted with the residents; -He expected staff to immediately report if any employee spoke to a resident in a mean, harsh, or derogatory way; -All residents should be treated with dignity and respect. Complaints #3035853 and #3035861