

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265846	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/14/2024
NAME OF PROVIDER OR SUPPLIER Abundant Acres Care and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 13277 State Route D Savannah, MO 64485	

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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44939</p> <p>Based on observation, interview, and record review, the facility failed to ensure that residents and families were treated in a dignified manner while the facility was transitioning to a new operator, causing the residents and families to experience stress and anxiety. This affected nine of eleven sampled residents (Residents #1, #2, #3, #4, #5, #6, #8, #10 and #11). The facility census was 47.</p> <p>Review of the facility policy of Promoting/Maintaining Resident Dignity, dated 2023, showed:</p> <p>It is the practice of this facility to protect and promote resident rights and treat each resident with respect and dignity as well as care for each resident in a manner and in an environment, that maintains or enhances resident's quality of life by recognizing each resident's individuality.</p> <p>-All staff members are involved in providing care to residents to promote and maintain resident dignity and respect for resident rights.</p> <p>Review of the Resident's [NAME] of Rights provided by the facility, dated 11/2016, showed:</p> <p>-The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility.</p> <p>-The resident's representative has the right to exercise the resident's rights to the extent those rights are delegated to the resident representative.</p> <p>-The resident has a right to be informed, in advance, of the care to be furnished and the type of caregiver of professional that will furnish the care.</p> <p>-The resident has the right to be immediately informed of changes that will alter treatment and care.</p> <p>1. Review of Resident#1's quarterly Minimum Data Set (MDS, a federally mandated assessment conducted by staff), dated 2/23/24, showed:</p> <p>- The resident admitted to the facility on [DATE].</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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Diagnoses include vitamin D deficiency, extrapyramidal and movement disorder (drug induced movement disorder), headache, type 2 diabetes mellitus (the body doesn't use insulin properly, resulting in unusual blood sugar levels), schizoaffective disorder (a combination of symptoms of schizophrenia and mood disorder, such as depression or bipolar disorder), bipolar disorder (a disorder associated with episodes of mood swings ranging from depressive lows to manic highs).</p> <p>-He/She has adequate hearing, clear speech, understands others and makes self understood.</p> <p>-The resident scored 15/15 on the Brief Interview for Mental Status (BIMS, a tool used to screen and identify the cognitive condition of residents upon admission to a long term care facility). This score indicates no cognitive impairment.</p> <p>-The resident displays no behaviors.</p> <p>Review of the resident's comprehensive care plan, dated 4/13/24, showed:</p> <p>-He/She has a potential for problems with mood and takes medication to assist with this.</p> <p>During an interview on 5/3/24 at 12:30 P.M., Resident #1 said:</p> <p>-He/She heard rumors that the company who runs the facility will be leaving on 5/18/24, but no one has actually spoken to the resident about this or what will happen if the current company leaves;</p> <p>-This is upsetting because he/she doesn't know who will be taking care of him/her and the other residents after 5/18/24;</p> <p>-He/She heard rumors that the residents will have to move to another facility if the people taking over aren't ready to run the facility. No one has spoken to him/her about this. He/She is scared because he/she is happy at this facility and does not want to leave.</p> <p>During an interview on 5/6/24 at 2:58 P.M., Resident #1's family member said:</p> <p>-He/She has received no communication from the facility about the upcoming transition of ownership;</p> <p>-The information he/she has received is from other family members and residents of the facility;</p> <p>-He/She is frustrated and angry at the lack of information. He/She is responsible for the resident's care and he/she does not know any details of the transition. He/She also feels disrespected by the owners and leadership of the facility, like residents and families are not important enough to communicate with.</p> <p>2. Review of Resident #2's annual MDS, dated [DATE], showed:</p> <p>-He/She admitted to the facility on [DATE];</p> <p>(continued on next page)</p>		

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<p>F 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Diagnoses include difficulty walking, weakness, repeated falls, muscle wasting and atrophy, dysphagia (difficulty swallowing), dementia (a group of thinking and social symptoms that interferes with daily functioning), neurocognitive disorder with Lewy Bodies (protein deposits called Lewy bodies develop in nerve cells in the brain, affecting brain regions involved in thinking, memory and movement);</p> <p>-He/She has adequate hearing, unclear speech, rarely/never understands others, and rarely/never makes self understood;</p> <p>-He/She scored 0/15 on the BIMS- severely cognitively impaired;</p> <p>-He/She displays no behaviors;</p> <p>-The resident requires partial to substantial assistance with activities of daily living.</p> <p>Review of the resident's comprehensive care plan, dated 1/24/24 showed:</p> <p>-Due to the diagnoses of dementia, the resident and family intend for him/her to remain in the facility as the resident requires long term care;</p> <p>-The resident has a history of confusion and agitation due to dementia and requires long term care staff support.</p> <p>During an interview on 5/3/24 at 2:58 P.M., Resident #2's family member said:</p> <p>-He/She knows very little of the transition from the current ownership to the new owner/operator. He/She has received no communication from the facility about the transition;</p> <p>-He/She has heard rumors that the current company managing the facility is leaving at midnight on 5/7/24 and hopes the new owners will be ready to take over the care of the residents;</p> <p>-He/She has also heard rumors the residents will be transferred to other facilities if the new management is not ready to take over;</p> <p>-He/She is worried because he/she is happy with his/her family member's care at the facility and worries a change in staff or move to another facility would cause a decline in the family member's health and well-being.</p> <p>3. Review of Resident #3's quarterly MDS, dated [DATE], showed:</p> <p>-The resident admitted to the facility on [DATE];</p> <p>-Diagnoses include traumatic subdural hemorrhage (a type of brain hemorrhage happens when blood is leaking out of a torn blood vessel and below the space of the brain and skull), dementia, muscle wasting and atrophy, dysphagia, unsteady on feet, aphasia (a language disorder that affects a person's ability to communicate);</p> <p>(continued on next page)</p>		

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<p>F 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-The resident has adequate hearing, clear speech, usually understands others and can sometimes make self understood;</p> <p>-The resident scored 0/15 on the BIMS- severely cognitively impaired;</p> <p>-The resident occasionally wanders;</p> <p>-He/she requires supervision with all activities of daily living.</p> <p>Review of the resident's comprehensive care plan, dated 1/20/24, showed:</p> <p>-The resident has a history of delirium/acute confusion related to change in environment and dementia.</p> <p>During an interview on 5/7/24 at 4:03 P.M., Resident #3's family member said:</p> <p>-He/She has received no communication from the facility regarding the upcoming transition of ownership;</p> <p>-He/She read an article in the local newspaper a few weeks ago about the proposed transition;</p> <p>-His/Her family member at the facility has dementia, and has become accustomed to the environment and has developed a routine he/she is comfortable with, allowing him/her to maintain some independence with activities of daily living. His/Her family member has heard about the upcoming transition, but due to dementia, is not able to fully process the information. This has caused the family member anxiety as he/she does not know if he/she will have to move;</p> <p>-He/She is angry and anxious with the situation. He/She feels the facility has disregarded the feelings of residents and families, not taking into consideration how this change in ownership will affect those who live at the facility.</p> <p>4. Review of Resident #4's quarterly MDS, dated [DATE], showed:</p> <p>-The resident admitted to the facility on [DATE];</p> <p>-Diagnoses include malignant neoplasm of endometrium (a type of cancer that begins in the lining of the uterus), depression, (a group of conditions associated with the elevation or lowering of a person's mood), Guillain-Barre Syndrome (a condition in which the immune system attacks the nerves), obesity, weakness;</p> <p>-The resident has adequate hearing, clear speech, is able to understand others and make self understood;</p> <p>-He/She scored 15/15 on the BIMS- no cognitive impairment;</p> <p>-He/She requires set up for some activities of daily living and is dependent on staff for others, such as bathing.</p> <p>(continued on next page)</p>		

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<p>F 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's comprehensive care plan, dated 2/10/24, showed:</p> <ul style="list-style-type: none"> -The resident is at risk for problems with psychosocial well being related to depression, anxiety, and ineffective coping skills. He/She requires support from staff. <p>During an interview on 5/7/24 at 3:43 P.M., the resident said:</p> <ul style="list-style-type: none"> -The only information he/she has received from the facility regarding the transition of ownership was when the President of the current owner/operator came to the facility to hold a meeting to answer questions the residents may have; -The President told the residents that were at the meeting that the current company managing the facility will be leaving on midnight of 5/7/23 and it will be turned over to the new operator. If the new operator is not ready to take over, the state will have to step in and take over until they are ready to take over; -He/She has heard rumors that the residents will have to move to other facilities if the board is not ready to take over; -He/She fears there will not be staff to care for the residents and the residents will be forced to move; -He/She has local law enforcement, local news stations, and Department of Health and Senior Services programmed into his/her cell phone in case the residents are made to leave the facility when the current operator leaves; -No one asked the resident if he/she is willing to transfer to another facility or regarding his/her knowledge and feelings of the transition. This upsets the resident because this is his/her home and he/she feels that no one cares what happens to him/her; -He/She feels the current company is not being honest or transparent about what is happening with the transition; -He/She worries day to day about who will care for the residents and where the residents will live. <p>5. Review of Resident #5's quarterly MDS, dated [DATE], showed:</p> <ul style="list-style-type: none"> -The resident admitted to the facility on [DATE]; -Diagnoses include major depressive disorder, dementia, dysphagia, muscle wasting and atrophy, lack of coordination, unsteady on feet, Alzheimer's Disease (A progressive disease that destroys memory and other important mental functions), adult failure to thrive (characterized by unexplained weight loss, malnutrition and disability); -The resident has adequate hearing, unclear speech, rarely/never understands and rarely/never makes self understood; <p>(continued on next page)</p>		

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<p>F 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-The resident scored 0/15 on the BIMS- severely cognitively impaired;</p> <p>-The resident is dependent on staff for all activities of daily living.</p> <p>Review of the resident's comprehensive care plan, dated 1/18/24, showed:</p> <p>-The resident is at risk for elopement due to wandering related to dementia. He/She requires long term care for safety.</p> <p>During an interview on 5/9/24 at 10:12 A.M., the resident's legal guardian said:</p> <p>-He/She has received no communication from the facility regarding the transition of ownership. He/She heard rumors that the current ownership is leaving on 5/18/24 but has not heard anything confirming this;</p> <p>-He/She is very concerned about this because he/she is responsible for ensuring the resident is cared for and he/she has no idea what is happening regarding the current ownership leaving and a new owner/operator coming in.</p> <p>6. Review of Resident #6's quarterly MDS, dated [DATE], showed:</p> <p>-The resident was admitted to the facility on [DATE];</p> <p>-Diagnoses include chronic obstructive pulmonary disorder (COPD, a group of lung diseases that block airflow and make it difficult to breathe), difficulty walking, chronic pain syndrome, cellulitis of left upper arm (bacterial skin infection), muscle wasting and atrophy, bipolar disorder, schizoaffective disorder, Parkinson's Disease (a disorder of the central nervous system that affects movement, often including tremors);</p> <p>-He/She has adequate hearing, clear speech, is able to understand others and make self understood;</p> <p>-He/She scored 15/15 on the BIMS- no cognitive impairment.</p> <p>Review of the resident's comprehensive care plan, dated 2/1/24, showed:</p> <p>-The resident is at risk for falls and requires assistance with activities of daily living and intends to remain in a long term care facility.</p> <p>During an interview on 5/10/24 at 9:07 A.M., the resident's legal guardian said:</p> <p>-He/She has received no communication from the facility regarding the transition of ownership;</p> <p>-He/She has heard rumors that the current owners of the facility are leaving on 5/18/24 and the county board will be taking over as operator, but has not received anything confirming this;</p> <p>-He/She is very concerned about this. He/She needs to be kept informed of the care the resident is receiving, and who is responsible for providing this care;</p> <p>(continued on next page)</p>		

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<p>F 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-The resident is very happy at the facility, and he/she worries that a move for the resident will be very detrimental to the resident's mental health.</p> <p>7. Review of Resident #8's quarterly MDS, dated [DATE], showed:</p> <p>-The resident admitted to the facility on [DATE];</p> <p>-Diagnoses include restlessness and agitation, depression, unsteadiness on feet, traumatic subarachnoid hemorrhage (any bleed located underneath one of the protective layers of the brain known as the arachnoid layer), malnutrition, alcohol abuse, cerebral infarction (a stroke caused by a blocked artery in the brain), acute kidney failure, weakness, history of opioid abuse;</p> <p>-The resident has adequate hearing, clear speech, is able to understand others and make self understood;</p> <p>-He/She scored 15/15 on the BIMS- no cognitive impairment.</p> <p>Review of the resident's comprehensive care plan, dated 2/29/24, showed:</p> <p>-The resident requires staff assistance and supervision for activities of daily living. He/She has a history of verbally aggressive behaviors and opioid addiction. He/She intends to remain in long term care for his/her safety.</p> <p>During an interview on 5/9/24 at 12:23 P.M., the resident's family member said:</p> <p>-He/She has received no communication from the facility regarding the transition of ownership;</p> <p>-He/She has heard rumors that the residents will have to move to another facility if the new ownership is not ready to take over when the current owners leave;</p> <p>-He/She is very worried about this because his/her family member is comfortable at the facility and a move will negatively affect the resident.</p> <p>8. Review of Resident #10's quarterly MDS, dated [DATE], showed:</p> <p>-The resident admitted to the facility on [DATE];</p> <p>-Diagnoses include type 2 diabetes mellitus, dementia, anxiety, muscle wasting and atrophy, difficulty walking, history of falls, and dysphagia;</p> <p>-He/She has adequate hearing, clear speech, is able to understand others and make self understood;</p> <p>-He/She scored 5/15 on the BIMS- severely cognitively impaired;</p> <p>-He/She is dependent on staff for all activities of daily living.</p> <p>Review of the resident's comprehensive care plan, dated 3/6/24, showed:</p> <p>(continued on next page)</p>		

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<p>F 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-The resident wanders and requires long term care for his/her safety;</p> <p>-The resident is at risk for depression. He/She requires staff supervision and support due to risk of falls and need of assistance for activities of daily living.</p> <p>During an interview on 5/13/24 at 10:36 A.M., Resident #10's family member said:</p> <p>-He/She has received no communication from the facility regarding the upcoming transition of ownership at the facility;</p> <p>-He/She is angry about this, as he/she feels that the residents and family members need to be kept updated on what is going on at the facility and who is in charge;</p> <p>-He/She is also worried because he/she is not clear on who will be caring for his family member in the coming weeks.</p> <p>9. Review of Resident #11's quarterly MDS, dated [DATE], showed:</p> <p>-The resident admitted to the facility on [DATE];</p> <p>-Diagnoses include dysphagia, depression, dementia, Parkinson's disease, weakness, pain in both knees, anxiety, muscle wasting and atrophy;</p> <p>-He/She has adequate hearing, clear speech, is able to understand others and make self understood;</p> <p>-He/She scored 15/15 on the BIMS- no cognitive impairment;</p> <p>-He/She requires staff supervision for all activities of daily living.</p> <p>Review of the resident's comprehensive care plan, dated 1/24/24, showed:</p> <p>-The resident is at risk for falls, depression, anxiety and confusion related to dementia. He/She requires long term care for support and safety.</p> <p>During an interview on 5/3/24 at 2:29 P.M., Resident #11 said:</p> <p>-No one from the facility has spoken to him/her about the upcoming transition of ownership;</p> <p>-He/She has heard rumors that the company that currently manages/operates the facility will be leaving and a new group will take over to run the facility. He/She has also heard rumors that the residents will have to move to a new facility if the new group is not ready to take over;</p> <p>-He/She is very worried about the new group coming in and the possibility of moving, as he/she has a pet at the facility. The pet is his/her family and he/she is very anxious the new group will not allow him/her to keep the pet. The resident does not want to move from the facility, which he/she considers home.</p> <p>10. During an interview on 5/9/24 at 3:23 P.M., the Administrator said:</p> <p>(continued on next page)</p>		

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<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44939</p> <p>Based on interview and record review, the facility failed to ensure that residents and families were offered a choice of pharmacy when the primary pharmacy for the facility changed. This affected nine of 11 sampled residents (Residents #1, #2, #3, #4, #5, #6, #8, #10 and #11). The facility census was 47.</p> <p>Review of the facility policy of Promoting/Maintaining Resident Self-Determination, dated 2024, showed:</p> <p>-It is the practice of this facility to protect and promote resident rights by promoting and facilitating resident self-determination through support of resident choice. The facility will ensure that each has the opportunity to exercise his/her autonomy regarding those things that are important in his/her life such as interests and preferences.</p> <p>-The facility will accommodate the resident preferences to the extent possible and as agreed upon by the resident sponsor and physician.</p> <p>Review of the Resident's [NAME] of Rights provided by the facility, dated 11/2016, showed:</p> <p>-A resident has the right to be informed, in advance, of the care to be furnished and the type of care giver or professional that will furnish care.</p> <p>-The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice. The resident has the right to choose activities, schedules, health care and providers of health care services consistent with his/her interests, assessments, plan of care.</p> <p>1. Review of Resident#1's quarterly Minimum Data Set (MDS, a federally mandated assessment conducted by staff), dated 2/23/24, showed:</p> <p>-The resident admitted to the facility on [DATE];</p> <p>-Diagnoses include vitamin D deficiency, extrapyramidal and movement disorder (drug induced movement disorder), headache, type 2 diabetes mellitus (the body doesn't use insulin properly, resulting in unusual blood sugar levels), schizoaffective disorder (a combination of symptoms of schizophrenia and mood disorder, such as depression or bipolar disorder), bipolar disorder (a disorder associated with episodes of mood swings ranging from depressive lows to manic highs);</p> <p>-He/She has adequate hearing, clear speech, understands others and makes self understood;</p> <p>-The resident scored 15/15 on the Brief Interview of Mental Status (BIMS, a structured evaluation aimed at evaluating aspects of cognition in elderly patients). This score indicates no cognitive decline;</p> <p>(continued on next page)</p>		

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<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-The resident displays no behaviors;</p> <p>-He/She is independent with all activities of daily living, including bathing, dressing and personal hygiene.</p> <p>Review of the resident's comprehensive care plan, dated 4/13/24, showed:</p> <p>-He/She has a potential for problems with mood and takes medication to assist with this.</p> <p>Review of the resident's face sheet showed Pharmacy B listed at the resident's primary pharmacy.</p> <p>During an interview on 5/6/24 at 2:58 P.M., Resident #1's family member said:</p> <p>-He/She believed the resident's chosen pharmacy was Pharmacy A, which was chosen at the resident's admission;</p> <p>-He/She was not aware that the resident's face sheet listed the resident's primary pharmacy as Pharmacy B. He/She is not aware of when this change occurred;</p> <p>-He/she was made aware of the change when he/she was asking the facility staff about one of her resident's medications, and the staff informed him/her that Pharmacy B was providing this medication. This upset him/her because this was not the pharmacy chosen for the resident. He/she instructed the facility to change the pharmacy back to Pharmacy A.</p> <p>-He/She was not notified of the change of pharmacy and was not given a choice of primary pharmacy at the time of the change.</p> <p>2. Review of Resident #2's annual MDS, dated [DATE], showed:</p> <p>-He/She admitted to the facility on [DATE];</p> <p>-Diagnoses include difficulty walking, weakness, repeated falls, muscle wasting and atrophy, dysphagia (difficulty swallowing), dementia (a group of thinking and social symptoms that interferes with daily functioning), neurocognitive disorder with Lewy Bodies (protein deposits called Lewy bodies develop in nerve cells in the brain, affecting brain regions involved in thinking, memory and movement);</p> <p>-He/She has adequate hearing, unclear speech, rarely/never understands others, and rarely/never makes self understood;</p> <p>-He/She scored 0/15 on the BIMS- severely cognitively impaired.</p> <p>Review of the resident's comprehensive care plan, dated 1/24/24 showed:</p> <p>-Due to the diagnoses of dementia, the resident and family intend for him/her to remain in the facility as the resident requires long term care;</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265846	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/14/2024
NAME OF PROVIDER OR SUPPLIER Abundant Acres Care and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 13277 State Route D Savannah, MO 64485	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-The resident has a history of confusion and agitation due to dementia and requires long term care staff support.</p> <p>Review of the resident's face sheet showed Pharmacy B listed at the resident's primary pharmacy.</p> <p>During an interview on 5/3/24 at 2:58 P.M., Resident #2's family member said:</p> <p>-He/She believed the resident's primary pharmacy was Pharmacy A.</p> <p>-He/She was not aware that the resident's face sheet listed Pharmacy B as the resident's primary pharmacy. He/She is unsure when this change occurred;</p> <p>-He/She was not offered a choice of primary pharmacy when the resident was admitted to the facility or when the primary pharmacy was recently changed.</p> <p>3. Review of Resident #3's quarterly MDS, dated [DATE], showed:</p> <p>-The resident admitted to the facility on [DATE];</p> <p>-Diagnoses include traumatic subdural hemorrhage (a type of brain hemorrhage happens when blood is leaking out of a torn blood vessel and below the space of the brain and skull), dementia, muscle wasting and atrophy, dysphagia, unsteady on feet, aphasia (a language disorder that affects a person's ability to communicate);</p> <p>-The resident has adequate hearing, clear speech, usually understands others and can sometimes make self understood;</p> <p>-The resident scored 0/15 on the BIMS- severely cognitively impaired.</p> <p>Review of the resident's comprehensive care plan, dated 1/20/24, showed:</p> <p>-The resident has a history of delirium/acute confusion related to change in environment and dementia.</p> <p>Review of the resident's face sheet showed Pharmacy B listed at the resident's primary pharmacy.</p> <p>During an interview on 5/7/24 at 4:03 P.M., Resident #3's family member said:</p> <p>-He/She believed the resident's primary pharmacy was Pharmacy A, and this was chosen by the family member at the resident's admission to the facility;</p> <p>-He/She was surprised when informed the resident's face sheet listed the resident's primary pharmacy as Pharmacy B. He/she is upset, as this is not the pharmacy he/she had chosen for his/her family member. He/She is unaware when this change occurred;</p> <p>-He/she then called Pharmacy A and confirmed his/her family is not receiving regularly scheduled medications from Pharmacy A. He/she then instructed the facility to change the resident's primary pharmacy back to Pharmacy A.</p> <p>(continued on next page)</p>		

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<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-He/She was not informed of the change in pharmacy and was not offered a choice of pharmacy at the time of the change.</p> <p>4. Review of Resident #4's quarterly MDS, dated [DATE], showed:</p> <p>-The resident admitted to the facility on [DATE];</p> <p>-Diagnoses include malignant neoplasm of endometrium (a type of cancer that begins in the lining of the uterus), depression, (a group of conditions associated with the elevation or lowering of a person's mood), Guillain-Barre Syndrome (a condition in which the immune system attacks the nerves), obesity, weakness;</p> <p>-The resident has adequate hearing, clear speech, is able to understand others and make self understood;</p> <p>-He/She scored 15/15 on the BIMS- no cognitive impairment.</p> <p>Review of the resident's comprehensive care plan, dated 2/10/24, showed:</p> <p>-The resident is at risk for problems with psychosocial well being related to depression, anxiety, and ineffective coping skills. He/She requires support from staff.</p> <p>Review of the resident's face sheet showed Pharmacy B listed at the resident's primary pharmacy.</p> <p>During an interview on 5/7/24 at 3:43 P.M., the resident said:</p> <p>-He/She believed his/her primary pharmacy was Pharmacy C. He/She was not offered a choice of pharmacy at the time of admission;</p> <p>-He/She was unaware that Pharmacy B was listed as the primary pharmacy on his/her face sheet. He/She was unaware of when this change occurred.;</p> <p>-He/She was not notified of the change in pharmacy and was not offered a choice of pharmacy when the change occurred.</p> <p>5. Review of Resident #5's quarterly MDS, dated [DATE], showed:</p> <p>-The resident admitted to the facility on [DATE];</p> <p>-Diagnoses include major depressive disorder, dementia, dysphagia, muscle wasting and atrophy, lack of coordination, unsteady on feet, Alzheimer's Disease (A progressive disease that destroys memory and other important mental functions), adult failure to thrive (characterized by unexplained weight loss, malnutrition and disability);</p> <p>-The resident has adequate hearing, unclear speech, rarely/never understands and rarely/never makes self understood;</p> <p>-The resident scored 0/15 on the BIMS- severely cognitively impaired.</p> <p>(continued on next page)</p>		

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<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's comprehensive care plan, dated 1/18/24, showed:</p> <ul style="list-style-type: none"> -The resident is at risk for elopement due to wandering related to dementia. He/She requires long term care for safety. <p>Review of the resident's face sheet showed Pharmacy B listed at the resident's primary pharmacy.</p> <p>During an interview on 5/9/24 at 10:12 A.M., the resident's legal guardian said:</p> <ul style="list-style-type: none"> -He/She believed the resident's primary pharmacy was Pharmacy C. He/She was not given a choice of pharmacy at the time of the resident's admission; -He/She was unaware that the primary pharmacy listed on the resident's face sheet was Pharmacy B; -He/She was not notified of the change of pharmacy and was not offered a choice of pharmacy at the time of the change. <p>6. Review of Resident #6's quarterly MDS, dated [DATE], showed:</p> <ul style="list-style-type: none"> -The resident admitted to the facility on [DATE]; -Diagnoses include chronic obstructive pulmonary disorder (COPD, a group of lung diseases that block airflow and make it difficult to breathe), difficulty walking, chronic pain syndrome, cellulitis of left upper arm (bacterial skin infection), muscle wasting and atrophy, bipolar disorder, schizoaffective disorder, Parkinson's Disease (a disorder of the central nervous system that affects movement, often including tremors); -He/She has adequate hearing, clear speech, is able to understand others and make self understood; -He/She scored 15/15 on the BIMS- no cognitive impairment. <p>Review of the resident's comprehensive care plan, dated 2/1/24, showed:</p> <ul style="list-style-type: none"> -The resident is at risk for falls and requires assistance with activities of daily living and intends to remain in a long term care facility. <p>Review of the resident's face sheet showed Pharmacy B listed at the resident's primary pharmacy.</p> <p>During an interview on 5/10/24 at 9:07 A.M., the resident's legal guardian said:</p> <ul style="list-style-type: none"> -He/She believed the resident's primary pharmacy was Pharmacy A, which he/she had chosen at the time of the resident's admission; -He/She was not aware that the resident's face sheet listed Pharmacy B as the resident's primary pharmacy; -He/She was not notified of the change in the resident's primary pharmacy and was not offered a choice at the time of the change. <p>(continued on next page)</p>		

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<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>7. Review of Resident #8's quarterly MDS, dated [DATE], showed:</p> <ul style="list-style-type: none"> -The resident admitted to the facility on [DATE]; -Diagnoses include restlessness and agitation, depression, unsteadiness on feet, traumatic subarachnoid hemorrhage (any bleed located underneath one of the protective layers of the brain known as the arachnoid layer), malnutrition, alcohol abuse, cerebral infarction (a stroke caused by a blocked artery in the brain), acute kidney failure, weakness, history of opioid abuse; -The resident has adequate hearing, clear speech, is able to understand others and make self understood; -He/She scored 15/15 on the BIMS- no cognitive impairment. <p>Review of the resident's comprehensive care plan, dated 2/29/24, showed:</p> <ul style="list-style-type: none"> -The resident requires staff assistance and supervision for activities of daily living. He/She has a history of verbally aggressive behaviors and opioid addiction. He/She intends to remain in long term care for his/her safety. <p>Review of the resident's face sheet showed Pharmacy B listed at the resident's primary pharmacy.</p> <p>During an interview on 5/9/24 at 12:23 P.M., the resident's family member said:</p> <ul style="list-style-type: none"> -He/She was not offered a choice of pharmacy at the time of the resident's admission; -He/She believed the resident's primary pharmacy was Pharmacy A; -He/She was unaware that the primary pharmacy listed on the resident's face sheet is Pharmacy B. He/She is unaware when the change occurred; -He/She was not notified of the change and was not offered a choice of pharmacy at the time of the change. <p>8. Review of Resident #10's quarterly MDS, dated [DATE], showed:</p> <ul style="list-style-type: none"> -The resident admitted to the facility on [DATE]; -Diagnoses include type 2 diabetes mellitus, dementia, anxiety, muscle wasting and atrophy, difficulty walking, history of falls, dysphagia; -He/She has adequate hearing, clear speech, is able to understand others and make self understood; -He/She scored 5/15 on the BIMS- severely cognitively impaired. <p>Review of the resident's comprehensive care plan, dated 3/6/24, showed:</p> <ul style="list-style-type: none"> -The resident wanders and requires long term care for his/her safety; <p>(continued on next page)</p>		

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<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-The resident is at risk for depression. He/She requires staff supervision and support due to risk of falls and need of assistance for activities of daily living.</p> <p>Review of the resident's face sheet showed Pharmacy B listed at the resident's primary pharmacy.</p> <p>During an interview on 5/13/24 at 10:36 A.M., Resident #10's family member said:</p> <p>-He/She believed the primary pharmacy listed on the resident's face sheet is Pharmacy A. This was the pharmacy that was chosen at the time of the resident's admission;</p> <p>-He/She was unaware that the primary pharmacy listed on the resident's face sheet is Pharmacy A. He/She is unaware when this change occurred;</p> <p>-He/She was not notified of the change of pharmacy and was not offered a choice of pharmacy at the time of the change.</p> <p>9. Review of Resident #11's quarterly MDS, dated [DATE], showed:</p> <p>-The resident admitted to the facility on [DATE];</p> <p>-Diagnoses include dysphagia, depression, dementia, Parkinson's disease, weakness, pain in both knees, anxiety, muscle wasting and atrophy;</p> <p>-He/She has adequate hearing, clear speech, is able to understand others and make self understood;</p> <p>-He/She scored 15/15 on the BIMS- no cognitive impairment.</p> <p>Review of the resident's comprehensive care plan, dated 1/24/24, showed:</p> <p>-The resident is at risk for falls, depression, anxiety and confusion related to dementia. He/She requires long term care for support and safety.</p> <p>Review of the resident's face sheet showed Pharmacy B listed at the resident's primary pharmacy.</p> <p>During an interview on 5/3/24 at 2:29 P.M., Resident #11 said:</p> <p>-He/She believed that the primary pharmacy listed on his/her face sheet was Pharmacy A. He/She does not recall if a choice of pharmacy was offered at the time of his/her admission;</p> <p>-He/She was unaware that the primary pharmacy listed on his/her face sheet is Pharmacy B. He/She is unsure when the change occurred;</p> <p>-He/She was not notified of the change of pharmacy and was not offered a choice of pharmacy at the time of the change.</p> <p>10. During an interview on 5/9/24 at 12:05 P.M., Licensed Practical Nurse (LPN) A said:</p> <p>(continued on next page)</p>		

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<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-The majority of residents in the facility have Pharmacy B listed as the primary pharmacy in their medical record;</p> <p>-The social service person is responsible for obtaining the resident or family's choice of pharmacy at the time of admission.</p> <p>During an interview on 5/9/24 at 12:10 P.M., the Social Services Designee said:</p> <p>-Residents and families are to be offered a choice of pharmacy at admission;</p> <p>-The nurse doing the admission is responsible for obtaining the resident's or family's choice of pharmacy;</p> <p>-The facility has had Pharmacy B as the primary pharmacy provider since February 2024;</p> <p>-He/She was unaware that all residents' primary pharmacy was changed to Pharmacy B;</p> <p>-He/She is unsure if residents and families were notified of the change. The former Assistant Director of Nursing was facilitating the change in pharmacy and he/she is no longer employed at the facility.</p> <p>During an interview on 5/9/24 at 3:23 P.M., the Administrator said:</p> <p>-It is his/her expectation that residents and families be offered a choice of pharmacy at admission and during the resident's stay at the facility;</p> <p>-It is his/her expectation that residents and families be notified when there are changes in health care providers, such as the pharmacy.</p> <p>MO235746</p>

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<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to organize and participate in resident/family groups in the facility.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44939</p> <p>Based on observation, interview, and record review, the facility failed to ensure that residents and families were reasonably notified of Resident Council Meetings and honoring the residents' requests of staff and family invited to meetings. This affected five of 11 sampled residents (Residents #4, #1, #2, #3, and #11). The facility census was 47.</p> <p>Review of the facility policy of Resident Council Meetings, dated 2024, showed:</p> <ul style="list-style-type: none"> -This facility supports the rights of residents to organize and participate in resident groups, including a Resident Council. -Resident or family group is defined as a group of residents or residents' family members that meets regularly to discuss and offer suggestions about facility policies and procedures affecting residents' care, treatment, and quality of life; support each other; plan resident and family activities; participate in educational activities, or for any other purpose. -The Resident Council meets at least quarterly, but no less than as determined by the group. The date, time, and location of the meetings are noted on the Activities calendar. <p>Review of the Resident's [NAME] of Rights provided by the facility, dated 11/2016, showed:</p> <ul style="list-style-type: none"> -The resident has a right to organize and participate in resident groups in the facility. -The facility must take reasonable steps, with the approval from the group, to make residents and family members aware of upcoming meetings in a timely manner. -Staff, visitors, or other guests may attend resident group or family group meetings on at the respective groups invitation. -The resident has a right to have family members or other resident representatives meet in the facility with the families and other resident representatives of other families in the facility. <p>1. Review of Resident #4's quarterly MDS, dated [DATE], showed:</p> <ul style="list-style-type: none"> -The resident admitted to the facility on [DATE]; -He/She scored 15/15 on the Brief Interview for Mental Status (BIMS) (a tool used to screen and identify the cognitive condition of residents upon admission to a long term care facility)- no cognitive impairment. <p>Review of the resident's comprehensive care plan, dated 2/10/24, showed:</p> <ul style="list-style-type: none"> -The resident is at risk for problems with psychosocial well being related to depression, anxiety, and ineffective coping skills. He/She requires support from staff. <p>(continued on next page)</p>		

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<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 5/7/24 at 3:43 P.M., the resident said:</p> <p>-He/She is the Resident Council President.</p> <p>-On 5/2/24, he/she was woken up by the President and the Director of Operations of the company that is the current operator when they entered his/her room. The President of the company told him/her there would be a Resident Council Meeting in 30 minutes for residents to receive information regarding the transition of ownership to another company. The company President said she had to be somewhere in an hour and had only 30 minutes for the meeting;</p> <p>-This made the resident feel very rushed, anxious and scrambled, with no time to prepare the other residents or make a list of his/her own questions;</p> <p>-He/She called staff to his/her room to assist him/her to get ready, and to assist other residents to the dining room for the meeting;</p> <p>-The resident invited staff in the building to attend the meeting so they could get information and ask questions;</p> <p>-The company President told the facility staff to leave the meeting as it was unprofessional for them to attend. The President allowed one staff member to remain as a resident representative;</p> <p>-The resident also wanted family members to be able to attend the meeting, but was told this was the only time the President had available to be at the facility and there was not time to contact family members;</p> <p>-Additionally, there was a Resident Council meeting scheduled for 5/1/24 at 2:00 P.M., to discuss the transition with the incoming administrator. However, a representative from the new operating entity canceled the meeting during lunch on 5/1/24, stating the current operator would not allow the representatives from the new operator in the building and/or to hold the meeting.</p> <p>2. Review of Resident#1's quarterly Minimum Data Set (MDS, a federally mandated assessment conducted by staff), dated 2/23/24, showed:</p> <p>-The resident admitted to the facility on [DATE];</p> <p>-Diagnoses include schizoaffective disorder (a combination of symptoms of schizophrenia and mood disorder, such as depression or bipolar disorder) and bipolar disorder (a disorder associated with episodes of mood swings ranging from depressive lows to manic highs);</p> <p>-The resident scored 15/15 on the BIMS)- no cognitive impairment.</p> <p>Review of the resident's comprehensive care plan, dated 4/13/24, showed:</p> <p>-He/She has a potential for problems with mood and takes medication to assist with this.</p> <p>During an interview on 5/3/24 at 12:30 P.M., Resident #1 said:</p> <p>(continued on next page)</p>		

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<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Diagnoses include dementia and aphasia (a language disorder that affects a person's ability to communicate);</p> <p>-The resident scored 0/15 on the BIMS- severely cognitively impaired.</p> <p>Review of the resident's comprehensive care plan, dated 1/20/24, showed:</p> <p>-The resident has a history of delirium/acute confusion related to change in environment and dementia.</p> <p>During an interview on 5/7/24 at 4:03 P.M., Resident #3's family member said:</p> <p>-A resident at the facility texted him/her and informed him/her that the President of the company that currently operated the facility was at the facility having a meeting to discuss the transition;</p> <p>-He/She lives in the same town as the facility and rushed to the facility. However, the meeting was over by the time he/she got to the facility;</p> <p>-Resident #3 attended the meeting. However, the resident has dementia and did not understand the information provided, and became very upset with the fear that he/she may be made to move;</p> <p>-He/She spoke to the President of the company after the meeting and questioned why the meeting was held without family being invited. The President of the company said it was within the facility's legal rights to hold the meeting.</p> <p>5. Review of Resident #11's quarterly MDS, dated [DATE], showed:</p> <p>-The resident admitted to the facility on [DATE];</p> <p>-He/She has the diagnoses of depression, dementia, and anxiety;</p> <p>-He/She scored 15/15 on the BIMS- no cognitive impairment.</p> <p>Review of the resident's comprehensive care plan, dated 1/24/24, showed:</p> <p>-The resident is at risk for depression, anxiety and confusion related to dementia. He/She requires long term care for support and safety.</p> <p>During an interview on 5/3/24 at 2:29 P.M., Resident #11 said:</p> <p>-He/She was not aware of the meeting until it was already over;</p> <p>-He/She would have attended the meeting as he/she doesn't know anything about the transition of ownership of the facility and what is going to happen to the residents.</p> <p>6. During an interview on 5/9/24 at 3:23 P.M., the Administrator said:</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Abundant Acres Care and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 13277 State Route D Savannah, MO 64485	
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<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-It is his/her expectation that the current leadership of the facility and the leadership of the new owners should be available for questions and concerns regarding the transition of ownership;</p> <p>-He/She was not aware that a meeting occurred on 5/2/24;</p> <p>-Residents should be given advanced notice of Resident Council meetings, but the amount of notice given is dependent on the situation;</p> <p>-It is his/her expectation that the facility respects the wishes of the Resident Council in regard to inviting staff and families to meetings.</p> <p>MO235557</p>		

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44939</p> <p>Based on observation, interview, and record review, the facility was not administered in a manner that effectively utilized resources needed to provide essential services for residents, when the facility failed to pay essential service vendors including staffing agencies. Additionally, the facility failed to ensure the continuity of administration and that the administrator was actively involved in the supervision of the facility during an upcoming transition of ownership, causing the residents and/or families to experience stress and anxiety. This affected nine of eleven sampled residents (Residents #1, #2, #3, #4, #5, #6, #8, #10 and #11). The facility census was 47.</p> <p>The facility did not provide a policy regarding administration and vendor payment.</p> <p>The facility did not provide a policy regarding the administrator's role in the facility.</p> <p>1) Review of the facility's invoices from a staffing agency showed:</p> <p>-There are currently six open invoices from the staffing agency to the facility, dating 3/15/24, 4/12/24, 4/19/24, 4/26/24, 4/30/24, and 5/3/24.</p> <p>During an interview on 5/6/24 at 9:30 A.M., a representative from the staffing agency said:</p> <p>-Invoice #271496, for \$5,457.45, is currently 22 days overdue;</p> <p>-The agency has received no payment or communication from the facility;</p> <p>-The staffing agency has suspended the facility's account and has stopped providing staff to the facility due to non-payment.</p> <p>During an interview on 5/9/24 at 3:23 P.M., the administrator said:</p> <p>-He/she was aware that the facility had an outstanding balance with the staffing agency.</p> <p>-He/she believed the facility's account with the staffing agency had been caught up, and the staffing agency has stopped providing staff because the corporate contract is ending.</p> <p>-It is his/her expectation that facility vendors be paid on time.</p> <p>2) Review of Resident#1's quarterly Minimum Data Set (MDS, a federally mandated assessment conducted by staff), dated 2/23/24, showed:</p> <p>- The resident admitted to the facility on [DATE];</p> <p>-He/she has the diagnoses schizoaffective disorder (a combination of symptoms of schizophrenia and mood disorder, such as depression or bipolar disorder) and bipolar disorder (a disorder associated with episodes of mood swings ranging from depressive lows to manic highs);</p> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-The resident scored 15/15 on the Brief Interview of Mental Status (BIMS, a tool used to screen and identify the cognitive condition of residents upon admission to a long term care facility). This score indicates no cognitive impairment.</p> <p>Review of the resident's comprehensive care plan, dated 4/13/24, showed:</p> <p>-He/she has a potential for problems with mood and takes medication to assist with this.</p> <p>During an interview on 5/3/24 at 12:30 P.M., Resident #1 said:</p> <p>-He/she does not know who the administrator of the facility is.</p> <p>-He/she has heard rumors that the company who currently runs the facility will be leaving on 5/18/24, but no one has actually spoken to the resident about this or what will happen if the current company leaves.</p> <p>-This is upsetting because he/she doesn't know who will be taking care of him/her and the other residents after 5/18/24.</p> <p>-He/she has also heard rumors that the residents will have to move to another facility if the people taking over aren't ready to run the facility. No one has spoken to him/her about this. He/she is scared because he/she is happy at this facility and does not want to leave.</p> <p>During an interview on 5/6/24 at 2:58 P.M., Resident #1's family member said:</p> <p>-He/she has no idea who the administrator of the facility is.</p> <p>-This causes him/her to be angry and anxious, as he/she does not know if anyone is in charge of the facility or making sure that his/her loved one is being cared for.</p> <p>-He/she has received no communication from the facility about the upcoming transition of ownership.</p> <p>-The information he/she has is from other family members and residents of the facility.</p> <p>-He/she is frustrated and angry at the lack of information. He/she is responsible for his/her family member's care and he/she does not know any details of the transition. He/she also feels disrespected by the owners and leadership of the facility, like residents and families are not important enough to communicate with.</p> <p>3) Review of Resident #2's annual MDS, dated [DATE], showed:</p> <p>-He/she was admitted to the facility on [DATE].</p> <p>-He/she has the diagnoses of dementia (a group of thinking and social symptoms that interferes with daily functioning) and neurocognitive disorder with Lewy Bodies (protein deposits called Lewy bodies develop in nerve cells in the brain, affecting brain regions involved in thinking, memory and movement).</p> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-He/she scored 0/15 on the BIMS- severely cognitively impaired.</p> <p>Review of the resident's comprehensive care plan, dated 1/24/24 showed:</p> <p>-Due to the diagnoses of dementia, the resident and family intend for him/her to remain in the facility as the resident requires long term care.</p> <p>-The resident has a history of confusion and agitation due to dementia and requires long term care staff support.</p> <p>During an interview on 5/9/24 at 10:00 A.M., Resident #2's family member said:</p> <p>-He/she does not know who is the administrator of the facility.</p> <p>-This causes him/her worry because he/she doesn't know who is managing staff or who to go to if he/she has a question or concern.</p> <p>-He/she knows very little of the transition between the current ownership and the new board. He/she has received no communication from the facility about the transition.</p> <p>-He/she has heard rumors that the current company managing the facility is leaving at midnight on 5/7/24 and hopes the new owners will be ready to take over the care of the residents.</p> <p>-He/she has also heard rumors the residents will be transferred to other facilities if the new management is not ready to take over.</p> <p>-He/she is worried because he/she is happy with his/her family member's care at the facility and worries a change in staff or move to another facility would cause a decline in the family member's health and well-being.</p> <p>4) Review of Resident #3's quarterly MDS, dated [DATE], showed:</p> <p>-The resident admitted to the facility on [DATE].</p> <p>-Diagnoses include traumatic subdermal hemorrhage (a type of brain hemorrhage happens when blood is leaking out of a torn blood vessel and below the space of the brain and skull) and dementia.</p> <p>-The resident scored 0/15 on the BIMS- severely cognitively impaired.</p> <p>Review of the resident's comprehensive care plan, dated 1/20/24, showed:</p> <p>-The resident has a history of delirium/acute confusion related to change in environment and dementia.</p> <p>During an interview on 5/7/24 at 4:03 P.M., Resident #3's family member said:</p> <p>-He/she does not know who the administrator of the facility is.</p> <p>(continued on next page)</p>

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-He/she is angered by this, as the facility is not being well managed, and families and staff do not know who is in charge or who to go to if there is an issue.</p> <p>-He/she has received no communication from the facility regarding the upcoming transition of ownership.</p> <p>-He/she read an article in the local newspaper a few weeks ago about the proposed transition.</p> <p>-His/her family member at the facility has dementia and has become accustomed to the environment and has developed a routine he/she is comfortable with, allowing him/her to maintain some independence with activities of daily living. His/her family member has heard about the upcoming transition, but due to dementia, is not able to fully process the information. This has caused the family member anxiety as he/she does not know if he/she will have to move.</p> <p>-He/she is angry and anxious with the situation. He/she feels the facility has disregarded the feelings of residents and families, not taking into consideration how this change in ownership will affect those who live at the facility.</p> <p>5) Review of Resident #4's quarterly MDS, dated [DATE], showed:</p> <p>-The resident admitted to the facility on [DATE].</p> <p>-Diagnoses include depression.</p> <p>-He/she scored 15/15 on the BIMS- no cognitive impairment.</p> <p>Review of the resident's comprehensive care plan, dated 2/10/24, showed:</p> <p>-The resident is at risk for problems with psychosocial well being related to depression, anxiety, and ineffective coping skills. He/she requires support from staff.</p> <p>During an interview on 5/7/24 at 3:43 P.M., the resident said:</p> <p>-He/she was not sure who the current administrator is of the facility. There have been several people in the administrator's office, some from corporate, but none of them have been there very long.</p> <p>-This causes him/her anxiety because he/she doesn't know who is responsible to make sure the facility keeps running, especially during this transition to new ownership.</p> <p>-He/she does not know who to go to if he/she has any concerns or questions.</p> <p>-The only information he/she has received from the facility regarding the transition is when the President of the current operating company came to the facility to hold a meeting to answer questions the residents may have.</p> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-The President told the residents present that the current company managing the facility will be leaving on midnight of 5/7/23 and the facility will be turned over to the incoming operator to manage. If the new operator is not ready to take over, the state will have to step in and take over until they are ready.</p> <p>-He/she has heard rumors that the residents will have to move to other facilities if the new operator is not ready to take over.</p> <p>-He/she fears there will not be staff to care for the residents and the residents will be forced to move.</p> <p>-He/she has local law enforcement, local news stations, and Missouri Department of Health and Senior Services programmed into his/her cell phone in case the residents are made to leave the facility when the current operator leaves.</p> <p>-No one has asked the resident if he/she is willing to transfer or his/her knowledge and feelings of the transition. This upsets the resident because this is his/her home and he/she feels that no one cares what happens to him/her.</p> <p>-He/she feels the current company is not being honest or transparent about what is happening with the transition.</p> <p>-He/she worries day to day about who will care for the residents and where the residents will live.</p> <p>6) Review of Resident #5's quarterly MDS, dated [DATE], showed:</p> <p>-The resident admitted to the facility on [DATE].</p> <p>-The resident has the diagnoses of major depressive disorder, dementia, and Alzheimer's Disease (A progressive disease that destroys memory and other important mental functions).</p> <p>-The resident scored 0/15 on the BIMS- severely cognitively impaired.</p> <p>Review of the resident's comprehensive care plan, dated 1/18/24, showed:</p> <p>-The resident is at risk for elopement due to wandering related to dementia. He/she requires long term care for safety.</p> <p>During an interview on 5/9/24 at 10:12 A.M., Resident #5's legal guardian said:</p> <p>-He/she is not aware of who is acting as administrator of the facility. He/she was unaware that the administrator had changed.</p> <p>-He/she is not sure who is in charge or who he/she would contact regarding any concerns or issues and he/she feels this is detrimental to the residents of the facility.</p> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-He/she has received no communication from the facility regarding the transition of ownership. He/she has heard rumors that the current ownership is leaving on 5/18/24 but have heard nothing confirming this.</p> <p>-He/she is very concerned about this because he/she is responsible for ensuring the resident is cared for and he/she has no idea what is happening regarding the current ownership leaving and new management coming in.</p> <p>7) Review of Resident #6's quarterly MDS, dated [DATE], showed:</p> <p>-The resident was admitted to the facility on [DATE].</p> <p>-He/she has the diagnoses of bipolar disorder, schizoaffective disorder, Parkinson's Disease (a disorder of the central nervous system that affects movement, often including tremors).</p> <p>-He/she scored 15/15 on the BIMS- no cognitive impairment.</p> <p>Review of the resident's comprehensive care plan, dated 2/1/24, showed:</p> <p>-The resident is at risk for falls and requires assistance with activities of daily living and intends to remain in a long term care facility.</p> <p>During an interview on 5/10/24 at 9:07 A.M., Resident #6's legal guardian said:</p> <p>-He/she does not know who the current administrator of the facility.</p> <p>-He/she is concerned because residents, families and responsible parties need to know who is in charge and who they can go to if there is a problem.</p> <p>-He/she has received no communication from the facility regarding the transition of ownership.</p> <p>-He/she has heard rumors that the current owners of the facility are leaving on 5/18/24 and the county board will be taking over, but has received nothing that has confirmed this.</p> <p>-He/she is very concerned about this. He/she needs to be kept informed on the care the resident is receiving, and who is responsible for providing this care.</p> <p>-The resident is very happy at the facility, and he/she worries that a move for the resident will be very detrimental to the resident's mental health.</p> <p>8) Review of Resident #8's quarterly MDS, dated [DATE], showed:</p> <p>-The resident was admitted to the facility on [DATE].</p> <p>-The resident has the diagnoses of restlessness and agitation, depression, alcohol abuse, and history of opioid abuse.</p> <p>-He/she scored 15/15 on the BIMS- no cognitive impairment.</p> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of the resident's comprehensive care plan, dated 2/29/24, showed:</p> <ul style="list-style-type: none"> -The resident requires staff assistance and supervision for activities of daily living. He/she has a history of verbally aggressive behaviors and opioid addiction. He/she intends to remain in long term care for his/her safety. <p>During an interview on 5/9/24 at 12:23 P.M., the resident's family member said:</p> <ul style="list-style-type: none"> -He/she did not know who the administrator of the facility is. -He/she is worried because no one knows who is in charge at the facility and who would be responsible if any issues come up, and who would direct the staff in an emergency. -He/she has received no communication from the facility regarding the transition of ownership. -He/she has heard rumors that the residents will have to move to another facility if the new ownership is not ready to take over when the current owners leave. -He/she is very worried about this because his/her family member is comfortable at the facility and a move will negatively affect the resident. <p>9) Review of Resident #10's quarterly MDS, dated [DATE], showed:</p> <ul style="list-style-type: none"> -The resident was admitted to the facility on [DATE]. -The resident has the diagnoses of dementia, anxiety. -He/she scored 5/15 on the BIMS- severely cognitively impaired. <p>Review of the resident's comprehensive care plan, dated 3/6/24, showed:</p> <ul style="list-style-type: none"> -The resident wanders and requires long term care for his/her safety. -The resident is at risk for depression. He/she requires staff supervision and support due to risk of falls and need of assistance for activities of daily living. <p>During an interview on 5/13/24 at 10:36 A.M., Resident #10's family member said:</p> <ul style="list-style-type: none"> -He/she did not know who the administrator of the facility was. -He/she is worried about this and causes him/her stress because he/she does not know if someone is there to manage staff and address problems as they come up. -He/she has received no communication from the facility regarding the upcoming transition of ownership at the facility. -He/she is angry about this, as he/she feels that the residents and family members need to be kept updated on what is going on at the facility and who is in charge. <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-He/she is also worried because he/she is not clear on who will be caring for his/her family member in the coming weeks.</p> <p>10) Review of Resident #11's quarterly MDS, dated [DATE], showed:</p> <p>-The resident was admitted to the facility on [DATE].</p> <p>-He/she has the diagnoses of depression, dementia, Parkinson's disease, anxiety.</p> <p>-He/she scored 15/15 on the BIMS- no cognitive impairment.</p> <p>Review of the resident's comprehensive care plan, dated 1/24/24, showed:</p> <p>-The resident is at risk for falls, depression, anxiety and confusion related to dementia. He/she requires long term care for support and safety.</p> <p>During an interview on 5/3/24 at 2:29 P.M., Resident #11 said:</p> <p>-He/she does not know who the administrator of the facility is.</p> <p>-He/she does not know who to go to with questions or concerns. He/she thinks he/she would go to the nurse.</p> <p>-No one from the facility has spoken to him/her about the upcoming transition of ownership.</p> <p>-He/she has heard rumors that the company that currently manages the facility will be leaving and a new group will taking over to run the facility. He/she has also heard rumors that the residents will have to move to a new facility if the new group is not ready to take over.</p> <p>-He/she is very worried about the new group coming in and the possibility of moving, as he/she has a pet at the facility. The pet is his/her family and he/she is very anxious the new operator will not allow him/her to keep the pet.</p> <p>-The resident does not want to move from the facility, which is his/her home.</p> <p>11) During an interview on 5/9/24 at 3:23 P.M., the Administrator said:</p> <p>-He/she became administrator of the facility on 4/23/24 and today was her final day as administrator.</p> <p>-He/she has been in the building two times per week. The last time he/she was in the facility was today.</p> <p>-It is his/her expectation that the administrator of the facility be available to residents and families for questions and to address concerns.</p> <p>-It is his/her expectation that residents and families be kept informed of any changes occurring in the facility.</p> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-He/she does not feel the residents and families have experienced any stress or anxiety related to the transition of ownership.</p> <p>MO235557</p>