STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265731	A. Building B. Wing	08/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Magnolia Square Nursing and Rehab	1502 West Edgewood Springfield, MO 65807

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28865 Based on interviews and record review, the facility failed to ensure all allegation of possible neglect were reported within two hours to the State Survey Agency (SSA - Department of Health and Senior Services (DHSS)) when staff did not report an allegation of possible neglect received from one resident's (Resident #1) family. The facility also failed to ensure all staff were properly trained on the reporting guidelines regarding allegations of neglect. The facility census was 102. Review of the facility's policy titled Preventing Resident Abuse, undated, showed the following information: -The facility will not condone any form of resident abuse and will continually monitor the facility's policies, procedures, training program, and systems to assist in preventing resident abuse; -It is the responsibility of the employees, facility consultants, attending physicians, family members, visitors and volunteers to promptly report any incident or suspected incident of neglect or resident abuse, including injuries of an unknown source and theft or misappropriation of resident property to the administrator or his/her designee; -When an alleged or suspected case of abuse, neglect, injuries of an unknown source, or misappropriation of resident property is reported the facility administrator or his/her designee will notify the following persons or agencies of such incident: the SSA, the responsible representative, law enforcement, and the physician; -Notices to the above agencies/individuals shall be made within the time limitations of the State law after the occurrence of the incident or when the facility learns of the abuse; -The administrator or designee shall report to the SSA according to the facility abuse and neglect policy and local law enforcement agency. -If there is serious bodily injury the report must be made within two hours of forming a reasonable suspicion; -If there is no serious bodily injury the report must be made within 24 hours of forming reasonable suspicion. (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
	265731	A. Building B. Wing	08/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Magnolia Square Nursing and Rehab	1502 West Edgewood Springfield, MO 65807

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	1. Review of Resident #1's face sheet (a brief resident profile sheet) showed the following: -admitted [DATE]; -Diagnoses included amyotrophic lateral sclerosis (ALS - a nervous system disease that weakens muscles and impacts physical function), foot drop for left and right foot (difficulty lifting front part of foot), and dysarthria (a motor speech disorder that makes it difficult to speak clearly due to issues with the muscles used for speech). Review of the resident's significant change Minimum Data Set (MDS - a federally mandated assessment instrument completed by facility staff), dated 07/24/24, showed the following: -Cognition moderately impaired; -Required total assistance from staff with bed mobility, transfers, dressing, hygiene, toileting, and bathing. Review of the resident's care plan, undated, showed the following: -Resident has an activities of daily living (ADL - dressing, grooming, bathing, eating, and toileting) self-care performance deficit related to ALS diagnosis; -Totally dependent on one to two staff for toilet use. -Deficit in communication related to ALS diagnosis; -Staff to check for incontinence every two hours. During an interview on 08/22/24. at 10:42 A.M., the resident communicated the following: -A few nights ago, he/she was left on the toilet from approximately 2:00 A.M. until approximately 8:00 A.M.; -His/her bottom hurt from it; -The aide got busy and forgot about him/her. Review of a typed conversation between the resident's durable power of attorney (DPOA) and the Director of Nursing (DON), dated 08/19/24, showed the following: -The DPOA informed the DON the resident was placed on the toilet and left for six and half hours during the night; -The DPOA said the resident was not removed from the toilet until 8:00 A.M., by a home care giver who came to visit the resident. Review of the facility's grievance log showed the following: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265731	A. Building B. Wing	08/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Magnolia Square Nursing and Rehab	1502 West Edgewood Springfield, MO 65807

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-On 08/19/24 the resident's DPOA filed a grievance regarding patient care. -Staff noted the grievance was resolved on 08/21/24. -The Administrator signed the grievance as resolved. Review of a grievance form regarding the resident, dated 08/19/24, completed by the DON and signed by the Administrator, showed the following: -The resident's DPOA filed a grievance concerning the patient care and treatment; -The concern was prolonged toileting wait time; -Resolution was all staff educated and in-serviced. One-on-one education provided to certified nurses aide and new call light cord installed. Review of the grievance records and the resident's medical record showed the facility staff did not document notifying the DHSS of the allegation of possible neglect. Review of DHSS records showed the home did not self-report the allegation of possible neglect to DHSS. During an interview on 08/22/24, at 10:15 A.M., Licensed Practical Nurse (LPN) A said the following: -All allegations of neglect should be reported to the SSA within two hours; -If a resident was left on the toilet for any extended period of time, like six hours, this would be neglect. During an interview on 08/22/24, at 12:55 P.M., Certified Nurse Aide (CNA) B said the following: -All allegations of neglect should be reported to the charge nurse and then the facility has two hours to report the allegation to the SSA. -If a staff left a resident on the toilet from 2:00 A.M. to 8:00 A.M. that would be neglect. During an interview on 08/23/24, at 11:55 A.M., the resident's Nurse Practitioner (NP) said the resident should not be left on the toilet. If a resident was left for six hours this would be neglect. During an interview on 08/22/24, at 11:55 A.M., the DON said the following: -The resident's DPOA had reported to him the resident had been left on the toilet on 08/19/24 for an extensive amount of time; -The DPOA was concerned about why the resident was left on the toilet for so many hours and if the resident's skin was compromised; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265731	A. Building B. Wing	08/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Magnolia Square Nursing and Rehab	1502 West Edgewood Springfield, MO 65807

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-He began an investigation and interviewed the resident and staff to include the named staff; -He did not report to the SSA because he thought the facility could do the investigation and then report to the SSA if they believed any abuse or neglect occurred; -He did not know he had to report any allegations of neglect; -He said if the investigation showed the resident had been left on the toilet for six and half hours they would consider that neglect. During an interview on 08/23/24, at 3:00 P.M., the Administrator said the following: -All allegations of abuse or neglect should be reported to the SSA within two hours; -Staff should be checking on residents every two hours and as needed; -The DON should have reported the allegation of the resident being left on the toilet all night to the SSA within the two hour required time frame and investigated this as neglect; -If a resident was left on the toilet for any extended period of time to include six hours this would be considered neglect. MO00240792 MO00240938