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| 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 02/06/2025 |
| 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42815</p> <p>Based on interview, and record review, facility staff failed to maintain professional standards of practice when staff failed to complete and document wound care treatments for two resident's (Resident #2 and #3) out of three sampled residents. The facility census was 232.</p> <p>1. Review of the facility's Documentation of Wound Treatments policy, dated 05/18/24, showed wound treatments are documented at the time of each treatment. If treatment is not due, an indication on the status of the dressing shall be documented each shift. Additional documentation shall include, but is not limited to: Date and time of the wound management treatments; weekly progress towards healing and effectiveness of current intervention; Any treatment for pain; Modification of treatments or interventions; Notifications to physician and/or responsible party regarding wound or treatment change.</p> <p>2. Review of Resident #2's Quarterly Minimum Data Set (MDS), a federally mandated assessment tool, dated 12/11/24, showed staff assessed the resident as follows:</p> <ul style="list-style-type: none"> -Cognitively intact; -Did exhibit rejection of care behaviors one to three days during the seven day look back period; -Did not have any unhealed pressure ulcers, other ulcers, wounds or skin problems. <p>Review of the resident's Physician Order Sheet (POS), dated 01/01/25, showed physician orders to apply barrier cream after each incontinence episode every shift related to urinary retention, apply Santyl (used to clean skin ulcers and burns) external ointment 250 unit/gm (collagenase) to the right side of stomach topically every day shift for wound, cleanse area under the right side of abdominal fold with washcloth, apply Santyl and bordered dressing every day shift until healed, and cleanse with soap and water daily and keep open areas cleaned and dry one time a day.</p> <p>Review of the resident's Treatment Administration Record (TAR), dated 01/01/25 through 01/31/25, showed the TAR did not contain documentation staff provided the resident's wound treatment for barrier cream on 01/04/25, 01/05/25, 01/10/25, 01/11/25, 01/12/25, 01/15/25, 01/16/25, 01/20/25, 01/24/25, 01/25/25, or 01/29/25. The TAR did not contain documentation the resident refused wound care treatment.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
| FORM CMS-2567 (02/99) Previous Versions Obsolete | Event ID: Facility ID: 265149 | If continuation sheet Page 1 of 5 |

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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 resident's TAR, dated 01/01/25 through 01/31/25, showed the TAR did not contain documentation staff provided the resident's wound treatment for Santyl external ointment 250 unit/gm collagenase to the right side of stomach topically every day shift for wound on 01/04/25, 01/05/25, 01/11/25, 01/12/25, or 01/24/25. The TAR did not contain documentation the resident refused wound care treatment.</p> <p>Review of the resident's TAR, dated 01/01/25 through 01/31/25, showed the TAR did not contain documentation staff provided the resident's wound treatment to cleanse area under the right side of the abdomen fold with washcloth, apply Santyl and bordered dressing every day shift until healed on 01/04-01/05 and 01/11-01/12. The TAR did not contain documentation the resident refused wound care treatment.</p> <p>Review of the resident's TAR, dated 01/01/25 through 01/31/25, showed it did not contain documentation staff provided the resident's wound treatment to cleanse with soap and water daily and keep open areas cleaned and dry one time a day on 01/04/25, 01/05/25, 01/11/25, or 01/12/25. The TAR did not contain documentation the resident refused wound care treatment.</p> <p>3. Review of Resident #3's Quarterly MDS, dated [DATE], showed staff assessed the resident as follows:</p> <ul style="list-style-type: none"> -Moderately cognitively impaired; -Did not exhibit rejection of care behaviors; -Did not have any unhealed pressure ulcers; -Did have a surgical wound. <p>Review of the resident's POS, dated 02/05/25, showed an order to apply xeroform (a sterile, petroleum-impregnated gauze dressing used to treat wounds) and telfa dressing (non adherent dressing to treat wounds) to left foot daily or when needed until healed.</p> <p>Review of the resident's TAR, dated 01/01/25 through 01/31/25, showed it did not contain documentation staff provided the resident's wound treatment for xeroform on 01/01/25, 01/03/25 - 01/06/25, 01/08/25, 01/09/25, 01/14/25, 01/18/25, 01/19/25, 01/22/25, 01/23/25, 01/25/25, or 01/26/25. The TAR did not contain documentation the resident refused wound care treatment.</p> <p>4. During an interview on 02/06/25 at 9:46 AM, Licensed Practical Nurse (LPN) G said wound care orders were located in the resident's medical records. He/She said once staff completed the treatment, it would be documented in the resident's medical chart. He/She said if a resident refused treatment, it would be documented on the TAR. LPN G said if staff noticed a missed treatment, staff would notify upper management, the physician and guardian. He/She said if the resident refused treatment, it would be documented on the TAR.</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 02/06/25 at 10:00 A.M., the administrator said staff are directed to follow the physician orders. He/She said once the treatments are completed, staff documented in the resident's medical record. The administrator said if a resident refused treatments, it was document in the resident's medical resident. He/She said if a resident missed a treatment, staff should complete the treatment and notify the physician. He/She said the Director of Nursing (DON) was responsible to audit the resident's medical record to ensure the treatments are completed and there were no missing treatments. He/She said the DON had conducted an in-service on documentation within the last month or two.</p> <p>During an interview on 02/06/25 at 10:01 A.M., the DON said staff should follow the orders in the TAR and after the treatments are completed, staff should document in the resident's medical record on the TAR. He/She said if a resident refused wound care, he/she expected staff to document refusal of treatment. He/She said if staff noticed a missing treatment, the staff would complete the treatment, document the missed treatment and notify the physician. The DON said he/she did notice the missed treatments for Resident #2 and #3 when he/she gave the printed TAR's for the resident's to the surveyor. The DON said he/she was responsible for auditing the TAR's to ensure the treatments were being documented, but had been too busy and was not able to complete the audit process. The DON said he/she had conducted an in-service on documentation within the last month or two.</p> <p>MO00248825</p> |

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| <p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>42815</p> <p>Based on observation, interviews and record review, facility staff failed to provide adequate nursing staff, as determined by their facility assessment. This had the potential to affect all residents. The facility census was 232.</p> <p>1. Review of the Facility Assessment, dated 08/01/24, showed staff are directed as follows:</p> <ul style="list-style-type: none"> -Direct care staff required to care for their facility census for a twenty-four hour period should include: Six Licensed Practical Nurses (LPN); Nine Certified Medication Technician (CMT); Twelve Certified Nurse Aides (CNA); Eight Nurse Aides (NA); and One Resident Care Coordinator (RCC). -The assessment is based on the resident population and their needs for care and support; -The last quarter average number of occupied beds was 235. <p>Review of the employee staffing schedule from 01/19/25 through 02/04/25, with an average daily census of 235, showed:</p> <ul style="list-style-type: none"> -Thursday, 01/30/25; six LPN's, ten CMT's, ten CNA's, six NA's and one RCC; -Sunday, 02/02/25; six LPN's, ten CMT's, thirteen CNA's, nine NA's and zero RCC; -Monday, 02/03/25; six LPN's, ten CMT's, thirteen CNA's, nine NA's and zero RCC; -Tuesday, 02/04/25; five LPN's, eight CMT's, ten CNA's, seven NA's and zero RCC. <p>2. During an interview on 2/06/25 at 9:31 A.M., the Staffing Coordinator said he/she was responsible to ensure there was enough coverage for each shift. He/She said he/she determined the amount of staff required per shift, based on the number of residents per hall. The staffing Coordinator said he/she did not utilize the facility assessment to determine how many of each staff was required per shift. The staffing Coordinator said he/she started his/her position in September and was not trained to review the facility assessment to determine how many different types of nursing staff were required during a twenty-four hour period.</p> <p>During an interview on 02/06/24 at 9:46 A.M., LPN B said he/she did feel there was enough staff during each shift. He/She said the department heads would help if there was a staffing shortage. He/She said staffing was not an issue, but possibly staff needed more education with crisis prevention due to the amount of resident to resident altercations.</p> <p>(continued on next page)</p> | | |

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| <p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>During an interview on 2/06/25 at 9:36 A.M., the administrator said the facility assessment provided guidance to staff to ensure adequate staffing. He/She said the assessment was based on resident needs, acuity, population, behaviors and fire code. The administrator said he/she recently started to review the facility assessment, so he/she did not know there was not enough staff per shift. The administrator said he/she needed to compare the facility assessment against the staffing schedule to verify if more staff was needed. The administrator said he/she felt there was enough staff per shift, if there were not staff call ins. He/She said he/she did not know if more staff would prevent resident resident to resident altercations, but maybe staff needed more education in crisis prevention.</p> <p>During an interview on 02/06/25 at 10:01 A.M., the Director of Nursing (DON) said he/she worked with the administrator and Staffing Coordinator to create the staffing schedule. He/She said the staffing schedule should reflect the information in the facility assessment, which is based on acuity and behaviors. He/She said the facility assessment determine staffing required per shift. He/She said there was a master schedule, based on the facility assessment, which directed staff on scheduling staff on the units. He/She said he/she recently researched the schedule versus the facility assessment staffing requirements with another State Surveyor and no issues were found.</p> <p>MO00248825</p> | | |