

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 02/18/2026
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on interviews and record review, facility staff failed to report an allegation of physical abuse to the Department of Health and Senior Services (DHSS) within the two-hour required timeframe for one resident (Resident #1) of one sampled resident who reported an employee physically abused him/her. The facility's census was 227.1. Review of the facility's Abuse and Neglect policy, dated 06/12/24, showed physical abuse includes handling a resident with any more force than is reasonable for a resident's proper control, treatment or management. The facility must ensure that all alleged violations involving abuse, neglect, exploitation, mistreatment, or sexual assault including injuries of unknown source and misappropriation of resident property, are reported immediately, but no later than two hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the State Survey Agency.2. Review of Resident #1's annual Minimum Data Set (MDS), a federally mandated assessment tool, dated 01/06/26, showed staff assessed the resident as cognitively intact, independent with ambulation, and diagnoses to include unspecified impulse disorder (when an individual exhibits harmful behaviors such as extreme aggression, property destruction or dangerous urges), schizoaffective disorder, bipolar type (a mental health condition with symptoms of hallucinations, delusions, bouts of mania and major depression), and Attention-Deficit Hyperactivity Disorder (ADHD). During an interview on 02/18/26 at 12:18 P.M., the resident said the previous night, Certified Nursing Assistant (CNA) A held him/her by his/her coat collar at the neck area with his/her fist and slammed him/her against a wall next to the door to an adjoining unit. The resident said he/she was not injured, and was not sure if anyone witnessed it, but staff knew about the incident. Review of the facility's investigation, dated 02/18/26, showed staff documented Resident #1 reported to staff on 02/17/26 at approximately 7:38 P.M., CNA A physically abused him/her when CNA A grabbed the resident by his/her coat and pushed him/her. The resident was assessed with no injuries, there were no direct witnesses, CNA A was immediately suspended pending the investigation, physician, guardian, law enforcement and DHSS were notified, and the resident was offered counseling services. Review of the DHSS complaint/facility self-report database did not contain documentation the facility reported the allegation of physical abuse towards the resident. During an interview on 02/18/26 at 3:10 P.M., the administrator said all allegations of abuse should be reported to DHSS within two hours. The administrator said Licensed Practical Nurse (LPN) B notified him/her of the resident's allegation approximately 8:00 P.M. on 02/17/26, he/she started an investigation, initiated an online report to DHSS, but closed his/her computer without confirmation the report was successfully submitted. The administrator said he/she was responsible to submit the report to DHSS.Complaint# 2745801</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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