

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/09/2022
NAME OF PROVIDER OR SUPPLIER Big Bend Woods Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Highland Avenue Valley Park, MO 63088	

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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>36151</p> <p>Based on interview and record review, the facility failed to ensure one resident (Resident #3) was free from misappropriation of property when a staff person admitted to taking and using the resident's cell phone to send nude photos of themselves to their contacts. The census was 89.</p> <p>Review of the facility Personal Items -Theft and Loss Investigation Policy, revised 5/1/11, showed:</p> <ul style="list-style-type: none"> -The facility has designed and implemented processes to strive to prevent the theft/loss of resident/patient's clothing and other belongings. While maintaining the resident/patient's right to refuse and in accordance with State requirements, clothing and other personal belongings will be marked in a manner that properly identifies the resident/patient without defacing the property. Marking personal belongings permits identification and validation of ownership if an article is lost, stolen, or misplaced. (Refer to the Abuse, Neglect, and/or Misappropriation of Property-(Suspected Resident/Patient) Protocol in this manual for further prevention measures and investigative steps if theft/misappropriation of property is suspected.) Even with prevention measures in place the facility realizes not all thefts/misappropriation of property and losses can be prevented. The facilities will investigate all presumed thefts, misappropriation of property, and losses and take action as needed. The facility will assist the residents/patients in the recovery of lost or stolen items; -The facility shall not be responsible for the loss of money and loss or damage to jewelry, documents, or other personal property retained in resident/patient's possession unless otherwise required under State Law; -Conduct an initial search by contacting all departments that had contact with the resident/patient to see if the item(s) can be located; -Notify the Administrator, Director of Nursing (DON), and immediate supervisor; -Meet with the resident/patient or their responsible party to discuss what is missing and how the disappearance may have occurred; -Initiate the Personal Item Loss Report form if item is not located; -Initiate an Accident/Incident Report if theft/misappropriation of property is suspected. (Refer also to the Abuse, Neglect and/or Misappropriation of Property Protocol in this manual); <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: 265130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/09/2022
NAME OF PROVIDER OR SUPPLIER Big Bend Woods Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Highland Avenue Valley Park, MO 63088	
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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> -Notify authorities per State requirements; -Notify Administrator, DON, employee's immediate supervisor if theft/misappropriation of property is suspected; -Document the description of the article using objective terms (i.e., yellowish colored ring with a clear setting, not gold ring with a diamond setting); -Request staff conduct an exhaustive search of the facility such as: <ul style="list-style-type: none"> -Focus on areas that are frequented by the resident/patient; -Thoroughly look through the resident/patient's bedside stand, closet, etc. (Obtain resident/patient's permission prior to search.); -Focus on rooms of residents/patients that wander and are known to pick up unattended articles; -Carefully sort laundry in the soiled laundry area; -Check washers and dryers; -Closely monitor food trays as they are picked up and returned to dietary; -Assist the resident/patient in replacement of the missing items (according to facility practice), if the item cannot be located; -Protocol: The facility has designed and implemented processes to strive to prevent the theft/loss of resident/patient's clothing and other belongings. While maintaining the resident/patient's right to refuse and in accordance with State requirements, clothing and other personal belongings will be marked in a manner that properly identifies the resident/patient without defacing the property. Marking personal belongings permits identification and validation of ownership if an article is lost, stolen, or misplaced. Even with prevention measures in place the facility realizes not all thefts/misappropriation of property and losses can be prevented. The facilities will investigate all presumed thefts, misappropriation of property, and losses and take action as needed. The facility will assist the residents/patients in the recovery of lost or stolen items; -The facility will not be responsible for the loss of any property belonging to the resident due to theft or any cause beyond the facility's control. The facility maintains a method of safekeeping of money and other valuables and will not be responsible for clothing, jewelry, money, or other valuables or belongings left in the resident's possession and not deposited with the facility for safekeeping. In addition, the facility is not responsible for bridgework, dentures, plates, eyeglasses, hearing aids, or similar items kept in the resident's possession. The facility is not responsible for providing any desired insurance protection to cover such loss. <p>Review of the facility Resident Relations Policy, undated, showed:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/09/2022
NAME OF PROVIDER OR SUPPLIER Big Bend Woods Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Highland Avenue Valley Park, MO 63088	
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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-One of our primary responsibilities is to maintain good relations with all our residents. We recognize that, at times, this may be difficult. However, courteous treatment of our residents and their families will be one of the most important items considered in the evaluations of your performance. As an employee, your approach to, and interaction with, our residents should always be foremost in your mind. It is our primary objective to see that residents are handled with gentle care and dignity and that their needs are attended to in a timely manner;</p> <p>-If an employee is accused of resident abuse, including physical and verbal abuse/neglect, or misappropriation of property, an investigation will take place. Neglect means failure to provide goods or services necessary to avoid physical harm, mental anguish, or mental illness. Misappropriation of property means the deliberate misplacement, exploitation, or wrongful temporary or permanent use of a resident's belongings or money without the resident's consent;</p> <p>-During the investigation, the employee will be suspended. The employee will be informed of the findings and will be given the opportunity to respond. If the charge is substantiated, at the sole discretion of management, the employee may be terminated. If the claim is unsubstantiated, the employee will be paid for any missed work during the investigation;</p> <p>-All our employees are required by law to report an incident of resident abuse or mistreatment, either physical or mental, to management immediately. This includes abuse that they may only have knowledge of as well as abuse that may have occurred in their presence. Any condition that appears to be unusual, either with a resident or in the facility, must immediately report it to management. Failure to timely report abuse in accordance with this policy will result in disciplinary action, up to and including termination of employment;</p> <p>-The welfare of the residents is paramount. Regardless of provocation or circumstances, the resident shall not at any time or for any reason be abused or treated roughly or unkindly in any manner, either physically or verbally. If any resident cannot be handled in the routine or prescribed manner, this should be reported to a supervisor immediately.</p> <p>Review of Resident #3's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 7/13/22, showed:</p> <p>-Brief interview for mental status (BIMS) score of 15 out of a possible score of 15, showed the resident was cognitively intact;</p> <p>-Diagnoses included stroke, high blood pressure and depression.</p> <p>Review of the resident's inventory of personal effects, undated, showed one cell phone.</p> <p>During an interview on 7/27/22 at 11:50 A.M., the resident said his/her phone had been stolen and was recovered. He/she said his/her family member has the phone and it is working. He/she said he/she did not see anyone take the phone or put it in their pocket.</p> <p>Review of the facility Misappropriation of Property Investigation, dated July 18, 2022, showed:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/09/2022
NAME OF PROVIDER OR SUPPLIER Big Bend Woods Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Highland Avenue Valley Park, MO 63088	
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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-In an email from the resident's family member to the administrator on 7/18/22 at 8:18 A.M., the family member wrote the last time the resident used his/her phone was 7/12/22 at 1:30 P.M. The person who took the phone started using it 7/13/22 and he/she contacted the police on 7/14/22 and they retrieved it around 10:00 P.M., he/she picked it up 7/16/22. It is an iPhone 7 Plus and value is approximately \$250;</p> <p>-The administrator documented, date and time of the alleged incident: Possibly 7/12/22, the resident's family member contacted her on Thursday July 14th and stated the resident's phone was missing. Initially she understood them to say it had been a few weeks or a month, and now reporting it. The administrator informed the staff that it was missing and a little later the family member contacted her to say the phone had an iPhone tracker on it and it was found by the location it was last used. The family member provided her with the address and staff were beginning to search our employee files for a link to it. Before we could get it completed, the family member contacted the facility and stated that they had made out a police report and the police were going to retrieve the phone at the last known location. The family member stated they would update her with information when they obtained it. On Saturday the Assistant Director of Nursing (ADON) was working when the family member came in to visit. The family member showed the phone to the ADON and allowed him to observe pictures and text messages that had been sent on the phone by the individual that was in possession of it. The ADON observed pictures and text messages sent to several men that were sexual in nature including pictures of the female anatomy. He was able to identify the individual from a picture of his/her face with an unknown male. The pictures were also verified by the GMT who was on duty. The ADON immediately notified the Administrator and the employee was placed in suspension. During the phone conversation with Certified Nurses Aide (CNA) F, he/she admitted to having the phone in his/her possession since Tuesday 7/12/22. He/she stated that he/she put it in his/her pocket during care and forgot to return it. Text messages and photos would indicate that he/she stated to others it was his/her new phone number. Since we were not clear on the timeline of it missing, the administrator emailed the family member on 7/17 /22 and asked how long it was gone. They stated it was last used by the resident at 1:30 P.M. on July 12, 2022. The facility was not aware of it missing until after the daughter made the police report then contacted the administrator. The family member plans on prosecuting the aide for theft as the phone was valued at approximately \$250. CNA F will be terminated as he/she has admitted to having the phone and is aware of the facility policy regarding theft or misappropriation of resident belongings. The administrator attempted to call to terminate but he/she does not answer any of the contact numbers we have for him/her so the administrator will send him/her a termination letter by mail. Please find the attached statement from the ADON and certified medical technician (CMT). All staff shall be re-educated (beginning today) on the misappropriation of resident belongings and theft of items within the facility;</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/09/2022
NAME OF PROVIDER OR SUPPLIER Big Bend Woods Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Highland Avenue Valley Park, MO 63088	
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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-In a signed hand written statement, undated, the ADON, wrote: On Saturday July 16th this ADON was approached by the resident's family member about the resident's phone being stolen. The family member told this ADON the phone went missing and he/she had it pinged to determine its location. He/she stated that the address was somewhere in St. Louis and notified the police of the address and filled out a police report. He/she also stated the police confronted the CNA and retrieved the phone. He/she then brought the phone to this ADON to inform of the situation and make our facility aware. This ADON immediately identified the person in the pictures on the text messages when shown as CNA F. The pictures were mostly graphic in nature. The phone was given back to the family member. After finishing this conversation with him/her this ADON and staffing coordinator called the family member to ask if he/she had any information about a missing phone of a residents, but did not give any specific name. CNA F then told us that he/she accidentally took home a cell phone from the resident and said this resident's name specifically. This ADON then proceeded to tell CNA F that he/she is suspended pending an investigation into the allegations of theft;</p> <p>-A signed type written statement, dated 7/16/22, the ADON and I myself (CMT) was at the nursing station of 200 hall. The family member walked past us and stopped and came back to the nurse's station and said he/she got the resident's phone back. The police got it but did not give me the name of who took it because they said they have rights. He/she then said the person who had the phone took pictures and was messaging people, but the pictures are x rated and graphic. The family member then showed us pictures on the phone. The first was an individual laying on the floor, legs spread open, taken a picture of his/her genitalia in a mirror. Then he/she kept scrolling there was several other pictures of this individual naked, we finally got to a picture of him/her dressed, and another individual of the opposite sex in the picture. ADON and myself both identified him/her as CNA F. ADON then called the administrator and then ADON and I went into the nurse's office to call CNA F. ADON called and asked, is this CNA F? He/she stated yes. ADON then said it has been brought to our attention that a resident has a missing phone, do you know anything about it? CNA F then said, Oh the resident, (he/she) had (his/her) phone and forgot about it until the police came and got it yesterday. ADON said okay, well you are being suspended pending investigation, the administrator will call you sometime next week. CNA F was supposed to work this day and confirmed that earlier in the week, but no called no showed. When asked him/her about it (prior to us getting this info) he/she said he/she must have got his/her weekend confused.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/09/2022
NAME OF PROVIDER OR SUPPLIER Big Bend Woods Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Highland Avenue Valley Park, MO 63088	
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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Further review of the Facility Misappropriation Investigation, showed a phone conversation between the administrator and CNA F on 7/19/22, no time provided, the administrator documented he/she spoke with CNA F and informed him/her that he/she was terminated effective immediately for theft of a resident's personal property. He/she admitted to having the phone but offered up several reasons why he/she had it and what his/her intentions were. He/she stated that he/she was going to bring it back but the police took it before he/she could. He/she admits to coming to work on Friday and not telling anyone what happened. He/she also admitted to using it to call and text people who (he/she) didn't want to have (his/her) personal number. He/she stated he/she Air dropped the pictures from his/her phone to the resident's phone while he/she was at work on Wednesday. He/she requested to return to work and was informed that he/she was terminated immediately as he/she knows our policy toward theft of resident items. The administrator documented CNA F said he/she didn't have the phone anymore because the police come to his/her house and got it so it wasn't stolen. He/she proceeded to say that he/she took it by accident when he/she worked on Wednesday. When questioned why he/she didn't call the facility and tell someone that he/she had it if that were the case, he/she said Well the police come and got it so (he/she) didn't have it anymore. He/she stated that he/she didn't take any pictures of his/herself with the phone. He/she said he/she air dropped them from his/her phone onto the resident's phone while at work. He/she stated that he/she did it while he/she was at work because he/she didn't want certain people to have his/her number. When asked why he/she would do that with a resident phone, he/she was unable to respond to the question. When asked if he/she thought that was appropriate and how would he/she feel if the resident seen them, he/she commented, he/she didn't take any pictures with the phone so it's all good.</p> <p>During an interview on 8/22/22 at 1:11 P.M., CNA F called and said he/she had picked the phone up off the resident's floor and put it in his/her pocket. He/she said he/she used the phone to reach out to a couple people. He/she said he/she remembered around 10:30 P.M., not sure what day, the police showed up at his/her door and asked if he/she had the resident's phone. He/she said he/she accidentally left the facility with the phone. He/she found the phone in his/her work bag and gave the phone to the police. He/she said he/she did admit to using the phone and did air drop some photos with the phone. He/she had reached out to some people he/she hadn't heard from in a while and didn't want them to have his/her personal phone number. He/she said he/she sent photos wearing tight/short clothing and might have sent naked photos by accident. He/she said he/she should not have used the resident's phone and did admit to using the phone. He/she planned on returning the phone, but the police picked it up before he/she had a chance to return it.</p> <p>During an interview on 7/28/22 at 9:39 A.M., the administrator said the missing phone had been returned to the resident's family member. The police had retrieved the phone and the resident's family member brought the phone to the facility to see if the person in the photos could be identified. The family member showed the phone to the ADON. CNA F was identified and suspended over the phone. CNA F was called again on 7/18/22 and informed he/she had been terminated. CNA F said he/she had taken the phone by mistake and put it in his/her pocket while giving care. CNA F denied taking the photos, and said he/she air dropped the pictures. CNA F said he/she was making calls and didn't want the recipient to have his/her phone number.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/09/2022
NAME OF PROVIDER OR SUPPLIER Big Bend Woods Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Highland Avenue Valley Park, MO 63088	
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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 7/28/22 at 11:04 A.M., the ADON said he was informed during the morning meeting a family called and said the phone was missing. The family member said he/she was going to try and ping it for a location. The family member came in and said the police had picked up the phone and he/she had gotten the phone back. He/she said he/she was unable to get any information regarding who had the phone and he/she brought the phone to the facility because it had photos on it and wondered if the person could be identified as an employee of the facility. The photos were graphic photos of a naked person. There were also text messages, multiple conversations with men who were sending graphic photos of themselves back, and a couple photos of both, the male and female, together. He said he was able to identify CNA F as an employee and called the administrator and let her know. CNA F was contacted by phone and made aware he/she was suspended pending the outcome of the investigation. CNA F told him at that time, he/she had accidentally taken the phone home.</p> <p>During an interview on 7/28/22 at 1:28 P.M., the family member said he/she did not hear from the resident all day on 7/13/22, so he/she went to the facility to visit on 7/14/22 and the phone was missing. He/she pinged the phone and he/she then contacted the police, filed a report, and the police confiscated the phone at 10:30 P.M. The police were unable to provide him/her with the person's name, so he/she took the phone to the facility and showed the phone to the ADON. The phone had multiple photos and videos. One text message said, this is my new number.</p> <p>During an interview on 7/28/22 at 2:00 P.M., CMT G said he/she and the ADON were working an extra shift on 7/16/22 and CNA F had been a no call no show that day. The resident's family member came into the facility with the phone and told them the police went to the person's home who had taken the phone and that person had been using it. The phone had graphic photos of a naked person with his/her legs spread open in a mirror. The photo showed his/her face and the individual was identified as CNA F. CNA F was suspended per the facility policy pending the investigation. CNA F was phoned and he/she said he/she did not know they had the phone until the police arrived. One of the messages on the phone said, This is my new number, which had been sent to a number of different phone numbers.</p> <p>MO00204133</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/09/2022
NAME OF PROVIDER OR SUPPLIER Big Bend Woods Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Highland Avenue Valley Park, MO 63088	
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 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>36151</p> <p>Based on interview and record review, the facility failed to ensure the facility policy did not hold residents liable for their possessions if they were missing or stolen. This affected all residents in the facility. The census was 89.</p> <p>Review of the facility's Personal Items, Theft and Loss Investigation policy, revised on 5/1/22, showed:</p> <ul style="list-style-type: none"> -The facility has designed and implemented processes to strive to prevent the theft/loss of resident/patient's clothing and other belongings. While maintaining the resident/patient's right to refuse and in accordance with State requirements, clothing and other personal belongings will be marked in a manner that properly identifies the resident/patient without defacing the property. Marking personal belongings permits identification and validation of ownership if an article is lost, stolen, or misplaced; -Even with prevention measures in place the facility realizes not all thefts/misappropriation of property and losses can be prevented. The facility will investigate all presumed thefts, misappropriation of property, and losses and take action as needed. The facility will assist the residents/patients in the recovery of lost or stolen items; -The facility shall not be responsible for the loss of money and loss or damage to jewelry, documents, or other personal property retained in resident/patient's possession unless otherwise required under State Law; -The FACILITY will not be responsible for the loss of any property belonging to the RESIDENT due to theft or any cause beyond the FACILITY's control. The FACILITY maintains a method of safekeeping of money and other valuables and will not be responsible for clothing, jewelry, money, or other valuables or belongings left in the RESIDENT's possession and not deposited with the FACILITY for safekeeping. In addition, the FACILITY is not responsible for bridgework, dentures, plates, eyeglasses, hearing aids, or similar items kept in the RESIDENT's possession. The FACILITY is not responsible for providing any desired insurance protection to cover such loss. <p>During an interview on 8/1/22 at 10:55 A.M., the administrator said the procedure for lost/stolen items, was to fill out a form, that listed what the item was. Staff begin searching, try to follow the trail, when was the item last seen, room changes, and check laundry. The facility's admission paperwork stated they are not responsible for lost/stolen items. The administrator said she was unaware the facility policy could not waive responsibility for lost/stolen items.</p> <p>MO00204133</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/09/2022
NAME OF PROVIDER OR SUPPLIER Big Bend Woods Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Highland Avenue Valley Park, MO 63088	

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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36151</p> <p>Based on interview and record review, the facility failed to ensure that residents received treatment and care in accordance with professional standards of practice when staff failed to recognize, assess and notify the physician regarding a resident's expressed pain experienced during the resident's care (Resident #1), and failed to provide pain medications for approximately 12 hours after a resident suffered a fractured proximal ulna (tip of the elbow) (Resident #2). The facility census was 89.</p> <p>Review of the facility's Pain Management Policy and Procedure, revised on 7/11/22, showed:</p> <p>-Purpose: To assess all residents for pain and to provide our residents with the highest level of comfort possible, using pain medications judiciously to balance the resident's desired level of pain relief with the avoidance of unacceptable adverse consequences;</p> <p>-Policy: All residents will be assessed on admission and in conjunction with initial assessment and as needed (PRN) for pain. The assessment should include an interdisciplinary team (IDT) approach;</p> <p>-Overview: Overview of Pain Recognition and Management:</p> <p>-Effective pain recognition and management requires an ongoing facility-wide commitment to resident comfort, to identifying and addressing barriers to managing pain, and to addressing any misconceptions that residents, families, and staff may have about managing pain;</p> <p>-Nursing home residents are at high risk for having pain that may affect function, impair mobility, impair mood, or disturb sleep, and diminish quality of life;</p> <p>-The onset of acute pain may indicate a new injury or a potentially life-threatening condition or illness. It is important, therefore, that a resident's reports of pain, or nonverbal signs suggesting pain, be evaluated. The resident's needs and goals as well as the etiology, type, and severity of pain are relevant to developing a plan for pain management;</p> <p>-Certain factors may affect the recognition, assessment, and management of pain. For example, residents, staff, or practitioners may misunderstand the indications for, and benefits and risks of, opioids (pain relieving drug) and other analgesics (pain relieving medication); or they may mistakenly believe that older individuals have a higher tolerance for pain than younger individuals, or that pain is an inevitable part of aging, a sign of weakness, or a way just to get attention;</p> <p>-Some individuals with advanced cognitive impairment can accurately report pain and/or respond to questions regarding pain;</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/09/2022
NAME OF PROVIDER OR SUPPLIER Big Bend Woods Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Highland Avenue Valley Park, MO 63088	
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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-Those who cannot report pain may present with nonspecific signs such as grimacing, increases in confusion or restlessness or other distressed behavior. Effective pain management may decrease distressed behaviors that are related to pain. However, these nonspecific signs and symptoms may reflect other clinically significant conditions (e.g., delirium, depression, or medication-related adverse consequences) instead of, or in addition to, pain. To distinguish these various causes of similar signs and symptoms, and in order to manage pain effectively, it is important to evaluate (e.g., touch, look at, move) the resident in detail, to confirm that the signs and symptoms are due to pain;</p> <p>-Pain is an unpleasant sensory and emotional experience that can be acute, recurrent or persistent. The following are descriptions of several different types of pain:</p> <p>-Acute pain is generally pain of abrupt onset and limited duration, often associated with an adverse chemical, thermal or mechanical stimulus such as surgery, trauma and acute illness;</p> <p>-Incident pain refers to pain that is typically predictable and is related to a precipitating event such as movement (e.g., walking, transferring, or dressing) or certain actions (e.g., wound care);</p> <p>-Persistent pain or chronic pain refers to a pain state that continues for a prolonged period of time or recurs more than intermittently for months or years;</p> <p>-Standards of Practice refers to approaches to care, procedures, techniques, treatments, etc., that are based on research and/or expert consensus and that are contained in current manuals, textbooks, or publications, or that are accepted, adopted or promulgated by recognized professional organizations or national accrediting bodies;</p> <p>-Strategies for Pain Management: Strategies for the prevention and management of pain may include but are not limited to the following:</p> <p>-Assessing the potential for pain, recognizing the onset, presence and duration of pain, and assessing the characteristics of the pain;</p> <p>-Addressing/treating the underlying causes of the pain, to the extent possible;</p> <p>-Developing and implementing both non-pharmacological and pharmacological interventions, approaches to pain management, depending on factors such as whether the pain is episodic, continuous, or both;</p> <p>-Identifying and using specific strategies for preventing or minimizing different levels or sources of pain or pain-related symptoms based on the resident-specific assessment, preferences and choices, a pertinent clinical rationale, and the resident's goals and; using pain medications judiciously to balance the resident's desired level of pain relief with the avoidance of unacceptable adverse consequences;</p> <p>-Monitoring appropriately for effectiveness and/or adverse consequences (e.g., constipation, sedation) including defining how and when to monitor the resident's symptoms and degree of pain relief; and modifying the approaches, as necessary.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/09/2022
NAME OF PROVIDER OR SUPPLIER Big Bend Woods Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Highland Avenue Valley Park, MO 63088	
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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>1. Review of Resident #1's admission Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 6/29/22, showed:</p> <ul style="list-style-type: none"> -Moderate cognitive impairment; -Dependence of one staff person required for eating, dressing, toileting and personal hygiene, -Dependence of two staff required for transfers; -No behaviors; -Upper and lower extremity impairment on both sides; -Wheelchair for mobility; -Scheduled pain medication, yes; -PRN pain medication, no; -Interview: Pain presence, moderate pain, occasionally, caused difficulty sleeping and limited activities; -Should staff assessment for pain be conducted, no; -Unhealed pressure ulcers (Damage to an area of the skin caused by constant pressure on the area for a long time) upon admission, yes; -Number of pressure ulcers, four Stage 4 (full thickness tissue loss with exposed bone, tendon or muscle. Slough (necrotic (dead) tissue or eschar (a dry, dark scab or falling away of dead skin) may be present on some parts of the wound bed. Often include undermining (a closed passageway under the surface of the skin that is open only at the skin surface) and tunneling (a passageway under the surface of the skin, most of the tunneling is not visible)); -Medications received last seven days, Opioids, 0; -Diagnoses included quadriplegia (paralysis of all four limbs), septicemia (blood poisoning by bacteria) and kidney failure. <p>Review of the resident's physician's orders, showed:</p> <ul style="list-style-type: none"> -An order, dated 6/23/22 for pain assessments, every day and night shift; -An order, dated 6/23/22, for Aspirin, 81 milligram (mg), give 1 tablet by mouth one time a day for wound care; -An order, dated 6/23/22, for Oxycodone HCl (used to treat moderate pain), 10 tablet, give 10 mg by mouth every four hours as needed for severe pain (5-10); <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/09/2022
NAME OF PROVIDER OR SUPPLIER Big Bend Woods Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Highland Avenue Valley Park, MO 63088	
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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-An order, dated 6/23/22, for Acetaminophen Tablet 325 mg, give 650 mg by mouth every four hours as needed for mild pain (1-4);</p> <p>-An order, dated 6/23/22, for Dakins (antiseptic to cleanse wounds in order to prevent infection), 1/4 strength solution (Sodium Hypochlorite, disinfectant/antimicrobial agent), apply to wounds topically one time a day for wound care and pain;</p> <p>-An order, dated 6/24/22, for wound care: Cleanse left forearm with wound cleanser (WC) and apply calcium alginate (absorbs wound exudate (fluid and leukocytes (white blood cell) and forms a gel-like covering over the wound, helping to maintain a moist wound healing environment), three times a week, every Monday, Wednesday and Friday and as needed;</p> <p>-An order, dated 6/27/22, for wound care: Cleanse left and right hand with WC and apply foam dressings on Monday, Wednesday and Friday, as needed;</p> <p>-An order, dated 7/1/22, for wound care, Cleanse sacrum (bone structure at the base of the spine) with WC and apply negative pressure wound therapy (NPWT, a method of drawing out fluid and infection from a wound), set to 125 (mmHg, millimeters of mercury, a measurement of pressure), every Monday, Wednesday and Friday as needed;</p> <p>-An order, dated 7/12/22, for wound care: Cleanse left heel with WC and apply Santyl (an enzyme used to break up and remove dead skin and tissue) and calcium alginate and cover with a foam dressing. Daily and PRN.</p> <p>Review of the resident's care plan, showed:</p> <p>-Focus: Documented pressure ulcers, admitted with Stage 4 right lateral hand, Stage 4 left lateral forearm, Stage 4 pressure ulcer sacrum;</p> <p>-Interventions: Low air loss mattress (LAL), monitor nutritional status, multi-podus boots (positions heel in floating position to prevent pressure areas) on at all times, notify nurse if any wound dressings become loose, soiled or come off, treatment to pressure ulcers per orders and weekly wound documentation;</p> <p>-The Care Plan shows no direction to staff regarding assessing pain during pressure ulcer treatments or if pain is present during treatments. It does not direct staff to notify the physician regarding the pain for further direction.</p> <p>Review of the weekly wound reported, dated 7/11/22, showed:</p> <p>-Right Hand, Stage 4, 2.7 centimeters (cm) length x 2.4 cm width x 0.2 cm depth;</p> <p>-L Hand, Stage 4, 1.8 cm x 1.5 cm x 0.3 cm;</p> <p>-Left Arm, Stage 4, 2 cm x 1.5 cm x 0.5 cm;</p> <p>-Sacrum, Stage 4, 10.4 cm x 4.8 cm x 1.4 cm;</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/09/2022
NAME OF PROVIDER OR SUPPLIER Big Bend Woods Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Highland Avenue Valley Park, MO 63088	
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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-Left heel, onset 7/11/22, 5.5 cm x 2.8 cm x .2 cm.</p> <p>Review of the resident's medication administration record (MAR), dated 6/1/22 through 6/30/22, showed:</p> <p>-An order, dated 6/23/22, for Aspirin, 81 MG, give 1 tablet by mouth one time a day for wound care, documented as administered daily, pain level on 6/23/22, documented as 10, all additional pain levels documented as 0;</p> <p>-An order, dated 6/23/22, for pain assessments, every day and night shift, pain levels for both shifts 6/23/22 through 6/30/22, documented as 0;</p> <p>-An order, dated 6/23/22, for Acetaminophen tablet 325 MG, give 650 mg by mouth every four hours as needed for mild pain (1-4), not initialed as administered 6/23/22 through 6/30/22;</p> <p>-An order, dated 6/23/22, for Oxycodone HCl, give 10 MG by mouth every four hours as needed for severe pain (5-10), not initialed as administered 6/23/22 through 6/30/22;</p> <p>-An order, dated 6/23/22, for Dakins, apply to wounds topically one time a day for wound care and pain, not initialed as administered on 6/23, 6/26 and 6/28/22;</p> <p>- An order, dated 6/24/22, cleanse left forearm with WC and apply calcium alginate, three times a week, every Monday, Wednesday and Friday and as needed, documented as administered on 6/27 and 6/29;</p> <p>-An order, dated 6/27/22, cleanse left and right hand with WC and apply foam dressings on Monday, Wednesday and Friday, as needed, documented as administered on 6/27/22 and 6/29/22.</p> <p>Review of the resident's MAR, dated 7/1/22 through 7/16/22, showed:</p> <p>-An order, dated 6/23/22, for pain assessments, every day and night shift, pain levels for both shifts; on 7/5/22, day shift, documented as 5, no pain medication documented as administered;</p> <p>-An order, dated 6/23/22, for Oxycodone HCl, give 10 MG by mouth every four hours as needed for severe pain (5-10), not initialed as administered 7/1/22 through 7/16/22;</p> <p>-An order, dated 6/23/22, for Aspirin, 81 MG, give 1 tablet by mouth one time a day for wound care, documented as administered daily, 7/1/22 through 7/16/22, daily pain levels documented as 0;</p> <p>-An order, dated 6/23/22 for Acetaminophen Tablet 325 MG, give 650 mg by mouth every four hours as needed for mild pain (1-4), documented as administered on 7/6/22, pain level documented as an 8;</p> <p>-An order, dated 6/23/22, for Dakins, apply to wounds topically one time a day for wound care and pain, not initialed as administered on 7/2/22, 7/3/22, 7/4/22, and 7/8/22 through 7/15/22;</p> <p>-An order, dated 6/27/22, to cleanse left and right hand with WC and apply foam dressings on Monday, Wednesday and Friday, as needed, documented as administered on 7/1, 7/4, 7/6, 7/8, 7/11, 7/13 and 7/15/22;</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/09/2022
NAME OF PROVIDER OR SUPPLIER Big Bend Woods Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Highland Avenue Valley Park, MO 63088	
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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-An order, dated 7/1/22, to cleanse sacrum with WC and apply NPWT, set to 125 mmHg, every Monday, Wednesday and Friday as needed, documented as administered on 7/1, 7/4, 7/6, 7/8, 7/11, 7/13 and 7/15/22;</p> <p>-An order, dated 7/12/22, for coccyx, cleanse with wound cleanser and apply dressing with Kerlix soaked Dakins, two times a day, documented as administered on 7/12 and 7/13/22;</p> <p>-An order, dated 7/12/22, to cleanse left heel with WC and apply and calcium alginate and cover with a foam dressing daily and PRN, documented as administered on 7/1, 7/4, 7/6, 7/8, 7/11, 7/13 and 7/15/22;</p> <p>-An order, dated 6/24/22, to cleanse left forearm with WC and apply calcium alginate, three times a week, every Monday, Wednesday and Friday and as needed, documented as administered on 7/1, 7/4, 7/6, 7/8, 7/11, 7/13 and 7/15/22.</p> <p>Further review of the resident's medical record, showed no documentation staff administered pain medication prior to wound care or documentation if the resident complained of pain during wound care.</p> <p>During an interview on 8/8/22 at 8:15 A.M., the wound nurse said the resident screamed all the time during care. He/she cussed and would scream It hurts! It's hurting! The wound nurse said during dressing changes, she would explain to him/her she had to treat the wound. She said she was surprised almost all his/her pain assessments were documented as zeros. She did his/her wound treatments after his/her morning medications and assumed the resident was getting pain medications.</p> <p>During an interview on 8/8/22 at 8:20 A.M., Certified Nurse's Assistant (CNA) A said the resident would complain of pain all the time. He/she had skin problems. He/she would scream and cuss you out if you touched him/her or rolled him/her over. He/she would scream and yell when staff provided care.</p> <p>During an interview on 8/8/22 at 8:24 A.M., Licensed Practical Nurse (LPN) B said the resident had a lot of bed sores. When moving him/her, he/she would scream out. When you touched or moved him/her, he/she would scream. The resident had wounds all over. He/she had wounds on his/her hands, he/she was in a lot of pain. LPN B said he/she would definitely not document a 0 for his/her pain level. The resident would be more sore after wound treatments and LPN B would expect someone to provide pain medications prior to treatments.</p> <p>During an interview on 8/8/22 at 2:05 P.M., the wound doctor said he remembered the resident would call out in pain. He said the newly developed heel wound on 7/11/22 could have developed quickly due to the resident's compromised state, he said he saw the resident on 8/8/22 and his heel wound was not identified at that time. He said he would have expected staff to notify him regarding the resident's complaints of pain. He expected staff to provide pain medication prior to his/her treatments, it would have helped provide comfort during the treatments. He said the order for the daily aspirin, 81 mg, described as for wound pain was incorrect and should have been corrected.</p> <p>2. Review of Resident #2's quarterly MDS, dated [DATE], showed:</p> <p>-Moderate cognitive impairment;</p> <p>-Dependence of one staff person required for eating, dressing, bed mobility and personal hygiene,</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/09/2022
NAME OF PROVIDER OR SUPPLIER Big Bend Woods Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Highland Avenue Valley Park, MO 63088	
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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-Dependence of two staff required for transfers and toileting;</p> <p>-No behaviors;</p> <p>-Upper extremity impairment on one side;</p> <p>-Wheelchair for mobility;</p> <p>-Pain presence: No;</p> <p>-PRN pain medication: No;</p> <p>-Diagnoses included high blood pressure, stroke, multiple sclerosis (MS, a disabling disease of the brain and spinal cord/central nervous system), seizure disorder and depression.</p> <p>Review of the resident's care plan, undated, showed:</p> <p>-Interventions: The resident's pain is alleviated/relieved by: rest and PRN medication. Monitor/document for side effects of pain medication. Observe for constipation; new onset or increased agitation, restlessness, confusion, hallucinations, dysphoria, nausea, vomiting, dizziness and falls. Report occurrences to the physician. Monitor/record/report to nurse any signs/symptoms of non-verbal pain: Changes in breathing (noisy, deep/shallow, labored, fast/slow); vocalizations (grunting, moans, yelling out, silence); mood/behavior (changes, more irritable, restless, aggressive, squirmy, constant motion);</p> <p>-Focus: The resident experiences increased difficulty with projecting his/her voice related to MS and recent stroke;</p> <p>-Interventions: Allow adequate time to respond. Repeat as necessary. Do not rush. Request clarification from the resident to ensure understanding. Face when speaking and make eye contact. Turn off TV/radio to reduce environmental noise. Ask yes/no questions if appropriate. Use simple, brief, consistent words/cues. Use alternative communication tools as needed;</p> <p>-Focus: The resident has an activities of daily living (ADL) self-care performance deficit related to diagnosis of MS with spasticity and paralysis. Resident requires moderate to total assist with ADLs;</p> <p>-Interventions: Bed mobility: The resident is totally dependent on one staff for repositioning and turning in bed routinely and as necessary. Skin inspection: The resident requires skin inspection weekly and during bathing. Observe for redness, open areas, scratches. Check on resident routinely every day.</p> <p>Review of the resident's physician's orders, dated 6/1/22 through 6/30/22, showed:</p> <p>-An order, dated 7/1/2019, for pain assessments, every day and night shift;</p> <p>-An order, dated 6/29/22, for Hydrocodone-Acetaminophen tablet 5-325 MG, give one tablet every 6 hours as need for pain.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/09/2022
NAME OF PROVIDER OR SUPPLIER Big Bend Woods Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Highland Avenue Valley Park, MO 63088	
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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's MAR, dated 6/1/22 through 6/30/22, showed:</p> <p>-An order, dated 7/1/2019, for pain assessments, every day and night shift: on 6/26/22 through 6/28/22, day and night shift, 0; on 6/30/22 on day shift, a 4 level of pain out of a possible 10;</p> <p>-An order, dated 6/29/22, for Hydrocodone-Acetaminophen tablet 5-325 MG, give one tablet every 6 hours as need for pain: on 6/29/22 and 6/30/22, pain level, blank, PRN administered, blank.</p> <p>Review of the resident's progress notes, showed:</p> <p>-On 6/27/22 at 7:05 P.M., Note Text: This nurse notified physician in regards to resident's right arm at the elbow, resident has cried when moved this shift and elbow looks a little swollen. Physician advised resident's MS has caused resident arm to be disfigured. Advised next shift to monitor area for increased swelling and guarding of the area. At this time no imaging is ordered;</p> <p>-On 6/27/22 at 7:15 P.M., Late Entry: Note Text: This nurse was notified by the CNA that the resident's right arm near the elbow was swollen, also that resident had been tearful and crying during turns to reposition and change briefs. This nurse went to observe resident arm and notified MD of findings, and seek an order for imaging to be performed. Resident had been in bed during this shift non tearful, no guarding noticed until assessing of arm when notified. The mobile imagine unit was called for order placement and management was notified with an update on resident status. Next shift was advised as well and made aware to keep watch for changes and guarding to area;</p> <p>-On 6/27/22 at 7:57 P.M., Note Text: Physician returned call and gave ok for imaging to be performed, imaging ordered via STAT (immediate) order and face sheet printed for exam;</p> <p>-On 6/28/22 at 9:00 A.M., Late Entry: Note Text: Night shift nurse reported to day shift nurse that resident right arm was swollen and bruised and x ray images were done and was awaiting results. Portable imaging x-ray faxed results on 6/27/22 at 9:00 A.M. Day shift nurse called physician and reported the results and the physician informed to send resident to emergency room (ER). ER was called and ambulance arrived at 9:30 A.M. Resident's family was notified of the incident and that resident was being sent out to the hospital. Ambulance arrived and resident was transported without incident.</p> <p>Review of the radiology results, dated 6/27/22 at 9:06 P.M., showed:</p> <p>-Procedure: Right elbow, two views;</p> <p>-Interpretations: Pain, swelling, deformity, resident guarding right upper extremity;</p> <p>-Findings: Acute fracture of the proximal ulna (elbow).</p> <p>Review of the facility investigation related to the right arm pain, dated 6/30/22, showed:</p> <p>-In a written statement, dated 6/28/22, CNA E wrote, the resident had been very upset and emotional all day. On his/her last rounds. Around 6:00 P.M., while changing the resident, he/she started crying again and grabbed his/her arm. CNA E moved the resident's hand away from his/her arm and noticed his/her arm was discolored and swollen and CNA E notified LPN D;</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/09/2022
NAME OF PROVIDER OR SUPPLIER Big Bend Woods Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Highland Avenue Valley Park, MO 63088	
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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-An emailed statement, sent by LPN D to the administrator on 7/30/22 at 1:15 A.M., which read, this nurse was notified by the CNA E in the mid 6:00 P.M. hour the resident's right arm had been swollen and that may have been the reason he/she had some crying episodes earlier that shift. This nurse did not witness any crying episodes but had earlier that shift asked the reported CNA reasons as to why he/she had not gotten the resident up for lunch that day. The CNA stated the resident was crying and said he/she did not want to get up that day. This nurse went to the resident and asked him/her personally if he/she wanted to go to the dining room for lunch and the resident said no. Throughout the shift this resident seemed calm and quiet, which is not unusual from his/her baseline from this nurse's perspective. This nurse assisted the resident with eating his/her dinner and the resident even assisted throughout the meal. There were no signs/symptoms verbally or non-verbally that warranted any discomfort. At 6:00 P.M. during shift change, this nurse is notified via the CNA that the resident's arm is swollen. After assessing the resident's arm, this nurse called the physician and made them aware of findings, and sent images of findings. At this time the relief for night shift is present and made aware of the situation, and that this nurse was awaiting a response from the physician to order imaging. There was some time lapse between the images being sent from this nurse's phone to physician's phone and a few phone calls back to the physician to see what her verdict was. The physician called back and stated the images had not yet been received on her end. This technical difficulty resulted in the images needing to be sent from the relief nurse's phone which is an iPhone just like the physician's. While awaiting response from the physician, this nurse notified management to make them aware of the situation and inquire of which imaging company the facility uses again. This nurse began placing an order for imaging to be performed on the resident. This nurse informed the evening nurse that orders were placed and printed out and placed atop the printer at the nurses' station and that imaging should be performed on the resident some time that shift because a STAT order was placed. The physician did give her approval of imaging to be performed ultimately. As this nurse was exiting the facility around early 8:00 P. M., the portable imaging unit was seen in the parking lot and this nurse asked if they were there for the resident and technician stated yes;</p> <p>-Review of the resident's facility incident investigation conclusion, dated 6/30/22, showed:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/09/2022
NAME OF PROVIDER OR SUPPLIER Big Bend Woods Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Highland Avenue Valley Park, MO 63088	
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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-On 6/27/22, day staff reported that the resident was tearful, and they left him/her in bed which is often normal routine when he/she is uncomfortable. The aide reported near the end of his/her shift he/she noticed the swelling to the right arm and immediately reported it to the nurse. The nurse took immediate action. An X-ray was orders as STAT and mobile X-ray services arrived by 8:00 P.M. The results were not called to the facility until the next day for staff intervention that evening. Staff may have been unaware that they were already available due to the lateness of obtaining them. Staff took appropriate action when the injury was found and after the results were obtained. The fracture was likely pathologic in nature due to the resident's diagnosis and overall fragile conditions. There is no indication of intentional staff misconduct. The resident's surroundings were evaluated by the administrator and assistant director of nursing for any changes that needed to be made to accommodate his/her care. The resident prefers his/her bed against the wall for a feeling of safety and security. No changes will be made at this time. Possible causes of the injury could be, positioning of arm while providing care, turning and positioning techniques, positioning while transferring in Hoyer (a manual hydraulic lift) or spontaneous fracture due to osteoporosis (a condition in which bones become weak and brittle). Unable to determine specific cause due to underlying medical conditions. The resident returned from the hospital the same day he/she was sent out. Staff had him/her up in a geri-chair (a medical recliner, a large, padded, comfortable reclining chair with casters) on 6/29/22 and he/she tolerated it well. Resident was observed by the administrator in the dining room watching entertainment with no signs or symptoms of pain or discomfort noted. Staff was initially educated on reporting signs/symptoms of injury or abuse. Staff will be educated by therapy department on techniques of positioning, care and transfers that will support the resident's fragile extremities.</p> <p>During an interview on 7/28/22 at 1:05 P.M., the resident's physician said the resident had a stroke and he/she can't talk. Staff just found his/her arm fractured and he/she can't say what happened. It was a fresh fracture, that arm can't bend, he/she has osteoporosis. It could have happened by lifting him/her with the Hoyer's pad pressing against his/her arm during the lift. The physician said she tried asking him/her what happened, but he/she can't answer, he/she can't answer yes or no.</p> <p>During an interview on 8/2/22 at 2:39 P.M., LPN D, said he/she was not aware of the resident having complaints of pain. The resident is usually calm, not much facial grimacing. He/she said he/she is agency and it was near shift change, at 6:00 P.M., when one of the CNAs made him/her aware resident's arm looked swollen, and he/she was guarding his/her arm. The resident's arm did look swollen, and he/she called the physician and got an order for imaging. The x-ray is provided by a third party mobile imaging unit. A STAT x-ray order was received and he/she placed the order before he/she left. LPN D did see the technician arriving while on his/her way to the car. It might have been a CNA that told him/her the resident's arm was hurting.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/09/2022
NAME OF PROVIDER OR SUPPLIER Big Bend Woods Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Highland Avenue Valley Park, MO 63088	
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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 8/2/22 at 3:38 P.M., LPN C, said the imaging results fax was received on 6/27/22 at 9:00 P.M., LPN D said he/she was watching for the results of the fax. LPN C said he/she checked and they arrived around 9:00 P.M., and the results had not been opened. The x-ray had been completed and the facility had the results, LPN D told him/her about the x-ray at 6:00 P.M. LPN C said he/she printed off a copy and sent a text message to the physician and another other copy went to the office. LPN C said imaging results can be viewed on the facility computer system, by going to the resident's profile, click results, and then staff should have the results. LPN C said the resident wasn't crying, but he/she was holding his/her arm with his/her other arm. LPN C said he/she didn't know if the resident gets any pain medication, maybe Tylenol. LPN C said he/she was very disappointed in the timeframe, the physician should have had the results, the resident's arm was not immobilized, and without immobilization, it can be painful, and could potentially cause additional harm. A person can be left in agonizing pain. The resident is unable to verbalize pain because he/she can't tell you.</p> <p>Further review of the resident's medical record, showed no pain medication was documented as administered while the resident waited for the x-ray results to be read, and prior to being sent to the hospital for treatment, approximately 12 hours (9:00 P.M. through 9:00 A.M.).</p> <p>During an interview on 8/9/22 at 2:30 P.M., the administrator said she would expect staff to keep an eye out for the imaging results several times during their shift.</p> <p>During an interview on 8/4/22 at 6:47 P.M., the resident's physician said she would have expected staff to call her when the resident was expressing signs/symptoms of pain. If the resident was having episodes of crying, and unable to say why, she would expect to be notified. She would have expected staff to be watching for the results of the x-ray and been notified of the results when they were delivered to the facility. The resident should have been given medication for pain, if he/she had a PRN medication. The pain should have been treated and if the medication was not sufficient, she should be called and she could prescribe something stronger.</p> <p>MO00203217</p> <p>MO00204192</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/09/2022
NAME OF PROVIDER OR SUPPLIER Big Bend Woods Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Highland Avenue Valley Park, MO 63088	
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 0777</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or obtain x-rays/tests when ordered and promptly tell the ordering practitioner of the results.</p> <p>36151</p> <p>Based on interview and record review, the facility failed to ensure residents received treatment and care in accordance with professional standards of practice by failing to promptly notify the physician regarding a resident's x-ray results. After the resident suffered a fractured proximal ulna (tip of the elbow), staff delayed notification of the resident's physician for approximately 12 hours (Resident #2). The facility census was 89.</p> <p>Review of Resident #2's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 5/27/22, showed:</p> <ul style="list-style-type: none"> -Moderate cognitive impairment; -Dependence of one staff person required for eating, dressing, bed mobility and personal hygiene, -Dependence of two staff required for transfers and toileting; -No behaviors; -Upper extremity impairment on one side; -Wheelchair for mobility; -Pain presence: No; -As needed (PRN) pain medication: No; <p>-Diagnoses included high blood pressure, stroke, multiple sclerosis (MS, a disabling disease of the brain and spinal cord/central nervous system), seizure disorder and depression.</p> <p>Review of the resident's care plan, undated, showed:</p> <ul style="list-style-type: none"> -Interventions: The resident's pain is alleviated/relieved by rest and PRN medication. Monitor/document for side effects of pain medication. Observe for constipation; new onset or increased agitation, restlessness, confusion, hallucinations, dysphoria (intense state of distress/unease), nausea, vomiting, dizziness and falls. Report occurrences to the physician. Monitor/record/report to nurse any signs/symptoms of non-verbal pain: Changes in breathing (noisy, deep/shallow, labored, fast/slow); vocalizations (grunting, moans, yelling out, silence); mood/behavior (changes, more irritable, restless, aggressive, squirmy, constant motion); -Focus: The resident experiences increased difficulty with projecting his/her voice related to MS and recent stroke; <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/09/2022
NAME OF PROVIDER OR SUPPLIER Big Bend Woods Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Highland Avenue Valley Park, MO 63088	
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 0777</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Interventions: Allow adequate time to respond. Repeat as necessary. Do not rush. Request clarification from the resident to ensure understanding. Face when speaking and make eye contact. Turn off TV/radio to reduce environmental noise. Ask yes/no questions if appropriate. Use simple, brief, consistent words/cues. Use alternative communication tools as needed;</p> <p>-Focus: The resident has an activities of daily living (ADL) self-care performance deficit related to diagnosis of MS with spasticity and paralysis. Resident requires moderate to total assist with ADLs;</p> <p>-Interventions: Bed mobility: The resident is totally dependent on one staff for repositioning and turning in bed routinely and as necessary. Skin inspection: The resident requires skin inspection weekly and during bathing. Observe for redness, open areas, scratches. Check on resident routinely every day.</p> <p>Review of the resident's progress notes, showed:</p> <p>-On 6/27/22 at 7:05 P.M., Note Text: This nurse notified physician in regards to resident's right arm at the elbow, resident has cried when moved this shift and elbow looks a little swollen. Physician advised resident's MS has caused resident arm to be disfigured. Advised next shift to monitor area for increased swelling and guarding of the area. At this time, no imaging is ordered;</p> <p>-On 6/27/22 at 7:15 P.M., Late Entry: Note Text: This nurse was notified by the certified nurses' aide (CNA) that the resident's right arm near the elbow was swollen, also that resident had been tearful and crying during turns to reposition and change briefs. This nurse went to observe resident arm and notified the physician of findings, and seek an order for imaging to be performed. Resident had been in bed during this shift, non-tearful, no guarding noticed until assessing of arm when notified. The mobile imaging unit was called for order placement and management was notified with an update on resident status. Next shift was advised as well and made aware to keep watch for changes and guarding to area;</p> <p>-On 6/27/22 at 7:57 P.M., Note Text: Physician returned call and gave okay for imaging to be performed, imaging ordered via STAT (immediate) order and face sheet printed for exam;</p> <p>-On 6/28/22 at 9:00 A.M., Late Entry: Note Text: Night shift nurse reported to day shift nurse that resident's right arm was swollen and bruised and x-ray images were done and awaiting results. Portable imaging x-ray faxed results on 6/27/22 at 9:00 P.M. Day shift nurse called physician and reported the results and the physician informed to send resident to emergency room (ER). ER was called and ambulance arrived at 9:30 A.M. Resident's family was notified of the incident and that resident was being sent out to the hospital. Ambulance arrived and resident was transported without incident.</p> <p>Review of the radiology results, dated 6/27/22 at 9:06 P.M., showed:</p> <p>-Procedure: Right elbow, two views;</p> <p>-Interpretation: Pain, swelling, deformity, resident guarding right upper extremity;</p> <p>-Findings: Acute fracture of the proximal ulna.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/09/2022
NAME OF PROVIDER OR SUPPLIER Big Bend Woods Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Highland Avenue Valley Park, MO 63088	
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 0777</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility investigation, dated 6/30/22, showed:</p> <p>-A written statement, dated 6/28/22, CNA E wrote, the resident had been very upset and emotional all day (6/27/22). On his/her last rounds, around 6:00 P.M., while changing the resident, he/she started crying again and grabbed his/her arm. CNA E moved the resident's hand away from his/her arm and noticed his/her arm was discolored and swollen and CNA E notified licensed practical nurse (LPN) D;</p> <p>-An emailed statement, sent by LPN D to the administrator on 7/30/22 at 1:15 A.M., which read, this nurse was notified by CNA E in the mid 6:00 P.M. hour the resident's right arm had been swollen and that may have been the reason he/she had some crying episodes earlier that shift. This nurse did not witness any crying episodes but had earlier that shift asked the reported CNA reasons as to why he/she had not assisted the resident up for lunch that day. The CNA stated the resident was crying and said he/she did not want to get up that day. This nurse went to the resident and asked him/her personally if he/she wanted to go to the dining room for lunch and the resident said No. Throughout the shift, this resident seemed calm and quiet, which is not unusual from his/her baseline from this nurse's perspective. This nurse assisted the resident with eating his/her dinner and the resident even assisted throughout the meal. There were no signs/symptoms verbally or non-verbally that warranted any discomfort. Fast-forward to mid 6:00 P.M. hour during shift change, this nurse is notified via the CNA that the resident's arm is swollen. After assessing the resident's arm, this nurse called the physician and made them aware of findings, and sent images of findings. At this time the relief for night shift is present and made aware of the situation, and that this nurse was awaiting a response from the physician to order imaging. There was some time lapse between the images being sent from this nurse's phone to physician's phone and a few phone calls back to the physician to see what the verdict was. The physician called back and stated the images had not yet been received on her end. This technical difficulty resulted in the images needing to be sent from the relief nurse's phone which is the same type of phone as the physician's. While awaiting response from the physician, this nurse notified management to make them aware of the situation and inquire of which imaging company the facility uses again. Being proactive, this nurse began placing an order for imaging to be performed on the resident. This nurse informed the evening nurse that orders were placed and printed out and placed atop the printer at the nurses' station and that imaging should be performed on the resident some time that shift because a STAT order was placed. The physician did give approval of imaging to be performed. As this nurse was exiting the facility around early 8:00 P.M., the portable imaging unit was seen in the parking lot and this nurse asked if they were there for the resident and technician stated Yes.</p> <p>During an interview on 8/2/22 at 2:39 P.M., LPN D said he/she was not aware of the resident having complaints of pain. The resident is usually calm, not much facial grimacing. He/she said he/she is agency and it was near shift change, at 6:00 P.M., when one of the CNAs made him/her aware the resident's arm looked swollen, and he/she was guarding his/her arm. The resident's arm did look swollen, and he/she called the physician and obtained an order for imaging. The x-ray is provided by a third party mobile imaging unit. A STAT x-ray order was received and he/she placed the order before he/she left. LPN D did see the technician arriving while on his/her way to the car. It might have been a CNA that told him/her the resident's arm was hurting.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/09/2022
NAME OF PROVIDER OR SUPPLIER Big Bend Woods Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Highland Avenue Valley Park, MO 63088	
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 0777</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 8/2/22 at 3:38 P.M., LPN C (day shift nurse), said the imaging results fax was received on 6/27/22 at 9:00 P.M. LPN C said he/she checked in the morning of 6/28/22, and the results arrived around 9:00 P.M. the evening before (on 6/27/22). The x-ray had been completed and the facility had the results, but the results had not yet been opened. LPN C said imaging results can be viewed in the facility computer system, by going to the resident's profile, click results, and then staff should have the results. LPN C said he/she printed off a copy and sent a text message to the physician and another copy went to the office. LPN C said the resident wasn't crying that morning, but he/she was holding his/her arm with his/her other arm. LPN C said he/she was very disappointed in the timeframe regarding the delay in the notification to the physician. The physician should have had the results. The resident's arm was not immobilized, and without immobilization, it can be painful, and could potentially cause additional harm.</p> <p>During an interview on 8/9/22 at 2:30 P.M., the administrator said she would expect staff to keep an eye out for the imaging results several times during their shift.</p> <p>During an interview on 8/4/22 at 6:47 P.M., the resident's physician said she would have expected staff to call her when the resident was expressing signs/symptoms of pain. If the resident was having episodes of crying, and unable to say why, she would expect to be notified. She would have expected staff to be watching for the results of the x-ray and been notified of the results when they were delivered to the facility.</p> <p>MO00203217</p>		