

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265149	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/15/2024
NAME OF PROVIDER OR SUPPLIER Four Seasons Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2800 Highway Tt Sedalia, MO 65301	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>43010</p> <p>Based on interview and record review, facility staff failed to complete 72-hour neurological checks and fall follow up documentation for two residents (Resident #1 and #2) of four sampled residents, who had un-witnessed falls. The facility census was 233.</p> <p>1. Review of the facility's Post Fall Protocol, revised 6/30/23, showed the purpose of the policy is to ensure all residents who have had a fall have accurate assessment and follow through to prevent further injury and recurrence of falls. Review showed neurological assessments include assessment of level of consciousness, movement of extremities, hand grasps, pupil size, pupil reaction, and speech. Review showed documentation of the resident fall must be completed in the risk management section and include but is not limited to documentation of the incident details, the time of the incident, the location of incident, equipment involved if any, residents activity at time of the incident. Continue neurological checks (if involved hitting head or was unwitnessed) every 15 minutes for one hour, every 30 minutes for one hour, every four hours until follow up complete. Review showed progress along this time schedule only if signs are stable, any abnormalities are to be reported to physician immediately. Documentation follow up within 24 hours which includes but is not limited to vital signs, neurological checks, any complaint of pain or discomfort, any identified injury, and functional status of gait pattern compared to prior.</p> <p>2. Review of Resident # 1's Quarterly Minimum Data Set (MDS), a federally mandated assessment tool, dated 1/6/24, showed staff assessed the resident as:</p> <ul style="list-style-type: none"> -Cognitively intact; -Independent for mobility; -Received antipsychotic medications on a routine basis; -Resident at risk for falls with one fall since admission or prior assessment. <p>Review of the resident's care plan, revised 3/6/24, showed staff assessed the resident at risk for falls due to communication, comprehension and psychoactive drug use. Review showed staff are directed to provide a safe environment, ensure pathways are clear, have the call light within reach, and make sure resident is in no-skid footwear.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility's unwitnessed fall incident report, dated 1/28/24 to 3/14/24, showed staff documented the resident had an unwitnessed fall on 3/10/24 and 3/11/24.</p> <p>Review of the resident's medical record did not contain documentation staff completed the 72-hour neurological checks or post-fall documentation for the 3/10/24 or 3/11/24 fall.</p> <p>3. Review of Resident # 2's Quarterly MDS, a federally mandated assessment tool, dated 2/22/24 showed staff assessed the resident as:</p> <ul style="list-style-type: none"> -Cognitively intact; -Supervised with the use of a wheelchair for mobility; -Does not receive antipsychotics; -Resident at risk for falls with one fall since admission or prior assessment. <p>Review of the resident's care plan, revised 1/15/24, showed staff assessed the resident at risk for falls due to psychoactive drug use, impaired cognitive function, and impaired vision. Staff are directed to anticipate and meet the resident's needs, be sure the call light is within reach and encourage the resident to use it, and the resident needs a prompt response to all requests for assistance.</p> <p>Review of the facility's unwitnessed fall incident report, dated 1/28/24 to 3/14/24, showed the resident had an unwitnessed fall on 3/7/24.</p> <p>Review of the resident's medical record did not contain documentation staff completed the 72-hour neurological checks or post-fall documentation for the 3/7/24 fall.</p> <p>4. During an interview on 3/13/24 at 11:42 A.M., Licensed Practical Nurse (LPN) C said if a resident has an unwitnessed fall, nurses are expected to start neurological checks, which are charted in Point Click Care (PCC) for 72 hours. He/She said follow up charting should be completed in PCC under progress notes for 72 hours. Nurses are responsible for completing the neurological checks follow up charting. LPN C said nurses know through report and hot rack charting ??? who needs to be chart on and have neurological checks completed. He/She said the Director of Nursing (DON) is responsible for making sure staff complete this.</p> <p>During an interview on 3/13/24 at 3:49 P.M., Certified Medication Aide (CMT) D said if a resident has an unwitnessed fall, staff are supposed to notify the nurse to assess the resident. He/She said nurses or CMT's can initiate neurological checks and nurses are expected to complete follow up documentation. The CMT said neurological checks are completed for two or three days. He/She said the DON is responsible for making sure these tasks are completed by the nurses and CMT's.</p> <p>During an interview on 3/14/24 at 1:47 P.M., CMT F said when a resident has an unwitnessed fall, the charge nurse is notified immediately to perform assessments. He/She said he/she can do vital signs for the resident, but the nurses are responsible for completing neurological checks and follow up charting for two to three days. He/She said the Resident Care Coordinator (RCC) would be responsible for making sure the nurses completed.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 3/14/24 at 2:23 P.M., LPN G said when a resident has an unwitnessed fall the nurse is expected to initiate neurological checks for 72 hours. He/She said the following up charting is completed in the neurological checks and staff pass on in report to know who to chart on. He/She said the RCC are responsible for making sure these tasks are completed.</p> <p>During an interview on 3/14/24 at 3:29 P.M., RCC I said when a resident has an unwitnessed fall, nurses are expected to fill out a risk management incident report and initiate neurological checks in PCC. The RCC said when the nurse fills this out it will automatically generate a note into the resident's progress notes. The neurological checks, once initiated, will auto-generate for staff to complete in PCC. He/She said the RCC's are responsible to make sure this is completed by the nurses and the DON is responsible to check to make sure these tasks are completed. He/She said he/she does not know why this was completed.</p> <p>During an interview on 3/15/24 at 8:30 A.M., RCC H said nurses are expected to initiate neurological checks and complete follow up charting when a resident has an unwitnessed fall. He/She said CMT's are able to complete neurological checks as well. He/She said this should be completed in PCC, but occasionally staff with use paper sheets to complete neurological checks but should be using PCC. He/She said he/she does not know why staff aren't completing this. He/She said neurological check and follow charting should be completed for 72 hours. He/She said the DON would be responsible for making sure this is completed.</p> <p>During an interview on 3/15/24 at 8:54 A.M., the Assistant Administrator said if a resident has an unwitnessed fall, the nurse is expected to initiate neurological checks for 24- 48 and perform fall follow up documentation but was not sure how long this is completed. He/She said the nurses are responsible for making sure this is completed and the DON is responsible for making sure this is completed and in PCC.</p> <p>During an interview on 3/20/24 at 8:36 A.M., the DON said if a resident has an unwitnessed fall, the nurse is expected to initiate neurological checks in PCC but have trouble getting some staff to use this process, in which case they fill out a paper sheet for neurological checks and these are given to medical records to scan into PCC. He/She said nurses are expected to note anything outside normal vital signs and neurological checks in the progress notes. He/She said the neurological checks cover pain and range of motion. He/She said the RCC's are responsible for making sure this is completed and he/she is ultimately responsible for making sure these tasks are completed.</p> <p>MO00232616</p>		