

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 08/29/2024
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>43010</p> <p>Based on interview and record review, facility staff failed to contact one resident's (Resident #1's) responsible party when the resident was transported to the hospital. The facility census was 236.</p> <p>1. Review of the facility's Notification of Changes policy, dated 5/14/24, showed the purpose of this policy is to ensure the facility promptly informs the resident, consults the resident 's physician, and notifies the resident's representative when there is a change that requires notification. Circumstances which requires notification are significant changes in the resident's physical, mental or psychosocial condition such as deterioration in health, mental or psychosocial status which may include life threatening conditions or clinical complications.</p> <p>2. Review of Resident #1's Significant change Minimum Data Set (MDS), a federally mandated assessment tool, dated 8/9/24, showed staff assessed the resident as:</p> <p>-Cognitively intact;</p> <p>-Surgical wound to Right Foot;</p> <p>-Diagnoses of metabolic encephalopathy, Diabetes Mellitus with other circulatory complications, encounter for orthopedic aftercare following surgical amputation, non-pressure chronic ulcer of right heel and midfoot with fat layer exposed, and partial traumatic amputation of right midfoot.</p> <p>Review of the resident's plan of care, dated August 2024, showed staff assessed the resident with a Left Below the Knee amputation (BKA) related to diabetes, a right transverse foot amputation due to a non-healing wound, used a wheelchair for mobility, and used a wound vac on the right transverse foot amputation.</p> <p>Review of the resident's nurse notes, dated 8/21/24, showed staff did not document they notified the resident's guardian of the transfer from the residents wound care appointment to the hospital.</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 8/28/24 at 11:18 A.M., Licensed Practical Nurse (LPN) A said the resident went out to the local wound clinic on 8/21/24. He/She said the wound clinic notified the supervisor or driver and the nurses found out later the resident had been transferred. He/She said the supervisors should have notified the guardian because the nursing staff didn't know until later. He/She said it is the expectation of staff to notify the resident's guardian anytime they are being transferred outside of the facility or if there is a change in condition.</p> <p>During an interview on 8/28/24 at 12:46 P.M., Director of Nursing (DON) said the resident went to his/her wound care appointment and was transferred from the appointment to the hospital. The DON said he/she is not sure if anyone notified the guardian, but it is the expectation of staff to call the guardian if there is any type of transfer outside of the facility.</p> <p>During an interview on 8/28/24 at 1:52 P.M., Resident Care Coordinator (RCC) said the resident was at a scheduled wound appointment and was sent from there to the hospital. RCC said he/she was made aware by transport the resident had been transferred. RCC said he/she should have called but that he/she did not because he/she thought the wound clinic would have notified the guardian.</p> <p>During an interview on 9/9/24 at 3:03 P.M., the guardian said he/she was not contacted by the facility or the wound clinic letting him/her know the resident was being transferred to the hospital. The guardian said he/she did not know the resident was at the hospital until he/she was contacted by the hospital on 8/21/24 for permission to treat.</p> <p>MO00240937</p>		