

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 01/27/2025
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 0600</p> <p>Level of Harm - Minimal harm or potential for 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50980</p> <p>Based on interview and record review, the facility failed to protect the resident's right to be free from physical abuse by Resident #1, when Resident #1 was observed by staff striking Resident #2 in the face resulting in a bruise and two facial skin tears. The facility census was 53.</p> <p>Review of the facility's undated Abuse and Neglect policy showed:</p> <p>-Abuse is defined as the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish; the infliction of physical, sexual, or emotional injury or harm;</p> <p>-The purpose of this policy is to ensure prevention, protection, prompt reporting and interventions in response of property, or exploitation of any facility resident. Our goal at all times will be the protection of our Residents.</p> <p>-All Residents have rights that are guaranteed by the federal Nursing Home Reform Law. The law requires nursing homes to promote and protect the rights of each resident and stresses individual dignity and self-determination.</p> <p>On 1/4/25, the Administrator was notified of the past noncompliance which began on 1/4/25. The facility administration immediately conducted an investigation and corrective actions were implemented. The noncompliance was corrected on 1/7/25.</p> <p>1. Review of Resident #1's quarterly Minimum Data Set, a federally mandated assessment completed by staff, dated 11/16/24, showed:</p> <p>- Resident was admitted on [DATE];</p> <p>- Resident scored 7 on the BIMS. This score indicates severe cognitive impairment.</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
---	-------	-----------

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 01/27/2025
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Resident has the diagnosis of dementia, chronic post traumatic stress disorder (PTSD, a disorder in which a person has difficulty recovering after experiencing or witnessing a terrifying event, accompanied by intense emotional and physical reactions), anxiety disorder (a mental health disorder characterized by severe, ongoing anxiety that interferes with daily activities) , pain, depression, rheumatoid arthritis (a chronic inflammatory disorder usually affecting small joints in the hands and feet), osteoarthritis (a chronic degenerative joint disease that causes cartilage in the joints to break down over time), anemia (a condition in which the blood doesn't have enough healthy red blood cells and hemoglobin, a protein found in red blood cells, to carry oxygen all through the body).</p> <p>Review of the resident's undated comprehensive care plan showed:</p> <ul style="list-style-type: none"> - Resident is a wandering/elopement risk due to impaired cognition and impaired safety awareness; - Resident displays behaviors related to dementia and depression; - New behavior resident potentially causing harm to self or others (Episodic), physical towards another; - Staff monitor for cognitive, emotional or environmental factors that may contribute to violent behaviors; - Staff monitor resident for signs/symptoms of agitation; - Resident has behavior problem due to depression and dementia; - Staff are to intervene as necessary to protect the rights and safety of others; <p>2. Review of Resident #2's annual MDS, dated [DATE], showed:</p> <ul style="list-style-type: none"> - Resident was admitted on [DATE]; - Resident has a severe cognitive impairment; - Resident has the diagnosis of GERD (acid reflux), neurogenic bladder; diabetes (chronic disease when body can't produce insulin), thyroid disorder (production of an abnormal amount of thyroid hormones), dementia, malnutrition, anxiety disorder (a mental health disorder characterized by severe, ongoing anxiety that interferes with daily activities), depression. <p>Review of the resident's comprehensive care plan, dated 11/12/23 showed:</p> <ul style="list-style-type: none"> - Resident is on Hospice care for senile dementia of the brain; - Resident wanders aimlessly and requires redirection; - Resident has a potential to be physically aggressive towards other residents and has a history of harm to others (Physical events 6/14/24, 8/1/24, 10/12/24, 10/26/24, 1/4/25); - Staff monitor/document/report as needed resident posing danger to self and others; <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 01/27/2025
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Resident has impaired cognitive function/dementia or impaired thought processes.</p> <p>Review of the facility investigation showed:</p> <p>- On 1/4/25 at 2:00 A.M. Certified Nursing Assistant (CNA) A witnessed Resident #1 and Resident #2 walking together and then get into a verbal altercation resulting in each resident striking at each other;</p> <p>- CNA A immediately ran down the hallway to intervene and separate the two residents;</p> <p>- Registered Nurse (RN) A was called to assess both residents.</p> <p>- Resident #1 had no injuries noted.</p> <p>- RN A assessed resident #2 and found three red areas and two small skin tears on his/her cheek;</p> <p>- RN A administered first aid to resident #2 and asked the resident about the incident. Resident #2 said he/she was tired and wanted to go back to bed. Staff then escorted resident back to their room and put them back in bed;</p> <p>- RN A questioned resident #1 about the incident and he/she said they hit resident #2 because they called them a bad name. Resident did not want to go to bed so they went to the lounge to watch TV until falling asleep on the couch;</p> <p>- Day shift Licensed Practical Nurse (LPN) A examined resident #2 on 1/4/25, time unknown, and noted a purple bruised and small skin tear on resident's cheek;</p> <p>- LPN A stated there were no other incidents or concerns between the two residents during the day.</p> <p>Review of Resident #2's progress notes, dated 1/4/25, showed, LPN A documented a skin check showed the resident had two small skin tears to the left cheek and small purple bruising and various stages of bruising to both arms.</p> <p>Review of in-service education provided to staff on 1/6/25 showed:</p> <p>- Training for abuse, intervention tools, re-direction and engagement of residents;</p> <p>- Specific training aimed at providing a safe environment for Alzheimer's dementia, dementia, and cognitively declined residents in the facility;</p> <p>- Special Care Unit (SCU) staffing policy for day and night shifts were covered with requirements required before leaving the floor.</p> <p>RN A was requested to contact the surveyor for interview however no return call was received by the surveyor.</p> <p>During an interview on 1/28/24 at 12:20 P.M., the Administrator and Director of Nursing (DON) said:</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 01/27/2025
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - Resident #2 sustained minor injuries and first aid was provided and the residents monitored by staff during and after the event; - In service training had been conducted and staff increased to three to four depending on day or night shift conditions; - Immediately after the incident the DON conducted face to face and text message training for staff and provided guidance for self direction and monitoring of residents on the SCU; -There were staffing protocols in place for staff to leave the unit for breaks and other activities, provided there were proper relief and the minimum number of staff. - A quarterly in service for staff was updated to include additional information for interventions and monitoring of staff in the facility and for handling suspected abuse. <p>MO247513</p>