

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265837	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/20/2024
NAME OF PROVIDER OR SUPPLIER  Heisinger Bluffs Healthcare Western Campus		STREET ADDRESS, CITY, STATE, ZIP CODE  1306 West Main Street Jefferson City, MO 65109	

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 0585</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 voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42815</p> <p>Based on interview and record review, facility staff failed to implement their grievance protocol for one resident (Resident #1) when he/she reported a missing cellular phone and staff did not document the results of the investigation for the missing cellular phone. The facility census was 59.</p> <p>1. Review of the facility's Nursing Home Residents Rights policy, undated, showed staff were directed to provide prompt efforts to resolve grievances, and provide a written decision upon request.</p> <p>Review of the facility's Grievances Complaints, Recording and Investigating policy, undated, showed:</p> <ul style="list-style-type: none"> <li>-All grievances and complaints filed with the facility will be investigated and corrective actions will be taken to resolve the grievance(s);</li> <li>-The Grievance Officer/designee will record and maintain all grievance and complaints on the facility approved log;</li> <li>-Documentation of the investigation and actions taken in response will be maintained at the facility.</li> </ul> <p>2. Review of Resident #1's Quarterly Minimum Data Set (MDS), a federally mandated assessment tool, dated 11/11/24, showed staff documented the resident admitted to the facility on [DATE].</p> <p>Review of the facilities investigation, dated 12/06/24, showed staff documented the resident's family member notified facility staff he/she attempted to contact the resident by cellular phone for several days and was unable to reach him/her via cell phone. The staff and the family member searched for the cellular phone and were not able to locate it.</p> <p>Review showed the facility did not have documentation a grievance form had been completed for the missing cell phone.</p> <p>During an interview on 12/18/24 at 9:43 A.M., the resident said he/she did have a phone, but it has been missing. He/She said he/she reported the missing phone to his/her family member, but not the staff.</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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 12/20/24 at 8:08 A.M., the administrator said the resident's family member reported the resident's cell phone was missing. He/She said he/she did not know if staff completed a grievance form for missing items or if one was given to the resident and/or the resident's representative. He/She said the facility did not have a designated grievance person, but they are looking at designating someone for the position. He/She said there was no paper trail when a resident reported a grievance. He/She said there was a potential a grievance could be overlooked, since there was no documentation of the reported grievance. He/She said staff verbally informed the resident and/or representative of the grievance resolutions.</p> <p>MO00246245</p>		

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<p>F 0620</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Not require residents to give up Medicare or Medicaid benefits, or pay privately as a condition of admission; and must tell residents what care they do not provide.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42815</p> <p>Based on interview and record review, facility staff failed to ensure the admission policy did not require the resident and/or responsible party to waive facility liability for loss or damage to personal belongings and failed to complete a Resident Inventory Listing for three residents (Resident #1, #2 and #3) out of three residents. The census was 59.</p> <p>1. Review of the facility's Resident Personal Property policy, dated 11/2024, shows the resident is allowed to have personal belongings. Staff are directed to inventory and document upon admission resident items and when replenished.</p> <p>Review of the facility's Resident Handbook policy, undated, showed the facility is not responsible for lost or missing items of any value. This includes, but is not limited to, personal effects such as jewelry, money, valuables, televisions, hearing aids, dentures, and eyeglasses.</p> <p>Review of the facility's Resident Inventory Listing form showed the form contained:</p> <ul style="list-style-type: none"> <li>-A list of types of belongings to be checked with blank areas for inventory not listed to be written in;</li> <li>-A signature and date line for the resident or legal representative upon admission and discharge;</li> <li>-A signature line and date line for the staff member completing the form upon admission and discharge.</li> </ul> <p>2. Review of Resident #1's Quarterly Minimum Data Set (MDS), a federally mandated assessment tool, dated 11/11/24, showed staff documented the resident was admitted to the facility on [DATE].</p> <p>Review of the resident's medical record showed the Resident Handbook signed on 05/09/24, signed by the resident/responsible party and facility representative. The medical record did not contain documentation staff completed a Resident Inventory Listing form.</p> <p>3. Review of Resident #2's Quarterly MDS, dated [DATE], showed staff documented the resident was admitted to the facility on [DATE].</p> <p>Review of the resident's medical record showed a Resident Handbook signature page, dated 07/17/24, signed by the resident/responsible party and facility representative. The medical record did not contain documentation staff completed a Resident Inventory Listing form.</p> <p>4. Review of Resident #3's Discharge MDS, dated [DATE], showed staff documented the resident was admitted to the facility on [DATE].</p> <p>Review of the resident's medical record showed a Resident Handbook signature page, dated 10/14/24, signed by the resident/responsible party and facility representative. The medical record did not contain documentation staff completed a Resident Inventory Listing form.</p> <p>(continued on next page)</p>		

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<p>F 0620</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>5. During an interview on 12/18/24 at 9:55 A.M., Registered Nurse (RN) B said the nursing staff completed the inventory sheets upon admission. He/She said he/she did not know who was responsible to complete them for Resident #1, #2, or #3.</p> <p>During an interview on 12/20/24 at 8:08 A.M., the administrator said the nursing staff were responsible to complete the inventory sheets upon admission. He/She said he/she did not know who was responsible to complete the inventory sheets for Resident #1, #2 or #3 and could not locate the completed inventory sheets in the resident's medical records. He/She said there was no audit in place to ensure the inventory sheets were completed upon admission. He/She said the resident's or representative are provided with a resident handbook as part of the admission agreement. He/She said the resident and/or representative sign the Resident Handbook form, stating they have received a copy of the handbook, but he/she did not know if the resident and/or representative read through the entire pamphlet. He/She said the Resident Handbook did contain documentation the facility did not reimburse for missing or lost items. The administrator said he/she did not know it was a regulatory violation to not reimburse a resident for missing or lost items.</p> <p>During an interview on 12/20/24 at 8:09 A.M., the Director of Nursing (DON) said the nursing staff were responsible to complete the inventory sheets upon admission and the admission nurse would double check the sheets. The DON said he/she or the Assistant Director of Nursing (ADON) would be responsible to audit to ensure the process was completed. The DON said he/she did not know who was responsible to complete the inventory sheets for Resident #1, #2 and #3. The DON said he/she overlooked checking the resident's medical records to ensure staff had completed the inventory sheets. He/She said the resident's or representative are provided with a resident handbook as part of the admission agreement. He/She said the resident and/or representative do sign the Resident Handbook form, stating they have received a copy of the handbook, but he/she did not know if the resident and/or representative read through the entire pamphlet. He/She said the Resident Handbook did contain documentation the facility did not reimburse for missing or lost items.</p> <p>MO00246245</p>		