

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265760	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/16/2024
NAME OF PROVIDER OR SUPPLIER  Fulton Manor Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  520 Manor Drive Fulton, MO 65251	

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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>42815</p> <p>Based on interview and record review, staff failed to implement the facility's abuse policy to ensure resident safety when facility staff allowed Physical Therapy Assistant (PTA) A who was accused of abuse of one resident (Resident #1) out of three sampled residents to continue to have contact with residents. The facility census was 36.</p> <p>1. Review of the facility's Abuse Prevention Policy, dated November, 2017, showed each resident has the right to be free from abuse, corporal punishment, and involuntary seclusion. Resident who reside in our facilities will not be subjected to abuse by anyone, including, but not limited to, facility staff, other residents, consultants or volunteers, staff of other agencies serving the resident, family members or legal guardians, friends, or other individuals. Any alleged perpetrator of abuse, neglect, or misappropriation of resident funds, will be immediately suspended from employment and will leave the employment property and not return to the property and not return to the property until the investigation by the facility and/or law enforcement is complete and the incident is resolved. The alleged perpetrator may return to the property prior to resolution if constantly supervised by the administrator during an investigator interview.</p> <p>2. Review of Resident #1's Quarterly Minimum Data Set (MDS), a federally mandated assessment tool, dated 03/23/24, showed staff assessed the resident as:</p> <p>-Cognitively intact;</p> <p>-Diagnosis of Hypertension (a condition in which the force of the blood against the artery walls is too high), End Stage Renal Failure (a condition in which the kidneys lose the ability to remove waste and balance fluids), anxiety disorder (a mental health disorder characterized by feelings of worry, anxiety, or fear that are strong enough to interfere with one's daily living) and fracture.</p> <p>Review of the facility's investigation, dated 04/15/24, showed staff documented the administrator was told by the Social Service Worker (SSW) the resident told him/her, he/she did not want PTA A to come into his/her room and work with him/her. The resident said the PTA was in the residents space and too close. The resident said he/she said is not hard of hearing. Review showed the resident said PTA A asked him/her how to do oral sex and for him/her to explain how to do it. Review showed staff documented the PTA A will not come into the residents room and will not provide therapy to the resident. Review showed the PTA denied he/she made the comments related to oral sex.</p> <p>Observation on 04/16/24 at 11:09 A.M., showed the administrator in his/her office without PTA A.</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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 04/16/24 at 11:31 A.M., showed PTA A in the therapy room without the administrator.</p> <p>During an interview on 04/16/24 at 11:09 A.M., the administrator said he/she was still investigating the complaint related to the allegation against PTA A. He/She said PTA A was currently in the building providing therapy service while he/she was conducting the investigation. He/She said he/she would suspend an employee if there was an allegation of abuse pending the results of the investigation. He/She said he/she did not know if a contracted staff member should be treated the same as facility staff if there was a report of potential abuse.</p> <p>During an interview on 04/16/24 at 11:31 A.M., PTA A said he/she was informed of the allegation of potential abuse against him/her. He/She was not told to leave the premises while the investigation was being conducted.</p> <p>MO00234715</p>		