PRINTED: 04/10/2023 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		260137	B. WING	-			0
		200137	B. WING	_		10/	26/2022
NAME OF P	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
FREEMAN	I HEALTH SYSTEM - FRI	FEMAN WEST		1	1102 WEST 32ND STREET		
INCLINA	IIILALIII SI SILIWI - I IXI	LEMAN WEST		١,	JOPLIN, MO 64804		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFI	Χ	(EACH CORRECTIVE ACTION SHOULD B		COMPLETION
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ATE	DATE
					DEI IGIENGT)		
A 000	INITIAL COMMENTS		A	000			
	As directed by the Co	enters for Medicare &					
		MS), an unannounced,					
		vey for the Emergency					
		nd Labor Act (EMTALA)					
		94 was conducted at this					
		2 through 10/26/22. The					
		ned to be in non-compliance					
		ies of Medicare Participating					
		. •					
		icy Cases, 42 CFR 489.24					
		ce with the other essentials					
	_	nts at 42 CFR 489.20. The					
		Department (ED) average					
		the past six months was					
	3,061.						
	On April 10, 2023 at 3	2:20 PM, the CMS Kansas					
		the hospital's Chief Medical					
		e Jeopardy conditions					
		ealth and safety of current					
		risk. On August 2, 2022, at					
		M, a high-risk pregnant					
		ed to the hospital's labor and					
		care for an emergency					
		MC). The hospital failed to					
		vithin its capability and					
	-						
		rmined it would not provide					
		zing treatment due to its					
		ouri law. The next day, on					
		proximately 9:35 PM,					
	patient #5 returned to	•					
		condition. The hospital					
		observation status but again					
	did not provide treatm						
		condition. On August 4, 2022					
	the hospital discharge						
	_	ncy medical condition. The					
	hospital's noncomplia	ince creates a reasonable					
*DOD (====					TITI F		(X6) DATE
VRUBVIUDA	UIDECTOR'S OD DDU//IIJED/	SUPPLIER REPRESENTATIVE'S SIGNATURE			1111116		

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.

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		260137	B. WING				26/ 2022
	ROVIDER OR SUPPLIER	EEMAN WEST	-	1	TREET ADDRESS, CITY, STATE, ZIP CODE 102 WEST 32ND STREET OPLIN, MO 64804	10	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
A 000	serious injury, harm, i occur to current or fut situations if not imme A2407 for details.	dverse outcome resulting in mpairment, or death will cure individuals in similar diately corrected. See Tag	A	000			
A2400	Please see the 2567 COMPLIANCE WITH CFR(s): 489.20(I)	for additional information. 489.24	A2	400			
] in the case of a hospital as , to comply with §489.24.					
	Based on interview, preview, the hospital far (#5) of 31 Emergency reviewed from August 2022, within the hosp when the patient presand 08/03/22 seeking Medical Condition (El had the potential to ca who presented to the pregnancy-related EM be an immediate risk future patients unless	MCs, and there continues to of harm for current and immediate corrective action 's average monthly census					
	Findings Included:						
	revised 8/2001 shower - All individuals that co the hospital or elsewh	ective date 2/1/2003, last					

C 10/26/2022
10/20/2022
CTION (X5) DULD BE COMPLETIC ROPRIATE DATE

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		260137	B. WING		C 10/26/2022
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1102 WEST 32ND STREET JOPLIN, MO 64804	10/20/2022
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETION
A2400	Continued From pa	ge 3	A240	0	
	Obstetrical Patients 01/2022 showed th - All obstetrical patients arrival to the ED with gestational status, and membranes and na Obstetrician. The Eflowsheet would be appropriate clinical - Patient registration will be completed for directly into the LD - The BC and Wom on behalf of the Emprovide the MSE an stabilization utilizing	ents shall be triaged upon th determination of due date or ruptured or intact placental ame of patient's current D and Labor Department utilized to facilitate the pathway for the patient. In into the Birthing Center (BC) or those patients routed care areas. en's/Children services staff, tergency/Trauma Center will and interventions and g all necessary and available alth system for those patients			
	08/02/22, showed simaternal age (higher pregnancy when may as 17 weeks and measure of the age from the beginning period and the date defined as 39 week days). She had a particular patient's physician of the skin and the skin are tooth infection treat patient's physician of the skin and the skin are tooth infection treat patient's physician of the skin are tooth infection treat patient's physician are too the pregnancy when may are too the pregnancy when t	the was a woman of advanced er risks associated with aternal age > 35 years) who 5 days gestational age (a of a pregnancy which is taken of the woman's last menstrual of delivery, full-term is sthrough 40 weeks and 6 ast medical history of a direct trimester of pregnancy; sis (DVT, the formation of a divessel that was deep under a complex abdominal surgery; dependence; and a recent ed with antibiotics. The had previously written her a anticoagulant (medication to			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	FIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED
						С
		260137	B. WING _			10/26/2022
	ROVIDER OR SUPPLIER I HEALTH SYSTEM - FR	EEMAN WEST		STREET ADDRESS, CITY, STATE, ZIP 1102 WEST 32ND STREET JOPLIN, MO 64804	CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN O X (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BI THE APPROPRIA	DATE
A2400	patient had not yet signesented to the Obse medical science concaring for and treatin with childbirth) unit or request of Staff D, O (OB/GYN, a specialty women's health and was experiencing variamniotic fluid (the clebaby in the uterus duramniotic fluid can carbaby, such as birth docramping. At 9:35 AM Staff I, R documentation show placed in observation Center. At 9:50 AM, blood noted on the propatient's bed. At 9:4 positive (nitrazine parpresence of amniotic portable bedside ultrestaff D, OB/GYN physheart tones were 153 performed at 11:24 Arfetal age was 17 were estimated fetal weigh oz), and the amniotic measuring the amound Staff D diagnosed propooling of fluid in [variamnion ferning (a confirmation membranes), bedsid US confirming AFI of	to help treat her DVT, but the tarted the prescription. She stetrics (OB, branch of cerned with childbirth and g women in or in connection in 08/02/22 at 9:28 AM at the bestetrician/Gynecologist y physician focused on delivering babies), as she ginal bleeding, leaking of ear liquid that surrounds the uring pregnancy, loss of use complications to the efects) and abdominal egistered Nurse's, (RN) ed that Patient #5 was in status in the Birthing the OB nurse documented and the RN placed on the 5 AM the Nitrazine test was per is used to detect the effluid). At 10:40 AM, a assound was performed. Assound was performed which is a performed by gross ginal y confirmed by gross ginal] vault of bloody fluid,	A24	400		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL ⁻ A. BUILDI		NSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		260137	B. WING				C 26/2022
NAME OF PI	ROVIDER OR SUPPLIER		1	STRE	ET ADDRESS, CITY, STATE, ZIP CODE	1 10/	LOI LOLL
FREEMAN	I HEALTH SYSTEM - FR	EEMAN WEST			WEST 32ND STREET LIN, MO 64804		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
A2400			A2	100			
	infection with rupture that unless delivery bunable (sic) help her	She expressed concern of d membranes. Discussed becomes emergent, we are deliver due to current state heartbeat, even thought viable."					
	a specialty physician women having comp pregnancies) consult counseled Patient #5 fetal risks of previable developed to survive premature rupture of the water breaks beforegnancy) at this ge PPROM, the patient's carry the fetus to ges survival were extrem risks were discussed maternal thrombosis infection/sepsis, seve (surgical procedure to	ed with Patient #5. Staff F regarding the maternal and e (not considered sufficiently outside the uterus) preterm membranes (PPROM, when ore the 37th week of estational age and given the schances of continuing to stational age, with potential ely low. Specific maternal that included risks of given her history of DVT, ere blood loss, hysterotomy that involves making an					
	hysterectomy (surgic mortality (death). Stafetal/obstetric risks the preterm birth, limb control hypoplasia, intrautering membranes that she prolonged latency (the and that chance of fegestational age. The gestational age with extremely low. Staff If the patient's vaginal idilation (opening of the	to remove uterine contents), al removal of the uterus) and iff F explained the specific nat included previable or intractures, pulmonary ne or neonatal and rupture of did not anticipate a ne period of time until birth), ital survival was zero at this likelihood of latency to a potential fetal survival was documented she discussed bleeding, visual cervical ne cervix [the lower, narrow t forms a canal between the					

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDI	FIPLE CONSTRUCTION NG		DATE SURVEY COMPLETED
		260137	B. WING			C 10/26/2022
	ROVIDER OR SUPPLIER	REEMAN WEST		STREET ADDRESS, CITY, STATE, ZIP CO 1102 WEST 32ND STREET JOPLIN, MO 64804	DE	10/20/2022
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	,	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
A2400	measure), cramping Documentation in the patient's vital signs degrees Fahrenheit pressure of 106/63, saturation of 95%. It present with a fetal patient's lab results (WBC, the number [infection-fighting of (normal range 4.5 to Staff F documented options as including the process of her in when the patient remedically assist by documented "we die Missouri law (188.0 our medical judger states that we cannot pregnancy with post there is a 'medical emedically stable with WBC/Hgb, vaginal leavy. Therefore comanagement based due to the legal langer of the same of the same of the legal langer of the langer	of one centimeter (cm, unit of g, and rupture of membranes. ne medical record showed the were temperature of 98.4 s, respiratory rate of 18, blood heart rate 64, and oxygen Fetal heart tones (FHT) were heart rate of 153. The showed a white blood count of white cells ells] in the blood) result of 8.9	A24	400		
	state with more per the hospital for obse- indications of spont developed the Miss emergency." Staff F discussed that awa may put her at furth	me option to travel to a different missive laws or to remain at ervation to monitor for aneous labor or to see if she ouri definition of a "medical documented that "We siting a medical emergency er risk for maternal mortality, rectomy" and that the patient				

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		260137	B. WING _			C 10/2	6/2022	
NAME OF P	ROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY, STATE, ZIP CO	DE	10/2	.0/2022	
EDEEMAN	I HEALTH SYSTEM - FRI	EEMAN WEST		1102 WEST 32ND STREET				
FREEWIAN	THEALIN SISIEM - FRI	EEMAN WEST		JOPLIN, MO 64804				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C ((EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIA		(X5) COMPLETION DATE	
A2400	Continued From page	e 7	A24	400				
	"unable to afford trave discharge later that d	ervation because she was el." The patient requested ay, electing to drive to a elieved could augment or						
	MFM, documented si making and discusse were unable to help h interpretation of curre	Staff D OB/GYN and Staff F milar medical decision d with patient # 5 that they her deliver due to their ent state law, because the ones, even though the fetus						
	health and bodily funds noted and specific the medical record, whospital's policy # 24' (emergency medical condition manifesting sufficient severity that medical attention cout to result in placing the with respect to a pregethe woman or her unligeopardy; serious imperated in the word of the word of the patient's Edischarged on 08/02/precautions and a way waiting to intervene be stabilize her EMC. The in the medical record the patient's written in	airment of bodily function." It with the hospital's policy to						
	Review of Patient #5'	s medical record from						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING ———————————————————————————————————		(X3) DATE SURVEY COMPLETED			
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(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE COMPLETION
A2400	showed the patient 08/02/22 at 11:27 P weeks six days ges large "gushes" of flu some vaginal bleed Physical examination dilation of one cm, wopening, anhydram fluid), WBC of 10.1. chorioamnionitis (chorioamnionitis (chorioamnionitis) (chorio	ted in the State of Missouri) presented to the ED on M with for PPROM at 17 tation and reported having two uid earlier that morning with ing throughout the day. on revealed visual cervical with a small clot at the cervical nios (absence of amniotic Patient educated regarding norio, acute inflammation of d fetal portion [chorion] of the ue to bacterial infection in mbranes have ruptured) and ould become ill" and that if she oms to report back to her local at was discharged home on	A240	0	
	abdomen. Lab resu 10.9. Patient report	g, just "overall aching" of the Its showed a WBC count of ed to nursing staff that her y" on 08/04/22 at 12:42 AM			

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		260137	B. WING		10/26/2022
	A. BUILDING B. WING F PROVIDER OR SUPPLIER IAN HEALTH SYSTEM - FREEMAN WEST SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) REGULATORY OR LSC IDENTIFYING INFORMATION) A. BUILDING B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 1102 WEST 32ND STREET JOPLIN, MO 64804 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAD DEFICIENCY)		,		
(X4) ID PREFIX TAG	(EACH DEFICIEN	NCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE COMPLETION
A2400	with Staff G, OB/GY the patient stay over Patient was given T antianxiety medicat documented that sh education on the ris patient and the fetur abruption (when the uterus causing blee and signs of chorion medical record also exhibiting psycholor the situation and ex financial barriers to outpatient basis. Staff G, OB/GYN, oneonatologist (a sp the care of newborn premature babies) a documented the pa stay in the hospital home but wanted to before she was disc Staff H, Neonatolog consulted with Patie PM. Staff H discuss extremely prematur patient on the viabil different gestationa that PPROM adds to Discharge documer 08/04/22 at 12:29 F weeks pregnant, de (complete blood co stable), no signs of	/N, notified and requested that rinight if she was agreeable. Tylenol for pain and an ion. At 8:24 AM Staff Government of the patient sks of PPROM for both the sks of PPROM for both the sks of possible placental explacental detaches from the reding) and possible infection amnionitis. The patient's redindent indicated that the patient was regical distress associated with expressed that she perceived seeking further care on an indicated that the patient was redered a consult with a recialty physician focused on a babies, sick babies, and retent was given the option to but the patient wished to go to talk with the neonatologist charged. Special distress associated with a recialty physician focused on a babies, sick babies, and retent was given the option to but the patient wished to go to talk with the neonatologist charged. Special distress associated with a recialty physician focused on a babies, sick babies, and retent was given the option to but the patient wished to go to talk with the neonatologist charged. Special distress associated with a recialty physician focused on a babies, sick babies, and retent was given the option to but the patient wished to go to talk with the neonatologist charged. Special distress associated with a recial type of the prognosis of an retent was given the option to but the patient wished to go to talk with the neonatologist charged.	A2400		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			71. 50125	_		(c	
		260137	B. WING			10/	26/2022	
	ROVIDER OR SUPPLIER	EEMAN WEST		1	TREET ADDRESS, CITY, STATE, ZIP CODE 102 WEST 32ND STREET OPLIN, MO 64804			
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A2400	patient knows to return patient #5 with instruct physician if she development of the medical record distaff obtained the patternation of further medical reatment to stabilize	narge (sic) to home. discussed in depth and rn." Nursing staff provided ctions to contact her loped signs of infection, and ime was 12:38 PM. id not contain evidence that ient's written informed lical examination and/or her emergency medical in hospital policy # 247302.		400				
	(whether or not eligible comes to a hospital at that the individual has condition, the hospital (i) within the capabilit available at the hospi examination and treathe medical condition (ii) For for transfer of medical facility in according facility in according to this section. (2) Exception: Application (i) If a hospital has so paragraph (a) of this individual to have an condition, and admits inpatient in good faith emergency medical conditions.	is section, if any individual le for Medicare benefits) and the hospital determines are an emergency medical. I must provide eitheries of the staff and facilities tal, for further medical transparent to stabilize the individual to another ordance with paragraph (e) ation to inpatients. The individual under section and found the emergency medical that individual as an in order to stabilize the ondition, the hospital has esponsibilities under this						

	TOF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X:) DEF CORRECTION (X:) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X:) MULT		, ,	(X3) DATE SURVEY COMPLETED		
		260137	B. WING _		,	C 10/26/2022
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A2407	who was admitted fidiagnosis or treatmed (iii) A hospital is receparticipation for hose chapter to provide accordance with the (3) Refusal to consort A hospital meets the (d)(1)(i) of this section individual if the hospital meets and described in that participation of the examination and individual (or a personable) of the risks and the examination of the exif applicable, that we the individual. The reasonable steps to informed refusal (or his or her behalf). Indicate that the per risks and benefits of treatment, or both. This STANDARD is Based on interview review, the hospital (#5) of 31 Emergen reviewed from Augu 2022, within the hospital that the patient province in the province in the patient province in the province in the province in the patient province in the pro	ot applicable to an inpatient or elective (nonemergency) ent. quired by the conditions of pitals under Part 482 of this are to its inpatients in ose conditions of participation. ent to treatment. e requirements of paragraph on with respect to an oital offers the individual the mination and treatment ragraph and informs the on acting on the individual's and benefits to the individual's and treatment, but the on acting on the individual's insent to the examination or dical record must contain a camination, treatment, or both as refused by or on behalf of hospital must take all secure the individual's written that of the person acting on The written document should ison has been informed of the	A24	07		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
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A2407	Continued From pa	ge 12	A24	107		
	presented to the EI pregnancy-related l be an immediate ris future patients unle	EMCs, and there continues to sk of harm for current and simmediate corrective action alls average monthly census				
	dated 08/2022 show - All individuals that the hospital or else requesting treatment medical condition, with medical screening of the individual will restreatment or an apperature of the individual was experied. The purpose of the individual was experied and the individual was experied and the individual was experied in placing itself by severity that the abattention could reast in placing the health respect to a pregnature woman or her unborserious impairment of the individual was experied in placing the health respect to a pregnature of the individual was experied in placing the health respect to a pregnature of the individual was experied in placing the health respect to a pregnature of the individual in placing the health respect to a pregnature of the individual in placing the health respect to a pregnature of the individual in place of the individual in place of the individual was experied in place of the in	come to a dedicated ED of where on hospital property, and or examination for any will receive an appropriate examination (MSE). conducted by the hospital's exsonnel and if an EMC exists eceive necessary stabilizing propriate transfer. It is MSE was to determine if an exiencing an EMC. It is a medical condition of a cutte symptoms of sufficient exence of immediate medical conably be expected to result an of the individual (or, with ant woman, the health of the ern child) in serious jeopardy; of bodily function. If is determined an EMC the hospital will ment as may be required to within the capabilities of the				

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A2407	examination or treath to being seen the lencourage the patient examination and treath patient of the benefits treatment (3) If a pemergency treatment Against Medical Advi Treatment' form shall by the patient. If the pform, a description of examination and/or treatment be documented. Review of the hospita Obstetrical Patients, 01/2022 showed that All obstetrical patient arrival to the ED with gestational status, rumembranes and nam Obstetrician. The ED flowsheet would be unappropriate clinical periodical patient registration will be completed for directly into the LD carried to the MSE and stabilization utilizing a resources of the heal routed to and admitted. Review of Patient #5' 08/02/22, showed shi	s his or her request for ment or decides to leave prior ED staff member will: (1) at to receive further medical attment (2) inform the sof the examination and patient finally refuses to the appropriate 'Leaving ce' or 'Leaving Without I be completed and signed patient refuses to sign the firsks discussed and of the reatment that was refused al's policy titled, "Care of the Full-Term," last revised al's policy titled, "Care of the Full-Term," last revised al's policy titled, "Care of the Full-Term," last revised the shall be triaged upon determination of due date or ptured or intact placental ne of patient's current and Labor Department titlized to facilitate the athway for the patient. into the Birthing Center (BC) those patients routed are areas. n's/Children services staff, regency/Trauma Center will I interventions and all necessary and available lth system for those patients	A2	407			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	_ ` ´	TIPLE CONSTRUCTION NG		TE SURVEY MPLETED
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	ROVIDER OR SUPPLIER	FREEMAN WEST	,	STREET ADDRESS, CITY, STATE, ZIP 0 1102 WEST 32ND STREET JOPLIN, MO 64804		
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG		TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
A2407	was 17 weeks and measure of the agg from the beginning period and the dat defined as 39 week days). She had a miscarriage in the deep vein thrombout blood clot in a blood the skin); history of nicotine tooth infection treapatient's physiciar prescription for an prevent blood clot patient had not ye presented to the Comedical science of caring for and treawith childbirth) unirequest of Staff D. (OB/GYN, a speci women's health and was experiencing amniotic fluid (the baby in the uterus amniotic fluid can baby, such as birticramping. At 9:35 AM Staff I documentation shiplaced in observation Center. At 9:50 A blood noted on the patient's bed. At 9 positive (nitrazine)	maternal age > 35 years) who described by set of a pregnancy which is taken go of the woman's last menstrual te of delivery, full-term is east medical history of a first trimester of pregnancy; cosis (DVT, the formation of a cod vessel that was deep under of a complex abdominal surgery; dependence; and a recent ated with antibiotics. The inhad previously written her a manticoagulant (medication to is) to help treat her DVT, but the it started the prescription. She inhad previously written her a manticoagulant (medication to is) to help treat her DVT, but the it started the prescription. She inhad previously written her a manticoagulant (medication to it on 08/02/22 at 9:28 AM at the inhad previously written her and delivering babies), as she waginal bleeding, leaking of clear liquid that surrounds the induring pregnancy, loss of cause complications to the inhadency and abdominal which was the status in the Birthing in the OB nurse documented and the RN placed on the inhadency is used to detect the otic fluid). At 10:40 AM as paper is used to detect the otic fluid). At 10:40 AM as	A24	407		

, , ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	FIPLE CONSTRUCTION NG	. ,	TE SURVEY MPLETED	
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		260137	B. WING	OTDEET ADDRESS OFTV OTATE 715		0/26/2022	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIF	CODE		
FREEMAN	N HEALTH SYSTEM -	FREEMAN WEST		1102 WEST 32ND STREET			
	1			JOPLIN, MO 64804			
(X4) ID PREFIX TAG	(EACH DEFIC	Y STATEMENT OF DEFICIENCIES IENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN (X (EACH CORRECTIVE A: CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION DATE	
A2407	Continued From p	page 15	A24	407			
	Staff D, OB/GYN heart tones were performed at 11:2 fetal age was 17 vestimated fetal wooz), and the amnimeasuring the anstaff D diagnosed membranes (PPF pooling of fluid in ferning (a confirm membranes), because the fetus is noutside of the ute infection with rupt that unless delive unable (sic) help	ultrasound was performed. physician documented the fetal 153. A "formal ultrasound" 44 AM showed the estimated weeks, 6 days gestation; the eight was 210 grams (0 lbs, 7 otic fluid index (AFI) (method for nount of amniotic fluid) was 0%. If preterm premature rupture of ROM) "confirmed by gross [vaginal] vault of bloody fluid, atory test for ruptured lside US [ultrasound] and formal I of zero." "Patient understands of viable at this gestation rus. She expressed concern of rured membranes. Discussed ry becomes emergent, we are ther deliver due to current state as a heartbeat, even thought not viable."					
	a specialty physic women having copregnancies) concounseled Patien fetal risks of prevideveloped to survive mature rupture the water breaks pregnancy) at this PPROM, the patic carry the fetus to survival were extrisks were discus maternal thrombot infection/sepsis, s	Fetal Medicine Specialist (MFM, sian focused on the care of implicated or high-risk sulted with Patient #5. Staff F at #5 regarding the maternal and able (not considered sufficiently vive outside the uterus) preterm to of membranes (PPROM, when before the 37th week of a gestational age and given the cent's chances of continuing to gestational age, with potential remely low. Specific maternal sed that included risks of siss given her history of DVT, severe blood loss, hysterotomy re that involves making an					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION NG		TE SURVEY MPLETED
		260137	B. WING			C 0/26/2022
	ROVIDER OR SUPPLIER	FREEMAN WEST		STREET ADDRESS, CITY, STATE, ZIP CO 1102 WEST 32ND STREET JOPLIN, MO 64804		0/20/2022
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF (X (EACH CORRECTIVE ACT) CROSS-REFERENCED TO TO DEFICIENCE	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
A2407	hysterectomy (sur mortality (death). fetal/obstetric risk preterm birth, limb hypoplasia, intrau membranes that is prolonged latency and that chance of gestational age. To gestational age wextremely low. Stathe patient's vagin dilation (opening of end of the uterus uterus and vaginal measure), crampi Documentation in patient's vital sign degrees Fahrenhor pressure of 106/6 saturation of 95% present with a feta patient's lab result (WBC, the number [infection-fighting (normal range 4.5]). Staff F documented options as including the process of her when the patient in medically assist be documented "we of Missouri law (188) our medical judge states that we car pregnancy with possible states that we can preg	rus to remove uterine contents), rigical removal of the uterus) and Staff F explained the specific is that included previable or o contractures, pulmonary terine or neonatal and rupture of the did not anticipate a (the period of time until birth), if fetal survival was zero at this the likelihood of latency to a with potential fetal survival was aff F documented she discussed at bleeding, visual cervical of the cervix [the lower, narrow that forms a canal between the point of one centimeter (cm, unit of ng, and rupture of membranes. The medical record showed the sewere temperature of 98.4 etc., respiratory rate of 18, blood 3, heart rate 64, and oxygen and heart rate of 153. The ses showed a white blood count or of white cells cells] in the blood) result of 8.9	A24	407		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		260137	B. WING		C 10/26/2022
	ROVIDER OR SUPPLIER	REEMAN WEST	1	STREET ADDRESS, CITY, STATE, ZIP CODE 1102 WEST 32ND STREET IOPLIN, MO 64804	10/20/2022
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION
A2407	WBC/Hgb, vaginal I heavy. Therefore comanagement based due to the legal langunable to offer indupatient was given the state with more perithe hospital for obscindications of spont developed the Missemergency." Staff F discussed that awaimay put her at furth hysterotomy, hyster chose to stay for obsunable to afford tradischarge later that hospital whom she induce labor. The two physicians MFM, documented making and discussiver unable to help interpretation of cur fetus had fetal hear was not viable. The serious risks of health and bodily further medical record, hospital's policy # 2 (emergency medical condition manifestir sufficient severity the medical attention of cur sufficient severity the sufficient severity sufficient severity the sufficient severity sufficient severity the sufficient severity sufficient	h normal vitals, normal bleeding is present but not contrary to the most appropriate if (sic) my medical opinion, guage of MO law, we are cition of labor at this time." The ne option to travel to a different missive laws or to remain at cervation to monitor for aneous labor or to see if she our definition of a "medical of documented that "We fing a medical emergency er risk for maternal mortality, rectomy" and that the patient eservation because she was evel." The patient requested day, electing to drive to a believed could augment or see with patient # 5 that they her deliver due to their rent state law, because the tones, even though the fetus of deterioration in patient # 5's notion as a result of PPROM, fically enumerated by Staff F in were consistent with the 47302 which defined an EMC all condition) as a "medical nog itself by acute symptoms of the health of the individual (or,	A2407		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ` ′	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		260137	B. WING			C 10/26/2022
	ROVIDER OR SUPPLIER	REEMAN WEST		STREET ADDRESS, CITY, STATE, ZIP CODE 1102 WEST 32ND STREET JOPLIN, MO 64804	10/20/2022	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
A2407	the woman or her u jeopardy; serious in However, inconsists stabilize a patient's discharged on 08/02 precautions and a waiting to intervene stabilize her EMC. In the medical recording the patient's written medical examination discharge. Review of Patient #Hospital B (not local showed the patient 08/02/22 at 11:27 Playeeks six days gesolarge "gushes" of flusome vaginal bleed Physical examination dilation of one cm, wopening, anhydram fluid), WBC of 10.1. Chorioamnionitis (charten typically dipatients whose mer "how quickly she concept the patient work of a second Patient #5 returned 9:35 PM, seeking cannot be to develop the patient work of the develop of the patient work of th	egnant woman, the health of inborn child) in serious inpairment of bodily function." ent with the hospital's policy to EMC, patient # 5 was 2/22 at 4:49 PM with only varning about the risks of but without treatment to There was not documentation in that the hospital secured informed refusal of further in and/or treatment prior to 5's medical record from ted in the State of Missouri) presented to the ED on M with for PPROM at 17 tation and reported having two wid earlier that morning with ing throughout the day. On revealed visual cervical with a small clot at the cervical mios (absence of amniotic Patient educated regarding morio, acute inflammation of a fetal portion [chorion] of the use to bacterial infection in inbranes have ruptured) and wild become ill" and that if she oms to report back to her local it was discharged home on	A240			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	FIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		260137	B. WING _		1	C 0/26/2022
	ROVIDER OR SUPPLIER	FREEMAN WEST		STREET ADDRESS, CITY, STATE, ZIP CO 1102 WEST 32ND STREET JOPLIN, MO 64804	'	0/20/2022
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE
A2407	9:50 PM. Staff N of membranes had return the pregnancy was seen Staff D, OB/O 11:00 AM and was dilation of four cm report pelvic pressobservation status 08/03/22 at 11:43 leaking of fluid but abdominal crampi abdomen. Lab res 10.9. Patient report abdomen was "ac with Staff G, OB/O the patient stay ov Patient was given antianxiety medical documented that seducation on the repatient and the fet abruption (when the uterus causing ble and signs of chorimedical record alsexhibiting psychol the situation and of financial barriers to outpatient basis. Staff G, OB/GYN, neonatologist (a set the care of newboremature babies) documented the pstay in the hospital	D by Staff N, ED Physician, at documented that the patient's uptured on 08/02/22 and that is not viable; the patient had GYN earlier on 08/03/22 around is told that she had cervical. The patient continued to sure. She was placed in in the Birthing Center on PM with reported continued is denied vaginal bleeding or ing, just "overall aching" of the bults showed a WBC count of orted to nursing staff that her on on the original place of the was agreeable. Tylenol for pain and an eation. At 8:24 AM Staff G is she provided the patient isks of PPROM for both the use, risks of possible placental ine placenta detaches from the eading) and possible infection commitments. The patient's is indicated that the patient was object of that she perceived in seeking further care on an ordered a consult with a pecialty physician focused on in babies, sick babies, and in at Patient 5's request. Staff G atient was given the option to all but the patient wished to go to talk with the neonatologist	A24	407		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		260137	B. WING			C 10/26/2022
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C 1102 WEST 32ND STREET JOPLIN, MO 64804	ODE	10/26/2022
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE ACT CROSS-REFERENCED TO TO DEFICIENCY	TION SHOULD BI THE APPROPRIA	
A2407	Continued From page Staff H, Neonatologis consulted with Patier PM. Staff H discusse extremely premature patient on the viabilit different gestational a that PPROM adds to Discharge document 08/04/22 at 12:29 PN weeks pregnant, des (complete blood cour stable), no signs of c [or] labor," neonatolo "Patient may be disci Symptoms of above patient knows to retu patient #5 with instru physician if she deve noted her departure of	et, documented that he at # 5 on 08/04/22 at 12:12 dt he prognosis of an infant and educated the y statistics for a baby at ages and the complications the statistics. ation by Staff G, OB/GYN on M showed the patient was "18 ires discharge to home, CBC and normal, VSS (vital signs horio[amnionitis], abruption, gy consult completed, harge (sic) to home. discussed in depth and rn." Nursing staff provided ctions to contact her loped signs of infection, and	A24		;Y)	
	refusal of further med treatment to stabilize condition as defined During an interview of G, OB/GYN, stated the She saw Patient #5 hospital on 08/03/22. She reviewed the ri	dical examination and/or her emergency medical in hospital policy # 247302. on 10/24/22 at 4:00 PM, Staff that: on her second visit to the sks of infection, bleeding, health, with infection being and to speak to a mitted to BC under				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		260137	B. WING			C
	ROVIDER OR SUPPLIER		J. Wille	STREET ADDRESS, CITY, STATE, ZIF 1102 WEST 32ND STREET JOPLIN, MO 64804	P CODE	10/26/2022
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN (X (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIA	
A2407	Continued From page	e 21	A24	407		
	Staff H, Neonatology Patient #5 for a cons fetus and PPROM. H the patient that surviv were discussed along born extremely premember baby were extremely prematurity and the laboratory of the day nurse for Patishe gave the patient risks of infection and	on 10/25/22 at 4:10 PM, Staff rse, RN, stated that she was ient #5 on 08/04/22 and that discharge instructions about vaginal bleeding.				
	separate occasions, the second visit on 00 especially given the prepresented a medical absence of immediate reasonably be expected the individuation of the individuation in the refore, constituted documentation reflect both visits recognized that deterioration can unexpectedly, and are The medical records understood induction treatment to stabilize nonviable fetus and printingating those risks delivery of both fetus	ticulated this to the patient. also reflect that hospital staff of labor as the appropriate the EMC by delivering the				

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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260137	B. WING _			10/26/2022	
		STREET ADDRESS, CITY, STATE, ZIP COD			
EDEEM AN IMPOT		1102 WEST 32ND STREET			
FREEMAN WEST		JOPLIN, MO 64804			
ENCY MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION	N SHOULD BE	(X5) COMPLETION DATE	
a procedure to remove tissue erus) or induction of labor would vent clinical deterioration. aches, such as expectant servation), antibiotics, cerclage uture the cervix closed), and cions to reduce uterine muscle insufficient to stabilize this taff F, Maternal Fetal Medicine cally documented the risks of ait the Missouri definition of acy" as including "maternal comy, [and] hysterectomy." spital's capabilities showed that medical staff were capable of a treatment but failed to do so olicitly citing their perception of ri law. Consequently, during spital failed to stabilize Patient # expresented to the hospital cy medical care for PPROM etus, gestational age of 17 arged her without stabilizing placed the patient at risk of tion of her health and safety, very outside of a healthcare ing, hemorrhage, infection of septic shock, hysterectomy, colism, venous cion (VTE) and maternal death. atient's cervical dilation was 1 and remained at 1 cm when she spital B on 08/02/22 at 11:27 at #5's second visit on 08/03/22, cian's documentation at 9:50	A24	<u> </u>			
	IDENTIFICATION NUMBER:	FREEMAN WEST Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION) Page 22 a procedure to remove tissue erus) or induction of labor would vent clinical deterioration. aches, such as expectant servation), antibiotics, cerclage uture the cervix closed), and tions to reduce uterine muscle insufficient to stabilize this taff F, Maternal Fetal Medicine cally documented the risks of ait the Missouri definition of noy" as including "maternal comy, [and] hysterectomy." spital's capabilities showed that medical staff were capable of ng treatment but failed to do so olicitly citing their perception of ri law. Consequently, during spital failed to stabilize Patient # e presented to the hospital cy medical care for PPROM etus, gestational age of 17 arged her without stabilizing blaced the patient at risk of tion of her health and safety, very outside of a healthcare ing, hemorrhage, infection of , septic shock, hysterectomy, bolism, venous tion (VTE) and maternal death. attient's cervical dilation was 1 and remained at 1 cm when she spital B on 08/02/22 at 11:27 at #5's second visit on 08/03/22, cian's documentation at 9:50 at the patient had seen Staff D, inic earlier that same day	FREEMAN WEST 260137 STREET ADDRESS, CITY, STATE, ZIP COD 1102 WEST 32ND STREET JOPLIN, MO 64804 Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION) PRESIDENTIFYING INFORMATION A2407 PRESIDENTIFYING INFORMATION PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY) PRESIDENTIFY TAG A2407 PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY) PRESIDENTIFY TAG PRESIDENTIFY TAG A2407 PRESIDENTIFY STATE, ZIP COD 1102 WEST 32ND STREET JOPLIN, MO 64804 A2407 PRESIDENTIFY STATE, ZIP COD 1102 WEST 32ND STREET JOPLIN, MO 64804 A2407 PRESIDENTIFY STATE, ZIP COD 1102 WEST 32ND STREET JOPLIN, MO 64804 A2407 PRESIDENTIFY STATE, ZIP COD 1102 WEST 32ND STREET JOPLIN, MO 64804 A2407 PRESIDENTIFY STATE, ZIP COD 1102 WEST 32ND STREET JOPLIN, MO 64804 A2407 PRESIDENTIFY STATE, ZIP COD 1102 WEST 32ND STREET JOPLIN, STATE, ZIP COD INC. ACTION CROSS-REFERENCED TO THE DEFICIENCY) PRESIDENTIFY STATE, ZIP COD 1102 WEST 32ND STREET JOPLIN, MO 64804 A2407 PRESIDENTIFY STATE, ZIP COD 1102 WEST 32ND STREET JOPLIN, MO 64804 A2407 PRESIDENTIFY STATE, ZIP COD 1102 WEST 32ND STREET JOPLIN, MO 64804 A2407 PRESIDENTIFY STATE, ZIP COD 1102 WEST 32ND STREET JOPLIN, MO 64804 A2407 PRESIDENTIFY STATE, ZIP COD 1102 WEST 32ND STREET JOPLIN, MO 64804 A2407 PRESIDENTIFY STATE, ZIP COD 1102 WEST 32ND STREET JOPLIN, MO 64804 A2407 PRESIDENTIFY STATE, ZIP COD 1102 WEST 32ND STREET JOPLIN, MO FOR TAGE ACTION CROSS-REFERENCED TO THE DEFICIENCY) PRESIDE TO JOPLIN, MO 64804 A2407 PRESIDENTIFY STATE, ZIP COD 1102 WEST 32ND STREET JOPLIN, MO FOR TAGE ACTION CROSS-REFERENCED TO THE DEFICIENCY PRESIDE TO JOPLIN, MO 64804 A2407 PRESIDE TO JOPLIN, MO 64804 A2407 PRESIDE TO JOPLIN, MO 64804 A2407 PRESIDE TO JOPLIN, MO FOR TAGE ACTION CROSS-REFERENCED TO THE DEFICIENCY TAGE PRESIDE TO JOPLIN, MO FOR TAGE ACTION CROSS-REFERENCED TO THE DEFICIENCY TAGE PRESIDE TO JOPLIN, MO FOR TAGE ACTION CROSS-REFERENCED TO THE DEFICIENCY TAGE	FREEMAN WEST 260137 STREET ADDRESS, CITY, STATE, ZIP CODE 1102 WEST 32ND STREET JOPLIN, MO 64804 PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY) A 24007 A 24007	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED			
		260137	B. WING _			C 10/26/2022		
	ROVIDER OR SUPPLIER	EEMAN WEST		STREET ADDRESS, CITY, STATE, ZIP CODE 1102 WEST 32ND STREET JOPLIN, MO 64804				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE		
A2407	The degree of cervica re-assessed at any til second visit on 08/03 disprove that she was how quickly her cervidespite the knowledg assessment (four cm hours, 50 minutes pri This progression implactivity, even if the pacontractions, which cothe progression of ce concern for labor con		A24	407				