

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265832	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/25/2024
NAME OF PROVIDER OR SUPPLIER Senath South Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 300 East Hornbeck Street Senath, MO 63876	

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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>45693</p> <p>Refer to Event ID 25Y114 for citation.</p> <p>Based on interview and record review, the facility failed to provide one resident (Resident #3) out of 19 sampled residents with assistance for a request of a transfer or discharge from the facility. The facility census was 128.</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>45693</p> <p>Refer to Event ID 25Y114 for citation.</p> <p>The deficiency is uncorrected. For previous examples, refer to the Statement of Deficiencies dated 01/25/24, 03/21/24 and 06/27/24.</p> <p>Based on observation, interview, and record review, the facility failed to provide a safe, clean, and comfortable homelike environment. This deficient practice had the potential to affect all residents in the facility. The facility census was 128.</p>

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<p>F 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>45693</p> <p>Refer to Event ID 25Y114 for citation</p> <p>Based on interview and record review, the facility staff failed to protect the resident's right to be free from verbal abuse when Certified Medication Technician (CMT) A cursed one resident (Resident #2) out of 19 sampled residents, telling him/her to shut up and return to his/her room when asking for a cigarette. The resident had a history of mental health support needs, including behavioral problems. The facility failed to take appropriate steps to protect the resident from additional abuse and allowed the CMT A to continue working around the residents. The facility census was 128.</p>